Herefordshire Council

Agenda

Adults and wellbeing scrutiny committee

Date:	**Monday 21 September 2020**
Time:	**2.30 pm**
Place:	**Online meeting only**
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

Note: the membership of the committee may be subject to change following the Annual Meeting of Council on Friday 11 September 2020. For the latest membership details, please see: http://councillors.herefordshire.gov.uk/mgCommitteeDetails.aspx?ID=955

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 the minutes of the meeting held on 2 March 2020.	7 - 20
	HOW TO SUBMIT QUESTIONS The deadline for the submission of questions for this meeting is 5.00 pm on Tuesday 15 September 2020. Questions must be submitted to councillorservices@herefordshire.gov.uk. Questions sent to any other address may not be accepted. Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved	
5.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive any written questions from members of the public.	
6.	**QUESTIONS FROM COUNCILLORS** To receive any written questions from councillors.	
7.	**SUICIDE PREVENTION STRATEGY IMPLEMENTATION** To consider a presentation on suicide prevention from the Adults and Communities Directorate and to determine any recommendations the committee wishes to make.	21 - 36
8.	**COMMITTEE WORK PROGRAMME** To consider the committee’s work programme.	37 - 46
9.	**DATE OF NEXT MEETING** The next scheduled meeting is Monday 23 November 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 2 March 2020 at 2.30 pm

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

Councillors: Sebastian Bowen, Helen I'Anson, Tim Price, David Summers and Kevin Tillett

In attendance: **Councillors Pauline Crockett (Cabinet member - health and adult wellbeing)**

Officers: **Democratic services officer, Democratic services manager, Deputy solicitor to the council and Assistant director all ages commissioning**

39. APOLOGIES FOR ABSENCE

All committee members were present.

Apologies were noted from Dr Ian Tait of NHS Herefordshire Clinical Commissioning Group, Christine Price and Ian Stead of Healthwatch Herefordshire, and Stephen Vickers (Director of adults and communities) and Mandy Appleby (Assistant director of adults social care) of Herefordshire Council.

40. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

41. DECLARATIONS OF INTEREST

No declarations of interest were made.

42. MINUTES

In response to a question from a committee member about an undertaking given by representatives of NHS Herefordshire Clinical Commissioning Group and Wye Valley NHS Trust to provide further information in relation to the data on attendances at Minor Injury Units, the democratic services officer advised that there had been some correspondence following the last meeting but a definitive statement which could be circulated to committee members was awaited.

Resolved: That the minutes of the meeting held on 13 January 2020 be approved as a correct record and be signed by the chairman.

43. QUESTIONS FROM MEMBERS OF THE PUBLIC

A question received, a supplementary question asked at the meeting, and the responses provided are attached as appendix 1 to these minutes.

44. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

45. BRIEFING PAPER ON NHS CONTINUING HEALTHCARE (NHS CHC)

The chairperson said that the purpose of this item was for Herefordshire NHS Clinical Commissioning Group (CCG) to report on progress since NHS Continuing Healthcare (NHS CHC) was last considered by the committee on 20 September 2018; minute 15 of 2018/19 refers. Linda Allsopp, associate director of nursing and quality, and Nikki Warman, head of CHC, were invited to introduce the briefing paper on behalf of the CCG.

The principal points of the introduction included:

i. NHS CHC was a package of care that was funded solely by the NHS for an individual that had been assessed as having a 'primary health need'; the associated test focused on nature, complexity, intensity and unpredictability.

ii. There was a national framework, updated in October 2018, and the CCG's CHC process was fundamentally a whole system approach, working with local authority colleagues in terms of assessing an individual's need and whether that goes beyond the responsibilities of the local authority.

iii. This update focused on NHS England key performance indicators, including:

   - The target was being met in Herefordshire and Worcestershire for making a decision on eligibility within 28 days of a referral.

   - The target was being met for no more than 15% of assessments taking place in an acute hospital setting; there was an expectation that no assessments would be undertaken in this setting but fast track referral for an individual entering the terminal phase of life could be accepted.

   - The target was being met for accepting all appropriately completed fast track applications.

iv. In line with the national framework, only when there was deemed to be a change in healthcare need would a review of eligibility take place.

v. As part of the merger between the Herefordshire and Worcestershire CCGs, the CHC policies would be reviewed to ensure that systems were working as efficiently as possible to provide quality of service to all patients.

The chairperson drew attention to the recommendations made at the 20 September 2018 committee meeting and invited officers to provide appropriate updates:

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

The assistant director all ages commissioning advised that interactions between the council and the CCG on CHC were progressing well. The associate director of nursing and quality advised that adult social care employed social workers to work on CHC and there were positive working relationships. The head of CHC added that the joint training of multidisciplinary teams on the national framework was being explored.

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*

c) *the CCG be called back to the committee to report on progress made against their action plan recommendations in six months' time*

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*

The chairperson noted that, in response, the CCG had committed 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*' and would '*raise the issue of LA* [local authority] *engagement in NHS England review*'.

The head of CHC advised that NHS England had reviewed performance in October 2018 and it was understood that the outcomes of the review had been shared with the local authority. The assistant director all ages commissioning was not aware that this report had been received and requested that it be sent to him.

Referring to recommendation d), the chairperson questioned the involvement of the local authority in the review in terms of triangulation of experience. The associate director of nursing and quality advised that NHS England had undertaken a 'deep dive' into eligibility within Herefordshire and no anomalies were identified which caused them to be concerned; a commitment was given to share the report. The chairperson observed that such reviews could be perceived to be too insular and there was a need for a more partnered approach.

