

SUPPLEMENT TO THE AGENDA FOR

Health & Social Care Overview and Scrutiny Committee

Thursday 12 September 2013

2.00 pm

Council Chamber - Brockington

	Pages
8. HEALTHWATCH	51 - 66
To receive a progress report on Healthwatch.	
9. TASK & FINISH REVIEW GROUP REPORT ON THE ADULT SOCIAL CARE NEXT STAGE INTEGRATION PROJECT (TO FOLLOW)	67 - 84
To consider the findings arising from the Task and Finish Review Group Report on the Adult Social Care Next Stage Integration Project.	



MEETING:	Health & Social Care Overview & Scrutiny Committee
MEETING DATE:	12 SEPTEMBER 2013

TITLE OF REPORT:	Healthwatch
REPORT BY:	Chairman of Healthwatch

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a progress report from Healthwatch.

5. Recommendation(s)

THAT:

(a) The report be noted, and;

(b) A further update report be provided in six months.

6. Alternative Options

There are no relevant alternative options.

7. Reasons for Recommendations

7.1 To ensure that Committee are fully informed and able to challenge the progress of Healthwatch.

8. Financial Implications

8.1 There are no financial implications to this report.

9. Legal Implications

9.1 There are no legal implications to this report.

10. Background Papers

10.1 None identified.

Further information on the subject of this Report is available from
David Penrose on Tel (01432) 383690

1. Context and Contracting arrangements

1.1 Procurement

Herefordshire Council commissioned the Healthwatch Herefordshire (HWH) service through the appropriate procurement standing orders during 2012/13.

Public consultation was carried out in late 2012, and the feedback was used (alongside national guidance and best practice) to define the service specification and contract terms for the tendering process.

This process also defined the 'local model' of the new Healthwatch Herefordshire service, as a replacement of Links, building on the successes of Links in Herefordshire, but also recognising the need to improve.

The HWH contract was awarded to hvoss in March 2013.

1.2 Establishing the service

Herefordshire Council and hvoss have worked in partnership since March to put in place the infrastructure, staffing, governance and operations of the HWH service.

1.3 Future arrangements

Commissioning responsibility is moving to Economies, Community and Corporate Directorate. Local monitoring indicators have been agreed, with national indicators to be added as developed. Relationships with subject matter experts and local commissioning cycles being developed.

2. The role of Healthwatch Herefordshire

- To independently champion the views of consumers, patients, carers and the public regarding all matters concerning Health and Social Care and Herefordshire. It will also share information from networks and voluntary sector groups in relation to Health and Social Care services.
- To signpost or provide information, advice and support to people about local Health and Social Care services within Herefordshire
- Play an important role at both local and national level and will make sure that the views of the public and people who use the services are taken into account. Healthwatch will have an involvement in improving health and social care services for today and in shaping them for tomorrow.
- Represent the views of people on Health and Social Care services by being a member of the Herefordshire Health and Wellbeing Board - thus enabling local voices being able to influence the planning, the delivery and the design of local services now and in the future.
- To pass on information, make recommendations and report concerns about the quality of Health and Social Care on to the Herefordshire Council's Health and Social Care Overview and Scrutiny Committee, and to Healthwatch England, which can also recommend that the Care Quality Commission takes action.

2.1 The Herefordshire Model

Herefordshire Council placed the contract with a partnership of Herefordshire Voluntary Organisations Support Service (hvoss) and Herefordshire Carers Support (HCS). Hvoss is accountable under the contract to Herefordshire Council for the delivery of the Healthwatch functions and the hvoss Chief Executive is the Accountable Officer.

The partnership accountabilities and responsibilities are as follows: -

- Hvoss - Governance support.
- Herefordshire Carers Support - Operational delivery and community engagement.
- Healthwatch Board - Responsible for setting and delivering strategy, providing independent voice and influencing current and future health and social care services.

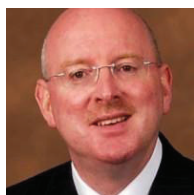
Service functions are supported by: -

- Memorandum of Understanding between hvoss and the Healthwatch Board.
- Terms of Reference for the Healthwatch Board.
- Partnership Agreement between hvoss and HCS.

The model seeks to maximise the opportunity to access local networks and to make the best of local resources. Healthwatch Herefordshire is an independent service operated as part of two local third sector organisations with access and reach to a comprehensive network of volunteers and community based organisations (The hvoss network includes 250 volunteer organisations and 1,100 contacts/users and HCS supports 3900 carers). The model is consistent with the local vision for an innovative service delivery model which Herefordshire Council developed during the 2012 consultation and option appraisal process.

3.1 Healthwatch Board

An open recruitment process resulted in the selection of seven Board members. 134 expressions of interests were received resulting in 40 completed applications. The Healthwatch Board has met three times since June 2013. The Board will meet monthly for the foreseeable future and will rotate meetings on a locality basis in support of the Community Engagement Strategy.



Paul Deneen - Paul has considerable knowledge and experience of Health, Education, Policing, Criminal Justice and Voluntary Sector issues. He lives in South Herefordshire, and is very active in the local community and is Chair of the Walford Primary School's Board of Governors. Paul is former Chair of Powys and Herefordshire Magistrates' Association.

Board Portfolio: Chair of Healthwatch Board, representative on the Health and Wellbeing Board, lead for children's services, and key strategy link for Stakeholder Groups



Allan Lloyd - Allan has a 40 year career in education being the retired Head Teacher of Lady Hawkins' Kington followed with service as an OFSTED Inspector of Schools, during which he was a local councilor and mayor of Kington. Allan was previously chair of Herford Community Health Council, patient and Public Involvement in Health Forum and Herefordshire LINK. Allan also spearheaded the Cancer Campaign "Cut the Cancer Misery Miles" which demanded access to comprehensive cancer treatment at Hereford County Hospital.

Board Portfolio: Lead for Enter and View, Macmillan services, representative for the Wye Valley Trust attending the Wye Valley Stakeholder Group and supporting volunteer recruitment.



Ian Stead - Ian has worked in Human Resources management for many years until his recent retirement and lived in Dinedor. Ian joined the NHS in a North Wales as HR Director in 1995. Ian later carried out a variety of all Wales roles eventually becoming HR Director for NHS Wales. In 2008 Ian went to southern Africa on a voluntary basis to work on health related projects for the Government of Lesotho and as Health Directors for Lesotho Wales Link developing health professional links with Wales. On his return to the UK Ian became Workforce and OD Director for a large Health Board in south Wales.

