

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date: **Friday 4 April 2014**

Time: **10.30 am**

Place: **Council Chamber - Brockington**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

David Penrose, Governance Services

Tel: 01432 383690

Email: dpenrose@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format or language, please call David Penrose, Governance Services on 01432 383690 or e-mail dpenrose@herefordshire.gov.uk in advance of the meeting.

Agenda for the Meeting of the Health & Social Care Overview and Scrutiny Committee

Membership

Chairman **Councillor JG Jarvis**
Vice-Chairman **Councillor WLS Bowen**

Councillor PA Andrews
Councillor PL Bettington
Councillor MJK Cooper
Councillor KS Guthrie
Councillor Brig P Jones CBE
Councillor JLV Kenyon
Councillor MD Lloyd-Hayes
Councillor NP Nenadich
Councillor CA North
Councillor SJ Robertson
Councillor J Stone
Councillor GA Vaughan-Powell

AGENDA

		Pages
1.	<p>APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
2.	<p>NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any Members nominated to attend the meeting in place of a Member of the Committee.</p>	
3.	<p>DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest by Members in respect of items on the Agenda.</p>	
4.	<p>MINUTES</p> <p>To approve and sign the Minutes of the meetings held on the 13 January and the 14 February 2014.</p>	9 - 18
5.	<p>SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</p> <p>To consider suggestions from members of the public on issues the Committee could scrutinise in the future.</p> <p><i>(There will be no discussion of the issue at the time when the matter is raised. Consideration will be given to whether it should form part of the Committee's work programme when compared with other competing priorities.)</i></p>	
6.	<p>QUESTIONS FROM THE PUBLIC</p> <p>To note questions received from the public and the items to which they relate.</p> <p><i>(Questions are welcomed for consideration at a Scrutiny Committee meeting so long as the question is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it no later than two working days before the meeting to the Committee Officer. This will help to ensure that an answer can be provided at the meeting).</i></p>	
7.	<p>PUBLIC ACCOUNTABILITY SESSION: NEW HEALTH BODIES - 12 MONTHS ON</p> <p>To hold a public accountability session to discuss the performance of organisations within the health sector in Herefordshire:</p> <ul style="list-style-type: none"> • Herefordshire Clinical Commissioning Group • Arden, Herefordshire and Worcestershire NHS Area Team 	19 - 40
8.	<p>WORK PROGRAMME</p> <p>To note the Committee's Work Programme.</p>	41 - 56

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committee to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committee is not able to discuss questions relating to personal or confidential issues.)

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

Public Transport Links

- Public transport access can be gained to Brockington via the service that runs approximately every half hour from the 'Hopper' bus station at the Tesco store in Bewell Street (next to the roundabout junction of Blueschool Street / Victoria Street / Edgar Street).
- The nearest bus stop to Brockington is located in Old Eign Hill near to its junction with Hafod Road. The return journey can be made from the same bus stop.

HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to Assembly Point A which is located in the circular car park at the front of the building. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Monday 13 January 2014 at 10.00 am

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

Councillors: PL Bettington, MJK Cooper, PGH Cutter, KS Guthrie, JLV Kenyon, AJW Powers, J Stone and GA Vaughan-Powell

In attendance: Councillors EMK Chave, PGH Cutter, BA Durkin, EPJ Harvey, JW Hope MBE, TM James, Brig P Jones CBE, RL Mayo, R Preece, A Seldon, GR Swinford and DB Wilcox

Officers: A Brookes (Executive Manager), H Coombes (Director of Adults Wellbeing), J Davidson (Director for Children’s Wellbeing), G Dean (Scrutiny Officer), G Hughes (Director for Economy, Communities and Corporate), B Norman (Solicitor to the Council), P Robinson (Chief Financial Officer), DJ Penrose (Governance Services) and H Lavelle (Governance Services)

95. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors PA Andrews, MD Lloyd Hayes and PJ Watts.

96. NAMED SUBSTITUTES (IF ANY)

Councillor AJW Powers for Councillor MD Lloyd-Hayes and Councillor PGH Cutter for Councillor PJ Watts.

97. DECLARATIONS OF INTEREST

None.

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

There were no suggestions from Members of the Public.

99. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

100. BUDGET 2014/15 AND MEDIUM TERM FINANCIAL STRATEGY

The Chief Finance Officer provided a report on the Budget for 2014/15 and the Medium Term Financial Strategy. In his presentation he highlighted the following matters:

- That there had been a zero based budgeting approach to the Adult Wellbeing budget. The starting point had been the current spending position, and savings had been made against what was happening at the moment.

- That whilst 2014/15 would be the focus for the budget, a three year budget had been published in order to be able to provide the organisation with confidence for forward planning.
- That the budget was predicated on a 1.9% increase in council tax. This was the position adopted by the majority of councils nationally. The Secretary of State for Communities and Local Government was rumoured to be considering reducing the existing cap for the need for a council to undertake a referendum on council tax from the present 2% to 1.5%. This would mean that a lot of councils would face the prospect of a referendum.