The chairperson, referring to concerns expressed by the committee in 2018 and by members of the public subsequently about the drop in the figures during 2016, queried why Herefordshire appeared to be an outlier in terms of comparator areas. The associate director of nursing and quality said that: the CCG was regulated by NHS England; CHC was for people with exceptional health needs; and the CCG was striving to apply the framework fairly and consistently, involving local authority colleagues within the assessment and review processes.

The chairperson questioned whether self-funders were at an additional disadvantage and were vulnerable to slipping between the various processes. The head of CHC said that all nursing homes were required to notify the CCG of all new admissions and about any individual that had a significant change in need, and this would trigger consideration for CHC. The associate director of nursing and quality outlined the funded nursing care review and CHC checklist processes.

Attendees were invited to ask questions and make comments, the key points included:

1. In view of capacity issues, a committee member questioned whether the CCG was training non-clinicians to undertake appropriate duties usually undertaken by nurses, or to train nurses to undertake appropriate duties usually undertaken by doctors, such as perinatal mental health referrals.

   In terms of CHC, the associate director of nursing and quality said that there was strict guidance within the national framework about the health and social care professionals involved in multidisciplinary teams. Scott Parker, director of performance, said added that the NHS was looking at other roles which could be undertaken by non-clinicians, including within Primary Care Networks, to release the time capacity of nurses and doctors. On the issue of perinatal mental health, it

was reported that a service was being designed and commissioned to support patients who were between basic and high levels of need, and this piece of work could be shared at an appropriate time.

2. The vice-chairperson asked whether the CCG was confident that everyone who was eligible to have a CHC review was picked up within the diverse systems and not just through hospital pathways.

   The associate director of nursing and quality: reiterated points about the timing of reviews, with assessments made when long term health needs were clear, and the fast track referral process; advised that the systems were supported through training on when it was appropriate to refer an individual for a CHC assessment; said that the CCG would only become aware of an individual when a checklist was received to request an assessment; and reported that the CCG was working on communications around CHC eligibility.

3. Referring to the CCG Governing Body paper of 28 May 2019 on the Herefordshire and Worcestershire Sustainability and Transformation Partnership draft operational plan 2019/20 which identified savings targets from CHC, the vice-chairperson questioned whether the need to make savings was the most important driver.

   The associate director of nursing and quality emphasised that the CCG had statutory responsibilities and said that any savings would be delivered through efficiencies within the provider market, for instance by working jointly with the local authority to reduce variances in the costs of care packages.

4. The vice-chairperson commented that the presentation of figures in terms of percentages made it difficult to understand the position in terms of the Herefordshire population and suggested that it would be helpful to understand the position for Worcestershire also.

   The associate director of nursing and quality reported that the Worcestershire CCGs were also required to submit data to NHS England. It was also reported that a monthly quality and performance meeting for Herefordshire and Worcestershire had been introduced. In response to a question from a committee member, the associate director of nursing and quality clarified that this was an internal meeting which challenged delivery around CHC and considered learning from appeals and complaints, and said that a briefing paper could be provided.

5. Referring to recommendation b) and to the questions from a member of the public, a committee member considered the responses provided to be inadequate, and asked for an explanation of the reasons why CHC eligibility in Herefordshire was consistently below the national average and what would be done about it.

   The associate director of nursing and quality: reiterated that the national framework had to be applied fairly and consistently; said that a local appeal process had been introduced, chaired by an independent person and involving people who had not had prior dealings with the relevant case, before going to NHS England; reiterated that a review had been undertaken by NHS England in 2018; and commented on the process to identify people with primary health need, with regular reviews to ensure that the package of care met that need.

   The committee member expressed concern that the responses did not address the specific reasons for the position in Herefordshire, especially considering that population demographics would suggest that CHC eligibility might be expected to be higher than the national average.

The associate director of nursing and quality said: it did not necessarily follow that there would be a correlation between demographics and eligibility for CHC; the national framework was followed, the CCG could not make individuals eligible if they were not eligible; it was important to ensure that there was a process for referring people for an assessment; and the involvement of local authority colleagues in assessment and dispute processes was reiterated.

The chairperson said that it would be helpful to have a deeper understanding, as the numbers suggested that Herefordshire was an outlier statistically and it was significantly adrift of comparator areas. It was not considered that the committee had been provided with the narrative for the reasons behind this.

The assistant director all ages commissioning suggested that the CCG and the council should work together as partners to produce statistics which showed, based on current demographics: the anticipated levels of CHC that would be expected; the levels that Herefordshire was actually achieving; the levels that Worcestershire and relevant comparator areas were actually achieving; and provide compelling rationale for any similarities or differences. It was acknowledged that the perception of Herefordshire being an outlier needed to be addressed. The associate director of nursing and quality said that the CCG was happy to do this; it was noted that there was a cohort of patients not eligible for CHC but who did have needs above what core services could provide. The chairperson welcomed this suggestion.

6. In response to a question from a committee member about the target for no more than 15% of assessments taking place in an acute hospital setting, the associate director of nursing and quality clarified that NHS England expected there to be an alternative discharge pathway in place, so that an individual had a period of time to recover from their acute illness.

7. The cabinet member – health and adult wellbeing commented on the need to explain to individuals why they were not eligible for CHC and what other options were available to them.

8. The chairperson questioned whether there were statistics on the total number of appeals and the number of appeals that were successful.

   The associate director of nursing and quality confirmed that this information was recorded; for 2019, 690 referrals into the CHC service had been received, with 15 appeals. It was noted that there was a local dispute resolution policy to manage disputes between the CCG and the council around eligibility.

