Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date:	**Monday 2 March 2020**
Time:	**2.30 pm**
Place:	**Council Chamber, 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: **Ben Baugh, democratic services** Tel: 01432 261882 Email: ben.baugh2@herefordshire.gov.uk

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairperson	**Councillor Elissa Swinglehurst**
Vice-Chairperson	**Councillor Jenny Bartlett**
	Councillor Sebastian Bowen
	Councillor Helen I'Anson
	Councillor Tim Price
	Councillor David Summers
	Councillor Kevin Tillett

Agenda

		Pages
1.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
2.	**NAMED SUBSTITUTES (IF ANY)** To receive details of any member nominated to attend the meeting in place of a member of the committee.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.	
4.	**MINUTES** To approve and sign the minutes of the meeting held on 13 January 2020.	7 - 20
5.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive any written questions from members of the public. For details of how to ask a question at a public meeting, please see: www.herefordshire.gov.uk/getinvolved The deadline for the receipt of a question from a member of the public is Tuesday 25 February 2020 at 5.00 pm. To submit a question, please email: councillorservices@herefordshire.gov.uk	
6.	**QUESTIONS FROM COUNCILLORS** To receive any written questions from councillors. The deadline for the receipt of a question from a councillor is Tuesday 25 February 2020 at 5.00 pm. To submit a question, please email: councillorservices@herefordshire.gov.uk	
7.	**BRIEFING PAPER ON NHS CONTINUING HEALTHCARE (NHS CHC)** To consider a briefing paper on NHS Continuing Healthcare by NHS Herefordshire Clinical Commissioning Group.	21 - 30
8.	**PERFORMANCE MONITORING - NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP** To consider a report on performance monitoring by NHS Herefordshire Clinical Commissioning Group.	31 - 48
9.	**COMMITTEE WORK PROGRAMME** To consider the committee's work programme.	49 - 56
10.	**DATE OF NEXT MEETING** An additional meeting has been scheduled for Monday 6 April 2020 at 2.30 pm.	

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Herefordshire Council

Minutes of the meeting of Adults and wellbeing scrutiny committee held at Council Chamber, Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 13 January 2020 at 2.30 pm

Present: **Councillor Elissa Swinglehurst (chairperson)**
Councillor Jenny Bartlett (vice-chairperson)

Councillors: Helen l'Anson, Tim Price and Kevin Tillett

In attendance: **Councillors Chris Bartrum, Pauline Crockett (cabinet member - health and adult wellbeing), Liz Harvey (cabinet member - finance and corporate services), David Hitchiner (Leader of the Council), Louis Stark, John Stone and Paul Symonds**

Officers: **Assistant director for adult social care, Head of community commissioning and resources, Democratic services officer, Democratic services manager, Deputy solicitor to the council, Programme director housing and growth, Chief finance officer, Head of corporate finance, Assistant director all ages commissioning, Head of care commissioning, Director for adults and communities and Director of public health**

29. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors Bowen and Summers (committee members). In relation to agenda item 7 (minute 35), apologies were also noted from Councillors Marsh, Norman and Watson (ward members).

30. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

31. DECLARATIONS OF INTEREST

No declarations of interest were made.

32. MINUTES

Resolved: That the minutes of the meeting held on 18 November 2019 be approved as a correct record and be signed by the chairman.

33. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

34. QUESTIONS FROM COUNCILLORS

The questions received and the responses provided are attached as appendix 1 to these minutes.

35. MINOR INJURY UNITS

The chairperson invited Jade Brooks, acting director of operations of NHS Herefordshire Clinical Commissioning Group (CCG), and Jane Ives, managing director of Wye Valley NHS Trust (WVT), to introduce the item.

The key points included:

i. The paper (agenda pages 25-51) detailed the current position on urgent and emergency care in the county and provided information on the temporary closures of the minor injury units (MIUs).

ii. The arrangements adhered to national guidance on urgent and emergency care, with an accident and emergency (A&E) delivery board in place to oversee developments and a programme of transformation, and to ensure that system partners came together to provide a good standard of care for the population.

iii. The NHS planned for surges in demand during the winter period and patient safety was paramount.

iv. This was the third year where a decision had been taken to close the Leominster and Ross-on-Wye MIUs temporarily during the winter period in order to maintain patient safety across Herefordshire and mid-Powys. The first year was described as an 'ad hoc' arrangement, with people uncertain about the opening times. For the second and third year, proactive and earlier decisions had been taken.

v. The winter pressures were due to the increase in demand and the acuteness of illnesses, particularly in terms of respiratory and cardiovascular diseases, which resulted in longer lengths of stay. This limited the availability of beds and resulted in congestion in the hospital.

vi. It was reported that, over the last two years, adult emergency demand had increased by 70 admissions per week. To manage the additional demand, WVT had opened 24 more beds and had improved ways of working but there were still significant pressures during the winter period.

vii. There was a workforce of emergency nurse practitioners, who largely worked autonomously, and could see three to four patients per hour. It was reported that the demand at the Leominster and Ross-on-Wye MIUs was around one patient per hour and it was not considered that the emergency nurse practitioners were working at full capacity in the MIU settings. In addition, there was a shortage of nurses generally and emergency nurse practitioners in particular.

viii. A range of measures over the last two years had improved triage times, maintained ambulance turnaround times, and reduced mortality rates.

The chairperson welcomed the reduced mortality rates and made the following observations:

i. Illustration A (A&E attendances at Wye Valley NHS Trust April 2017 to November 2019, agenda page 25) showed attendances declining during the winter period.

   Ms Ives said that there was a difference between attendances and admissions. Attendances were higher in the summer months, due to minor injuries, but adult admissions were higher in the winter months, as demonstrated by Illustration B (ambulance conveyances to Wye Valley NHS Trust April 2017 to November 2019).

ii. The framing of the attendances in Table 2 (Total attendances at MIUs September 2017 – August 2018, agenda page 30) which incorporated the winter closure period in the calculations was considered unfair.

Ms Brooks reported that for 2018/19, making assumptions about the level of activity had the MIUs been open, the rate of attendances was around 1 per hour in both localities; it was noted that this information was not included in the published papers. She commented on the need to consider access issues, such as the ease to get to an MIU versus attending a local GP surgery or the A&E department. Another factor was the availability of certain services on any given day, such as x-ray, which meant that patient experience in each setting was different. It was reported that patient feedback indicated that people valued the MIU in their locality and were more likely to use the unit if they lived less than ten minutes away. It was emphasised that there was a need to reflect on whole population access to urgent and emergency care.

The vice-chairperson made a number of points, including: the paper provided detail about urgent and emergency care but did not answer all of the questions about the temporary closures of the MIUs; the omission of figures from the Ledbury MIU and the Kington MIU made it difficult to draw comparisons; it was suggested that, rather than moving resources to Hereford, better ways of working within communities should be examined; both Leominster and Ross-on-Wye were the largest market towns in the county and had compact residential town centres, therefore the majority of each population could reach the respective MIU within ten minutes; there was a need to understand the increasing demand and a key theme appeared to be frailty, as suggested in Illustration C (age profile of patients in hospital acute beds quarter 1 2019/20, agenda page 26); the potential to enhance urgent and emergency care in the market towns should be looked at in order to take the pressure off the hospital in Hereford; and the paper was lacking in assurance that the temporary closures of the MIUs was the only or best way to address the identified pressures.

In response to the points made:

- Ms Brooks reiterated that the temporary closures related to patient safety and enabled the capacity and skills of experienced staff to be utilised most effectively during the winter period. She added that this was not a decision that had been taken lightly and, in view of three years' of temporary closures, the health partners would not be sat before the committee with a fourth. The time was being used to get underneath the reasons for people using the MIUs and the possible alternatives if the system could not sustain minor injury unit activity.

  The situation in Kington was outlined, where there had been low activity at the MIU and similar injuries being presented to those at the GP practice. Therefore, a pilot was undertaken whereby the GP practice would see and treat people for minor injuries, whether registered or not. This had been in place for over a year and it had demonstrated that this function could be delivered differently and the patient experience simplified. This learning was being considered in the context of other MIUs and the views of the public would be welcomed. The intention would be to return to the scrutiny committee with a long term solution.

- Ms Ives confirmed that the increases in admissions and utilisation of bedded capacity were predominantly in older age profiles. The reasons driving demand were multi-faceted, including population demographics, the severity of illnesses as people aged, and the challenges for social care and primary care.

The vice-chairperson commented on the need for the Herefordshire system partners to work closely together to ensure that care pathways were working as efficiently as possible, both to minimise admissions and to return people home as quickly as possible.

Questions and comments were invited from the attending councillors. The principal points of the ensuing discussion are summarised below.

a. A ward member considered it regrettable that consultation had not been undertaken prior to the current temporary closures and it was questioned how councillors and the residents of Herefordshire would be engaged going forward.

   Ms Brooks reiterated that the decision on the temporary closures was undertaken on the basis of patient safety. In terms of the long term future of the MIUs, there would be consultation and engagement with all partners; this would include those actively involved in urgent and emergency care and also those providing support functions to people at home, such as voluntary and community organisations. The town councils in the MIU areas were seen as critical stakeholders, as well as the patients in those communities. Therefore, if change was proposed, the options would be presented to the public and further feedback sought in order to provide assurance and confidence.

b. Further to the question and supplementary question asked under the 'questions from councillors' item, a ward member questioned whether the local NHS definition of significant or substantial change could be shared.

   Ms Brooks said that the CCG had guidelines on engagement and consultation which adhered to NHS guidance. The CCG would engage and consult on change, with patient safety or procurement decisions being the exceptions.

   A ward member suggested that there was a need for the council and other stakeholders to be involved in setting this definition to ensure earlier, proactive engagement and consultation. The chairperson said that this could form the basis of a recommendation in terms of a joint protocol or memorandum of understanding.