The Director of Adults Wellbeing reported that the budget for 2014/15 was designed to sit within the changing Health and Social Care landscape. There were key areas for support that would focus on the affordable integration of care services and would focus on the design of pathways that would maximise the effectiveness of what was happening in the community. Savings would be achieved by ensuring that the Council was providing effective and efficient funding for those who met the appropriate criteria. The following points were highlighted in discussion:

- that since September 2013, the pathway for assessments had been redesigned, and the case load of every social worker had been reviewed. From April 2014, a new assessment process would be brought in that would significantly reduce waiting times as it would provide a single assessment of both need and resource. The number of social workers had been a key blockage in the past, but the teams had been completely redesigned with additional leadership and training in order to help them cope with the new eligibility criteria.

In reply to a question from a Member as to what assurance could be given that the budget was accurate, the Cabinet Member (Health & Wellbeing) said that Committee Members would have seen all of the items against which savings had been delivered. There were eleven commissioning programmes in place to deliver a renewed programme by the 1 April 2014. This, combined with greater emphasis on eligibility of services and the next stage integration programme, would deliver more stability for the service.

In reply to a Member's question about whether savings from Adult Social Care were achievable in a budget which had consistently overspent, the Chief Finance Officer said that the three year financial plan would provide stability, and more management capacity was being put into Adult Wellbeing, which had been separated out from the Peoples Directorate. There was now more capacity to deliver on savings targets.

- That whilst there would be no public funds for those with low or moderate eligibility for services, work was underway with local community based resources to help support people locally and keep them out of the care system.
- That the virtual ward scheme would provide rapid access to both community and interim residential and nursing support, and thereby improve discharge rates. This was a short term facility, and would not be appropriate for those with long term are needs.
- That there were risks associated with the scheme if it was not done correctly, but there were also risks associated why not undertaking such a scheme at all.

In reply to a question, the Chief Finance Officer said that the Public Health grant was ring fenced, but collaborative working would mean that the best use would be made of the available budgets. The Director for Public Health would undertake additional collaborative working in order to help deliver savings.

- That the Older people and Adult Mental Health Teams would be integrated in order to provide additional savings.

In reply to a question from a Member, the Director of Adults Wellbeing reported that the budget did not include any assumptions from financial modelling based on the Care and Support Act, as no national guidance had yet been issued.

In reply to questions around the Open Book Review, she went on to say that there was both an appetite for change amongst service users and providers as well as an immediate market for these changes.

- That the Council would be utilising the voluntary sector to deliver services, but that the definition of the sector should be clarified in this instance, as it referred to voluntary groups which provided a service that the Council paid for. A separate work stream around communities and volunteering was being pursued through the Health and Wellbeing Board.
- That the Fairer Charging Policy had been approved in 2011 and that the Council was bound by national policy in this area. The policy would need to be reviewed as part of the Care and Support Bill. There was a mechanism for clawing back money from direct payments, and it was important that assessments were tighter and that the workforce felt comfortable undertaking this action.

In reply to a question from a Member about the deliverability of the budget, the Chief Finance Officer said that the principle was that the underlying spend was the starting point for the budget and that savings would be made against that. The monitoring position would change, but there had not been the volatility that had been experienced in previous years. The Director of Adults Wellbeing concurred, and said that the budget was being scrutinised on a weekly basis, and there was no expectation of a variation in costs for the last twelve weeks of the year. She expected financial performance to be based on actual performance.

In reply to a further question, the Chief Finance Officer said that he was more confident of the first year of the medium term financial plan, as it was unclear how government changes would impact later years. Further efficiency savings could be considered as contingency measures.

In reply to a question, the Director of Adults Wellbeing said that there was support for direct payments from service users, but not of significance to provide budgetary savings.

The Director of Children's Wellbeing reported that as well as the dedicated schools grant, there were a number of other grants that the Council received from the Government to make up a total of £7.1m in educational support grants that had been affected by the numbers of pupils in Free Schools and Academies. She added that the Care and Support Bill and the Children and Families Bill had implications for the service, but the principle pressures would come from a change in demography, with an increase in the number of children up to the age of eleven, and a reduction of those between eleven and nineteen.

In the ensuing discussion, the following points were raised:

- That the Children's Wellbeing had come in under budget, and there was a strong track record for managing budget costs. There had been pressure areas such as safeguarding.

- That there was successful recruitment of good newly qualified social workers, but that there was a gap in the number of experienced social workers. New children's needs assessments meant that the number of children in the system was increasing. There were a greater number of premature babies with significant and complex disabilities. Different models of meeting need would have to be considered and introduced. The Children a Families Act 2014 contained significant changes relating to children with disabilities, including the need for local authorities to work with the Clinical Commissioning Groups and the other elements of the health system in order to ensure all agencies were working together.
- That the Children's budget had been broken down to a finer level than the Adult Social Care budget in order to provide a focus on the deliverability of savings.
- That the Dedicated Schools Grant had not been included in these figures as it was less flexible than other grants and could not be used in alternative ways.
- That the governments Early Help and Family Support grants had been reduced since 2010, as had the role of the Council in these areas. All elements of early help would continue to be provided, but not necessarily by the Council. More effective work would be undertaken across a range of agencies.