9. The chairperson also questioned the signposting and advocacy that was available, particularly for self-funders and / or their carers.

   The associate director of nursing and quality advised that: NHS England had been leading on a strategic improvement programme to ensure that materials were available to explain CHC to the general public; as part of the quality and performance meeting, a communications group had reviewed the letters sent out to individuals to explain CHC eligibility; and the multidisciplinary teams signposted people to resources, including advocacy services, to support people through the CHC process.

   In response to further comments from the chairperson, the head of CHC advised that individuals were informed of their right to appeal the CHC outcome and were signposted to Beacon, an independent information and advice service on CHC.

10. The vice-chairperson sought clarification that, as assessments were not being made in an acute hospital setting, health and social care teams were following up to ensure that assessments were being offered rather than making assumptions about patients being part of different pathways.

    The director of performance commented that it was better for people to go back home following acute episodes of care and for assessments to be made there in their normal environment. The joint discharge team worked across health and social care, and referrals were passed through to appropriate teams. In addition, community based teams were trained to understand when referrals should be made around CHC and other kinds of eligibility.

    The vice-chairperson sought assurance that the training did not result in teams erring on the side of caution in terms of the number of referrals. The director of performance suggested that this assurance could be provided in the next paper.

11. Referring to the jointly commissioned 'Herefordshire Continuing Healthcare Review: Final Report' by Angela Parry in June 2018, the chairperson drew attention to the review observation that '*CCG colleagues accept that changes to practice went ahead without ongoing discussion with the Council which may have resulted in budgetary implications and relationship difficulties*'. It was questioned why the local authority had not been involved in that change, particularly given the possibility of pressure being moved to other parts of the system.

    The chairperson also drew attention to the review recommendation for '*Clarity from the CCG that there has been change to the CHC approach in Herefordshire and clarity for the Council as to where, within the process, this change has taken place. This will give the Council and understanding of why numbers have fallen so dramatically.*' The chairperson said that this did not appear to have been taken forward and considered it essential to arrive at a mutual, joint understanding of needs and how best to meet them.

    The director of performance suggested that these matters could also be picked up in the next report but did comment that joint working well in the local system, with senior level involvement in the Herefordshire Integrated Primary and Community Services Alliance Board, and collaboration would be further developed through the Primary Care Networks and other initiatives. The assistant director all ages commissioning confirmed that good progress had been made and there was an opportunity for partners to work more closely from an operational commissioning perspective.

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

Resolved: In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group:

(a) To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas.

(b) To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendations set out in the jointly commissioned Parry report.

(c) To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.

(d) To explain how the various discharge pathways are able to pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered.

(e) Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.

46. PERFORMANCE MONITORING - NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

The chairperson said that the purpose of this item was to consider a report on performance monitoring by NHS Herefordshire Clinical Commissioning Group (CCG), as requested by the committee following consideration of 'The future of the Herefordshire and Worcestershire Clinical Commissioning Groups consultation' item at the 24 June 2019 meeting; minute 7 refers. In addition, details of the One Herefordshire priorities and outcome measures had been requested by the committee following consideration of the 'One Herefordshire and Integration Briefing' item at the 18 October 2019 meeting; minute 17 refers. Scott Parker, director of performance, was invited to present this report on behalf of the CCG; presentation slides had been circulated in a supplement to the agenda.

The principal points of the presentation included:

a. The differences between Appendix 1 (CCG performance dashboard 2019/20) and Appendix 3 (presentation slides) were partly due to variations in timing and the distinction between CCG data (for services provided for the population of Herefordshire) and Wye Valley NHS Trust data (including attendances by patients from Herefordshire, Wales, and elsewhere).

Arrangements for performance oversight

b. With the merger of the four Herefordshire and Worcestershire CCGs, assurance was provided that performance information for Herefordshire (and the other constituent areas) would still be recorded and there would be an oversight structure which would consider quality, performance and finance, overseen by the Governing Body.

c. A brief overview was provided of the development of Primary Care Networks, including oversight by a local performance forum.

d. It was reported that there was a Sustainability and Transformation Partnership (STP) performance forum, involving system partners with collective ownership and responsibility for the delivery of performance.

Presentation slides

Urgent care

e. Accident and Emergency (A&E) four hour waits performance (c. 76%-78%) was below the national target (95%) but performance for the most severely unwell patients was stronger.

f. For overall performance, Wye Valley NHS Trust was c. 14-16th out of the 21 trusts in the West Midlands. It was reported that there were challenges with substantive post fill but vacancies were being managed and recruitment plans were in place.

g. Within national guidance, there was a 92% general and acute bed occupancy benchmark and it was one of the functions of the A&E delivery board to achieve this.

h. In order to achieve 92% acute bed (general and acute) occupancy there was a projected bed gap of approximately 20 beds. The bed gap was being closed through opening additional beds and initiatives to support reduced length of stay. It was reported that Wye Valley NHS Trust was performing well at 'zero day' length of stay, i.e. working with the patient to help them to return home, avoiding the need for admission to an inpatient bed.

i. Ambulance conveyance was a key challenge for the system, with Herefordshire having the highest conveyance rate for West Midlands Ambulance Service (WMAS). The causal factors, including geographic size and population sparsity, and alternatives to conveyance were being examined for the purposes of service design.

Cancer waiting times

j. The all cancer two week wait referrals position had improved (from c. 91% to c. 94%) and was now above the national target (93%).

k. The breast symptomatic two week wait referrals position had improved significantly (from the low 30s% to high 90s%). It was commented that this reflected the challenges for small general hospitals in running services that were reliant on small numbers of consultants. It was reported that the STP was considering how to deliver such services across the larger footprint of the Herefordshire and Worcestershire CCG, as well as regional propositions.

l. The 62 day cancer wait for receiving first definitive treatment (c. 74-75%) was below the national target (85%) and plans were in place to improve the pathways.

