

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

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose and summary**

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

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

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

## **Recommendation(s)**

**That:**

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

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

## **Clinical Commissioning Group.**

### **Alternative options**

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

### **Key considerations**

2. The NHS, like many other elements within the public service, needs to transform the way in which it achieves its outcomes. Trends in demography and advances in medical science mean that people are living much longer and are doing so with long-term health conditions, many associated with lifestyle choices. This requires a significant shift in focus, and hence resource, away from the traditional concentration on acute hospital services and towards the provision of care within local communities, from episodic care towards ongoing care.
3. The Living Well at Home programme is designed to lead to a strengthening of capacity and capability within primary care GP services and community healthcare services, and thereby avoid patients experiencing the crises that would require hospital care. In this way, the programme will facilitate achievement of the 'triple aim' that lies at the heart of the Sustainability and Transformation Partnership, whereby there is mutual interdependence between population wellbeing, quality of care delivery, and financial sustainability of the system.
4. The CCG has been leading this work through setting commissioning outcomes that need to be achieved for the population of Herefordshire. These are being picked up by the Integrated Care Alliance, which brings together Herefordshire Council with the Provider Alliance formed by Wye Valley NHS Trust, 2gether NHS Foundation Trust, and Taurus.
5. The core approach adopted by the Integrated Care Alliance is the development of a locality-based system, through which community healthcare staff work closely with groups of GP practices in order to establish coherent delivery models that match the particular needs and context of each area and its population. The council's adult social work teams are closely connected into this work and the principles underlying the approach are fully consistent with those set out in the adults wellbeing plan 2017-2020.
6. The committee is asked to consider the papers provided by NHS Herefordshire CCG in the appended documents.

### **Community impact**

7. Herefordshire Council's adopted code of corporate governance recognises the importance of promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
8. In formulating any recommendations the committee will wish to have regard to the evidence base within Understanding Herefordshire (the joint strategic needs assessment), and the priorities contained within the adopted Health and Wellbeing Strategy.

## Equality duty

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

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

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
10. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

## Resource implications

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

## Legal implications

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

## Risk management

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

14.

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

## Consultees

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

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

## **Appendices**

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

Appendix 2 System blue print

Appendix 3 Thematic findings from engagement

Appendix 4 Summary of locality engagement

Appendix 5 Analysis of survey and focus groups

Appendix 6 Clinical case for change and model of care

Appendix 7 Draft governance arrangements

## **Background papers**

None identified.