RESOLVED

That:

- a) That the final bullet point on paragraph 20.1 of the Cabinet report be amended to 'The budget proposals will be considered by Health and Social Care Overview and Scrutiny Committee General Overview and Scrutiny on 13 January 2014.'**
- b) That before the budget comes to full Council all of the impacts identified within the equalities impact assessment should be accompanied by the appropriate mitigations.**
- c) That the robustness of all equality impact assessments in the budget appendices should be considered.**
- d) That a robust budget monitoring system be put in place, and that exception monitoring reports be submitted to the appropriate Scrutiny Committee where there were deviations from budget of more or less than 5%. This would be submitted electronically for distribution.**

Budget 2014/15 Consultation: analysis of results (9th January 2014)

Further to the interim reports at pages 297 and 309 of the agenda, please find the document 'Budget 2014/15 Consultation: analysis of results (9th January 2014)' attached.

The meeting ended at 12.25 pm

CHAIRMAN

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 14 February 2014 at 10.00 am

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

Councillors: PA Andrews, PL Bettington, KS Guthrie, JLV Kenyon, MD Lloyd-Hayes, NP Nenadich, CA North, SJ Robertson, J Stone and GA Vaughan-Powell

In attendance: Councillors GJ Powell (Cabinet Member, Health and Wellbeing), Mr S Clee (Chief Executive, 2gether NHS Trust), Mr P Deneen (Independent Chairman Healthwatch Herefordshire), Mr W Lindesay (Chief Executive, HVOSS) and Ms C McNally (Strategy & Policy Coordinator, Healthwatch Herefordshire)

Officers: H Coombes (Director for Adults Wellbeing), G Dean (Scrutiny Officer), E Shassere (Director for Public Health) and DJ Penrose (Governance Services)

101. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors MJK Cooper and Brig P Jones CBE.

102. NAMED SUBSTITUTES (IF ANY)

None.

103. DECLARATIONS OF INTEREST

None.

104. MINUTES

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

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

None.

106. QUESTIONS FROM THE PUBLIC

None.

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

The Committee received a report on the performance of the organisation over the previous year from Mr P Deneen, Independent Chairman of Healthwatch Herefordshire (HWH), Mr W Lindesay Governance Lead and Chief Executive, HVOSS, Ms C McNally, Strategy & Policy coordinator for HWH. This included the success and the challenges for the organisation during 2013/14, the key work and key areas of risk for 2014/15 and areas that might be beneficial for future input by the Committee.

Ms McNally provided two case studies that highlighted different models of working. The first had been undertaken when patients had contacted Healthwatch from three GP surgeries to raise concerns and highlight their needs regarding access to services in relation to disability, carer needs and communication issues relating to a learning disability. Health Watch had also worked to contribute a response to the NHS Area Team in relation to the Primary Care Strategy. The response requested the Strategy to consider possible issues with access to GP services.

The second model was of social care for an elderly patient who had not been deemed to require home care support. Work had been undertaken with Age UK to provide a single sign posting service for a befriending service to allow the patient to live independently.

- That HWH would continue to promote and raise public awareness of its role and independence, particularly with people who otherwise wouldn't be able to, or feel less confident, in their ability to make their views known.
- That a key strand of the future activity of HWH would be work with children and young people and a Children and Young Peoples Champion would be appointed in order to involve people from different organisations.

In reply to a question, Ms McNally said that one of the strengths of the organisation was a Board that was both knowledgeable and engaged in its day to day operation. Cross border safeguarding issues had been addressed by a model generated by Board members. Regular meetings were held with Gloucestershire Healthwatch, which allowed cross border issues to be followed up. A weakness was the ability to get the Healthwatch message out to the landscape of Health and Social Care in order to ensure that more practitioners and residents were aware of what the organisation could offer.

- That HWH had statutory powers to enter and review the Acute Hospital, and had visited the hospital and discussed issues with patients. It was important to know what the issues were and that patients felt that they were being treated with dignity and respect. A Board member was specifically tasked with monitoring services at the hospital and reporting back to the Board.
- That there was access to GP surgeries through the Practice Manager Forum, but that there was more work to be done in this area.
- That the first action HWH had taken concerning GP access was to look at the commissioning provision and to attend meetings in order to canvas the public as to what was required in terms of care. A detailed report had been submitted to commissioners which stated that, as GP's held the medical records, patients wanted them to be involved in the commissioning process. It was up to the commissioners to decide what services they would commission.
- That Healthwatch had canvassed the views of college students in Hereford, in order to find out what provision they would like to see in the County. The report would be shared with others, including Public Health. School councils for secondary and primary schools would be approached to undertake a similar engagement exercise.

In reply to a question from a Member, the Independent Chairman said that all residents of the County had a responsibility to understand the health and social care system and take responsibility for their own health. He was concerned that the public, as well as the staff of the Clinical Commissioning Group and the Wye Valley NHS Trust were not aware of all the issues and the current landscape within Health and Social Care. There was an additional funding stream for health that could make a difference and, combined with a number of service contracts that were up for renewal, had provided the opportunity to

improve services in Herefordshire. He felt that the Council had been undertaking an effective strategic role. He added that there was good partnership working between HWH, the Health and Wellbeing Board and the Council.