Referral to treatment (RTT) waiting times

m. The RTT 18 week wait for treatment position had improved (to c. 81-82%) but was below the national target (92%) and work was ongoing to manage the waiting list and improve performance. The potential role of the Primary Care Networks in supporting people to consider their treatment options was outlined.

n. The system performed well in terms of diagnostic six week wait, and above the national target (99%).

o. A lot of work had been undertaken to avoid 52 week wait breaches, with the majority of breaches occurring at providers out of county or as a consequence of patient choice.

Dementia diagnosis and IAPT (Improving Access to Psychological Therapies)

p. It was reported that dementia diagnosis was a challenge in both Herefordshire and Worcestershire, and work had been commissioned with NHS Digital to understand how both counties compared to comparator areas; this was expected back in May / June 2020. Mitigating factors included rising age profiles and issues specific to rural areas.

q. The IAPT access rate had improved but was below the national target (22%) but there were other metrics which indicated that the service was performing well; the recovery rate was one the highest in the country. A backlog had been cleared and it was anticipated that the target would be met towards the end of 2019/20.

One Herefordshire draft outcomes framework

r. It was reported that the draft outcomes framework, Appendix 2 to the report, defined a range of ambitions and system level outcomes. Reflecting the differences in constituent areas, work was being undertaken on the best measures for the different populations; it was expected that the final version would go through governance processes in April / May 2020. The outcomes framework would provide an anchor point and an overview of the beneficial impacts.

The chairperson asked for clarification on Delayed Transfers of Care (DToC), as the figures provided in the report showed performance below the target (<=3.5%) but it was understood that there had been substantial improvement over the past year. The director of performance advised that the figures for Herefordshire, unlike other areas, pooled acute hospital and community hospital numbers; for December and January the figure for the acute hospital was c. 2.3-2.4%, whereas the figure for community hospitals had risen to c. 18%. The assistant director all ages commissioning advised that Herefordshire Council presented the figures as actual numbers rather than percentages, and a massive improvement had been achieved; with a target of 416 days of accumulated delay, this was 470 days in January 2019 but had reduced to 353 days in December 2019. He added that this strong performance was mainly due to the work of the discharge teams, and collaborative approaches to minimise admissions to hospital and supporting people to return home as soon as possible. The chairperson suggested that there was a need for joined up understanding and consistent presentation.

The chairperson asked how the cohort of Herefordshire residents accessing healthcare through NHS Wales were reflected in the performance data, especially in terms of the potential impacts on health outcomes. The director of performance explained the escalation process to manage DToC and the assistant director all ages commissioning outlined some of the challenges for domiciliary care in the Welsh system. The chairperson asked whether there was a way to capture data generally for this cohort and compare it to that for residents in the rest of the county. The director of performance said that the governing bodies did recognise and consider the key differences between patients in the English and the Welsh systems.

Attendees were invited to ask questions and make comments, the key points included:

1. In response to questions from a committee member, the director of performance advised that: a written response would be provided on mental health needs and provision for 2 to 4 year olds; assurance would be sought from Worcestershire Health and Care Trust about how the voice of the people of Herefordshire would be represented following the transfer of mental health and learning disability services from Gloucestershire Health and Care NHS Foundation Trust (formerly 2gether NHS Foundation Trust); and, in terms of cancer call-backs, it was recognised that consultant capacity was limited and it was reported that innovations used elsewhere were being explored, such as advanced nurse practitioner led clinics.

   The committee member expressed concern about the appropriateness of certain procedures being undertaken by less qualified or experienced health professionals. The director of performance acknowledged the specific example but the general issue was the need to free up consultants to focus on activities that were most

pertinent to their skill sets; a commitment was given to provide a further update on this.

2. A committee member: expressed concern about the high number of metrics not meeting the required targets; suggested that a lean systems thinking approach should be taken to the whole A&E service; questioned whether the temporary closure of the Minor Injury Units in Leominster and Ross-on-Wye impacted upon the number of ambulance conveyances; and commented that assurances provided before the County Hospital was built that bed capacity would be sufficient had been too optimistic.

   In response, the director of performance noted the challenges in terms of population pressures and current funding settlements. He emphasised the work being undertaken to explore alternative services to meet the needs of the population; demand for urgent services appeared higher than expected, even taking into account the demographic shift. It was reported that initial analysis showed that current ambulance conveyances were appropriate, so there was a need to examine as a system what could happen earlier to avoid or delay situations occurring. It was anticipated that, with the development of Primary Care Networks and the rapid response service, more people could be supported to be safe and well in their communities. It was reported that Herefordshire had received capital funding to support additional beds and this would have a positive impact.

   In response to a further question, the director of performance advised that GP led triage systems worked well in certain areas with limited GP access but trials at Wye Valley NHS Trust showed that the number of patients presenting with primary care sensitive conditions were low. Reference was made to the out of hours service provided by Taurus Healthcare and to the NHS 111 service which could book appointments for patients at GP practices. Reference was also made to the correlation between proximity to a hospital and attendance at a hospital.

   The assistant director all ages commissioning emphasised the importance of demand management and shifting resources into the community to reduce the number of people requiring A&E support, with references made to homecare and hospital at home services.

3. The vice-chairperson considered the performance dashboard for the Worcestershire CCGs to be better than the Herefordshire dashboard; the latter using red, amber, green (RAG) ratings but with less statistical narrative. It was questioned how the information would be presented for the Herefordshire and Worcestershire CCG from 1 April 2020, especially where there were differences in the data being collected and presented currently.

