

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 11 January 2013 at 10.00 am**

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

Councillors: WLS Bowen, MJK Cooper, KS Guthrie, JLV Kenyon, MD Lloyd-Hayes, GA Powell, J Stone and PJ Watts

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

**Officers:** J Davidson (Director of People's Services, G Dean (Scrutiny Officer), J Jones (Head of Governance), K O'Mahony (Assistant Director Children & Young People Provider Services) and D Penrose (Governance Services)

**21. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors P Andrews and P Bettington.

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

None.

**23. DECLARATIONS OF INTEREST**

Councillor GA Powell declared a non-disclosable non-pecuniary interest as a member of the Wye Valley NHS Trust.

**24. MINUTES**

The Minutes of the meeting held on the 14 December 2012 were approved.

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

There were no suggestions from the public.

**26. QUESTIONS FROM THE PUBLIC**

In reply to a question from Mr Ravenscroft from Ross-on-Wye, the Chairman said that the alteration to the opening hours of the Minor Injuries Unit (MIU) at Ross had been discussed at the last meeting of the Committee. The Committee had received assurances from the Chief Executive of the Wye Valley NHS Trust that the review of the MIUs was on-going.

Mr Langford raised a concern about the changes to the chaplaincy services at the hospital. The Chairman replied that concerns had been expressed to the Chief Executive of the Wye Valley NHS Trust, and the Committee had been assured that negotiations were in hand with local churches and mosques who provide additional support.

## **27. PRESENTATION FROM THE NATIONAL COMMISSIONING BOARD, ARDEN, HEREFORDSHIRE AND WORCESTERSHIRE**

The Committee received a presentation from Lesley Murphy, Area Director, Arden Herefordshire and Worcestershire, National Commissioning Board. During her presentation, Ms Murphy highlighted the following areas:

- That the Board's role was to ensure that the NHS delivered better outcomes for patients within its available resources. Sir David Nicholson had been appointed as Chief Executive, and would manage five regional teams which would, in turn, oversee twenty seven local teams across the country. The West Mercia PCT would cease to exist on the 31 March.
- The Arden, Hereford & Worcester Area Team Structure.
- The Staffordshire Commissioning Support Service. The Service would provide support functions to the HCCG, with costs to be covered within the £25 per head running cost requirement. The details of the agreement were currently included in a series of service specifications within a Memorandum of Understanding. Contracts would be in place before the 1 April 2013.
- That there were other NHS bodies that were being created. These included the NHS Trust Development Authority (NHS TDA) which would, from 1 April 2013 provide governance and accountability for NHS Trusts in England, and would ensure the delivery of Foundation status for those Trusts. Health Education England would be the new national leadership organisation responsible for ensuring that education, training and workforce development supported public health and patient outcomes.

In the ensuing discussion, the following points were raised:

In reply to a Member, the Chief Officer of the Herefordshire Clinical Commissioning Group (HCCG) said that GPs who were involved in the governance of the HCCG had all negotiated cover in their practices, and patients would not be unattended. As Chairman, Dr Watts spent two days with the HCCG and the rest of the week as working GP. Other GPs leading specific pieces of work for the HCCG had their time backfilled whilst they were involved with the Group.

In reply to a further question, the Area Director went on to say that, in change of this nature, there was always an on-going bedding down process. Pressure was being kept on the system to ensure quality and performance. There was a Quality Systems Group that included the Care Quality Commission and patients, and their work would be incorporated into the new structure to help ensure that there was on going confidence that lessons would continue to be learnt. Concerns regarding incidents could be picked up from local staff and driven through the system, which had been set up to be more appropriate to local patients.

That there were mechanisms in place to help ensure the wellbeing of staff, and that all staff should be aware of where they would be placed by the end of December 2012. Whilst some staff were being moved to different parts of the organisation, every member of staff who was without a post was receiving support. This was a dwindling pool of individuals, as more staff found jobs.

In reply to a further question, the Area Director said that joining a number of PCTs up, each with different IT systems, was a challenge which was being addressed. Chief Officer (HCCG), said that a decision had been made that all practices would have the same IT systems. District nurses and the Wye Valley NHS Trust had been consulted on

the matter. Consideration was also being given as to how the Sentinel system, currently being used by Worcestershire, could be brought to Herefordshire. It was likely that the Sentinel system would be in place by the summer.

In reply to a question regarding how the National Commissioning Board would work with the Council to deliver public health, the Area Director said that two senior staff had been appointed to lead on public health commissioning. There would be clarity as to how this would dovetail with the Council and the Health and Wellbeing Board within a month or so.

