

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 14 December 2012 at 10.00 am**

**Present:** Councillor JW Millar (Chairman)  
Councillor SJ Robertson (Vice Chairman)

Councillors: PA Andrews, MJK Cooper, KS Guthrie, JLV Kenyon, MD Lloyd-Hayes and J Stone

**In attendance:** Councillor PM Morgan, Cabinet Member (Health and Wellbeing)

**Officers:** G Hardy (Governance Services Manager), K O'Mahony (Assistant Director Children & Young People Provider Services), D McMillan (Head of Locality Services), J Rzezniczek (Interim Head of Improvement), J Roughton (Head of Children & Family Casework), D Penrose (Governance Services)

**10. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors WLS Bowen, PL Bettington, GA Powell and PJ Watts.

**11. NAMED SUBSTITUTES (IF ANY)**

None.

**12. DECLARATIONS OF INTEREST**

Councillors KS Guthrie and JW Millar, personal, as Council Representatives on the Queenwood and Bodenham Lakes Group.

**13. MINUTES**

The Minutes of the meeting were approved, subject to noting that Councillor Watts was present at the meeting.

**14. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

There were no suggestions.

**15. QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

**16. USE REVIEW - OUTDOOR EDUCATION**

(Councillors KS Guthrie and JW Millar declared an interest)

The Committee received a report on Cabinet's decision to cease direct provision of Outdoor Education Services at Castle Green, Hereford and Bodenham Lake.

The Head of Locality Services reported that in June 2012 Cabinet made the recommendation that Outdoor Education should be subject to market testing to determine if it were commercially viable with no public subsidy. Whilst the Council did have both access to the river and to the lake, as well as serviceable assets in the form of boats and boatsheds, there was no available funding for the service. Commercial providers to whom she had spoken had suggested that they would be interested in running a service as there was a market. All the providers had been clear that it was extremely difficult to run a commercially viable operation that specialised entirely in outdoor education. In the ensuing discussion, the following points were raised:

A Member said that, in the year where much was being made of the Olympic legacy in the country as a whole, she was concerned that families on low incomes would lose the opportunity to use the assets that were currently available to them. She asked whether consideration had been given to setting up a charity that would be able to draw down funding from bodies such as Sport England.

In reply, the Head of Locality Services said that the Council was not trying to close the service, but was pointing out that others were in a better position to provide it. Changes in statutory duties for the Council also meant that whilst it had, in the past, a duty to provide positive access to outdoor education, it was now obliged to consider the health and wellbeing of young people. The Council was in a position to work with providers and local voluntary sector groups to facilitate the provision of the service. These companies would undertake to provide activities for disadvantaged and low income groups were they to be provided with the assets and access currently enjoyed by the Outdoor Education service. She added that following extensive public consultation, funds had been made available to each Locality for outdoor access youth provision.

In reply to a question regarding the staff currently employed the Head of Locality Services went on to say that of the two casual staff employed, one was passed retirement age and was content to retire, whilst the other worked for other providers across the County, and would continue to do so. There was one full time employee who would be supported to stay, but who would undoubtedly have no trouble gaining a similar post with the providers listed in the appendix to the report.

In reply to a comment from the Chairman concerning the inclusion of Bodenham Lake as an alternative option, the Cabinet Member (Health & Wellbeing) said that this had been considered as an alternative centre, but that the restrictive covenants in place would not make it possible to operate it as a commercially.

**RESOLVED: That the recommendations included in the report be supported, subject to an updated report being brought back to the Committee in twelve months' time.**

## **17. 2GETHER NHS FOUNDATION TRUST**

The Committee received an updated report on the work of the 2gether NHS Foundation Trust from Mr Colin Merker, the Trust's Director of Service Delivery.

Mr Merker presented the Key Performance Indicators (KPI's) for the Herefordshire Mental Health and Substance Misuse and highlighted the following areas:

- That Care Programme Approach follow up was a national standard of 7 days, but had been set locally as a stretch target of 48 hours. This was currently performing at 95%, and would be unlikely to reach the 100% target, not least because the difficulty of arranging appointments with patients within such a time frame.