   The director of performance advised that an integrated report was being designed, around the principles of special cause variation, and confirmed that the performance for each constituent area would be presented.

4. A committee member expressed concern about the lack of consultation over the closure of ambulance stations in the county and it was questioned whether this reflected a reorganisation of the ambulance system.

   The director of performance advised the committee that: ambulance services were commissioned on a regional basis to deliver against performance trajectories as a total organisation; in view of travel times to rural areas compared to urban areas, community first responder and defibrillator schemes could support equitable outcomes; the contract with WMAS included clear indicators for rural counties around clinical outcomes for patients; the Herefordshire Integrated Primary and

Community Services Alliance Board and One Herefordshire were responsible for local response models; and, whilst he was not aware of the decision-making process around the closure of the Ross-on-Wye ambulance station, it was understood that assurances had been provided that there would not be any change in terms of crew availability.

In response to a further question about consultation, the director of performance reported that the regional commissioner was based in Sandwell and an impact analysis had been undertaken.

5. Referring to the One Herefordshire draft outcomes framework, a committee member questioned why various metrics were blank currently.

   The director of performance said that the framework was still in development, with consideration being given to measures and metrics that related realistically to specific NHS Long Term Plan aims or system level outcomes.

6. Referring to RTT waiting times and the comment made about supporting people to consider their treatment options, a committee member questioned whether this could lead to a perception that people might be talked out of treatment.

   The director of performance said that it was important to recognise that different procedures would have different outcomes for different people. Therefore, conversations would be patient specific to ensure that they could arrive at an informed choice about procedures and alternative interventions. In response to a further question, the director of performance acknowledged the need for the system to ensure that such conversations were built into its processes.

The chairperson commented on the value of challenge around improving performance and, in particular, welcomed the significant improvement in the breast symptomatic two week wait referrals position; adding that this demonstrated what could be achieved where there was focus and resource to address a particular issue.

Resolved: In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group:

(a) That a consistent set of system figures are used going forward (e.g. Delayed Transfers of Care), including comparative data for Herefordshire and Worcestershire.

(b) That it ensure that the new integrated dashboard moves away from the current RAG rating system and moves to the wider statistical narrative provided in the Worcestershire performance dashboard, with Herefordshire based performance commentaries provided.

(c) The outcomes of the cohort of residents being treated under the Welsh system be included in the dashboard figures.

47. COMMITTEE WORK PROGRAMME

The chairperson drew attention to the following: an additional meeting in April 2020 was proposed; provisional meeting dates for 2020/21 were noted; and, in view of committee members' expressed interest, an informal briefing would be arranged on the transfer of responsibility for the delivery of Herefordshire's mental health and learning disability services to Worcestershire Health and Care NHS Trust.

The vice-chairperson suggested that, in view of previous discussions about frailty and about ambulance conveyances, that an item be added to the work programme on ambulance services. The chairperson suggested that this could be in the form of a briefing on broader urgent and emergency care pathways.

In response to a comment from a committee member, the assistant director all ages commissioning said that he understood that draft organisational structures for the Herefordshire and Worcestershire Clinical Commissioning Group had been prepared and this could form part of a future work programme item.

A committee member felt that the rationale and justification for the closure of ambulance stations, resulting from decisions at a regional level, should be explored in more depth. The chairperson acknowledged the point and said that the format and timing would be considered as part of the ongoing review of the work programme. The assistant director all ages commissioning suggested that this could be accompanied by the mapping of commissioning decisions, as it did not appear that all stakeholders had been consulted.

Resolved: That

1. **Officers, in consultation with the chairperson and vice-chairperson, be authorised to update the work programme accordingly.**

2. **The provisional meeting dates for 2020/21 be agreed.**

48. DATE OF NEXT MEETING

The next scheduled meeting was Monday 6 April 2020.

[Note: due to the coronavirus outbreak and related social distancing measures, this meeting was cancelled subsequently]

The meeting ended at 5.28 pm **Chairperson**

Questions from members of the public to the adults and wellbeing scrutiny committee

2 March 2020

The following question relates to agenda item 7, NHS Continuing Healthcare (NHS CHC). The associated documents can be viewed via the following link:

NHS Continuing Healthcare (NHS CHC) report

Written question submitted in advance of the meeting

From: Andrea Davis

Why do Herefordshire CCG's figures for CHC eligibility continue to be consistently below the national average for CHC eligibility per 50k of population?

Response provided in advance of the meeting

Chairperson of the adults and wellbeing scrutiny committee

Thank you for your question. The question has been put to the responsible health body and the following response has been provided on behalf of NHS Herefordshire Clinical Commissioning Group (CCG).

From: Linda Allsopp, Associate Director of Nursing and Quality

It is essential to note that there may be variations between CCGs, STPs and Regions when compared against each other. This could be due to a wide variety of reasons including (but not limited to) the age dispersion within the local population, variations between geographical areas in terms of their levels of health needs, and the availability of other local services for example step down beds, intermediate care, rehabilitation services, and other CCG community services.

Supplementary question asked at the meeting

From: Andrea Davis

Given that CHC is a legal entitlement, it is inherent in the functions of this committee to understand the mismatch and to be able to explain the underlying trends. Trisha O'Gorman (the head of NHS CHC at the Department of Health) stated that there is an almost a complete overlap between CHC eligibility and the definition of disability under the Equality Act. Is there a correlation between CHC eligibility and the numbers of those considered disabled? And can you clarify further the reasons for the low eligibility rates in Herefordshire overall?