A Member asked what the risks were concerning the HCCG authorisation process. The Area Director replied that the Area Team would work with the HCCG in order to ensure that there was a system in place for both financial and leadership processes. There could also be financial support available to facilitate changes in the financial and quality arenas.

## **28. PRESENTATION FROM THE HEREFORDSHIRE CLINICAL COMMISSIONING GROUP**

The Committee received a presentation from Cathy Gritzner, the Chief Officer of the Herefordshire Clinical Commissioning Group (HCCG). During her presentation, she highlighted the following areas:

- That the Commissioning Support organisation was in place and whilst services would be provided by the NHS Staffordshire Commissioning Support Service, all staff would be based in Herefordshire.
- That the Authorisation process was on going, and that there were 19 areas for improvement out of 119 criteria that had to be met. These areas would be sorted out by the time the review of all governance structures was finalised and submitted in March. Neighbouring CCG's which were further along the authorisation process had been asked to peer review the HCCG's submissions.
- That the National Commissioning Board had produced the 'Everyone Counts: Planning for Patients 2013/14' guidance that outlined the incentives and levers that would be used to improve services from April 2013, the first year of the new NHS, where improvement would be driven by clinical commissioners. The process would be both patient centred and planned in association with partners. It would focus services, looking at how to improve standards and care. The first iteration would be submitted to the Local Area Team of the National Commissioning Board by the 25<sup>th</sup> of January, and the final version would be approved in April.
- The key local priorities for the HCCG, which included the development of Neighbourhood Teams and Primary Care, a programme of cardiovascular work and the future of Wye Valley Trust.

In the ensuing discussion, the following points were raised:

- That there would be challenges in providing a twenty four hour, seven day a week primary care service, but ways would be found to deliver the existing Primecare GP system would be delivered through the Neighbourhood Teams, who would work with social services. Services would need to be networked in order to ensure that they were delivered to all.
- That benchmarking was undertaken against other Clinical Commissioning Groups in Worcestershire, Shropshire and Telford & Wreakin.

- That one of the key findings of the Herefordshire Quality of Life Survey undertaken by the Council was a desire on residents parts to have health services closer to home.

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

The Committee received a verbal report on the Recovery Plan for Children's Safeguarding.

The Director of People reported that the Draft Improvement notice had only just been received from the Department for Education, and the final version should be received within the next two weeks. Work was already underway within the Council, and the first report would be submitted to the Department before the Improvement Notice had come into effect.

The external audit of the casework files undertaken by Outcomes UK Ltd would report shortly. The majority of the cases had been audited by the company, but around 5% had been done by the Council in order to be in a position to strengthen its in-house auditing. Similar themes to those found by OFSTED had been identified. Of the cases that had been audited, 60% were in the adequate/good/outstanding categories. A number of practitioners were operating on a good to outstanding level, and the analysis that had been undertaken would allow the Service to build on its strengths and provide support to teams where necessary.

She went on to outline the risks that had been identified in the system. One of these was a weakness in frontline and middle management. Interim and permanent managers were in place following the OFSTED inspection, but until there was a permanently recruited and stable cohort of front line management, it would be difficult to ensure a sustained and effective service.

A further risk was the volume of work that was currently in the system. Child protection numbers had increased, and the team had to deal with a 50% higher workload than several month previously. Whilst additional staff were being recruited, there was still a problem in providing timely responses to inquiries. There had been an impact on morale as a result of these pressures. Staff were supportive of change and improvement to the service, but there were anxieties around the volume of work.

The Assistant Director Children & Young People Provider Services added that significant work was being undertaken in looking at the child's journey through the system. Complexity and duplication was being taken out of the system, which was being simplified. She added that front line managers found the support of Members very useful.

In reply to a question from a Member, the Director said that, under child protection legislation, it was not possible to utilise means testing when taking children into care. Some Local Authorities had considered this, but had not implemented it. The administrative cost of ensuring payments were made was often prohibitive as, in such cases, parents were often in dispute with the local authority. The numbers of people fostering in the County had grown over the previous two years,

In reply to a further question, the Director went on to say that a tender exercise had been undertaken on the case audit of 1,600 cases, and there would be a cost to the Council of £92k for using Outcome Uk Ltd. The on-going audit of cases that was now possible following this process would mean that the Council would not need to use outside contractors in this manner again. Consideration was also being given to the setting up of a West Midlands group of Local Authorities who could loan out their staff to audit the quality of work. This cost effective process was already being used in London boroughs.

### **30. WORK PROGRAMME**

The Committee noted its Work Programme. The Chairman announced that there would be an additional meeting of the Committee on the 1 February, in order to consider the Council's Budget for 2013/14 and the Medium Term Financial Strategy.

The meeting ended at 12.30 pm

**CHAIRMAN**