Board Portfolio: lead for mental health and the 2gether Trust Representative on the 2gether Board the patient service experience group, cross border issues and supporting HW volunteer recruitment.



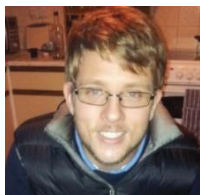
Lyn Bruce - Lyn lives in Weobley and her most recent role has been with the National Cancer Survivorship Initiative, a partnership between Macmillan Cancer Support and the Department of Health. Her expertise is in the areas of organisational development, strategic business planning, leadership and management, gained through her work within Health, Social Care and education.

Board Portfolio: representative on the urgent care board and the virtual ward project group.



Keith Andrews - Keith has worked in both public service and commercial enterprises, dedicated to developing and delivering excellent service-user experiences. These have included Director of Patient Transport for the London Ambulance Service NHS Trust, working with London Acute Hospital and Community Trusts, director roles in an international public transport organisation, and internal change agent consultancy for several international companies. Keith lives near Ross-on-Wye has been a full-time carer for a terminally ill family-member, and business manager for a local Learning Disability home.

Board Portfolio: Nominated deputy for the Health and Wellbeing Board and lead for WMAS.



Colin Javens - Following an accident in July 2000 Colin is paralysed from the shoulders down; reliant on a wheelchair and in need of support from a personal assistant to live an independent life in Herefordshire. Following on from this Colin carried out an overland expedition from the UK to Cape Town, which raised £534,000 for spinal injury related projects. I went on to spear-head the development of Spinal Research West Midlands Branch. Colin has been involved with the Patient and Research Committees at the National Spinal Injury Centre at Stoke Mandeville Hospital, has been a trustee for Services for Independent Living (SIL) since 2008 and I also driven overland from the UK to Australia.

Board Portfolio: lead for adult safeguarding and representative at Hereford Disability United.



Sheila Marsh - Sheila Lives in Staunton-on-Wye has spent the last 25 years running her own business working independently with public bodies and community/voluntary organisations helping people cope with changing situations and develop better approaches to what they do. I have been involved nationally with a charity that supports local councils to scrutinise health and social care and to work out the recent NHS changes (of which Healthwatch is one) for their areas.

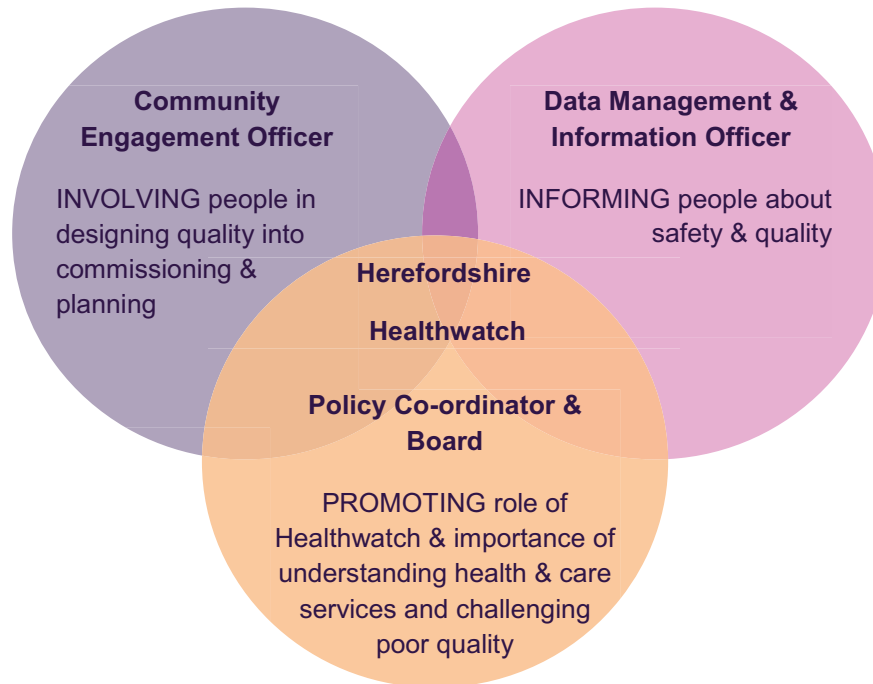
Board Portfolio: lead for strategic commissioning issues, strategic planning for the Board and Social Care.

3.2 Delivery of service functions

Healthwatch functions are supported by the Healthwatch team comprising three post-holders, Board members, HCS Director and hvoss Chief Executive.

Figure One illustrates the key roles and functions.

Figure One:



3.3 Budget

The budget to deliver all Healthwatch service functions is £155,500 per annum. The current contract with Herefordshire Council runs from 1st April 2013 until 31st March 2015.

Achievements to date

- Central Healthwatch office at Berrows House, co-located with HCS and hvoss.
- Independent Healthwatch branding and promotion materials developed.
- Website operational including social media engagement.
- Appointment of high calibre Board with a broad range of skills and expertise.
- Engagement with key stakeholders including Care Quality Commission, Healthwatch England, Wye Valley Trust, Health and Wellbeing Board and Herefordshire Council.
- Community Engagement Strategy adopted and public awareness campaign underway.
- 10 active volunteers recruited and involved.
- Volunteer PLACE training and visits undertaken.
- 331 enquiries received and signposted.
- Database and information management systems established.
- Adoption of performance management framework as outlined under section 5