Response provided at the meeting

From: Linda Allsopp, Associate Director of Nursing and Quality

The CCGs across Herefordshire and Worcestershire are regulated by NHS England. We follow the national framework for NHS Continuing Healthcare, which is a primary health need test approach, looking at the four key indicators of an individual's needs; that is nature, complexity, intensity and unpredictability. We are regulated by NHS England in

terms of an appeals process which goes through a local appeal process, leading to an independent review process. Really, the national framework is our Bible that we have to follow. We work in partnership with our local authorities colleagues, they are included in multidisciplinary meetings and if we have any disputes around eligibility, our local authority colleagues are part of that dispute resolution process.

Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Monday 21 September 2020
Title of report:	Suicide Prevention Strategy implementation
Report by:	Head of Community Commissioning

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider the attached presentation on suicide prevention from the Adults and Communities Directorate and to determine any recommendations the committee wishes to make.

Recommendation

That the committee:

(a) considers the presentation on suicide prevention (appendix A) by the Adults and Communities Directorate; and

(b) determines any recommendations it wishes to make 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 on any 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.

Further information on the subject of this report is available from
Ewen Archibald, email: Ewen.Archibald@herefordshire.gov.uk

Key considerations

2. The adults and wellbeing scrutiny committee has powers including the review and scrutiny of any matter relating to the planning provision and operation of council, public health or 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. Suicide prevention is a national priority for government and each local area is expected to develop and implement a local suicide prevention approach. Herefordshire's Suicide Prevention Strategy for 2019/23 was adopted by Cabinet in July 2019. The strategy and its implementation depend on a whole partnership approach with key partners from the public sector and voluntary and community organisations working together and sharing accountability for making progress. An action plan was developed in 2019 to implement the strategy. There are significant opportunities through the Talk Community programme to implement the strategy in partnership with communities and so addressing the ambition in the County Plan to strengthen communities to ensure everyone lives well and safely together.

4. The Suicide Prevention Strategy and action plan are monitored and supported by the Mental Health Partnership Board, comprising representation for the council, NHS, Police and a wide range of voluntary organisations, along with individuals with lived experience of mental health. The board is required to report on suicide prevention but has not yet had an opportunity to report, in view of the flood and Covid-19 emergencies.

5. There are challenges in interpreting facts and figures relating to suicide, arising in part from the very small numbers involved. To 2018, the number of deaths has been stable and slightly reducing, against an increasing trend of suicides nationally. A key national expectation is that local areas will establish real time reporting of suicides, which offers potential benefits in prevention, planning and intervention. The strategy implementation includes real time data and development of local intelligence around suicide, working with partner agencies.

6. The strategy sets out seven key priorities;

   The media — Bereavement support — Communities

   Self Harm — Mental health services — Limiting access to means

   High risk groups

   The strategy also adopts the three highest risk factors for suicide, which are;

   Self Harm — Experience of mental health services — Men

7. Funding has been secured from the NHS executive for suicide prevention work in the STP area. In Herefordshire, the focus is on rural isolation and the farming community. Wider work around mental wellbeing is being undertaken with farmers and farming representatives, along with military veterans and other communities.

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. The suicide prevention strategy contributes specifically to this community ambition by working to reduce the incidence and impact of suicide through the involvement of communities.

12. There are no particular implications of this report for the council's role as corporate parent. There are no general implications for the environment arising from the report. However, some issues taken up by partner agencies relating to access to means of suicide may involve local environment features, including access to rivers etc.

13. There are no specific implications for the council relating to health and safety arising from this report. There may be health and safety implications for partner agencies in addressing concerns around access to means and other priority issues.

Equality duty

14. 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.

15. 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.

16. The suicide prevention strategy has implications for people sharing protected characteristics who are notable risk of suicide. In particular some people with mental health needs will be at risk of suicide and they are part of the wider group of disabled people sharing a protected characteristic. The strategy will help reduce risks of suicide for

people experiencing mental health services, including where they are in hospital and following discharge from hospital. The strategy implementation will also raise wider awareness amongst communities and professionals around mental health crisis and suicide which will be beneficial to people sharing this protected characteristic. In relation to gender, the strategy will also have potentially positive implications for men, who are at greatly higher risk of suicide then women currently. Resources and information will be directed particularly to identifying and supporting men at risk. There may be implications for women from potential national changes to the way suicides are recorded officially. These may have the effect over time of increasing the number of deaths of women recorded as suicides.

17. An equality impact assessment relating to the Suicide Prevention Strategy was prepared at the time of its adoption by Cabinet in 2019.

Resource implications

18. There are no resource implications associated with the recommendations. Suicide prevention depends on contributions and accountability across a wide range of organisations and there are no council resources directed towards it.

    Funding from the NHS executive towards suicide prevention work is being administered by Public Health in Worcestershire County Council, which is managing the employment of staff and associated costs. There is continuing exploration of external funding opportunities to support suicide prevention work, including in relation to bereavement support and community based interventions.

Legal implications

19. The Council's Suicide Prevention Strategy was implemented in 2019 following compliance with the Government's 2012 national strategy.

20. The role of the Adults and Wellbeing Scrutiny Committee, amongst other things, includes scrutiny of Health and Wellbeing Board which has ultimate responsibility for suicide prevention.

21. The powers include the review and scrutiny of any matter relating to the planning, provision and operation of health services affecting the area and to make reports and recommendations on these matters.

Risk management

22. 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

23. A wide range of local groups and organisations are involved in the implementation of the suicide prevention strategy. No formal or public consultation has been conducted to date. It is expected that the Wellbeing Survey planned for New Year 2021 will incorporate some questions about suicide prevention.