   Ms Brooks commented that it was the usual process for the CCG to bring issues to the scrutiny committee but the pre-election period had slowed the flow of information in this instance. Although there was no reason why a joint protocol or memorandum of understanding could not be agreed, there could be instances where risks to patient or staff safety would require immediate action.

c. The cabinet member - finance and corporate services questioned why statistics for the Ledbury MIU were not included in the paper; as this prevented the assessment of whether the temporary closures of the other MIUs resulted in more attendances at Ledbury. It was noted that the performance dashboard information excluded the winter months, so it was not possible to see the changing circumstances and statistics over various aspects of operation during this critical period. It was commented that it appeared that the redeployment of staff from Leominster and Ross-on-Wye was being used to bolster understaffed provision in Hereford, at the expense of those market towns.

   Ms Ives reiterated that staffing requirements were different in the winter and resources had to be used flexibly to meet the highest levels of demand and risk. A key issue was the flow of patients back out into the community. It was reported that a frustration for nurse practitioners was the feeling of being under-utilised in the MIUs, despite the levels of activity and waiting times elsewhere in the system.

d. The cabinet member - finance and corporate services said that councillors had been told, during the development of the core strategy, that one of the reasons that there were no expansion plans for the hospital was because the asset would be worked harder, and people would move faster through the system and back out into the community.

Ms Ives said that: she was not in post then; care close to home was important at the right time, following acute episodes or to prevent people from becoming ill in the first place; demand within the MIUs was limited; the activity information suggested that the temporary closures of the MIUs had a limited impact on A&E performance and attendances; and workforce was the biggest issue, so the resource had been to be used carefully.

e. As a point of clarification arising from point c. above, the chairperson said that she understood that the total attendances at Ledbury MIU during September 2017 – August 2018 to be 2,974. It was noted that this was higher than Leominster MIU (1,930) and Ross-on-Wye MIU (1,968) and this could be a result of Ledbury being open 24 hours a day, 365 days a year. The chairperson suggested that it was important to consider both the overlapping and out of hours provision for each locality.

f. A ward member, referring to a recent situation where a resident had been injured following a fall but could not attend the Leominster MIU due to the temporary closure, commented on the challenges for people in the market towns and surrounding areas to access services in Hereford, especially given the distances and travel time involved. Therefore, it was considered that services should be kept a local as possible within the available resources.

g. The chairperson questioned whether staff in the community hospitals could help to support the MIU function, especially out of hours.

Ms Ives said that the staff were busy looking after their patients and ward nurses did not necessarily have the same level of training and experience as emergency nurse practitioners to deal with the range of minor injuries presented.

A ward member questioned what else emergency nurse practitioners could be doing to ensure that their time and skills were being utilised in the most effective ways in the market towns, such as providing services within a community hospital or supporting local GPs.

Ms Brooks said that the importance of the minor injury function at a local level was recognised and it was not being suggested that this should be shifted to the A&E department. It was accepted that the temporary closures had left members of the public feeling concerned and confused, and potential solutions would be considered during the year.

h. A committee member recognised the need to provide the appropriate level of medical care at times of greatest need but expressed concern about the apparent underutilisation of staff. In particular, the statistics were considered problematic, with paragraph 5.5.1 of the paper (agenda page 30) identifying MIU attendances between September 2017 and August 2018 ‘equates to on average… 1.6 per hour’ but it was contended that the average might be 2.5 per hour if the weeks when the MIUs were closed were properly omitted from the calculations. It was noted that the total attendances at Ledbury MIU figure was likely to be higher because it had not closed during the winter.

Ms Ives reiterated that the 2018/19 figures indicated that the rate of attendances was around 1 per hour. Acknowledging that the committee could not comment on figures it had not been provided with and that the data in the papers was unhelpful, an undertaking was given to provide further information for committee members.

i. A committee member asked for clarification regarding 5.5.10 of the paper (agenda page 31), 'During temporary closures the attendances to Hereford A&E Department from the HR9 and HR6 postcode remain consistent with usual activity therefore there was no increase when the MIUs were closed'.

Ms Ives, referring to feedback from staff, commented that some of the patients being seen in the MIUs had types of injury which might usually be expected to be self-managed, with insect bites given as an example. It was considered that there was an element that an accessible MIU could drive its own demand. During the temporary closures, people were likely to find access into other services, such as primary care and pharmacies.

j. The chairperson sought assurance that the review of the long term future of the MIUs, and related consultation and engagement, would take proper account of: the pressures being squeezed around the system; ensuring that the right resources were in the right places; and there would be no disservice to local communities, particularly at a time when some services were being decentralised as a means to enhance community resilience.

k. A ward member felt that there was a siloed approach to urgent and emergency care settings, and that there should be a more fundamental look at the spectrum of local services and how they should be organised in the future.

l. A ward member said that: Ross-on-Wye Town Council had been advised that there was no reopening date for the MIU and there was a concern that this was not a temporary but a permanent closure; confirmation was sought that there would not be a reoccurrence of the temporary closures in the fourth year; despite assurances on consultation and engagement, local people had not been consulted on any of the temporary closures; the situation appeared to be about resources and, if there was not enough money to provide the service, people should just be told that; it was regularly reported that plans were in place to recruit staff but this did not appear to be changing the workforce situation; examples were provided of injuries sustained by local people which, due to the MIU closure, resulted in them travelling to Hereford or Ledbury, or calling other emergency services, so there was displacement occurring in the health service and in other agencies; a survey had indicated that people would travel to Hereford if they could not attend the MIU; and it was essential to keep appropriate services local and serving the community.

In responding, Ms Brooks made a number of points, including: it was recognised that the organisation of services was more important than the numbers; consideration was being given to a range of services, including primary care and out of hours provision; winter pressures often continued until Easter but the MIUs would reopen, and as quickly as possible; any proposal for significant change would require an assessment of the options, consideration of the impact on both the population that used the service and the surrounding population that did not, and there would need to be engagement with NHS England and the council; the discussion had been valuable and would inform options for the future; at the present time, the CCG had not taken a decision on the MIUs and a consultation was not formally planned; surveys about the MIUs and consultations on other matters had been undertaken in recent years; this was about patient care but the current levels of activity did not represent good value for money; there were various and ongoing initiatives which had brought nurses and other skilled staff into

the county, nevertheless there were national pressures in terms of workforce; it was acknowledged that there was likely to be some displacement but no formal data had been captured about people's expressed wishes of where they would have gone to if all the facilities had been open; and members were urged to encourage people to engage with consultations to understand both their experiences of urgent and emergency care, and the level of awareness about the services available to them.

Ms Ives added that: the potential for displacement was acknowledged but this was not apparent from the data collected; and workforce recruitment and retention was a priority, with turnover reduced from 14% to 10% over the last two years, improved staff survey results, a successful international nurse recruitment campaign, and a decrease in the number of nurse vacancies.

m. The cabinet member - finance and corporate services: questioned whether the natural variations in A&E attendances might obscure the additional numbers of attendees from Leominster and Ross-on-Wye during the MIU closures and it was noted that ambulance conveyances picked up during those months; suggested that further data was needed on this correlation and possible causation; noted that insect bites could be serious, especially for people with suppressed immune systems; and commented on the need for joined up communications in A&E, GP surgeries, MIUs, pharmacies, and other healthcare and community settings, to ensure that people were aware of the appropriate places to go, the facilities available, the opening times, and the capacity to provide care and treatment.

Ms Ives acknowledged that insect bites could be serious and emphasised that people had to do the right thing for them.

n. The cabinet member - health and wellbeing commented on the close working between WVT and the council, demonstrated by the significant reduction in delayed transfers of care.

The director for adults and communities said that the Herefordshire system was under significant pressure in terms of finding efficiencies, with the NHS responsible for its quality of service and safety of patients, and the local authority responsible for patients who were vulnerable and in need of safeguarding. Therefore, the system partners had to work together to manage demand more effectively. It was reported that delayed transfers of care had reduced by around 50% during the last year as a result of service changes, integrated working and further investment.

o. The chairperson, referring to same day primary care, said that people living on the border that chose to register with a GP surgery in Wales did not have similar provision and this inequality needed to be acknowledged.

Ms Brooks noted the different regulatory framework and guidance in Wales. It was reported that such residents, or visitors to the county, could use out of hours primary care services. It was also reported that regular meetings were held with counterparts in Wales to highlight concerns and look at inequalities caused by differences in service provision.

p. In response to a question, Ms Brooks provided an overview of falls prevention and response services. The director for adults and communities added that this provision was being reviewed, alongside the proposed investment in assistive technology, in order to manage demand better and upstream support.

The chairperson thanked Ms Brooks and Ms Ives for their attendance and input.

There was a short adjournment to prepare draft recommendations. The resolution below was then discussed and agreed by the committee.

Resolved: That

1. **In view of the recurring temporary closures of the Minor Injury Units in Leominster and Ross-on-Wye, that the Clinical Commissioning Group be recommended to undertake a full options appraisal, with a more relevant set of statistical information (to include the total number of MIUs in the country and how many have closed during winter periods) and an evidence base obtained from healthcare providers and system partners, on future options for the Minor Injury Units to include an appraisal of the future of the community hospitals.**

2. **That the Clinical Commissioning Group and Herefordshire Council officers develop a joint protocol or memorandum of understanding (to be produced by the end of April), about how the parties will reach a view as to whether or not any changes in the provision of health services constitute 'substantial development' or 'substantial variation' in relation to the duty on relevant NHS bodies and health service providers to involve and consult the public, including the relevant scrutiny committee(s).**

3. **That the Clinical Commissioning Group review the approach to consultation and engagement generally where there is a likely to be an impact on communities and service providers.**

4. **That the Clinical Commissioning Group review opportunities for joined up communications in GP surgeries, pharmacies and other healthcare services to highlight where people need to go to access appropriate healthcare relative to the health conditions they present with.**

36. REVIEW OF BUDGET AND CORPORATE PLAN PROPOSALS FOR 2020/21 RELATING TO THE REMIT OF THE ADULTS AND WELLBEING SCRUTINY COMMITTEE

The chairperson reminded the committee that the budget and corporate plan proposals had been considered initially at the 18 November 2019 meeting of the committee (minute 26 refers) and the purpose of this item was to reconsider the proposals following the conclusion of public consultation.