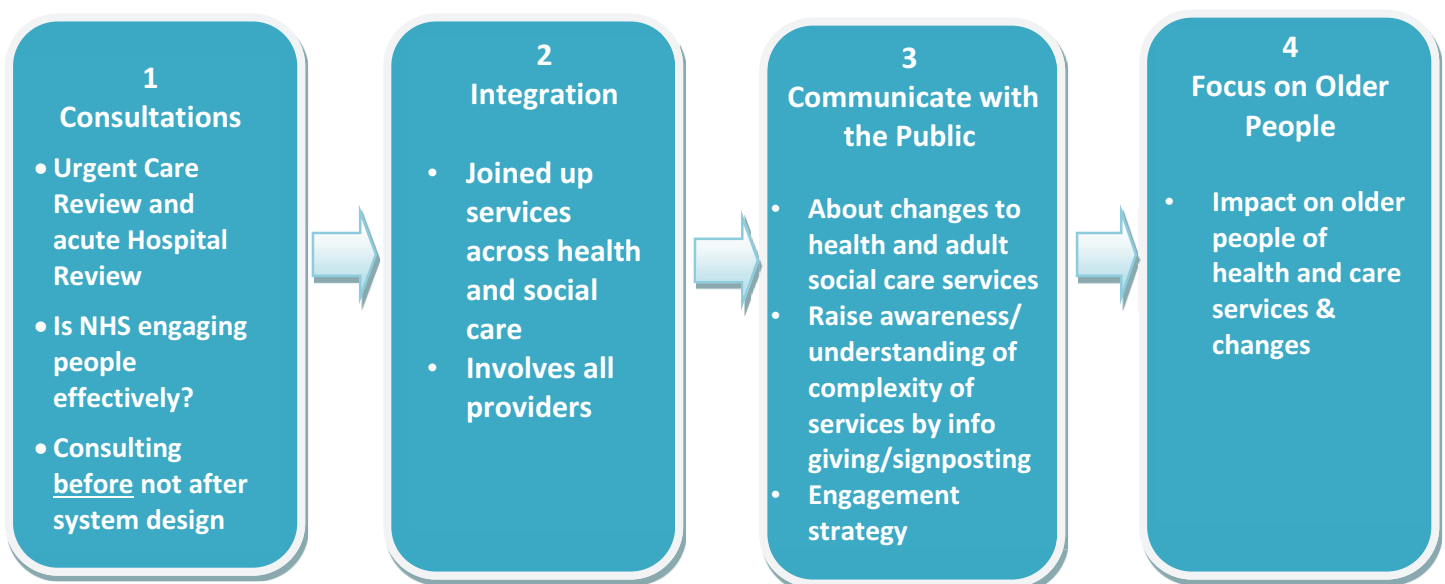
4. Performance management framework

A performance management framework has been agreed following a strategic planning process undertaken by the Board.

4.1 Outcome measures - We want local people to say...

- 'I know what HW is and how it can help me'
- 'I feel HW gave me a voice and I was taken seriously'
- 'HW helped me make the right choice'
- 'HW made my voice heard and services improved'
- 'They are on our side for health and social care with no fear or favour'
- 'They helped me/saved our ... so they're worth their weight in gold'

4.2 Core priorities for our work until March 2014



4.3 Criteria that Healthwatch will use to determine priority areas choice

- Clear links to the outcomes
- Impact on people in Herefordshire
- Likelihood of useful outcomes in 6-9 months
- Alignment with existing priorities in local health and care system
- Technical capacity/ are we capable of delivery
- What is the HW role - should/could or is anyone else doing it?

4.4 Outcome monitoring and work plan

For the Outcome monitoring for the period April - September See Appendix 1.

5. Planned community engagement activities - September and October 2013

Public awareness and engagement is a clear priority during the next two months. The following action outlines the key activities to support in support of the Community Engagement Strategy;

- **Voluntary and Community Sector Networks** - Participate in local roadshows in Peterchurch, Leominster, and Kington - September
- **CCG Urgent Care Review** - Participate in all planned local events throughout Herefordshire - September
- **Launch event** - Public/PR launch integrated within voluntary sector event - October
- **Board meetings** in locality settings including public engagement activities in Hereford, Ledbury, Leominster, Bromyard, Kington and Ross-on-Wye - November 2013 onwards
- Herefordshire Councillors and Parish Councillors engagement

6. Future contract monitoring and work plan arrangements

The Healthwatch work plan will be monitored by Herefordshire Council on a quarterly basis. The national monitoring framework for Healthwatch, currently in development, will also need to inform future monitoring arrangements.

7. Further information

Healthwatch Herefordshire

Berrows Business Centre, Bath Street

Hereford

HR1 2HE

Tel: 01432 364 481

Email: info@healthwatchherefordshire.co.uk

Website: www.healthwatchherefordshire.co.uk

Twitter: @HWHerefordshire

Facebook: www.facebook.com/hwherefordshire

Healthwatch DVD - <http://www.healthwatchherefordshire.co.uk/video/healthwatch-advert>

Appendix 1 Outcome Monitoring - April - September 2013

Outcome Monitoring Sheet - April-September 2013

Key: Board Data Officer Engagement officer Policy Officer Jacqui/Will

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
	<p>Local people are aware of HWH, understand its purpose and how to access it for help and support</p>	<ul style="list-style-type: none"> Develop, agree and implement a strategy to deliver HWH's vision, goals and priorities in partnership with local stakeholders and the wider community Develop and agree a communication strategy to promote it and implement a plan for its delivery Use LINK legacy and be able to demonstrate progress it makes Obtain and operate within licence to use registered trademarks provided by government for HW activities. It will ensure that any contractors adhere to such licences in respect of their HW activities. Ensure that the service is delivered in a way that is accessible to all both in terms of physical environment, location, and communication channels. This includes having one telephone number. Provide a website that is accessible to all, i.e. conforms to the WCAG 'AA' 	<p>Leaflets posters banners vol role descripts vol advert vol policy Age UK</p> <p>HVOSS Celebration HDU Aspergers groups Mencap localities Young people's networks</p> <p>Carers Volunteer forum</p> <p>Use website in a box. Optimise for easy read and audio reader.</p>	<p>Google Analytics statistics quarterly</p>	<p>completed and distributed completed and distributed completed and in use available through volunteer centre and website available through volunteer centre and website completed and available to view info distributed at event and through volunteer info distributed through volunteer co-ordinator at HVOSS speaker and information distributed information distributed through volunteer information distributed through volunteer PISCES events booked information distributed through staff of HVOSS Information distributed through staff of HCS and carers meeting attended volunteers equipped to inform public</p>

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
		<p>standard and the BS8878 Web Accessibility Code of Practice. The website can be used to provide and collect views.</p> <ul style="list-style-type: none"> • Market and promote its roles and functions in a way that ensures consistent take up across the whole county, recognizing the needs of rural/urban communities. 			
2	<p>Local people are empowered to give their views and influence decisions to improve health and social care</p>	<ul style="list-style-type: none"> • HHW will develop and implement effective strategies that are appropriate for those with whom it is seeking to engage • Ensure it enables people across the whole county to give their views • Work in collaboration with Herefordshire voluntary and sector to implement and develop the local HW. This will enable it to develop its networks • To become inclusive and representative of the communities of Herefordshire • Establish a constructive relationship with service user groups to contribute to the evidence base available. • Ensure that its governance, policies and standards deliver a rights based approach to empowering local people to give their views in order to 	<p>Be involved in reviews, gain feedback at events, monitor queries, give people opportunity to talk to decision makers with their views</p> <p>Receive reports from PLACE, reviews, and commissioners. Feedback from those involved</p>	<p>May/June input into PLACE assessments</p> <p>August input into Care Homes charging review</p> <p>September input into Urgent Care review and Virtual Wards</p> <p>September volunteer forum</p> <p>AGE UK event in January</p> <p>PISCES September</p> <p>August receive reports from PLACE</p> <p>October feedback from volunteers involved with urgent care review</p>	<p>3 volunteers and 1 staff involved</p> <p>1 staff and views of members</p> <p>5 volunteers and 5 board members involved, empowering public to speak out</p> <p>volunteers empowered to give their views</p> <p>views from the public passed onto health scrutiny and others</p> <p>opportunity for public feedback</p>