- Whilst the Substance Misuse service was operating at 100%, it was struggling to do so, and a realistic figure might be 95%.
- That the payment by results system had yet to be introduced, and the Department of Health's system for Health of the Nation Outcome Scales for Payment by Results (HoNOS PbR) was one way of introducing it. The new indicators would need to be at 100% in order to be in a position to do this.
- That complaints from service users had been analysed in detail, and were on the decline in Herefordshire. Conversely, compliments from service users had increased.
- There were a number of challenges to the services that ranged from the perception of underperformance of services to the development of areas such as dementia and recovery care.

In the ensuing discussion, the following points were raised:

- That the bed reduction programme had reduced the number of beds from 29 to 21, with further reductions planned to a target number of eighteen. A leeway in bed numbers was needed to manage the needs of the County.
- That an electronic record system had been introduced across all services, and consideration was being given as to how this could be accessed by other providers, such as Prime Care. The system should ensure that the repetition of background questions would no longer occur.
- That there was no significant change in the levels of staff sickness rates as a result of stress.
- That the ethnic data issue associated with substance misuse was as a result of not recording the data at the correct time within the patient pathway. It was not possible to retrospectively include this data, so staff would be trained in the correct way of undertaking this.

The Chairman thanked Mr Merker for his presentation, and said that as the Committee would be setting up a standing Task & Finish Group on Children's Safeguarding, he would welcome input from the work undertaken by the 2gether NHS Trust's CAHM's working group help facilitate the work of this Committee's Group.

## **18. WYE VALLEY NHS TRUST**

The Committee received a presentation from Derek Smith, Chief Executive of the Wye Valley NHS Trust.

During his presentation, Mr Smith highlighted the following areas:

- The financial position of the Trust for the current financial year, and for 2013/14. The funding gap represented 5.5% of the turnover of the Trust, and additional outside non-recurrent funding of £10m would once again be required. It would not therefore be possible to seek Foundation status, and alternative ways would be considered as to how this could be best achieved. Work was underway on a plan for strategic change, and a business case would be in place in the spring. Consultation would be undertaken with all partners and a determination arrived at within eighteen months. The pathways to achieve the agreed end would be set within six months. At the end of this period the Wye Valley NHS Trust would cease to exist in its present form.

- That as a result of staff retirement, the Chaplaincy service had been reviewed and the current arrangements provided for fifteen hours a week of cover at Hereford Hospital, and three and a half hours a week each at Leominster, Bromyard and Ross hospitals. Mr Smith believed that these arrangements were sufficient. He was aware that service provision should not reach a minimum level that could be deemed as unsatisfactory and pointed out that the service also received support from the local clergy and Imam in the County. The Service remained under review.
- The key service delivery challenges that faced the Trust. These ranged from Community Services, Acute Services, Social Care and Midwifery investment.
- The Trust's performance against key indicator areas. Whilst the Summary Hospital-level Mortality indicator (SHMI) remained high, reporting against this had been late, so it was expected to decrease. This was high on the Trust's agenda, and would be kept under review.
- The two week response rates for appointments for GP referrals for breast cancer patients was impacted by both the broad spectrum of referrals from GPs, most of which did not have the disease, and the non appearance of patients for appointments. Initiatives were in hand with Healthwatch and the GPs in order to ensure a greater number of patients attended.
- That an additional neurologist had been employed by the Trust who would be reviewing the Stroke Service in the New Year.
- That a conditional warning notice issued by the Care Quality Commission (CQC) as a result of an error on a patient survey whereby mismatched patient names and addresses had been sent to 372 patients had been dealt with and all complaints had been addressed. The CQC had also undertaken an unannounced visit and had pronounced themselves satisfied with the documentation they had reviewed.
- The Trust was concerned with the Car parking charges had been reviewed, but the contract was valid until 2018. A dialogue was in hand with the PFI provider on the matter, but the Trust had no power over the car parks, and received no revenue from them.
- That contrary to recent articles in the local press, the Hospital was not a fire trap, and that the issue that existed was one of fire compartmentalisation in areas above the ceiling height that did not meet current regulations. The Trust was working with Mercia Health Care to remedy the situation. The Fire and Rescue Service were satisfied with the work that was being undertaken to remedy the situation.