The chief finance officer presented the report, the principal points included:

1. The updated corporate plan summary was appended to the report (agenda page 69) and the full corporate plan would be presented to the general scrutiny committee on 20 January 2020.

2. The public consultation on the priorities for additional investment indicated that a high proportion of respondents supported investment in council-owned care homes or villages (81%), and publicly-owned affordable housing (79%).

3. 51.5% of respondents considered a 4% increase in Council Tax to be 'about right' (36.9%) or 'too little' (14.6%).

4. 53% disagreed with the allocation of Council Tax as set out in the budget till receipt. Comments that expressed an opinion mostly said that not enough was allocated to particular services, especially services related to environment and place.

5. The settlement from government had confirmed the provisional settlement, provided an increase in the revenue support grant (£635k), and confirmed the rural services delivery grant (£5.101m). This resulted in an updated total net budget (£157.117m). In addition, the settlement included funding in relation to new homes bonus (£2.2m); this had not be part of the budget assumptions. Consultation on the settlement would end on 17 January 2020.

6. The base net budget requirement for adults and communities remained the same (£56.282m). Increases were identified for corporate services in relation to legal services (£700k) and to meet additional costs of borrowing (£318k) due to an increase in the public works loan board interest rate.

7. It was clear that this was a one year settlement from government, with further policy announcements and changes expected later in the year. This would enable Council to set a balanced budget for 2020/21 at its 14 February 2020 meeting.

8. Work was ongoing on the models for delivering council housing which could lead to an investment of up to £100m in housing in the four years from 2022/23. The funding from new homes bonus was earmarked to facilitate the delivery of houses.

9. The 2020/21 assumptions had been adjusted, reflecting a 3.9% increase in Council Tax (1.9% general, 2% adults social care). It was reported that the improved better care fund (£6.6m) and public health grant (£9.2m) would continue for another year. It was noted that work was continuing on calculating the impact of the rise in the national living wage, including conversations with providers.

The chairperson invited contributions from the director for adults and communities and the attending cabinet members, the key points included:

i. The director commented on the budget setting process and on the continuing development of the business cases to support the capital investment proposals.

ii. The cabinet member - finance and corporate services welcomed suggestions and challenge in order to inform the plans ahead of the meeting of Council.

Comments made by the chairperson included:

- It was suggested that there should be ongoing involvement of councillors as the business cases progressed.

- In response to a question, the assistant director all ages commissioning confirmed that the potential for a mix of build and acquisition would be included in scope for the proposed investment in council-owned care homes.

- The investment in housing was potentially a significant intervention and the involvement of councillors would be useful in order to explore all aspects.

- The public consultation on the priorities for additional investment clearly identified ‘invest money in developing additional affordable housing stock and retaining it in public ownership’ whereas reference was made in the report to other local authorities ‘developing and managing both affordable housing and open market homes’. It was suggested that the needs and the right way to meet those needs, in a sustainable way, should be included in scope.

- Reflecting on the issues of recruitment and retention in the NHS, as discussed earlier in the meeting, and also acknowledging the challenges for social care, it was also suggested that key worker accommodation be included in scope.

- The public consultation on the priorities for additional investment did not invite any either / or choices, and further engagement could be helpful.

- In response to a question about paragraph 5 of the report (agenda page 58) and the '200 additional new homes above the assumed growth in new homes', the head of corporate finance confirmed that there had been an actual increase in the tax base of 1.3% which was higher than the forecast of 0.9% in the medium term financial strategy.

The vice-chairperson welcomed the key findings of the public consultation and the updated report. The vice-chairperson reiterated the need for involvement in the capital investment projects and said that there was also a need to understand more about the social care pooled budget.

The cabinet member - finance and corporate services: emphasised that the capital investment proposals would be subject to individual decisions and consultations, so there would be further opportunities to shape and influence the projects; outlined some of the options in terms of additional affordable housing stock, including rented and shared ownership schemes; said that the council was not looking to compete with housing associations but there was a need to address demand that was not currently being satisfied by the market; and, in terms of the social care pooled budget, a joined up plan for transformational change would be developed.

The director for adults and communities said that: the adults and communities directorate and the children and families directorate were working together to address shared challenges; Talk Community was an all ages programme of work; there were opportunities to upstream support to communities to avoid the need for people to enter care; and there was a need for focus on vulnerable people with complex care needs.

A committee member drew attention to the minutes of the previous meeting on the 'multi-bedded care home and/or extra care facility' and noted that the issue of acquisition had not been explored during that debate. It was questioned whether the acquisition of care homes could: undermine the arguments for the identified facility; limit the funding available for the facility; and represent a conflict of interest with the licensing functions of the authority. In response, the assistant director all ages commissioning said that: no decisions had been taken at this point and acquisition was an option to be considered, adding that this was about increasing council controlled capacity in a fragile and difficult market, and in locations across Herefordshire; the level of capital investment required to make any particular property fit for purpose would need to form part of any business case; and the high proportion of self-funders in the market meant that that the fees demanded by many providers were not affordable to the council. In response to a further question, the assistant director confirmed that no approaches had been made to any provider at this point but, as part of the options appraisal, the council was examining whether there were commercially viable properties available.

The chairperson said that the discussion demonstrated the need to look at the plans at a more developed stage, not necessarily in terms of the committee's work programme but with general councillor involvement to ensure that there was good understanding of the concepts and opportunities to input ideas.

There was a short adjournment to prepare draft recommendations. A recommendation suggesting a seminar on workforce pressures was withdrawn. The resolution below was then agreed by the committee.

Resolved to recommend to general scrutiny committee:

1. **To inform the detailed business cases for the key areas of capital investment and to provide assurance that they are sustainable and represent value for money, the executive be asked to arrange an all members' seminar to explore the options appraisals.**

2. **That the options appraisal for public housing also consider the potential to support key workers with their accommodation needs.**

3. **There is further clarification and detail provided on the proposed shared social care pooled budget between the adults' and children's directorates when it is available.**

37. COMMITTEE WORK PROGRAMME

The chairperson suggested that items on community services redesign and NHS Continuing Healthcare be brought forward to an earlier meeting. It was also suggested that the remainder of the work programme be reorganised, potentially to include an additional meeting in April 2020.

Resolved: That officers, in consultation with the chairperson and vice-chairperson, be authorised to update the work programme accordingly.

38. DATE OF NEXT MEETING

The next scheduled meeting was Monday 2 March 2020 at 2.30 pm.

The meeting ended at 5.18 pm **Chairperson**

Questions from councillors to the adults and wellbeing scrutiny committee

13 January 2020

The following question relates to agenda item 7, Minor injury units. The associated documents can be viewed at the following:

http://councillors.herefordshire.gov.uk/ieIssueDetails.aspx?IId=50032903&Opt=3

Question

Councillor Paul Symonds, Ross East Ward

Herefordshire Council has the power to refer decisions made by local health service providers to the Secretary of State. One of the grounds for doing this is that the Council has not been consulted about the decision and is not satisfied that the reason given for not consulting the Council is adequate.

In light of this could Wye Valley NHS Trust and CCG explain why the Council should not refer the decision to close the county's minor injury units to the Secretary of State?

Response

Chairperson of the adults and wellbeing scrutiny committee

Thank you for your question. As the question is addressed to the responsible health bodies, the acting Director of Operations of NHS Herefordshire Clinical Commissioning Group (CCG) has provided the following response:

> The decision to temporarily close the Wye Valley NHS Trust's Leominster and Ross-on-Wye Minor Injury Units were taken to improve the safety of its A&E Department as a result of plans to address the high volume demand generated in winter months. This decision was taken by Wye Valley NHS Trust, in conjunction with NHS Herefordshire CCG, with oversight by Herefordshire Accident and Emergency Delivery Board. During last 12 months 60,560 patients attended the A&E Department – this is an increase of 5,000 compared to a year ago.
>
> The temporary change has been made under regulation 23 (2) of the s.244 regulations because of a risk to the safety of patients.
>
> If this change did not affect the safety or welfare of patients or staff, and a service change was proposed, then NHS Herefordshire CCG as the local NHS commissioner, would follow the full process as set out by the requirement placed on the NHS to consult the Local Authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations) of the s.244 NHS Act 2006. This applies to substantial service change proposed to NHS services.

Summary of the supplementary question asked at the meeting

Councillor Paul Symonds, Ross East Ward

The question I would like to ask hinges around the question of significant change. The figures submitted in the papers for this meeting show that there are just under 4,000 potential users of the Minor Injury Units but that was during a year (September 2017 0 August 2018) when the MIUs were closed for at least three months in the winter, so I suspect the figures are probably more like 5,000 or possibly more.

Who defines what counts as significant, as the communities served by us would see this as a significant change, and what opportunity is there for Herefordshire Council and other stakeholders to be involved in setting the parameters that define what counts as a significant change?

Summary of the verbal response provided at the meeting

Chairperson of the adults and wellbeing scrutiny committee

The chairperson invited the acting Director of Operations of the CCG to comment, the response is summarised as follows:

> There is no legal definition of what substantial or significant change is. The local NHS, in consultation with NHS England, would regard any permanent closure or any change to either location or a reformation of a service as a significant change.
>
> The agenda item on minor injury units / urgent and emergency care goes into the rationale for why we regard this temporary closure [as being] on the grounds of patient safety [which is] under a different part of the regulation. But if we were seeking to make any substantial long term change, we would be seeking the involvement of the local authority in supporting, informing, and influencing us as to how we would proceed. If we were looking to change how we delivered the function of minor injury units, we would come to this committee and outline our proposals and ask you to consider that as part of our consultation.