- That the HWH Board had six outcomes against which it was measured on a quarterly basis, and that meetings were arranged to report against these with commissioning officers. Healthwatch was trying to introduce qualitative information into the data.
- That a HWH Board member was linking with the 2gether NHS Trust in order to look at how mental health provision was provided on the limited budget available.
- HWH was trying to ensure that no blame culture arose around its work, and was striving to ensure that where problems were identified, that solutions were sought.
- That HWH had been told by the Interim Chief Executive of the Wye Valley NHS Trust that the closure of the Minor Injuries Unit in Leominster was a temporary measure. HWH had pointed out the need to ensure that this was made clear to the public at large.

The Chairman thanked Mr Deneen, Mr Lindesay and Ms McNally for their presentation.

The Committee noted a presentation from the Chairman of the Health and Wellbeing Board. During the ensuing discussion, the following points were raised:

- That the Board had been in formal existence since 1st April 2013. Included on the Board are representatives of health and social care providers and commissioners; Healthwatch; Herefordshire Council, Herefordshire Business Board, the police and the third sector.
- The Board had no executive authority. The health and social care spend across the county is estimated to be some £400 - £500m and the HWBB has responsibility to ensure that this spend is used to meet the needs of the residents of Herefordshire, addressing the priorities identified in the Joint Strategic Needs Assessment from which the Health and Wellbeing Strategy was derived.

In reply to a question, the Cabinet Member (Health and Wellbeing) said that the Board was democratically accountable, and had a responsibility to ensure transparency in its workings. The Board had a duty to encourage those who arranged the provision of Health and Social Care Services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire and addressing health inequalities.

- That the Council and the Health Community had national outcome frameworks against which they had to deliver. The Board was responsible for the Joint Strategic Needs Assessment, and measured year on year improvements in services and the impact on outcomes for residents.

In reply to a question regarding the size of the Board, the Cabinet Member said that there were questions over representation, and the Board had thus far adopted a liberal approach to ensure that those involved in Health and Wellbeing were appropriately represented. This also helped to ensure that the Board acted as a forum where commissioners and providers could meet in one place.

- That the vision and guiding principles of the Board included death and end of life care. The implementation of seven day working for primary care would help solve the issue of patients being prevented from going into hospital and

highlighted the need to understand that dying and death were issues that had to be dealt with at all times of the day.

The Cabinet Member replied to a question by saying that whilst the Board did not have executive powers, it was in a position to address concerns that arose from the actions of providers and partners. The collaborative nature of Board working should mean that future commissioning arrangements would be coordinated and that this would improve economic efficiency.

- That the four priorities for the Board for 2014/15 were :
 - Staying Healthy, including the impact of housing on residents
 - Community and volunteers
 - Integrated working, which would provide better outcomes for residents of Herefordshire
 - Think family, which would help take the emphasis from the individual child into the strengths and issues within the whole family

The Chief Executive, Together NHS Foundation Trust added that the Board was one of the few that had providers as members of the Board, and that this offered the opportunity to look at the whole person when considering the service user. It also ensured a collective responsibility for the way that the actions of the organisation impacted on people.

In reply to a question, the Director of Children's Wellbeing said that there was a Health and Wellbeing Strategy for the Board, setting out the vision and guiding principles.

The Committee noted a presentation on Public Health from the Director of Public Health. During the ensuing discussion the following points were made:

- That as part of the key work undertaken in 2013, public health had been established as a new local authority function and was staffed by council officers. This strengthened the recognition that almost anything that the Council was responsible for had an impact on public health.
- That over the last year work had been undertaken to stabilise services as contracts were handed over to the Council. Services included school nursing, alcohol and drug awareness programmes as well as health check programme service with GPs. The intention was to get the best quality from all of these services as it was possible to achieve.

In reply to a question from a Member, the Director went on to say that there was a national task group in place to look at issues associated with the schools nursing services. Consideration was being given to tipping the balance back to a public health nursing service and a programme of work to firm up the service specifications and key performance indicators was in hand.

In reply to a question, she went on to say that shared budgets would provide the opportunity to look at the redesign of services for children from 0-19 in order to help provide them with the best start in life. The Journey of the Child would look at how public health funds could be most appropriately utilised.

- That as current services and contracts were reviewed, it would be possible to share the impact of public health funding with services across the Council, if not the actual funds. Discussions would be held with housing partners in order to help ensure houses were warmer, drier and more secure. A similar course would

be taken with the Alcohol Reduction Group and the mental health assessments in order to consider the pathways and processes around those services.

- That whilst there was progress to be made with mental health issues, there would be a programme to address the issue in the coming year.

The Chief Executive, Together NHS Foundation Trust added that the Deputy Prime Minister was supporting a national mental health strategy, and had issued a call for action for parity between mental and physical health. There was a policy misalignment at national level, and it was unclear how it would be deliverable. Good progress had been made at local level, and he believed that the outcome of the Mental Health Strategy was adequately reflected in the commissioning strategy.

RESOLVED: That the presentations be noted.

108. WORK PROGRAMME

The Committee noted its Work Programme.

Resolved: That as a result of the workload of the Committee, meetings should be moved from bimonthly to every six weeks.