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
		influence and improve health and care services		october feedback from Health Scrutiny about the Care Charging review	
3	Individuals are able to make informed choices about their health and care as a result of information and advice provided by Healthwatch	<ul style="list-style-type: none"> • Provide an accessible website for the service • Provide one telephone for the service with out of hours answer machine service available • Ensure that they meet the demands of the people seeking information during all working days excluding statutory bank holidays. • Endeavour to resolve questions in one call so reducing the need for individuals to repeat their questions again to others. • Have clear arrangements for when information and advice is provided online, on the telephone or face to face when necessary • Refer patients or their representatives, as appropriate, to the independent health complaints advocacy service (IHCAS) or other independent advocacy services between 9am and 5pm • Establish constructive relationships with local authority and local health services, in particular the consultation and complaints functions 	<p>Set up Website in a box and populate it with HWH information</p> <p>01432 364481 Arrange cover for mon-fri for enquiry line between 3 office staff.</p> <p>Establish working protocol from onsite and powder and source training to enable this.</p> <p>Develop referral pathways to follow for first contact.</p> <p>Establish links with advocacy services, to enable understanding of their role and situations and process for referral</p> <p>Make links with scrutiny, PALS CSU/LAT, LA citizen engagement team. Understand their roles.</p> <p>Establish Links with HVOSS CAB Age concern HCS who offer</p>	<p>April 2013</p> <p>By Sept 2013</p> <p>July / Aug 2013</p> <p>Aug 2013</p> <p>July 2013</p> <p>By Sept 2013</p> <p>October 2013</p>	

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
		<ul style="list-style-type: none"> • Establish constructive relationships with existing and well-established information and support systems and networks in order to make full use of the services they offer. • Work in partnership with the council and its partners to review and deliver changes in the provision of information and advice. • Establish a protocol with the IHCAS or other independent advocacy services setting out respective roles and responsibilities for how they will work together and how they will resolve any issues that arise. This protocol will set out how HWH will refer patients, service users and their representatives to IHCAS. It will also include the exchange of intelligence that will benefit the development of both services. • Build on LINK legacy to establish local intelligence gathering systems that meet the requirements of commissioners locally and those of Healthwatch England. • Ensure judicious use of its 'enter & view' powers to gather information not otherwise available. 	<p>information and advice, and have existing networks.</p> <p>Work with Paul Griffiths on the future of the signposting service?</p> <p>Establish meetings with onsite and powher to develop a standard working protocol and referral process, which incorporates feeding back thematic data to HWH quarterly.</p> <p>Implement an IT solution which captures all healthwatch activity.</p> <p>Work with Esther and Allan to record data from Enter & View information to feed into the IT system</p>	<p>October 2013</p> <p>Sept 2013</p> <p>August 2013</p> <p>Continuous.</p>	

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
4	<p>The Views and experiences of local people influence commissioning decisions to improve health and social care services</p>	<ul style="list-style-type: none"> • HWH will provide a representative to join the Herefordshire HWBB who will participate fully in the work of the board and facilitate a two way communication between HWH and the board. This representative will be independent, credible and influential voice for users and the public are able to represent these views and experiences effectively using evidence without bias or subjective influence. • Use the JSNA to inform its priorities and subsequent work so that it has a strong evidence base • Contribute its findings to the JSNA in order to inform commissioning and service improvement • Work with the council to develop needs assessment within the county]maintain a record of its involvement and contribution to commissioning activities • Satisfy the HWE reporting requirements and share this intelligence locally • Establish effective arrangements with commissioners and providers of health and care services used by the people of 	<p>set up channels of communication with local groups</p>	<p>volunteers with community group connections</p> <p>Meeting with young people's advisers HVOSS</p> <p>Regular contact with carer's engagement officer</p>	<p>Volunteers recruited - AGE UK, Mencap, Aspergers, HDU, Evergreens (older people), Mental Health (Stonebow Unit), channels of communication established</p> <p>established</p>

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
		<p>Herefordshire but located outside of the county</p> <ul style="list-style-type: none"> Ensuring local intelligence gathering systems complement those established by Healthwatch England. 	<p>statistics/reports from IT system</p> <p>Liaise with HWE, the HWE hub and the IT solutions provider to ensure data is fed from HWH as required.</p>	August	
5	<p>Healthwatch Herefordshire is an independent and transparent organisation accountable to the people it serves</p>	<ul style="list-style-type: none"> HWH will be a body corporate enterprise carrying out statutory functions satisfying the criteria set out by government. Have a clear organisational, governance and legal structure that fits the ethos of the local HW and is able to deliver the service. Be required to establish and publish a governance framework that regulates its work Demonstrate that it is independent and transparent through publication of regular progress reports setting out past achievements and future plans Be subject to both freedom of information and data protection legislation. The sharing of information between it and others will be subject to clear protocols which describe the purpose scope and limitations of such sharing. 			

Outcome	Description	Service Requirements	Progress to Date	Evidence to be collated	Evidence for period
		<ul style="list-style-type: none"> • Be subject to the public sector equality duty and work to ensure the involvement of all populations and communities of interest covered by the protected characteristics listing within the equality act 2010 • Subject to other legislation and guidance produced by the department of health and HWE. • Required to publish and submit to the HCC contract managers and HWE by the end of June each year an annual report and audited accounts. • Provide as much information about the service as possible in the public domain, in user friendly formats including those for specific audiences. This is to promote understanding and accountability. 			
6	Healthwatch Herefordshire provides good value for money	<ul style="list-style-type: none"> • HWH will ensure it has a dedicated, appropriate qualified and experienced management structure for the service. • Be able to employ its own staff (if it chooses) and recruit and involve volunteers. • Be able to contract out functions while remaining accountable for the public funding it received and 			

Outcome		Description		Service Requirements		Progress to Date		Evidence to be collated		Evidence for period	
				<p>ensuring the sub-contractors will be representative of the local community</p> <ul style="list-style-type: none"> ● Make best use of technology to deliver its service, ensuring staff time is used to best effect. ● Build HWH into a sustainable organisation ● Help and support clinical commissioning groups to make sure that services are meeting citizens needs ● Will maintain full accounts of its activities which will be available for inspection by the local authority at any time. 							