The chairperson advised that, as the temporary winter closures of the minor injury units impact specifically on the Leominster and Ross-on-Wye wards, the local members would be invited to participate as fully as they wished in the discussion on that agenda item.

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Monday 2 March 2020**
Title of report:	**Briefing paper on NHS Continuing Healthcare (NHS CHC)**
Report by:	**Director for adults and wellbeing**

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider the attached briefing paper on NHS Continuing Healthcare by NHS Herefordshire Clinical Commissioning Group and to determine any recommendations the committee wishes to make.

Recommendation

That the committee:

(a) considers the briefing paper on NHS Continuing Healthcare (appendix A) by NHS Herefordshire Clinical Commissioning Group; and

(b) determines any recommendations it wishes to make to a responsible NHS body and / or to the executive.

Alternative options

1. It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service within its area. The committee also has the function to make recommendations to a responsible NHS body on any NHS matter

it has reviewed or scrutinised, and to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive. As such, there are no alternative options.

Key considerations

2. The adults and wellbeing scrutiny committee has statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting the area and to make reports and recommendations on these matters.

3. NHS Continuing Healthcare (NHS CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been assessed and found to have a 'primary health need'. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness.

4. The adults and wellbeing scrutiny committee considered an item on 'NHS Continuing Healthcare Framework applicable to Herefordshire' at the meeting on 20 September 2018. The report is available here:

   Report - NHS Continuing Healthcare Framework applicable to Herefordshire

5. The purpose of the report was to inform the committee of a review that had been undertaken in relation to the application of NHS CHC which had been jointly commissioned by the council and the CCG. The following was appended to the report:

   Appendix 1 - Summary of the review

   Appendix 2 - Draft action plan

   Appendix 3 - Benchmark information

6. The committee had comprehensive debate on the issue, the minutes of the meeting are available here:

   Minutes - NHS Continuing Healthcare Framework applicable to Herefordshire

7. The recommendations of the committee and the responses received from the CCG were as follows:

   Recommendations

   a) a small number of senior social workers be upskilled to ensure that there is a common understanding of the medical terminology when dealing with disputes;

b) the CCG be requested to commit to seeking to lift Herefordshire out of its current position of 6th from the bottom in the national CHC eligibility by 50k population and to report its progress against this commitment at a future adults scrutiny committee;	CCG response: NHS Herefordshire CCG is committed to ensuring its practice in relation to CCG eligibility continues to be in line with the revised CCG national framework and subject to quality assurance. This has been tested by NHS England and assurance received that the CCG is applying the framework appropriately so will continue with current practice and governance. The CCG will be happy to share the outcomes from the NHS England review with the local authority and the committee once it has been received and reviewed by the CCG internal governance processes.
c) the CCG be called back to the committee to report on progress made against their action plan recommendations in six months' time specifically – • to update the committee on progress against the recommendations that have not been completed to date, and • to report on the progress made as a result of the recommendations completed and implemented;	CCG response: The CCG is more than content to return to the scrutiny committee in relation to the recommendations of the external review completed by Ms A Parry. The CCG would request that this attendance and the update on progress relating to the recommendations is done in partnership with Herefordshire Council colleagues.
d) the CCG be requested to influence the report of the NHS England to be a system review and to include the local authority within that review	CCG response: CCG will raise the issue of LA engagement in NHS England review.

8. The CCG has provided the briefing paper on NHS Continuing Healthcare (appendix A) for consideration by the committee. A representative of the CCG will be attending this meeting to present this item.

Community impact

9. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

10. This scrutiny activity contributes to the corporate plan – county plan 2020-24 ambition 'strengthen communities to ensure everyone lives well and safely together'.

11. Within the NHS, there has been increasing emphasis on the need to understand and respond to the views of patients and the public about health and health services. Responding positively to health scrutiny is one way for the NHS to be accountable to local communities.

Equality duty

12. 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.

13. 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. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

14. There are no resource implications associated with the recommendation. The resource implications of any recommendations made by the committee will need to be considered by the responsible NHS body or the executive in response to those recommendations or subsequent decisions.

Legal implications

15. Section 9FA of and Schedule A1 to the Local Government Act 2000, Regulations 5 and 11 of the Local Authorities (committee system) (England) Regulations 2012 and Regulation 30 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 make provision for local scrutiny functions to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.

16. The remit of the scrutiny committee is set out in part 3, section 4.5 of the constitution and the role of the scrutiny committee is set out in part 2, section 2.6.5 of the constitution. The council is required to deliver a scrutiny function.

Risk management

17. None in relation to this covering report; scrutiny is a key element of accountable decision making and may make recommendations to certain NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. The committee may make reports and recommendations to certain NHS bodies and expect a response within 28 days.

Consultees

18. The committee requested an update on progress from the CCG following consideration of the 'NHS Continuing Healthcare Framework applicable to Herefordshire' report received at the meeting on 20 September 2018.

19. Councillors and members of the public are able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

    Get involved

Appendices

Appendix A	Briefing paper on NHS Continuing Healthcare

Background papers

None identified.

Glossary

CCG	NHS Herefordshire Clinical Commissioning Group	Clinical Commissioning Groups are clinically-led statutory NHS bodies responsible for planning, buying (commissioning) and monitoring health care services in their local area.
NHS CHC	NHS Continuing Healthcare	A package of ongoing care that is arranged and funded solely by the NHS.

Briefing Paper for HCC Scrutiny Committee 20 February 2020

Background

NHS Continuing Healthcare (NHS CHC) means a package of ongoing care that is arranged and funded solely by the NHS where the individual has been assessed and found to have a “primary health need”. Such care is provided to an individual aged 18 or over, to meet health and associated social care needs that have arisen as a result of disability, accident or illness.

The “primary Health need” concept was developed by the Sec of State for Health to assist in deciding when an individual’s primary need is for healthcare rather than social care. To determine whether an individual has a primary health need, there is an assessment process, which is detailed in The National Framework (revised October 2018). Where an individual is assessed as having a “primary health need” they become eligible for CHC.

NHS CHC is fundamentally a “whole system” issue requiring leadership across and within statutory agencies in order to ensure that the needs of individuals who might have a primary health need are properly assessed and addressed. These individuals are, by definition, some of the most vulnerable in our society and is vital that systems deliver a person-centred approach to the variety of situations that NHS CHC encompasses. Strong system leadership is therefore critical to the successful implementation of the national framework. The CCG have continued to build strong relationships with Herefordshire County Council colleagues and continue to welcome partnership working.

Update

This report seeks to provide assurance to the Council Scrutiny Committee by way of the updated position regarding NHS Continuing Healthcare with particular reference to Key Performance Indicators which are set by NHS England.

- Following a referral to the CCG a decision regarding eligibility should be made within 28 days.

Key Performance Indicators

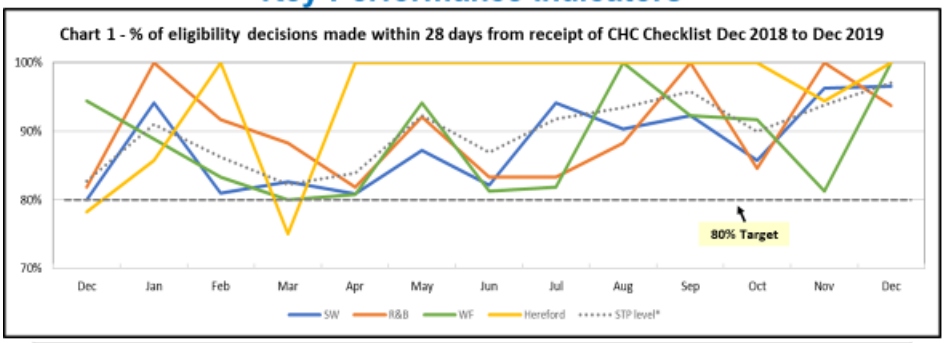


Table 1 - Percentage of eligibility decisions made within 28 days from receipt of CHC Checklist December 2018 to December 2019													
2018/19	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SW	80.00%	94.12%	80.95%	82.61%	80.85%	87.18%	82.14%	94.12%	90.32%	92.31%	**85.71%**	**96.30%**	**96.55%**
R&B	81.82%	100%	91.67%	88.24%	81.82%	92.13%	83.33%	83.33%	88.24%	100%	**84.62%**	**100%**	**93.75%**
WF	94.44%	88.89%	83.33%	80.00%	80.77%	94.12%	81.25%	81.82%	100%	92.31%	**91.67%**	**81.25%**	**100%**
Hereford	*78.26%*	*85.71%*	*100%*	*75.00%*	*100%*	*100%*	*100%*	*100%*	*100%*	100%	**100%**	**94.44%**	**100%**
STP level	82.75%	91.01%	86.20%	82.22%	83.93%	92.23%	86.90%	91.75%	93.42%	95.77%	**89.89%**	**93.83%**	**97.10%**

- ***Target is greater or equal to 80%***
- ***Performance below target is highlighted in red.***

Continuing Healthcare Quality & Performance Dataset December 2019 4

- No more than 15% of assessments should take place in the acute hospital setting however in reality the expectation is that no assessments are undertaken in this setting in order for the individual to have time to recover from their acute episode of care.