24. 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 Presentation on Suicide Prevention Strategy

Background papers

None identified.

Further information on the subject of this report is available from
Ewen Archibald, email: Ewen.Archibald@herefordshire.gov.uk

Appendix A

Suicide Prevention

Adults and Wellbeing Scrutiny Committee

21 September 2020

hfdscouncil

Talk Community

Suicide Prevention – *The national picture*

- There were 6,507 deaths by suicide in the UK in 2018
- This is an increase of 10.9% on the previous year
- Men are 3 times as likely as women to commit suicide
- The highest suicide rate is among men aged 45 to 49 (27%)
- The suicide rate for people under 25 has increased by 23% in 2019 with 703 recorded deaths
- According to data compiled by The Samaritans, the overall increase is driven by a rise in male suicides

Suicide Prevention –*Local picture*

- Interpreting suicide data very difficult, due to small numbers, time lapse
- 16 deaths in Herefordshire for 2018, 16 in 2017, with a reducing trend
- Deaths of men 3 times more likely than women's to be recorded as suicide
- Higher suicide rate among 35-64s and especially men aged 45 to 64
- Low numbers of deaths among under 25s locally to 2018
- High representation of farming/construction sectors (predominantly male)
- Higher incidence in areas of greater deprivation
- Hanging is the most common method, nationally and locally (12/16 in 2018)
- Potential increase in recorded suicides as standard of proof changes

Suicide Prevention – *Strategy*

- Herefordshire's Suicide Prevention Strategy has been published for the period 2019 – 2023 which identifies 7 key priority areas:

  - Communities
  - Media
  - Bereavement information and support
  - Reducing the means of access to suicide
  - Reducing the risk of suicide for high risk groups
  - Mental health services
  - Self harm

Suicide Prevention – *Action Plan*

- The plan focuses on the priorities from the Strategy. Multiple stakeholders lead implementation and take responsibility for progress.
- The Action Plan has various action areas, which include
  - GPs, A&E and emergency services to identify people at risk of suicide
  - Make sure support is available in all Talk Community hubs
  - Support the establishment of peer-led support groups of people who have been bereaved through suicide
  - Improve the use of data and research to develop regular updates on suicides in the county monitor high risk groups and put in place preventative activities
  - schools, GPs, NHS services and others to work together to identify and manage risk of self-harm

Suicide Prevention – *Action Plan*

- **GPs, A&E and emergency services to identify people at risk of suicide**
  - Working with Police, Fire and Ambulance to develop the means to share information
  - CRHT (Crisis Resolution and Home Treatment) commencing street triage service
- **Make sure support is available in all Talk Community hubs**
  - Suicide Prevention workers (Wave 3) to provide guidance and training
  - Linking with Talk Community Hub project, allied with knowledge of various support services
- **Support the establishment of peer-led support groups**
  - Liaising with national networks/charitable groups over local developments
  - Information provided through bereavement services
- **Schools, colleges and GPs to work together**
  - Mental Health Support Team planned for all Herefordshire secondary schools
  - Identify and work with those at risk of self harm
- **Improve the use of data**

  Proposals developed with Coroner, Police and Public Health

Suicide Prevention – *Real time data*

- Real time data (RTD) provides information on deaths immediately
- Enables interventions and support to those affected by suicide in advance of a coroners conclusion that suicide was the cause of death
- Identifying patterns and factors amongst local deaths
- There are sensitivities to be managed in relation to RTD
- RTD enables people at risk of suicide to get support when needed
- People bereaved by suicide are more likely to feel suicidal themselves, and around 9% make a suicide attempt

Suicide Prevention – *funding (Wave 3)*

- The Government has provided £25million over 3 years for SP
- As part of the Wave 3 funding Hereford and Worcestershire received £153k
- The monies will fund new project work across Worcestershire and Herefordshire
- The project will link through Talk Community and VCSE (Voluntary, Community and Social Enterprise) to optimise sustainable impact, supported by agreed communications approach
- In Herefordshire the focus is rural/farming communities and men
- Supported by wider work with farming community, military and other sectors/communities

Suicide Prevention – *Challenges / opportunities*

- Challenges
  - Covid19 may have escalated risk of suicide and obstructed access to support
  - Progress depends on whole systems and whole communities
  - Covid19 and Brexit may bring financial hardship to local people and economy
  - Availability of local intelligence and interpreting data
- Opportunities
  - Mental Health Transformation – local pilot and new MH service for schools
  - Collaborative working through MH Partnership Board
  - Positive engagement and information from emergency services agencies
  - Talk Community
  - Engagement with primary care and social prescribing

Suicide Prevention – *Training and resources*

- Zero Suicide Alliance online training
  https://www.zerosuicidealliance.com/training
- The Samaritans – Suicide facts and figures
  https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/
- Borderlands Rural Chaplaincy
  https://www.borderchaplain.org/
- Kooth
  https://www.kooth.com/
- Survivors of Bereavement by Suicide (SOBS)
  https://uksobs.org/

Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Monday 21 September 2020
Title of report:	Committee work programme
Report by:	Democratic services

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose

To consider the committee's work programme.

Recommendations

That the committee:

(a) considers the work programme and determines any additional items of business for inclusion; and

(b) notes the schedule of recommendations and responses in appendix 1.