The meeting ended at 12.30 pm

CHAIRMAN



Introduction

Purpose

- To clarify the role and responsibilities of the Herefordshire CCG, NHS England and the Arden, Herefordshire & Worcestershire Area Team
- To describe how we relate to health and care organisations, patients and the public in Arden, Herefordshire & Worcestershire
- To review the AT and CCGs work programme over the past year
- To describe our key challenges in 2014/15

NHS England

- Established in April 2013, formerly known as the NHS Commissioning Board
- ‘Arms length’ from central government
- One body with a single operating model across national team, four regional teams and 27 area teams
- *Annual Mandate* from Secretary of State for Health determines business plan, priorities and programmes
- Duties in relation to clinical commissioning groups as well as some direct commissioning responsibilities

NHS England Area Teams

- All Area Teams directly commission local primary care services from primary medical, dental, pharmacy and optometry contractors as well as primary care public health programmes such as immunisations and screening and dental public health
- Area Teams provide support and assurance to clinical commissioning groups (CCGs) to ensure that they are securing safe, effective and appropriate services and the best health outcomes for the populations they serve

Arden, Herefordshire and Worcestershire Area Team

Area Team Director Lesley Murphy			
Operations and Delivery Directorate Director: David Williams	Nursing & Quality Directorate Director: Sue Doheny	Medical Directorate Director: Martin Lee	Direct Commissioning Directorate Director: Sue Price
CCG Assurance (Delivery & Development) Local System (Delivery & Development) Service Planning Emergency Planning Resilience & Response	Service Quality Patient Experience Safeguarding	Clinical Strategy Development Medical Professional Revalidation	Primary care Medical/Dental/ Pharmacy and Optometry Services – Commissioning & Support Immunisation and screening services on behalf of Public Health England (Section 7A of the Health and Social Care Act) Dental Public Health & Secondary Dental Care Services
			Finance Directorate Director: Brian Hanford <u>Financial Management:</u> Area Team (Corporate & Commissioning) CCG (Support and Assurance)

Review of 2013/14 – CCG Development

- All 7 CCGs developing and delivering (with ongoing support); having had any remaining conditions removed and following 3 of 4 joint assurance meetings undertaken with full Area Team during 2013/14
- CCGs and Area Team 2 – year operational plans on track for completion / submission on April 4th 2014
- CCGs with their respective Health and Wellbeing Boards and health and care providers have developed proposals for the pooled Better Care (Integration) Fund in 2014/15 and 2015/16

Review of 2013/14 – System Development

- Director - level membership of all 4 Health and Wellbeing Boards
- Ongoing support for delivery of Urgent Care Strategy, Acute Services Review and Integration Pioneer Programme in Worcestershire
- Rapid Review of Quality in relation to hospital mortality rates and ‘hands on’ support for Clinical Strategy Development in Herefordshire
- Commissioner oversight with respect to George Eliot Hospital Strategic Procurement Project, support for Stroke services reconfiguration across Arden

Review of 2013/14 – System Development

- All CCGs and Area Team commissioning are being supported to develop and agree by 20 June 2014, 5-year strategies and service models and across their local systems including:
 - A wider model of primary care (at scale)
 - A modern model of integrated care
 - Access to the highest quality urgent and emergency care
 - A step change in the productivity of elective care
 - Specialised services concentrated in centres of excellence
- Ongoing assurance of emergency planning, resilience and response (EPRR) through joint (with Director of Public Health) leadership of 2 Local Health Resilience Partnerships (LHRPs) across Arden, Herefordshire & Worcestershire

Review of 2013/14 – Direct Commissioning

- Quality dashboard developed in support of quality and performance review and reduction in variation in primary care
- Facilitation of *Call to Action* events across AHW to co-develop future models of primary care services with providers, patient representatives and co-commissioners (CCGs)
- Re-procurement of major public health programmes to ensure sustainable, high quality service provision.

Challenges in 2014/15

- Maintain focus on quality and delivery whilst delivering ambition in 2-year and 5-year transformational plans including Better Care Fund
- Continuous improvement in access to emergency and urgent care services in line with principle of right care, right time, right place
- Sustainability of current pattern of services in light of tightening fiscal envelope and growing demand

Herefordshire CCG

- Established April 2013
- Responsible for commissioning (buying)
 - Hospital services
 - Community services
 - Mental Health and Learning disability services
 - Continuing health care
 - Out of Hours services
 - Ambulance services
 - GP prescribing
- Working with Commissioning Support Units