Key Performance Indicators

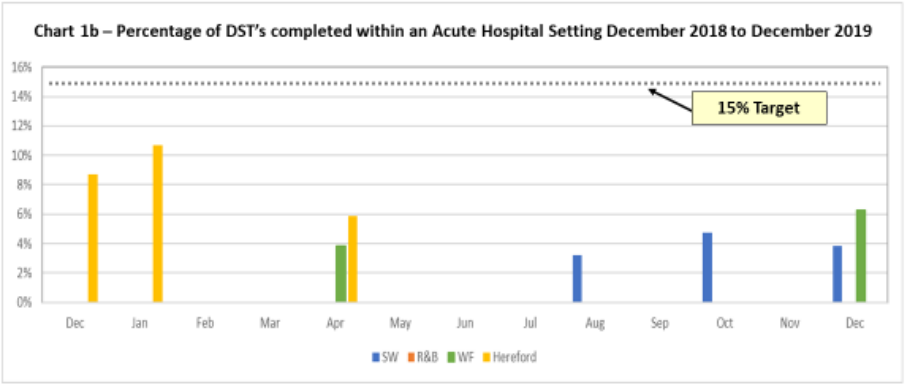
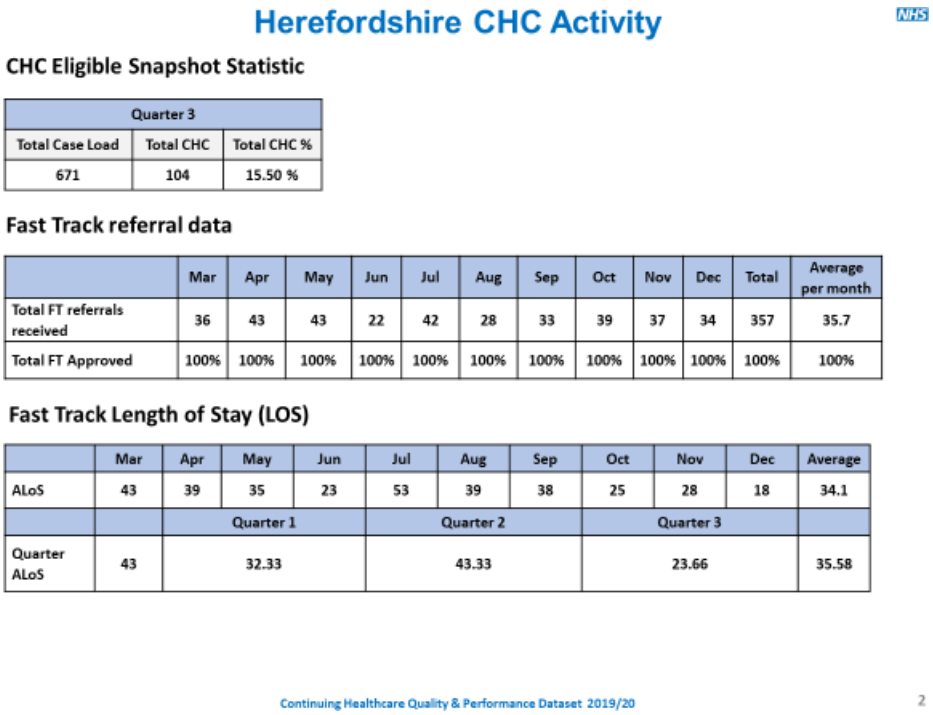


Table 1a – Percentage of DST's completed within an Acute Hospital Setting Dec 2018 to Dec 2019													
2018/19	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SW	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.23%	0.00%	4.76%	**0.00%**	**3.85%**
R&B	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**
WF	0.00%	0.00%	0.00%	0.00%	3.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**6.25%**
Hereford	8.70%	10.71%	0.00%	0.00%	5.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**

- The 15% target has been met for the last has been undertaken in an Acute setting in the last 13 months for both Worcestershire or Herefordshire CCGs.

Continuing Healthcare Quality & Performance Dataset December 2019 6

- All appropriately completed NHS Continuing Healthcare Fast track applications should be accepted by the CCG.



Herefordshire CHC Activity

CHC Eligible Snapshot Statistic

Quarter 3		
Total Case Load	Total CHC	Total CHC %
671	104	15.50 %

Fast Track referral data

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average per month
Total FT referrals received	36	43	43	22	42	28	33	39	37	34	357	35.7
Total FT Approved	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Fast Track Length of Stay (LOS)

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
ALoS	43	39	35	23	53	39	38	25	28	18	34.1
		Quarter 1			Quarter 2			Quarter 3			
Quarter ALoS	43	32.33			43.33			23.66			35.58

Continuing Healthcare Quality & Performance Dataset 2019/20 2

It should also be noted that in line with the guidance set out in the revised National Framework for NHS Continuing Healthcare funding, the purpose of the 3 month and 12 month CHC review is to focus on reviewing the package of care that is in place for the individual and only when there is a change in clinical need which may impact on CHC eligibility, will a review of CHC eligibility take place.

In view of the merger between that Worcestershire and Herefordshire CCG's the NHS Continuing Healthcare teams across both counties are working closely together to align systems and process with a view to improving the service that is delivered to all patients. This includes reviewing the data that we gather as part of the CHC scrutiny process which is overseen by the CCG monthly Quality and Performance meeting.

Linda Allsopp

Associate Director of Nursing and Quality – CHC and Complex

Care Nikki Warman

Head of CHC – Clinical Services

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Monday 2 March 2020**
Title of report:	**Performance monitoring - NHS Herefordshire Clinical Commissioning Group**
Report by:	**Director for adults and wellbeing**

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider the attached report on performance monitoring by NHS Herefordshire Clinical Commissioning Group and to determine any recommendations the committee wishes to make.

Recommendations

That the committee:

(a) considers the report on performance monitoring by NHS Herefordshire Clinical Commissioning Group (appendix A);

(b) receives the One Herefordshire priorities and outcome measures; and

(c) determines any recommendations it wishes to make to a responsible NHS body and / or to the executive.

Alternative options

1. It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health service within its area. The committee also

has the function to make recommendations to a responsible NHS body on any NHS matter it has reviewed or scrutinised, and to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive. As such, there are no alternative options.

Key considerations

2. The adults and wellbeing scrutiny committee has statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting the area and to make reports and recommendations on these matters.

3. The adults and wellbeing scrutiny committee considered an item on 'The future of the Herefordshire and Worcestershire Clinical Commissioning Groups (CCG) consultation' at the meeting on 24 June 2019. The report and minutes of the meeting are available here:

   The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups (CCG) consultation

4. One of the recommendations of the committee was as follows:

   'The committee would like to see benchmarking and performance/delivery data (as set out in the Draft Operational Plan 2019/20) brought back to this committee in 12 months' time; exploring current and future commissioning outcomes, including tracking of the amount and spend in each of the four CCG footprint areas'.

5. In addition, the committee considered an item on 'One Herefordshire and Integration Briefing' at the meeting on 18 October 2019. The report and minutes of the meeting are available here:

   One Herefordshire and Integration Briefing

6. One of the recommendations of the committee was as follows:

   'The Clinical Commissioning Group be invited to include details of the One Herefordshire priorities and outcome measures as part of the agenda item on 'Clinical Commissioning Group benchmarking and performance / delivery data' due to be received at the May 2020 committee meeting.'

7. This item has been brought forward slightly following adjustments that have been made to the committee's work programme.

8. The CCG has provided the attached report on 'performance monitoring – NHS Herefordshire Clinical Commissioning Group' (appendix A), including the 'HCCG performance dashboard 2019/20' (appendix 1) and One Herefordshire 'draft outcomes framework' (appendix 2).

Community impact

9. In accordance with the adopted code of corporate governance, Herefordshire Council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make sure outcomes are achieved. The council needs robust decision-making mechanisms to ensure its outcomes can be achieved in a way that provides the best use of resources

whilst still enabling efficient and effective operations and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development and review.

10. This scrutiny activity contributes to the corporate plan - county plan 2020-24 ambition 'strengthen communities to ensure everyone lives well and safely together'.

11. Within the NHS, there has been increasing emphasis on the need to understand and respond to the views of patients and the public about health and health services. Responding positively to health scrutiny is one way for the NHS to be accountable to local communities.

Equality duty

12. 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.

13. 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. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

14. There are no resource implications associated with the recommendation. The resource implications of any recommendations made by the committee will need to be considered by the responsible NHS body or the executive in response to those recommendations or subsequent decisions.

Legal implications

15. Section 9FA of and Schedule A1 to the Local Government Act 2000, Regulations 5 and 11 of the Local Authorities (committee system) (England) Regulations 2012 and Regulation 30 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 make provision for local scrutiny functions to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.

16. The remit of the scrutiny committee is set out in part 3, section 4.5 of the constitution and the role of the scrutiny committee is set out in part 2, section 2.6.5 of the constitution. The council is required to deliver a scrutiny function.

Risk management

17. None in relation to this covering report; scrutiny is a key element of accountable decision making and may make recommendations to certain NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. The committee may make reports and recommendations to certain NHS bodies and expect a response within 28 days.

Consultees

18. The committee requested this item following consideration of 'The future of the Herefordshire and Worcestershire Clinical Commissioning Groups (CCG) consultation' report received at the meeting on 24 June 2019.

19. Councillors and members of the public are able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

    Get involved

Appendices

Appendix A	Performance monitoring - NHS Herefordshire Clinical Commissioning Group
Appendix 1	HCCG performance dashboard 2019/20
Appendix 2	Draft outcomes framework

Background papers

None identified.

Glossary

CCG	NHS Herefordshire Clinical Commissioning Group	Clinical Commissioning Groups are clinically-led statutory NHS bodies responsible for planning, buying (commissioning) and monitoring health care services in their local area.

Adult and Wellbeing Overview & Scrutiny Committee
2 March 2020

Performance Monitoring – NHS Herefordshire Clinical Commissioning Group

Recommendation

That the Adult and Wellbeing Scrutiny Committee:

(i) Receives and considers the updated report on performance monitoring by NHS Herefordshire Clinical Commissioning Group.

(ii) Receives the One Herefordshire priorities and outcome measures.

1. Introduction

1.1 This report provides information on the performance monitoring by NHS Herefordshire Clinical Commissioning Group (HCCG) that commissions NHS services to Herefordshire residents.

1.2 This report provides a twelve-month update on CCG performance measured by the NHS Constitution Measures, now reflecting performance up to December 2019 (latest validated published information).

1.3 This report also provides an update to the Committee of the One Herefordshire priorities and the associated outcomes measures, following a presentation to the Committee on the work of One Herefordshire in October 2019.