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	12 SEPTEMBER 2013

TITLE OF REPORT:	TASK & FINISH GROUP: ADULT SOCIAL CARE (ASC) NEXT STAGE INTEGRATION PROJECT
REPORT BY:	Task & Finish Review Group

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

- 4.1 To consider the findings arising from the Task & Finish Group – Adult Social Care Next Stage Integration Project

5. Recommendations

THAT:

- (a) **The Committee considers the report of the Task & Finish Group – Adult Social Care Next Stage Integration Project, in particular its recommendations, and determines whether it wishes to agree the findings for submission to the Executive;**
- (b) **Subject to the Review being approved, the Executive’s response to the Review including an action plan be reported to the first available meeting of the Committee after the Executive has approved its response.**

6. Alternative Options

The Committee can agree, not agree or can vary the recommendations. If the Committee agree with the findings and recommendations from the review, the attached report will be submitted to the Executive for consideration. It will be for the Executive to decide whether some, all or none of the recommendations are approved.

7. Reasons for Recommendations

- 7.1 This Committee commissioned a Task & Finish Group to look at the Adult Social Care Next Stage Integration Project. The Task & Finish Group has completed its task and its report is required to be submitted to this committee for approval. The recommendations also set out how the report should be progressed in accordance with the Council's Constitution, if approved by the Committee.

8. Key Considerations

A scrutiny Task & Finish Review has been undertaken into the Council's Safeguarding Arrangement for Children.

The findings and recommendations of the Review Group are contained in the attached report.

9. Community Impact

- 9.1

10. Equality and Human Rights

- 10.1

11. Financial Implications

- 11.1 The cost of the work of the Scrutiny 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.

12. Legal Implications

The Council is required to deliver an Overview and Scrutiny function.

13. Risk Management

- 13.1 There is a reputational risk to the Council if the Overview & Scrutiny function does not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

14. Consultees

- 14.1 Following initial consultations on topics for scrutiny with Directors and Members of the Cabinet, all members of the Council were invited to suggest items for scrutiny.

15. Appendices

- 15.1 An outline work programme for the Committee.

Executive Rolling Programme (as at the time of going to print).

16. Background Papers

- 16.1 None identified.



Task & Finish Group Report

**Adult Social Care Next
Stage Integration**



Adult Social Care Next Stage Integration – Review Report

1 Chairman's Foreword

This report reflects the outcome of the Next Stage Integration review. It is proposed that as of the 13th September a new workforce operational structure will be established for the staff currently seconded to Wye Valley NHS Trust.

We investigated three key issues.

1. Whether the consultation and engagement undertaken so far with service users and Carers has been robust.
2. Whether transition and commissioning plans incorporate service users and Carers views sufficiently.
3. Given the integrated nature of health and social care pathways, quality impact and risk management plans are in place and jointly agreed and maintained across Wye Valley NHS Trust and adult social care.

After a shaky start, a well-received consultation took place. There seems a pattern occurring in Scrutiny in that all scrutiny is consistently asked to review a consultation. One of our key recommendations shall be to form a task and finish group made up of members from both scrutiny committees and cabinet to bring forward a set of ground rules for future consultations.

The comments from witnesses were welcome in that they demonstrated that after a start lacking focus, the consultation took a clear turn for the better and comments such as "The council can be trusted to make these change" and " I, for the first time, trust the council to deliver what they say they will do."

The second point did demonstrate the officers were listening to comments made. Carers have been involved but individual service users still need to be heard. Senior people in various organisations have been talked to at length. There has been reliance on the groups to be in touch and well informed. We saw no evidence to doubt their comments but a question remains unanswered. We believe as a Group we need to follow up in 6months and at that time speak directly to service users.

The third point was to ensure a safety net was in place and to ensure that officers and cabinet member were fully aware of the risks and had considered what they will do if the risks became a reality. We received clear unequivocal assurance that, if required, the process will be put on hold to ensure the quality of provision is maintained.

We will make some recommendation that fall outside our remit but we believe that in the long term we can investigate ways of improving the service. We, as a scrutiny committee, should take an opportunity to proactively come up with solutions to improve carers and service user's lives.

I wish to take this opportunity to thank the witnesses, officers and Group colleagues who so generously gave their time between 20th August and 3rd September.

2 Executive Summary

1.1 The Next Stage Integration Project (Wye Valley) forms part of the overarching Adult Social Care Transformation Plan currently being undertaken by Herefordshire Council. The project has a number of elements within it, that can be summarised as:

- Development and implementation of a new workforce operational structure for staff currently seconded to Wye Valley NHS Trust post 13 September 2013.
- Development and implementation of a commissioning and procurement plan for the direct care provision of the following services by the broader market: Norfolk House; Reablement (including Telecare); Integrated Community Equipment Store; Day Opportunities; Adult Placement Scheme; Sensory Impairment.
- Transfer of Learning Disability health services from Wye Valley NHS Trust to 2gether NHS Foundation Trust.

1.2 In August 2013, a final scoping statement was agreed by all Members of the Task and Finish Group. The scoping statement is attached at Appendix A detailing the full scope of the review.

1.3 A number of the recommendations refer to the commissioning of spotlight task and finish groups. Many of these have arisen from the interviews group Members were having with officers and carers. In order to keep to the tight schedule and to keep the review focused these topics have been put forward as future short task and finish groups.

3 Composition of the Task and Finish Group

Members of the Task and Finish Group were:

Councillor John Jarvis – Chair of the Health and Adult Social Care Overview and Scrutiny Committee and Chair of this Task and Finish Group

Councillor Jim Kenyon

Councillor Anthony Powers

Councillor John Stone

Lead Officer – Helen Coombes (Interim Director of Adults Well Being)

Scrutiny Officer – Gemma Dean

Democratic Services Officer - David Penrose.

4 Context

4.1 Why Did We Set Up The Group?

Herefordshire Council is currently transforming adult social care. One project from within the transformation plan is the Next Stage Integration.