Herefordshire CCG

NHS Herefordshire Clinical Commissioning Group

A MEMBERSHIP ORGANISATION THAT COMPRISES OF

24
GP PRACTICES
+1 WALK-IN CENTRE

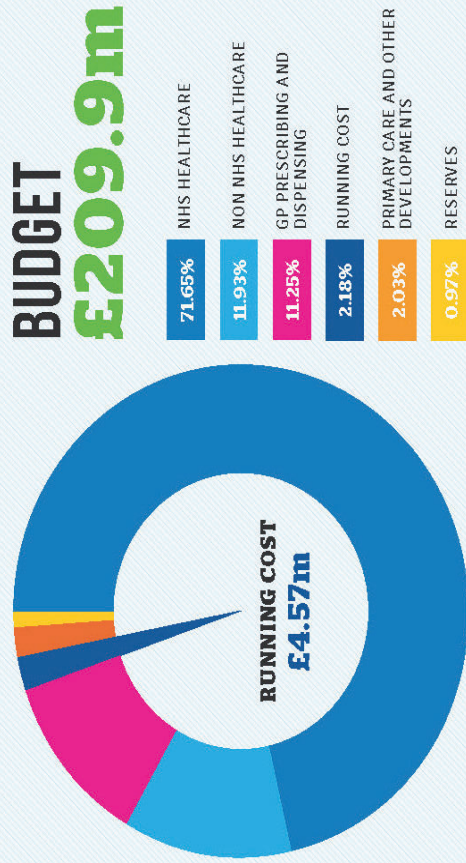


More information can be found at
www.herefordshireccg.hs.uk

Find us on Twitter at #herefordshireccg

13 Putting the patient at the heart of everything we do

HOW WE SPENT YOUR MONEY IN 2013/14



AS AT DEC 2013

Responsible for commissioning

- hospital care
- community services
- urgent and emergency care – the out-of-hours GP service, ambulance call-outs, A&E
- community health services
- mental health and learning disability services

Herefordshire 13/14 Plans

- Four key themes
 - Preventing ill health and improving health
 - Improving Planned Care
 - Improving Urgent Care
 - Leading the local system
- Underpinned by series of initiatives and programmes
- And delivery measured against key outcomes and NHS constitution

Herefordshire CCG 2013/14 Operational Plan

Strategic Context	181,000 population, 24 practices plus 1 walk in centre and geographically dispersed population	13/14 £208m budget 13/14, QIPP £9m	High and rising population aged >65	High and rising prevalence of LTC
Vision	High quality, sustainable, integrated health economy with patients and the public and patient at the heart of everything we do.			
Strategic Themes	Leading the local health system			
Aspirations	Improving Urgent Care			
Strategic Goals	Sustainable Health and Social Care system			
Key work programmes & Objectives	<ul style="list-style-type: none"> Putting prevention at the core of our work Keeping people healthier longer Enabling patients to take responsibility for themselves Providing care closer to home 	<ul style="list-style-type: none"> Providing care closer to home Giving stakeholders and clinicians responsibility for managing pathways and incentivising them to deliver health system, including social care Reducing variations in quality of primary care. Working with partners to embed social inclusion 	<ul style="list-style-type: none"> Demonstrating clinical leadership Fostering integrated working across the whole health system, including social care Reducing variations in quality of primary care. Working with partners to embed social inclusion 	<ul style="list-style-type: none"> Lead the development of the Wye Valley Trust Futures Programme Develop a high-performing CCG Embed the Patient and Public Involvement Strategy into all our work Foster a culture change for NHS services based on transparency, openness and support for those raising concerns Implement an Enhanced Quality Assurance Framework to improve the patient experience and assure the quality and safety of health services
CCG delivery/outcome measures (M.B. delivery against NHS constitution measure monthly, those indicators that are also part of constitution indicated with asterisk)	<ul style="list-style-type: none"> Roll out use of a risk stratification tool to identify the patients at highest risk of unplanned hospitalisation and enhance care planning Implement a locality-based chronic pain management service, focused on supported self-management Optimise the use of medicines in primary care Implement the Cardiovascular strategy, and reduce inequalities in health outcomes Deliver improved pathways, with support from public health, for alcohol, obesity and smoking Develop and implement a primary care commissioning strategy in conjunction with NHS England 	<ul style="list-style-type: none"> Embed integrated pathways through Map of Medicine Improve access to specialist opinion through e-consultation Implement a community-focused memory service for people with dementia Match Mental Health rehabilitation provision to local need Re-commission person-centred respite and short break services for children Develop transformation plans for Children services 	<ul style="list-style-type: none"> Prepare for the outcomes-based re-commissioning of urgent care services in 2014/15 Deliver the Urgent Care Recovery Plan Implement the Rapid Assessment Interface and Discharge (RAID) scheme for patients with mental health needs in Wye Valley Trust Develop a local Cancer forum & work with the regional stroke network to deliver a revised stroke pathway Develop community teams through the piloting of Virtual Wards and Neighbourhood Teams Develop a Clinical Decisions Unit and co-ordinated Health and Social Care Hub Improve access to the mobile delivery of urgent care 	<ul style="list-style-type: none"> Lead the development of the Wye Valley Trust Futures Programme Develop a high-performing CCG Embed the Patient and Public Involvement Strategy into all our work Foster a culture change for NHS services based on transparency, openness and support for those raising concerns Implement an Enhanced Quality Assurance Framework to improve the patient experience and assure the quality and safety of health services
Key Enablers	<ul style="list-style-type: none"> Information Management & technology strategy aimed to support delivery of integrated services in Herefordshire Robust governance supporting transparent and open decision making Credible Organisational Development Plan promoting an agile and proactive organisation with the right skills to deliver transformational change in Herefordshire Development of a robust and credible evidence base (i.e. sound Clinical & financial analysis, information & modelling) to inform clinically based commissioning Strong Partnership working 			
Core Values	<ul style="list-style-type: none"> High Reputation, High Performing CCG Close links to front-line practice Equality and equity of services and outcomes Meaningful staff engagement and involvement Embedding a culture of Openness and Transparency 			

So far, the CCG has achieved...