2. Background

Clinical Commissioning Groups (CCGs) are clinically-led statutory NHS bodies responsible for planning, buying (commissioning) and monitoring health care services in their local area. Commissioning is about getting the best possible health outcomes for the local population, by assessing local health needs, deciding priorities and strategies, and then securing services on behalf of the population from a range of organisations including hospitals, general practices and community health bodies. CCGs are responsible for the health of their entire population and their performance is measured by how much they improve outcomes.

3. CCG Performance Reporting

3.1 NHS Herefordshire CCG provide regular monthly reports to its Governing Body on their performance. The performance information is contained within the dashboard in Appendix 1.

3.2 Clinical Commissioning Groups are required to meet the national NHS Constitution targets and therefore report performance against these measures which have a nationally set target. Table 1 provides data on the NHS constitution measures for the CCG.

Table 1. NHS Constitution Targets

NHS Constitutional Access Standards	Target	NHS Constitutional Access Standard	Target
A&E 4 Hour Waits	95%	Cancer 2-week waits	93%
RTT Incomplete Pathway	92%	Breast Symptomatic Cancer 2ww	93%
Patients waiting +52wks	zero	31 Day Cancer (First definitive treatment)	96%

62 Day Cancer Waits (Patients receiving 1st definitive treatment)	85%	31 days subsequent treatment surgery	94%
62 Day Screening	90%	31 days subsequent treatment radiotherapy	94%

3.3 The NHS Constitution sets out a number of standards which have been translated into a range of targets for waiting times and patient care.

Accident & Emergency (A&E) 4 hour wait
Ensuring we have a robust urgent care system also continues to be a challenge across the health and care system with performance against the 4-hour A&E access target remaining below the national 95% standard. Ambulance conveyances have been growing to high numbers every day.

Agencies in Herefordshire have been working together to understand the demand for ambulances in the county. Improvements to sharing information, communication and enhanced community services are being explored.

Health and Care agencies have worked together to support as many people to return to their normal place of residency following a period of acute care. New ways of working are supporting people to move from the acute hospital more quickly which is releasing bed capacity for the increased number of patients arriving at ED requiring admission.

18 weeks Referral to Treatment (RTT)
The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment (RTT). However, delivery of the target has been challenging as a result of increased demand and capacity issues across the local system. Despite this performance in 19/20 has improved when compared to 18/19.

Cancer Waits
The performance on cancer waiting times has improved during 2019/20, as the NHS is addressing the care pathways for identification, diagnosis and treatment. This has included working across Herefordshire and Worcestershire, bringing in others such as the West Midlands Quality Review Network to identify improvements. Please note that some of the cancer indicators affect small number of people.

Mental Health
Growing services for people with low to moderate mental ill-health, such as depression and anxiety, has been difficult due to the ability to secure staffing with the appropriate skills. As a result, the CCG has funded trainee placements and the service has 'grown' its own workforce. In 2019/20, the provision had sufficient staffing to reach more people than in previous years.

The performance of dementia diagnosis has constantly been below the national target, despite good levels of diagnosis. Local investigations have demonstrated the net impact that people moving out-of-the county and the death rate is having on the total number of people with a dementia diagnosis.

The indicator on children and young people's mental health is new for 2019/20 and does not capture all of the CCG commissioned activity. Work is underway to capture all of the activity by March 2020.

4. One Herefordshire Outcomes Measures

4.1 NHS Long Term Plan and Framework for 2020/21
The NHS Long Term Plan has revised the indicators for 2020/21. The approach is also changing with a greater emphasis on system oversight. This will integrate the Single Oversight Framework for Providers and the Improvement and Assessment Framework (IAF) for CCGs.
Oversight will be characterised by five key principles:

- NHS England and NHS Improvement teams speaking with a **single voice**, setting consistent expectations of systems and their constituent organisations;
- A greater emphasis on **system performance**, alongside the contribution of individual healthcare providers and commissioners to system goals;

- Working with and through **system leaders**, wherever possible, to tackle problems;
- Matching **accountability for results** with improvement support, as appropriate; and
- **Greater autonomy** for systems with evidenced capability for collective working and
- track record of successful delivery of NHS priorities

Although individual organisations have a statutory responsibility for their own performance, to enable a more collaborative approach to managing issues across Herefordshire, we are working more closely as system partners to ensure that provider and commissioner plans are aligned in terms of finance, activity, workforce and outcome metrics. It is envisaged therefore that future performance reports to the HOSC will reflect this wider system working and will be presented as an integrated performance report.

With the CCG merger, oversight and comparison of performance within Herefordshire will continue at both a provider and system level. Performance oversight will continue as normal with all providers through the current contractual arrangements. System oversight will continue through the current One Herefordshire arrangements, through the CCG formal committee structure and via regulators.

4.2 Draft Local Outcome Measures

The proposed outcomes framework is structured around our Long term plan and the NHS quintuple aim. Each aim has up to three ambitions, system level outcomes and associated measures. These are currently in draft.

Aims 1 & 2: Improve health and wellbeing outcomes and reducing health and care inequalities
• Our children and young people have the best start in life
• Our citizens and communities are resilient and have good health and wellbeing
• Our citizens live healthier, longer lives
• Our citizens will enjoy healthy and independent ageing in their usual place of residency for longer

Aim 3: Improve quality and performance enhancing the experience of care
• Our citizens will have equitable access to the right care at the right time in the right place
• Our services meet the needs of our citizens in a positive way
• Our citizens with care and support needs and their carers have good quality of life

Aim 4: Improve productivity and efficiency returning the system to financial sustainability
• Our system is financially sustainable and achieves maximum benefit against investment
• Our system has a sustainable infrastructure
• Our care is digitally enabled at all levels

Aim 5: Sustain, develop and engage our workforce
• Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population.

Appendix 2 contains the proposed measures associated with the draft outcomes framework.

5. Supporting Papers

Full copies of the CCG's Annual Reports and Performance Reports can be viewed through the following links:

https://www.herefordshireccg.nhs.uk/library/governing-body-papers/governing-body-papers-2020

Appendix 1 **HCCG Performance Dashboard 2019/20**

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20 (As at Dec 19)
Urgent care - A&E and Ambulance					
New Ambulance response times	***Category 1 (life-threatening) calls*** – mean time taken for a response to arrive	HCCG	*00:09:26*	≤ 7 minutes	*00:09:52*
	Category 1 (life-threatening) calls – 90th percentile of calls resulting in a response arriving within 15 minutes		*00:19:38*	≤ 15 minutes	*00:20:52*
	Category 2 (emergency) calls – mean time taken for a response to arrive	HCCG	*00:15:32*	≤ 18 minutes	*00:17:54*
	Category 2 (emergency) calls – 90th percentile of calls resulting in a response arriving within 40 minutes		*00:29:54*	≤ 40 minutes	*00:34:22*
	Category 3 (urgent) calls – percentage of calls resulting in a response arriving within 120 minutes		*00:59:11*	≤ 120 minutes	*01:28:22*
	Category 4 (non-urgent "assess, treat, transport" calls only) – percentage of calls resulting in a response arriving within 180 minutes		*01:25:27*	≤ 180 minutes	*02:11:54*
Ambulance Handovers	All handovers between ambulance and A&E must take place within 15 minutes . ***0-15 mins***	WVT	*9892*	N/A	*7098*
	All handovers between ambulance and A&E must take place within 15 minutes . ***15-30 mins***		*8001*	0	*7222*
	All handovers between ambulance and A&E must take place within 15 minutes . ***30-60 mins*** (16/17 figures relate to 30-60mins)		*2856*	0	*2127*
	All handovers between ambulance and A & E must take place within 15 minutes. ***Over 1 Hour***		*222*	0	*220*
	Arrival to handover Ave Time h:m:s - The average time from arrival to patient handover per month taken from WMAS activity data.			Achieve <= 15 mins	*00:26:07*
A&E Attendances	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***	WVT	*76.16%*	95.00%	*76.05%*
	No waits from decision to admit to admission over 12 hours		*11*	0	*10*
Delayed Transfers of Care	Delayed Transfers of Care - ***Provider*** measure is the number of days delayed as a proportion of a count of acute activity or beds. ***All beds***	WVT	*7.72%*	Achieve <= 3.5%	*6.79%*
	Delayed Transfers of Care - Provider measure is the number of days delayed as a proportion of a count of acute activity or beds. ***Acute beds***		*3.86%*		*3.84%*
	Delayed Transfers of Care - Provider measure is the number of days delayed as a proportion of a count of acute activity or beds. ***Non-Acute beds***		*18.14%*		*15.36%*

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20
Cancer Waits					
All Cancer 2 week wait referrals	The percentage of patients urgently referred with suspected cancer by their GP who were first seen within 14 calendar days within a period	HCCG	91.58%	93%	94.30%
		WVT	91.98%		94.54%
		Glos Hosp (Hfd pts)	92.86%		91.67%
Breast symptomatic 2WW	The percentage of patients urgently referred for evaluation/investigation of "breast symptoms" where cancer is not initially suspected who were first seen within 14 calendar days during the period.	HCCG	32.14%	93%	92.57%
		WVT	29.85%		94.13%
31 day Cancer Waits	The percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	HCCG	92.23%	96%	93.11%
		WVT	91.20%		95.22%
		Glos Hosp (Hfd pts)	93.61%		81.54%
31 day - Surgery	***Surgery -*** Maximum 31-day wait for subsequent treatment where that treatment is surgery	HCCG	88.48%	94%	86.52%
		WVT	81.71%		89.39%
		Glos Hosp (Hfd pts)	93.94%		84.21%
31 day - Drugs	***Anti Cancer Drugs*** - The percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	HCCG	99.34%	98%	97.50%
		WVT	100.00%		92.86%
		Glos Hosp (Hfd pts)	99.20%		97.65%
31 day - Radiotherapy	**Radiotherapy Treatment Course -** The percentage of patients receiving subsequent treatment for cancer within 31-days where that treatment is a Radiotherapy Treatment Course	HCCG	96.97%	94%	92.44%
		Glos Hosp (Hfd pts)	98.15%		91.37%
62 day Cancer Waits	The percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer.	HCCG	76.81%	85%	74.80%
		WVT	77.97%		77.78%
		Glos Hosp	71.61%		72.45%
62 day - Screening	**NHS Cancer Screening -** The percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service.	HCCG	78.69%	90%	88.89%
		WVT	78.95%		91.30%
62 day - Upgrade	**Consultant Upgrade of Status -** The percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status.	HCCG	85.82%	90%	84.87%
		WVT	91.49%		91.67%
		Glos Hosp (Hfd pts)	55.56%		58.33%
104 day Cancer Waits	Patients waiting longer than 104 days following GP referral to definite treatment	WVT	9	0	6