An effective scrutiny function must promote high levels of service user, their families and carer involvement in service redesign and an integrated approach to effective risk management across health and social care community health services throughout the change journey.

Therefore the group was set up to look at the consultation and engagement so far; the transition and commissioning plans and whether these incorporate service users and carers views sufficiently; and finally the quality impact and risk management plans that are in place.

4.2 What Were We Looking at?

In August 2013 a scoping statement was agreed by all Members of the Group.

4.3 Who Did We Speak To?

Between August and September 2013, the Group convened meetings, interviews and visits to gather as much background information and seek as many views as were required to make recommendations. In doing this, the group spoke to the following people:

- Helen Coombes – Interim Director of Adults Well Being
- Neil Doverty – Chief Operating Officer, Wye Valley NHS Trust
- Dr Andy Watts – Chair of the Herefordshire Clinical Commissioning Group
- Councillor Graham Powell, Cabinet Lead for Health and Wellbeing
- Mandy Appleby – Head of Operations, Adult Social Care
- Lynn Kedward - Service Unit Lead, Wye Valley Trust
- Judith Weir – Chief Executive Officer, Aspire Living
- Jacqui Bremner – Director, Herefordshire Carers Support
- Marion Tweed-Ryecroft – Director, Centre for Independent Living
- Richard Gallagher – User and Carer Involvement Project Lead
- Service user's families
- Carers

4.4 How Did We Engage With People?

The Task and Finish Group wanted to use as many different ways of engagement with the different interviewees. The methods used were:

- Face to face interviews
- Attendance at user reference groups
- Email correspondence

4.5 What Did We Read?

The Group was provided with a large amount of background information to undertake this review. The documents that were used and are appended to this report are:

- Herefordshire Council's Adult Social Care Transformation Plan
- Quality Impact Assessment

- Project plans
- Consultation and Engagement Report
- Cabinet Reports

5 Key Themes

5.1 The key themes from interviews and research have been grouped into the specific areas as identified in the scoping statement. These are:

1. Whether the consultation and engagement undertaken so far with service users and Carers has been robust.
2. Whether transition and commissioning plans incorporate service users and Carers views sufficiently.
3. Given the integrated nature of health and social care pathways, quality impact and risk management plans are in place and jointly agreed and maintained across Wye Valley NHS Trust and adult social care.

5.2 Has the Consultation and Engagement Undertaken So Far With Service Users Been Robust?

As has been previously stated within the Chairman's foreword, the Task and Finish Group found that the initial consultation was not sufficiently robust.

During the interviews it was acknowledged that the consultation was asking service users and carers to comment on undefined changes to the adult social care services. The Group appreciates that the transformation plan is an evolving one but feels that there should have been some clear direction to consult on. Clearly there is a need when talking to people to have a clear framework in mind but still have the flexibility to listen. The Group feel that some pre-consultation should have been undertaken with service users, carers and officers where ideas could have been exchanged. At this point a preferred model and options could have been consulted on.

Recommendation 1: That, where possible, pre-consultation is undertaken with consultees.

5.3 Most of the initial consultation was completed electronically. Feedback from interviews suggested that this was not the most appropriate way of consulted with a number of consultees. The Group recognises that there is a move towards being digital by default but feels that all consultations must be considered on a case by case basis.

Recommendation 2: A process should be considered prior to consultation starting. This process should include a full equality assessment. The equality assessment should identify a range of ways in which the Council should engage with consultees.

5.4 The Group identified that there are many organisations that may hold databases by which an individual should be able to specify how they would like to be or need to be consulted. These databases, if available, should be fully utilised by the Council.

Recommendation 3: Any consultation process should make use of all available user databases.

5.5 There was some complaint throughout the review that some areas of the community did not feel like they were aware of the changes. Despite all Members being advised of the

changes, there appears to have been a breakdown in the filtering of this information to Town and Parish Councils. The Group feels that some research should be given to identify the best way in the future to filter changes such as these out to the Town and Parish Councils.

Recommendation 4: That the Executive conduct research to identify a common approach to consulting with Members, Town and Parish Councils on change affecting their constituents.

5.6 Overall the Group determined that the consultation process, though shaky at the start, was robust. The engagement model seems to be working effectively but this will need re-visiting in six months to ensure that this is still the case.

Recommendation 5: That the engagement model including reference groups is reviewed in six months time to ensure that it is still robust and efficient.

Recommendation 6: That a task and finish group is commissioned by the Health and Social Care Overview and Scrutiny Committee, and to include members of General Overview and Scrutiny Committee to review the consultation process adopted by Herefordshire Council.

5.7 Do the Transition and Commissioning Plans Incorporate Service Users and Carers Views Sufficiently?

The Group considers that at the beginning of the consultation that the changes were going ahead without their views. The overwhelming feeling from carers was that people were open to change but wanted to feel like they had some say in those changes. Furthermore, that carers and service users might be best placed to suggest ideas for saving money or improving the system. Some pre-consultation may have provided some assurances to service users and carers that their views were being taken on from the beginning.

The Group thinks it important to state that the perception from when user engagement properly started at the end of July, that people now feel as though their views are being taken on board by Herefordshire Council. Most importantly, service users and carers feel that they can trust the Council to deliver on their promises.

The Group feel that it is imperative that a continuous dialogue is kept with service users, their families and carers to ensure that they are part of the transition.

Carers identified that another area which may improve communication between service users and the Council and that is to have a named advocate from within Health and Social Care Overview and Scrutiny Committee. This suggestion received full support from the Group.

Recommendation 7: That an individual Health and Social Care Overview and Scrutiny Member shall be named as an advocate for those with learning difficulties. This individual Member shall be named within three months.

5.8 With regards to the procurement and commissioning of services the Group recognised the importance of working on a 'bottom up' and not 'top down' principle. There is a need for a process that focusses on needs rather than services.

Recommendation 8: That as part of the procurement exercise, the Council should give consideration to facilitating community activities in order to build bridges into local communities.

Recommendation 9: That an outcome-based commissioning approach should be taken. This shall better meet service users' needs and give more control to users.

Recommendation 10: That equal opportunity shall be allowed in the procurement process for a 'mixed market' of small providers as for a single large provider.

5.9 During their interviews, the Task and Finish Group became aware that there were many areas which fell outside of the scoping statement for this review but nevertheless needed expanding upon. The large majority of those areas revolved around the support that could be given to service users and carers. For example, a carer mentioned in an interview how expensive it can be just to go to the cinema. Members would like to investigate these areas further and as such would like to commission a further task and finish group into this area.