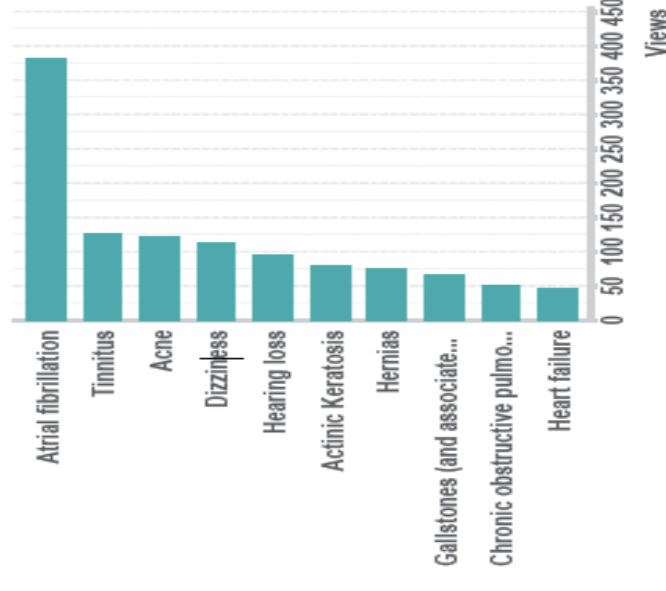
- ✓ **Hospital @ Home**
 - 98 patients – early supported discharge
 - 92 patients – Admission avoided
 - Plus 319 patients – supported to leave hospital with limited support form H@H (e.g. follow-up phone call, phone call to relative)

✓ **Virtual Wards**

- ✓ **Map of Medicine (more explanation on map)**
 - 15 locally agreed (between primary and secondary care) maps published and in use
 - 300+ national maps accessible

16 Putting the patient at the heart of everything we do

Top Care Maps - 2013



So far, the CCG has achieved...

- ✓ **E-Referral** new NHS e-Referral Service will be launched to replace the current Choose and Book service
 - Pilot has shown concept is sound
 - National support to continue towards paperless referrals by 2015
- ✓ **Mental Health (with LA)**
 - Revised Dementia strategy; enhanced dementia services supporting residential homes, post diagnosis support, linked to primary care.
 - Increase in Access Psychological Therapy availability
 - Joint Autism Strategy in place
- ✓ **Children's (with LA)**
 - Review and development of quality standards for CAMHS
 - New short breaks offer for children with disabilities
 - Local Herefordshire Transition protocol agreed

So far, the CCG has achieved....

- ✓ **Clinical modelling**
 - ✓ Analysis and profiling of key clinical services that need to be provided in Herefordshire
 - ✓ Significant positive engagement with primary and secondary care clinicians
- ✓ **Primary Care Strategy**
- ✓ **Patient engagement**
 - ✓ Involvement in Urgent care Developments
 - ✓ Membership scheme developed
 - ✓ Use of user groups to support diabetes and dementia improvements

So far, the CCG has NOT achieved at the speed we were hoping...

- A risk stratification tool
- Psychiatric In reach to WVT
- Stroke Pathway
- Chronic Pain Service
- Cardiovascular Strategy
- Linkages with Public Health on Alcohol, Obesity, Smoking

So far, we have NOT achieved...

- An increase in dementia diagnosis rates
- Reduce referrals to hospital for some services
- Speed up the discharge of patients from hospital
- Achieve some waiting time targets

You said:

“We want to receive care closer to home”

“Autism services in Herefordshire for adult service users do not always meet local needs”

“Diabetes patient hand held record could be improved”

We did:

- Set up 'Virtual Wards' delivered in the patients' own home based on hospital care and treatment
- Met with service users to understand their experiences. Joint working with local authority to develop a clear strategy and plan to address feedback
- Sought feedback on how improvements could be made, and improved records. Ongoing evaluation in progress to ensure records are effective for service users