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20
Elective Waits & Elective Care					
RTT - 18 week waits for treatment	The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	HCCG	77.01%	92%	81.32%
		WVT	75.55%		80.45%
	Referral To Treatment - Zero tolerance of over 52 week waiters	HCCG	5	0 Breaches	21
		WVT	4		5
Diagnostic Waits and Tests	The percentage of patients waiting 6 weeks or more for a diagnostic test (15 key diagnostic tests) at the end of the period	HCCG	99.30%	99%	99.51%
		WVT	99.80%		99.85%
	The number of Hfd patients waiting 6 weeks or more for a diagnostic test (15 key diagnostic tests) at the end of the period	HCCG	13	N/A	17
		WVT	0		7
Cancelled Operations	All patients who have operations cancelled to be offered another binding date within 28 days.	WVT	118	0 Breaches	16
	Number of last minute elective operations cancelled for non clinical reasons		378	N/A	193
	Number of urgent operations cancelled.		4	N/A	3
	No urgent operation to be cancelled for a 2nd time		0	0 Breaches	0
Stroke indicator	The percentage of people who have had a stroke who spend at least 90% of their time in hospital on a stroke unit	WVT	78.56%	80%	87.14%
	The percentage of people at high risk of Stroke who experience a TIA are assessed and treated within 24 hours	WVT	38.74%	60%	32.18%
	Patients receiving thrombolysis within 60 mins of entry (door to needle time)	WVT	28.89%	>80%	56.25%
	Appropriate patients receiving SALT assessment within 72 hours of admission to ASU	WVT	75.86%	>95%	79.90%

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20
Maternity & Childrens					
Pre Natal	Number of women who have had a Health and Social Care risk assessment - Early booking by 12 weeks and 6 days	WVT	86.76%	>90%	81.43%
	The % of women with a smoking status recorded at time of booking	WVT	99.26%	>95%	97.38%
Time of Delivery	The % of women with a smoking status recorded at time of delivery	WVT	95.89%	>95%	99.84%
	Number of women known NOT to have been smokers at time of delivery	WVT	83.08%	>89%	86.55%
	The % of women with a status recorded at time of delivery for breastfeeding initiation	WVT	100.00%	>95%	100.00%
	Number of mothers known to have initiated breastfeeding.	WVT	82.10%	>77%	82.77%
	C-Section rate – Elective rates Number of elective c-sections carried out as a percentage of all births (for Hereford patients only)	WVT	11.17%	<12%	13.59%
	C-Section rate – Emergency rates Number of emergency c-sections carried out as a percentage of all births (for Hereford patients only)	WVT	23.19%	<16%	22.04%

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20
Mental Health Care					
Dementia Diagnosis - New Diagnosis	New cases assessed +65yrs old - Performance against plan.	2G	721	45 new assessments per mth	511
	New cases assessed +65yrs old - Performance against plan. Variance against plan- cumulative		181		106
	New cases assessed - Performance against plan.	2G	766	50 new assessments per mth	534
	New cases assessed - Performance against plan. Variance against plan- cumulative		166		84
Access to Mental Health services	No children under 18 admitted to adult in-patient wards	2G	3	0	2
	The number of new cases of psychosis served by early intervention teams		26	26	26
	Percentage of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral.		84.62%	>=56%	78.79%
	Patients are to be discharged from local rehab within 2 years of admission (Oak House). Based on patients on ward at end of month.		93.68%	80%	100.00%
	Zero inappropriate admissions of Herefordshire patients to hospitals outside the Herefordshire/Worcestershire STP footprint or 2g bed base.			0	4
	The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the quarter (QA).		99.68%	95%	99.02%
	CPA - % of service users people who have had formal review within 12 months (ytd)		97.08%	95%	97.75%
Delayed Transfers of Care	Delayed Transfers of Care - Provider measure is the number of days delayed as a proportion of a count of acute activity or beds.	2G	2.14%	Achieve <= 7.5%	2.37%
CYP Eating Disorders	Waiting Times for Routine Referrals to CYP Eating Disorders Services- within 4 Weeks	2g	90.48%	95%	90.48%
	Waiting Times for Urgent Referrals to CYP Eating Disorders Services- within 1 Week	2g	100.00%	95%	66.67%
Mental Health Liaison	Any referrals from ED with Mental Health needs should have rapid access to mental health assessment within 2 hours of the MHL team being notified	2g	92.37%	80%	90.78%

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20
Mental Health Care - IAPT Service					
IAPT Services - Access rates	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies. ***Rolling Quarter***	2g		Q1-3 - 4.75% Q4 - 5.51%	4.61%
	The proportion of people who have depression and/or anxiety disorders who receive psychological therapies. Annualised Performance	2g	15.32%	22% by Mar 2020 (anl)	18.46%
IAPT Services - Recovery rate	The number of people who have completed treatment having attended at least two treatment contacts and are moving to recovery	2g	52.80%	Maintain >=50% quarterly	51.26%
	IAPT Recovery Rate - Rolling Quarter perf.	2g			51.16%
IAPT Services - 6wk & 18wk waits	The percentage of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 6 weeks of referral	2g	94.14%	Maintain >75%	98.57%
	The percentage of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within 18 weeks of referral	2g	95.92%	Maintain >95%	99.68%

Headline measures	Definition	Org./Trust	YTD 2018/19	Target 2019-20	YTD 2019/20
Herefordshire CCG Targets					
Dementia Diagnosis	Dementia - achieve a diagnosis rate of 67% for >65 yrs old on a GP register with a diagnosis of dementia. ***Performance against 'estimated prevalence'***	HCCG	58.42%	>67%	56.77%
	Performance against estimated prevalence. Variance against target.		-8.58%	variance from target	-10.23%
	Dementia - Number of patients >65 yrs old on a GP register with a diagnosis of dementia.		1758	2,010 on GP Dementia registers	1744
	Performance against plan.		-285	variance from target	-206
CYP Access to NHS Funded Services	The number of new children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period. ***Rolling 12 months***	HCCG	881	1103 at March 2020	827
	% of CYP accessing treatment by NHS funded community services (at least two contacts). Est. prevelance - 3237. Target 34% of estimated prevelance - ***performance based on rolling 12 months***		27.18%	34% at March 2020	25.55%

Appendix 2 Draft Outcomes Framework

Aim 1 & 2: Improve health and wellbeing outcomes and reducing health and care inequalities

Ambitions	System level outcomes	Measures	LTP metrics
Our children and young people have the best start in life	• An improvement in birth outcomes, patient choice and patient experience	• Reducing neonatal deaths • Reducing brain injury and • Reducing preterm births & still births • Delivery of continuity of carer pathway	E.Q.2 E.Q.4 E.Q.1 E.Q.3
	• Reduction in smoking prevalence at time of delivery	• Smoking status at booking • Smoking status at time of delivery	-
	• Increase in school readiness	• % Children at or above expected levels of development in all areas at 2 – 2.5 years • % Children achieving a good level of development at the end of reception	-
Our citizens and communities are resilient and have good health and wellbeing	• Reduction in illness and disease prevalence	• Smoking prevalence in adults • Admission episodes for alcohol related conditions • % of adults classified as overweight or obese	-
	• Narrow the gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population	• Increase in the number of people supported through the NHS diabetes prevention programme • Smoking prevalence in adults – Socio economic gap in current smokers • Comorbidity rates	E.R.1
	• Increase access to NHS funded mental health services for people aged 0-25	• % of young people with access to a comprehensive MH support offer • Delivery of 24/7 MH crisis care for CYPF	E.H.9 E.H.20
Our citizens live healthier longer lives	• Increase in life expectancy	• Life expectancy at birth (Male) • Life expectancy at birth (Female)	-
	• Increase in healthy life expectancy	• Healthy life expectancy at birth (Male) • Healthy life expectancy at birth (Female)	-

	• Increase in life expectancy at birth in lower deprivation quintiles	• Inequality in life expectancy (Male) • Inequality in life expectancy at birth (Female)	-
Our citizens will enjoy healthy and independent ageing in their usual place of residency for longer	• Reduction in premature mortality	• Under 75 mortality rate: all causes • Mortality rare from cause considered preventable • Suicide rate	-
	• Reduction in potential years of life lost	• Potential years of life lost due to smoking related illnesses • Years of life lost due to alcohol related conditions • Years of life lost due to suicide	-
	• Increase in early identification and early diagnosis	• Number of people completing an assessment tool • Number of people who benefit from community signposting/social prescribing • Diagnostics rates	-

Domain 3: Improve quality and performance enhancing the experience of care

Ambitions	System level outcomes	Measures	LTP metrics
Our people will have equitable access to the right care at the right time in the right place	• Reduction in avoidable and unplanned admissions to hospital and care homes	• % permanent admissions of older people (aged 65 and over) to residential care homes directly from a hospital setting • Reduce avoidable ambulance conveyances to A&E • Increase % of self-management techniques among people with long-term conditions	E.M.23
	• Increase in anticipatory care through community and primary care (PCN) services	• Number of delayed transfers of care for medically fit patients • Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement / rehabilitation services	E.M.24