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

Further information on the subject of this report is available from
Ben Baugh, email: ben.baugh2@herefordshire.gov.uk

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. During 2019/20, the committee identified potential items for future consideration, including:

Community services redesign

Dementia strategy and progress with the action plan

Domestic abuse strategy 2019-2022 update

Funding and implementation plans for the new Clinical Commissioning Group (CCG) footprint

Integrated discharge care pathway and Delayed Transfers of Care (DToC)

Learning disability services

Mental health services

NHS Continuing Healthcare

Sexual health service

Suicide prevention strategy implementation (agenda item 7 on this agenda)

Talk Community

West Midlands Ambulance Service

4. Since the committee met on 2 March 2020, potential items have also been suggested on:

Care homes

Carers' strategy

COVID-19 system response

Market position statement

Substance misuse

Think 111

5. A work programming session for scrutiny committee members is being arranged for October 2020 which will provide the opportunity to consider potential items and establish the work programme for 2020/21.

6. The work programme will remain under regular review to allow the committee to respond to particular circumstances.

7. 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 2020/21

8. The following meeting dates for 2020/21 are scheduled:

Monday 23 November 2020, 2.30 pm

Monday 18 January 2021, 10.00 am

Monday 29 March 2021, 2.30 pm

Further information on the subject of this report is available from
Ben Baugh, email: ben.baugh2@herefordshire.gov.uk

Schedule of recommendations and responses

9. Appended to this report, appendix 1, is a schedule of the recommendations made by the committee during 2020 and the responses received.

Constitutional matters

Task and finish groups

10. 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.

11. 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

12. 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

13. 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

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

Get involved

Community impact

15. 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

16. 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.

17. 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

18. 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

19. 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

20.

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

21. A work programming session involving scrutiny committee members was held in June 2019 and another session is due to be held in October 2020. 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 Schedule of recommendations and responses

Background papers

None identified.

Further information on the subject of this report is available from
Ben Baugh, email: ben.baugh2@herefordshire.gov.uk

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

13 January 2020		
Item	Recommendations	Responses
Minor injury units (MIUs)	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.	NHS Herefordshire and Worcestershire Clinical Commissioning Group will undertake the options appraisal of all minor injury units in the county. This will be in response to the repeated winter plans that have led to the closure of Leominster & Ross MIUs. This will include statistical information. Investigation has shown that information on other MIUs temporary closures in England is not available. The options appraisal will include an evidence base. This is underway.
	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).	NHS Herefordshire and Worcestershire Clinical Commissioning Group is required to operate to NHS England guidance on service change including what constitutes substantial service development or service change. The CCG is developing an engagement framework.
	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.	NHS Herefordshire and Worcestershire Clinical Commissioning Group has a statutory duty to consult and engage as part of its core function. This includes the engagement work that it directly undertakes and that undertaken in conjunction with other agencies. From April 2020, NHS Herefordshire and Worcestershire CCG has recognised this core function with a Lay member lead for Patient Public Involvement as part of its Governing Body, and a dedicated team for communication and engagement. The team will link to other service providers through the One Herefordshire Communication and Engagement Group, of which the Council is also a member. The CCG will also continue with its established links with Healthwatch Herefordshire, both to inform and to deliver engagement.
	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.	NHS Herefordshire and Worcestershire Clinical Commissioning Group has undertaken this through the work of the One Herefordshire Communication and Engagement Group. Campaigns include localised amplification of the national 'Help Us Help You' campaign. This is supported by all partners which includes messaging for where to go for help ie local pharmacy, 111/GP services along with rolling seasonal messaging around Flu, Summer safety/allergies.

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

2 March 2020		
Item	Recommendations	Responses
Briefing paper on NHS Continuing Healthcare (NHS CHC)	In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group: To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas. To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendations set out in the jointly commissioned Parry report. To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016. To explain how the various discharge pathways are able to pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered. Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.	NHS Herefordshire and Worcestershire Clinical Commissioning Group CHC teams have been deployed to support the level 4 national response. The CHC process has also been suspended during the response phase with restart date / process yet to be defined. Once the CHC team are released from the level 4 response responsibilities, an updated position report covering all the CHC recommendations will be developed with presentation at the July meeting of the Adults and Wellbeing Scrutiny Committee. This response will be completed in full collaboration with the relevant teams in Herefordshire council.

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

Item	Recommendations	Responses
Performance monitoring – NHS Herefordshire Clinical Commissioning Group	In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group: That a consistent set of system figures are used - going forward - (e.g. Delayed Transfers of Care), including comparative data for Herefordshire and Worcestershire.	NHS Herefordshire and Worcestershire Clinical Commissioning Group formally merged on 1st April 2020. In relation to performance reporting: • Reporting is moving to the single CCG from the previous 4. • A single performance report is in development which will provide comparative data for Herefordshire and Worcestershire (at county level and regional / national as appropriate) • A single approach to reporting DToC will be agreed with both Herefordshire and Worcestershire local authorities. Due to focus on the level 4 COVID response this has not yet happened but will once capacity in all teams allows.
	That it ensure that the new integrated dashboard moves away from the current RAG rating system and moves to the wider statistical narrative provided in the Worcestershire performance dashboard, with Herefordshire based performance commentaries provided.	NHS Herefordshire and Worcestershire Clinical Commissioning Group is developing a new performance report which will report to the Governing Body for the first time in June. This is fully compliant with the recommendations for Herefordshire Adults and Wellbeing Scrutiny Committee and will be shared, respecting the relevant governance timelines.
	The outcomes of the cohort of residents being treated under the Welsh system be included in the dashboard figures.	NHS Herefordshire and Worcestershire Clinical Commissioning Group and Wye Valley Trust both report on the Welsh cohort as appropriate. For example, Powys Health Board are currently joining the level 4 incident silver and gold calls. The Powys demand around COVID is fully visible and considered in the demand and capacity modelling and onward flow processes.