HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 4 April 2014 at 10.30 am

Present: **Councillor JG Jarvis (Chairman)**
Councillor WLS Bowen (Vice Chairman)

Councillors: PL Bettington, MJK Cooper, MD Lloyd-Hayes, CA North, AJW Powers, SJ Robertson and J Stone

In attendance: **Councillors ACR Chappell, C Nicholls and Mr P Deneen**

Officers: **J Davidson (Director for Children's Wellbeing), G Dean (Scrutiny Officer), G Hughes (Director for Economy, Communities and Corporate) and DJ Penrose (Governance Services)**

109. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PA Andrews, KS Guthrie, Brig P Jones CBE, JLV Kenyon and GA Vaughan-Powell.

110. NAMED SUBSTITUTES (IF ANY)

Councillor A Powers for Councillor JLV Kenyon.

111. DECLARATIONS OF INTEREST

There were no declarations.

112. MINUTES

The Minutes of the meeting held on the 13th January and the 14th February 2014 were approved and signed as a correct record.

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

There were no suggestions.

114. QUESTIONS FROM THE PUBLIC

There were no suggestions.

115. PUBLIC ACCOUNTABILITY SESSION: NEW HEALTH BODIES - 12 MONTHS ON

Mr D Williams, Director of Operations and Delivery, NHS England and Dr A Talbot-Smith, Herefordshire Clinical Commissioning Group (HCCG) provided a presentation.

During the presentation, the following areas were highlighted:

- That NHS England was responsible for commissioning primary care and specialist services across the country, and that the Arden, Herefordshire and Worcestershire

Area Team was responsible for seven CCGs across its area and worked to ensure that they were fulfilling their duties correctly.

- That together with the HCCG, the Local Area Team worked with social care and the local authority. The Trust Development Authority and the Wye Valley Trust were both directly accountable to it.

Dr Talbot-Smith, the Consultant in Public Health, highlighted the following areas:

that the Herefordshire Clinical Commissioning Group had been in operation for a year. The Group provided clinical leadership for the County which was focused on commissioning

That there was more engagement with the patients and public, and that this had been helped by Healthwatch.

- That a complete stroke pathway had been committed to in the County, which would involve the CCG and the County Hospital. Emphasis would be put on stroke prevention and patient and public awareness of the issues, as well as up skilling of nursing and therapy staff at the County Hospital.

- That a system wide dementia strategy was in place, and that progress was being made toward making Herefordshire a dementia friendly County. There was a need to raise awareness over the importance of seeking help for the condition, and a community facing memory service had been put in place, and specialist nurses were being used in primary care.

- That engagement events had made it clear that the public wanted access to GPs over the weekends in order to ensure that continuity of care was in place, and that this would be added to the commissioning services. Services currently provided by Prime Care would be recommissioned in a different way. Budgets would be considered in their entirety, and the pathway as a whole would be commissioned in an outcome based manner.

- That it was difficult to recruit specialists locally, and alternative telemedicine models of care using electronic methods such as Skype to share results would have to be considered.

- That the Village Warden scheme had initially been put in place to fund wardens who would build a network of local volunteers. Notice had been given to the Red Cross that funding would be phased out, and they had found additional sources of funding to keep the scheme going. Pembridge and Colwall had chosen to do this through their Parish Councils.

- That all GP practices were on the same IT system and that it was expected that data would be shared across all 24 practices as part of the Challenge Fund. Joint care planning and sharing of data would also be a requirement within the Better Care Fund system. There were business continuity plans in place to ensure that IT systems were robust, and scenarios were modelled in around power outages.

In reply to a question, it was noted that the budget for public health resided with the Local Authority, and that the CCG did not hold a separate budget for prevention. There were a number of initiatives that were underway to address specific issues, such as the primary care pathway for hypertension and ensuring that patients took their medication. Work around the virtual wards identified those at high risk of future admission and

ensured that preventative measures were in place. The alcohol harm pathway was mapped out to ensure that there were no gaps in the service.

In reply to a question from a Member regarding the Minor Injuries Units, the Consultant in Public Health said that as an integrated care organisation within the County, there was an increased role for care closer to home, which would allow patients to access care systems as quickly as possible. The Chairman of Healthwatch added that, as a result of consultation, GP surgeries were now open from 8am to 8pm. This reflected the value of the service, not where it was located.

- That there were areas that could be enhanced. As yet, there was no falls group that encompassed those who had fallen but did not need hospitalisation. This was in hand.

The Director of Operations and Delivery, NHS England added that the Better Care Fund and the Health and Wellbeing Boards would help to bring together the health and social needs of people across the country in order to work towards reducing the numbers who would need to be admitted to hospital.

The Consultant in Public Health concurred with a comment that respite care for both children and adults should be included in the Operational Plan. She added that Section 256 monies paid to the Council were used to commission respite care for carers and to provide care breaks. This would continue under the Better Care Fund.

- That the issues around recruiting GPs had eased, and that discussions were in hand with Primary Care as to how the role of the GP could be changed. Conversations were underway as to how pharmacists could take a greater front line role, but it would be necessary to ensure that the appropriate skill sets were in place.

In reply to a question as to what was meant by a risk stratification tool on the slide outlining areas that had yet to be achieved, she said that this was a method of taking data from primary and secondary care and provided a list of patients at risk of admission over a period of time. It allowed practitioners to decide which cohort to target to improve health and to prevent crises. It allowed work to be undertaken with those lower down the register in order to prevent them moving up the tiers.

In reply to a question from the Chairman as to how the working relationship was between the Local Area Team, the HCCG and the Health and Wellbeing Board, the Director of Operations and Delivery, NHS England said that it was one of the best in the area, and that there was a great deal of engagement from the CCG. That the Council was leading the Health & wellbeing Board had been a positive step to ensure that all those involved were working for a collective way forward.

He went on to say that he had worked with the Wye Valley Trust for several years, and there were a number of challenges that the Trust had still to face. It was coming to terms with its sustainability issues, but all concerned were working hard to ensure appropriate efficiencies were in place.

The Consultant in Public Health added that there were strong linkages at all levels between the Health and Wellbeing Board and the health and social care system within the County. The Cabinet Member (Health and Wellbeing) concurred, and pointed out that the peer review of the first submission of the Better Care Fund had been good, and it compared well to others in the area. He went on to say that it would also be unrealistic to assume that there would not be some tensions between organisations striving to deliver services whilst suffering from Government cuts. The Health and Wellbeing Board

had been in place for a year, and there was a need for partners to be more collaborative. The Board was reviewing its constitution and terms of reference to this end.

In reply to a Member, the Consultant in Public Health said that there were plans to recruit to expand the hospital at home programme over the next three months, and it was realistic to assume that it could be rolled out within six months. Work would be undertaken with staff to roll out the service over a larger geographical area than had originally been planned as soon as possible.

The Chairman thanks them for their presentations.

Resolved: That the reports be noted.

116. WORK PROGRAMME

The Committee considered its Work Programme.

The meeting ended at 1.00 pm **CHAIRMAN**