		• % improvement in waiting times and waiting for treatment	
	• Increase in the number of people being cared for in an appropriate care setting	• Permanent admissions of older people to residential and nursing care homes • Discharge planning undertaken on admittance • Reducing the length of stay for patients who have been in hospital for over 21 days	E.M.24
Our services meet the needs of our citizens in a positive way	• Increase in the proportion of people reporting high satisfaction with the services they receive	• The proportion of adults with a learning disability and or mental health need who have been supported into paid employment • Patient reported outcome measures (or equivalent measure) • % of safeguarding service users who were satisfied that their outcomes were achieved	-
	• Increase the proportion of people reporting their needs are met	• % of patients that have been identified and involved in shared decision making • Number of people who have a personal health budget • Improved systematic process for collating peoples personal requirements for their care	-
	• Increase in the number of people that report having a choice, control and dignity over their care and support	• Number of people who receive a personal health budget • Number of people who have a personalised care and support plan • % of safer guarding service users who were satisfied that their outcomes were achieved • Carer feedback	-
Our citizens with care and support needs and their carers have good quality of life	• Improve outcomes for citizens experiencing mental health illness	• Increasing access to psychological therapies • Delivery of new models of care for community health services and personality disorders • Eliminate all inappropriate adult acute out of area placements	E.A.3 E.H.19 E.H.12

	• Increase in quality of life for people with care needs	• Health related quality of life for older people • Gap in the employment rate between those with a long-term health condition and the overall employment rate • Adjusted social care quality of life – impact of social care services	-
	• Increase in appropriate and effective care for people who are coming to the end of their lives	• Increase in the % of people with a ReSPECT care plan that is implemented • Reduction in the % of people who have three or more emergency hospital admissions during the last 90 days of life • Increase in the % of people on GP palliative care register per 100 people who dies	-

Aim 4: Improve productivity and efficiency returning the system to financial sustainability

Ambitions	System level outcomes	Measures
Our system is financially sustainable and achieves maximum benefit against	• Financial control total achieved	• Monthly performance against system control total • System PSF received • Underlying financial position
	• Transformation target delivered	• Performance against financial recovery programme • Performance against ICS opportunities pack
Our system has a sustainable infrastructure that supports high quality care	• Increase in the total use and appropriate utilisation of our estate	• Utilisation figures of all acute and community facilities i.e. Non-clinical space, carter metric and unoccupied floor space • Proportion of estate that is in a poor or unstable state
	• Alignment of capital spending for new and pre-existing estate proposal	• Audit of capital planning spend against objectives

	clinical and service improvement objectives	
Our care is digitally enabled at all levels	• Increase in collaborative data and information systems	• % of organisations providing regular data for analytics use and records available to share digitally (by organisation) • % of staff using digital records as primary record keeping method (by organisation) • % of transfers of care (by organisation) and referrals to social care from acute settings being conducted electronically
	• Information sharing agreements are in place	• The breadth and depth of information sharing agreements in place meets the needs of service transformation (Measured through digital strategy implementation)

Aim 5: Sustain, develop and engage our workforce

Ambitions	System level outcomes	Measures
Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	• Sustainable teams with skill mix designed around our population and mechanisms to deploy them flexibly to respond to care and support needs	• Staff retention rate increases • Sickness absence rate decreases • BAME representation increases
	• Increase in skills, knowledge and confidence to take every opportunity to support people to self-care and take a flexible, holistic approach to people's needs with a strong focus on prevention and personalised care	• MECC and personalisation embedded in HR processes: recruitment, induction, mandatory training & appraisal • Number of people trained in relevant skills and knowledge with evidence and impact assessed through appraisal • Referrals to mental health and well-being and lifestyle and support services
	• Increase in the number of people reporting a positive and rewarding	• Staff survey measures and CQC for non NHS employers: job satisfaction, access to learning experiences and training

Herefordshire Council

Meeting:	**Adults and wellbeing scrutiny committee**
Meeting date:	**Monday 2 March 2020**
Title of report:	**Work programme 2019-2020**
Report by:	**Democratic services**

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose and summary

To consider the committee's work programme for 2019-20.

Recommendations

That:

(a) the committee reviews the work programme (appendix 1) and determines any additional items of business or topics for inclusion in the work programme; and

(b) the provisional meeting dates for 2020/21 be agreed.

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.

Key considerations

Work programme

2. The work programme needs to focus on the key issues of concern and be manageable. It must also be ready to accommodate urgent items or matters that have been called-in.

3. At the previous meeting (13 January 2020), it was requested that items on NHS Continuing Healthcare and community services redesign be brought forward to earlier meetings, these items have been scheduled for this meeting (2 March 2020) and at an additional meeting (6 April 2020), respectively.

4. Some committee members have expressed an interest in being updated on the transfer of responsibility for the delivery of Herefordshire's mental health and learning disability services to Worcestershire Health and Care NHS Trust. It is suggested that an informal briefing be arranged for committee members, potentially in March 2020, to provide an overview of the arrangements and to inform any future scrutiny activity.

5. The updated work programme 2019/20 is attached at appendix 1.

6. Consideration should be given to the type of scrutiny to apply to work programme items, such as undertaking pre-decision scrutiny, performance review, and policy review and development.

7. 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 the year they are invited to discuss the matter with the chairperson and the statutory scrutiny officer.

Meeting dates for 2019/20

9. The remaining meeting dates for 2019/20 are:

Monday 6 April 2020, 2.30 pm

Monday 11 May 2020, 2.30 pm

Provisional meeting dates for 2020/21

10. The following provisional meeting dates for 2020/21 are suggested:

Monday 27 July 2020, 2.30 pm

Monday 21 September 2020, 2.30 pm

Monday 23 November 2020, 2.30 pm

Monday 18 January 2021, 10.00 am

Monday 29 March 2021, 2.30 pm

Constitutional Matters

Task and Finish Groups

11. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be

undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.

12. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least two members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. The committee will appoint the chairperson of a task and finish group.

Co-option

13. A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work programme and / or task and finish group membership.

Forward plan

14. The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions can be viewed under the forthcoming decisions link on the council's website:

Forthcoming decisions

Suggestions for scrutiny from members of the public

15. Suggestions for scrutiny are invited from members of the public through the council's website, accessible through the link below:

Get involved

Community impact

16. In accordance with the adopted code of corporate governance, Herefordshire Council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review. Topics selected for scrutiny should have regard to what matters to residents.

Equality duty

17. 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.

18. 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. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and equality considerations are taken into account when serving on committees.

Resource implications

19. 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

20. The remit of the scrutiny committee is set out in part 3, section 4.5 of the constitution and the role of the scrutiny committee is set out in part 2, section 2.6.5 of the constitution. The council is required to deliver a scrutiny function.

Risk management

21.

Risk / opportunity	Mitigation
There is a reputational risk to the council if the scrutiny function does not operate effectively.	The arrangements for the development of the work programme should help mitigate this risk.

Consultees

22. A work programming session involving scrutiny committee members was held in June 2019. The work programme is reviewed at every committee meeting and during business planning meetings between the chairperson, vice-chairperson and statutory scrutiny officer.

Appendices

Appendix 1 Work programme 2019-20

Background papers

None identified.

Meeting dates and items 2019/20

Monday 2 March 2020, 2:30 PM	Meeting in public	
Item	Description	Form of scrutiny
NHS Continuing Healthcare (NHS CHC)	Update on progress since the adults and wellbeing scrutiny committee held on 20 September 2018.	Performance review
Performance monitoring – NHS Herefordshire Clinical Commissioning Group	The adults and wellbeing scrutiny committee (24 June 2019) resolved that benchmarking and performance / delivery data be brought back to the committee. The committee (18 October 2019) also requested that this item include details of the One Herefordshire priorities and outcome measures as part of this agenda item.	Performance review

March 2020, to be confirmed	Informal briefing	
Item	Description	Form of scrutiny
Mental health services	Update on the transfer of responsibility for the delivery of Herefordshire's mental health and learning disability services to Worcestershire Health and Care NHS Trust.	Informal briefing
Domestic abuse strategy 2019-2022 update	Update on the strategy considered by the adults and wellbeing scrutiny committee on 29 January 2019.	Informal briefing

Adults and wellbeing scrutiny committee, work programme

6 April 2020, 2:30 PM	Meeting in public	
Item	Description	Form of scrutiny
Community services redesign	To receive an update on community services transformation and the impact on current provision.	Policy review and development
Funding and implementation plans for the new Clinical Commissioning Group (CCG) footprint	The adults and wellbeing scrutiny committee (24 June 2019) resolved that the CCG be invited back to outline their detailed funding and implementation plans for the new CCG footprint.	Policy review and development

Monday 11 May 2020, 2:30 PM	Meeting in public	
Item	Description	Form of scrutiny
Sexual health service	Arising from a suggestion from Healthwatch Herefordshire, the adults and wellbeing scrutiny committee (24 June 2019) agreed to consider this item for its work programme in 2019-20.	Performance review

Potential items 2020/21

Item	Description	Form of scrutiny
Suicide prevention strategy and progress with the action plan	Update on progress since the launch of the strategy.	Performance review
Dementia strategy and progress with the action plan	Update on progress since the launch of the strategy.	Performance review

Adults and wellbeing scrutiny committee, work programme

Domestic abuse strategy 2019-2022 update	Update on the strategy considered by the adults and wellbeing scrutiny committee on 29 January 2019.	Performance review
Integrated discharge care pathway and Delayed Transfers of Care (DToC)	Suggested by the audit and governance committee (23 January 2019) in relation to Delayed Transfers of Care.	Performance review
Talk Community	Update on the programme and directorate plans.	Performance review

Provisional meeting dates 2020/21
Monday 27 July 2020, 2:30 PM
Monday 21 September 2020, 2:30 PM
Monday 23 November 2020, 2:30 PM
Monday 18 January 2021, 10:00 AM
Monday 29 March 2021, 2:30 PM