In the ensuing discussion, the following points were raised:

In reply to a Member's question regarding the announcements made about the Minor Injury Units (MIUs) in Ross-on-Wye and Leominster, Mr Smith said that people had come to use the Units for a broad range of issues that they weren't technically capable of dealing with. Staff had been put in a position where they had to leave patients on the wards in order to deal with those who dropped in to use the MIU. There had been an incident at the Ross MIU in which a patient had died. As a result, safety procedures had been reviewed and where there was insufficient local medical advice, patients were at risk. This was the reason for the decision to rapidly change the opening hours of the MIUs, and the decision was communicated as quickly as possible. Further discussions were in hand with GPs in order to look at widening the role of the Community Hospitals. He undertook to ensure that Ward Members were informed of these decisions as soon as possible in the future.

In reply to a further series of questions, Mr Smith said that there were no plans for Ward reductions and closures, unless services could be reconfigured in such a way as to allow for the closure of the hutted wards at the rear of the hospital. There was no additional space in the wards in the main building, and additional beds for stroke victims, for example would not be feasible. The decisions that were made at the time of admission were crucial, as was the correct timing to allow patients to return home. Whilst there was currently no major stroke service available at weekends, this was being reviewed, and consideration was being given to using beds in Ross and Leominster hospitals with linkages directly to the County Hospital. The intention was to increasingly provide community based services, going to visit people in their homes and care homes, rather than running services from a one point in the community.

The Chairman thanked Mr Smith for his presentation.

## **19. RECOVERY PLAN FOR CHILDREN'S SAFEGUARDING**

The Committee received an updated report on the Recovery Plan for Children's Safeguarding. The Assistant Director Children & Young People Provider Services reported that an Improvement Board had been established which comprised Chief Officers of all the relevant organisations, or their most senior nominees; the Lead Member for the Council; external advice from both the Department for Education and the Children's Improvement Board. The Board had an experienced Independent Chair, Paul Curran. The Board was determined that improvements should be seen as the responsibility of all agencies and organisations, and not just as a Council issue. It had set the goal of achieving a 'good' OFSTED grading in the future.

The Council and its partners had created a draft improvement plan, which had been broken down into eight areas of work: Front line practice; Development of the Herefordshire Safeguarding Children Board; Developing the workforce (including recruitment and retention); Multi-agency safeguarding hub; Commissioning and contracting improvements (including addressing gaps in services); Looked after children services; Quality assurance and performance management arrangements; and Leadership and Governance

Progress was being made in most of these areas and in particular in those which were of most concern to the OFSTED inspectors. Monthly practice workshops had been implemented with frontline staff to improve practices in areas such as child protection strategy meetings and additional management capacity in the Family Assessment Service Team been put into place. Vacant social work and management posts had been filled with Interim staff. A Team Manager coaching and development programme had been commissioned and implemented across the frontline social work teams. This programme had also assisted with developing a new approach to business work flows within the teams.

The 'Multi-Agency Safeguarding Hub' (MASH) was well advanced in its conceptual development. This Hub aimed to simplify the notification process by converting a number of paper based systems to an electronic one and to manage concerns related to the wellbeing and safeguarding of children and young people at source, by co-locating a number of key professionals. The delivery time of April 2013 was dependent on the agreement of suitable accommodation and a resource plan.

In response to one of OFSTED's recommendations, a comprehensive audit of all open Children's Services files and all closed files for the previous three months, totalling over 1600 files, had been commissioned to an external organisation. The audit was scheduled to be completed in January 2013. Weekly reports were being submitted by the auditors indicating the status of audited cases. There had been no very high risk

cases with significant safeguarding concerns requiring urgent attention. This audit would provide a significant baseline position against which progress could be measured over the next 18 months.

The Independent Chair would write a report on progress to the Minister at various stages of the period of intervention. The first report was due two months after the date of the improvement notice.

## **20. WORK PROGRAMME**

The Committee noted its work programme.

The Chairman reported that three Members would be receiving intensive training on safeguarding issues in order to support the work of the Safeguarding Improvement Board. This group would be chaired by Councillor SJ Robertson and would include Councillors WLS Bowen and MD Lloyd-Hayes.

**RESOLVED: That the work programme be noted.**

The meeting ended at 1.15 pm

**CHAIRMAN**