Recommendation 11: That a task and finish group is commissioned by the Health and Social Care Overview and Scrutiny Committee within six months, to look at the support that is given to carers.

5.10 Are Quality Impact and Risk Management Plans in Place and Jointly Agreed and Maintained Across Wye Valley Trust and Adult Social Care

The Group were very pleased to be able to speak to officers from within Wye Valley Trust and Herefordshire Council. They were able to gain an insight from staff from both organisations to be able to form their views.

The Group clearly identified that whilst systems and processes had to be in place, mutual respect and good working relationships were the key to successful integrated working.

Preventative measures, to reduce numbers entering hospital and/or adult social care, are essential to the sustainability of the transformation project and the achievement of budget targets.

The Group highlighted a number of issues from within the workforce that could potentially affect the success of the integration plans. At present staff are under significant pressure and the Group were concerned that staff confidence and morale at such a time of uncertainty must be carefully monitored. The Group were conscious of the amount of temporary and interim staff that are currently employed within the adult social care system and would like to see more work completed to ensure that they are fully integrated into the system.

The Group were very concerned about the time that it was taking for initial assessments to be undertaken by social workers. At present there were some delays of up to nine months. The Group felt that this amount of time was unacceptable and needed researching.

Recommendation 12: That a report is provided to the Health and Social Care Overview and Scrutiny Committee within three months as to the performance on initial assessments. This should include timescales for how long initial assessments are taking and identify strategies for improvement.

5.11 The Group were very open to suggestions of support that could be given in undertaking initial assessments. Care provider staff were identified as potential personnel who would be well placed to undertake such assessments. This approach may speed up the initial assessment process and reduce costs to the Council.

Recommendation 13: That a feasibility enquiry is undertaken by the Executive into provider staff undertaking initial assessments on service users.

- 5.12 The Group welcomed the restructure of the Directorates and Cabinet Lead role within Herefordshire Council to separate Children's Well Being and Adults Well Being.
- 5.13 A challenge to integration was the difference in terminology used by Wye Valley NHS staff and Herefordshire Council staff. Members noted through their interviews that Wye Valley Trust and Herefordshire Council had different definitions of re-ablement. The Group recognised the importance of having a shared understand of the terminology.
- 5.14 The Group also recognised the need for scrutiny Members to be familiar with the terminology of social care in order for them to understand the complex areas that were coming before them. Therefore the Social Care Jargon Buster by the Social Care Institute for Excellence shall be distributed to all Members of Health and Social Care and Overview and Scrutiny Committee immediately. A copy of this publication will also be made available via the scrutiny web pages when they are updated.

Recommendation 14: That the Council, Clinical Commissioning Group and Wye Valley NHS Trust ensure that the terminology used by the Council (social care) and Wye Valley Trust (for example, in the definition of re-ablement) is consistent. There must be a shared understanding of this terminology.

- 5.15 The Group has discussions with various officers regarding the discharging of patients from hospital. The Group's view was that social care involvement and the identification of a care package at discharge was essential.

Recommendation 15: That a trial of locating social workers in Accident and Emergency on a Saturday and Sunday is considered.

- 5.16 In light of the significant changes to the adult social care system, Members recognised the risk of losing touch with multiple suppliers. Members of the Group thought it of paramount importance that Health and Social Care Overview and Scrutiny Committee are kept up to date with the progress and performance of providers. This shall improve checking processes and better contract management.

Recommendation 16: That a regular report be provided by all providers of adult social care to the Health and Social Care Overview and Scrutiny Committee every six months.

- 5.17 The concept of virtual wards was discussed in a number of interviews and was identified as a developing area within Herefordshire that would need monitoring. A virtual ward is a case management approach to provide people with multi-disciplinary care and care co-ordination within their own home, copying the strengths of hospital wards to reduce unplanned admissions.

Recommendation 17: That an update is provided to the Health and Social Care Overview and Scrutiny Committee in six months on the development of virtual wards.

- 5.18 A risk identified from within the interviews centred around the equipment store. The Group heard that various measures had been undertaken such as an amnesty for returning equipment and requiring deposits had been tried. However some problems had been encountered with these approaches such as people deciding not to take the equipment that they needed and a lot of unusable equipment being returned.

Recommendation 18: That a complete overhaul of the Integrated Community Equipment Store is completed within three months.

6 **Recommendations**

Recommendation 1 – That, where possible, pre-consultation is undertaken with consultees.

Recommendation 2 – That a process should be considered prior to commencement of any consultation. This process should include a full equality assessment. The equality assessment should identify a range of ways in which the Council should engage with consultees.

Recommendation 3 – That any consultation process should make use of all available user databases.

Recommendation 4 – That the Executive conduct research to identify a common approach to consulting with Members, Town and Parish Councils on change affecting their constituents.

Recommendation 5 – That the engagement model including reference groups is reviewed in six months time to ensure that it is still robust and efficient.

Recommendation 6 – That a task and finish group is commissioned by the Health and Social Care Overview and Scrutiny Committee to review the consultation process adopted by Herefordshire Council.

Recommendation 7 – That an individual Health and Social Care Overview and Scrutiny Member shall be named as an advocate for those with learning difficulties. This individual Member shall be named within three months.

Recommendation 8 – That as part of the procurement exercise, the Council should give consideration to facilitating community activities in order to build bridges into local communities.

Recommendation 9 – That an outcome-based commissioning approach should be taken. This shall better meet service users' needs and give more control to users.

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Recommendation 12 – That a report is provided to the Health and Social Care Overview and Scrutiny Committee within three months as to the performance on initial assessments. This should include timescales for how long initial assessments are taking and identify strategies for improvement.

Recommendation 13 – That a feasibility enquiry is undertaken by the Executive into provider staff undertaking initial assessments on service users. This should be undertaken within three months and the results reported back to Health and Social Care Overview and Scrutiny within one month of completion.

Recommendation 14 – That the Council, Clinical Commissioning Group and Wye Valley NHS Trust ensure that the terminology used by the Council (social care) and Wye Valley Trust (for example, in the definition of re-ablement) is consistent. There must be a shared understanding of this terminology.

Recommendation 15 – That a trial of locating social workers in Accident and Emergency on a Saturday and Sunday is considered.

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Recommendation 18 – That a complete overhaul of the Integrated Community Equipment Store is completed within three months.

TITLE OF REVIEW:	Next Stage Integration Project
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SCOPING

Reason for Enquiry : The Next Stage Integration Project (Wye Valley) has a number of elements within it that can be summarised as the

- Development and Implementation of a new workforce operational structure for staff currently seconded to Wye Valley NHS Trust post September 13th
- Development and Implementation of a commissioning and procurement plan for the direct care provision of the following services by the broader market
 - a) Norfolk House
 - b) Reablement (inc Telecare)
 - c) Integrated Community Equipment Store
 - d) Day Opportunities
 - e) Adult Placement Scheme
 - f) Sensory Impairment
- Transfer of Learning Disability Health services from Wye Valley NHS Trust to 2gether Foundation Trust

The project is a significant strand of the Adult Social Care Transformation plan, and as such will result in significant change which will have an impact on service users, their carers, families and a wide range of stakeholders. The Health Overview and Scrutiny Committee would like to be satisfied that

- the consultation and engagement undertaken so far with service users and carers has been robust,
- transition and commissioning plans incorporate service user and carer views sufficiently
- given the integrated nature of health and social care pathways that quality impact and risk management plans are in place and jointly agreed and monitored across Wye Valley NHS Trust and adult social care

Links to the Community Strategy

The review contributes to the following objectives contained in the Herefordshire Sustainable Community Strategy, including the Council's Corporate Plan and other key plans or strategies:

Summary of Review and Terms of Reference

Summary

This review will consider the progress and actions taken so far in relation to the involvement of and consultation with service users and their carers, and the plans for the period 13th September 2013 to March 2014 for ensuring that quality improvements are delivered and integrated pathways are maintained and managed across both the adult social care and Wye Valley delivered community health services. Scrutiny of these plans will support improved delivery and maintenance of integrated approaches to the residents of Herefordshire.

Vision

A scrutiny function which promotes high levels of service user, their families, and carer involvement in service redesign and an integrated approach to effective risk management across health and social care community health services throughout the change journey

Terms of Reference

- **Objectives** – To review service user and carer involvement and consultation plans to date and the transition planning during the implementation of service change in order to identify areas of good practice, and opportunities for improvement on behalf of the residents of Herefordshire
- Review the joint Adult social care and Wye Valley Trust operational quality impact and risk management plan for implementing the changes.
 - **Actions** – To examine service user and carer engagement and consultation undertaken to date and advise on areas of good practice and opportunities for improvement
 - To examine the range of performance and quality assurance information that scrutiny committee should require in order to monitor and challenge the changes and improvements.
 - To examine and review the plans for service user and carer consultation and engagement in the transition planning and procurement exercises and to feed the outcomes of this work into recommendations for any change to the current plans
 - To explore the robustness of integrated (adult Social Care and Wye Valley) change management plans across health and social care community health services with a focus on operational changes, and how an integrated approach to risk management and the use of resources leading to quality improvements can be maintained and improved
- **Membership** – Councillor Jarvis, Councillor Kenyon, Councillor Powers, Councillor Stone, Helen Coombes
- **Timescale** – Three weeks
- **Regularity of meetings** – three half day meetings and one final report writing session

What will NOT be included :

- **Workforce Structures within adult social care and Wye Valley Trust**
- **Tendering and contractual issues relating to the commissioning of services**

Potential outcomes

- An effective and robust approach to involving service users, their families and carers in service redesign and change management.
- Assurance that effective and integrated quality improvement and risk management plans are in place to manage the transition
- Learning for use within future projects on service user and carer involvement and engagement
- Improved services and outcomes for the residents for people in Herefordshire

Key questions

- What service user and carer consultation and engagement has taken place so far?
- How effective has the consultation and engagement been?
- What plans for service user and carer consultation and engagement are in place to manage the transition and procurement phases and is this sufficiently robust?
- What integrated quality impact and risk assessment plans are in place, developed and agreed by Wye Valley NHS Trust and Herefordshire Council Adult Social Care, are in place to manage the operational structure

Cabinet Member (s)

Cllr Graham Powell - Cabinet Lead for Health and Wellbeing

Key Stakeholders/Consultees

- Service Users, their families and Carers who use services
- Operational Managers from Wye Valley and Adult Social Care

Potential Witnesses

- Director of Adults Well Being
- Next Stage Integration Project Manager
- Chief Operating Officer Wye Valley Trust – Neil Doherty
- Head of Operations Adult Social Care – Mandy Appleby call David Mason
- Service Unit Lead Wye Valley Trust – Lynn Kedward
- Carers Service Lead – Jacqui Bremner
- User and Carer Involvement Project Lead – Richard Gallagher - council
- Service For Independent Living Lead – Marion Tweed – Ryecroft – centre for independent living
- Independent Provider – Aspire – Judith Weir

Research Required

- Project Plans
- Cabinet reports
- Consultation and Engagement Report
- Quality Impact Assessment

Potential Visits

- Attendance at reference group meetings if the timetable allows

Publicity Requirements

Launch of Review

During Review

Publication of the Review and its recommendations

Outline Timetable (following decision by the Overview and Scrutiny Committee to commission the Review)	
<i>Activity</i>	<i>Timescale</i>
Collect current available data for circulation to Group prior to first meeting of the Group.	13.8.13
Confirm approach, programme of consultation/research/provisional witnesses/meeting dates	13.8.13
Collect outstanding data	20.8.13
Analysis of data	20.8.13
Final confirmation of interviews of witnesses	20.8.13
Carry out programme of interviews	20.8 – 3.9.13
Agree programme of site visits as appropriate	n/a
Undertake site visits as appropriate	n/a
Present interim report to Overview and Scrutiny Committee, if appropriate.	n/a
Final analysis of data and witness evidence	n/a
Prepare options/recommendations	3.9.13
Present Final report to Overview and Scrutiny Committee	12.9.13
Present options/recommendations to Cabinet (or Cabinet Member (s))	13.9.13
Cabinet/Cabinet Member (s) response (Within 2 months of receipt of Group's report)	By 13.11.13
Consideration of Executive's response by the Overview and Scrutiny Committee.	6.12.13
Monitoring of Implementation of agreed recommendations (within six months of Executive's response)	By 13.5.14
Members	Support Officers
Councillors: Councillor Jarvis (Chairman of Review Group) Councillor Kenyon Councillor Stone	Lead Support Officer Helen Coombes (Interim Director for Adult's Wellbeing)
	Democratic Services Representative(s) David Penrose Tim Brown
	Other support officers Gemma Dean (Scrutiny Officer)