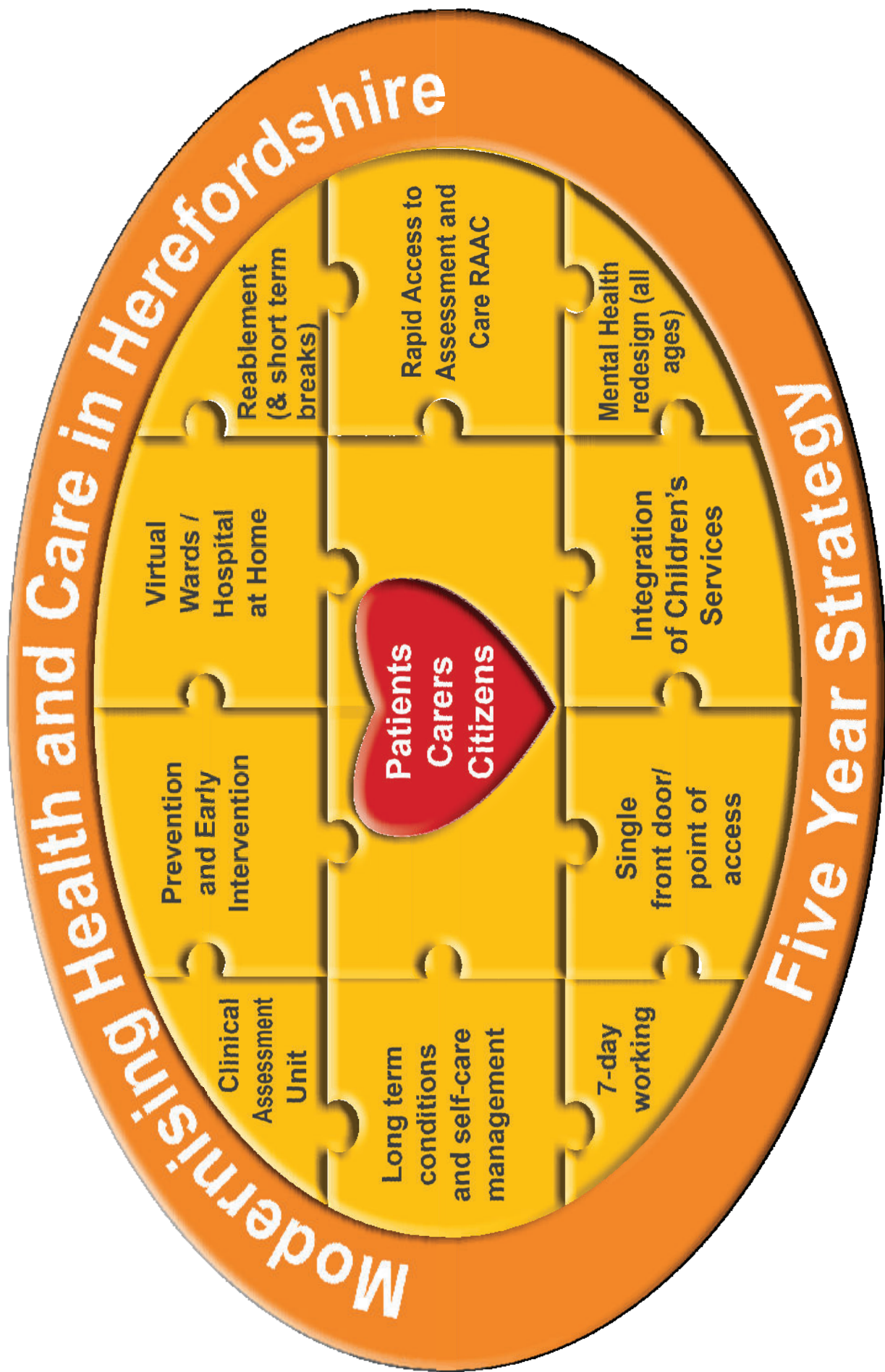
Patient response

"I haven't felt like this many people have cared about me before, thank you"

"This is marvellous service and all the staff I have met so far are fantastic"

"When you say you're going to do something you do it"

"I've have had a full night's sleep after your initial visit which is the first time in three months, because I feel someone is there for me and to help me feel better"





MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	4 APRIL 2014

TITLE OF REPORT:	COMMITTEE WORK PROGRAMME
REPORT BY:	GOVERNANCE SERVICES MANAGER

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To consider the Committee's work programme.

5. Recommendation

THAT: The work programme as appended be noted, subject to any comments the Committee wished to make.

6. Alternative Options

It is for the Committee to determine its work programme as it sees fit to reflect the priorities facing Herefordshire. Any number of subjects could be included in the work programme. However, the Committee does need to be selective and ensure that the work programme is focused on the key issues, realistic and deliverable within the existing resources available.

7. Reasons for Recommendations

7.1 The Committee needs to develop a manageable work programme to ensure that scrutiny is focused, effective and produces clear outcomes.

8. Key Considerations

8.1 The Committee is asked to note its work programme and to note progress on current work.

9. Community Impact

9.1 The topics selected for scrutiny should have regard to what matters to the County's residents.

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

10. Equality and Human Rights

10.1 The topics selected need to have regard for equality and Human rights issues.

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

12.1 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 Appendix 1 - An outline work programme for the Committee.

Appendix 2 - Executive Rolling Programme (as at the time of going to print).

16. Background Papers

16.1 None identified.

**HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE
ITEMS IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME**

Draft Work Programme

Tuesday 27 May 2014 at 10:00am	
Children and Families Bill Implementation	To receive and comment on the Council's implementation strategy for the Children and Families Bill.
Training Event (closed session)	To receive training on the interpretation of performance data.
Wednesday 11th June 2014 at 3:30pm	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on 2gether NHS Trust and West Midlands Ambulance Service.
Herefordshire Safeguarding Children Board annual report and business plan	To receive and comment on the HSCB's annual report and business plan.
Tuesday 29 July 2014 at 10:00am	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Wye Valley NHS Trust.
Wednesday 1 October 2014 at 3:30pm	
Children's safeguarding performance data	To examine and challenge the performance data on children's safeguarding.
Children in Care Council	To examine and comment on the Council's progress on establishing an effective Children in Care Council.
Wednesday 3 December 2014 at 3:30pm	
Wednesday 7 January 2015 at 10:00am	
Joint Budget Meeting	To examine and comment on the proposed 2015-16 budget.
Monday 19 January 2015 at 10:00am	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Public Health, Health and Wellbeing Board and Healthwatch Herefordshire.
Wednesday 4 February 2015 at 3:30pm	
Children's safeguarding performance data	To examine and challenge the performance data on children's safeguarding.
Monday 16 March 2015 at 10:00am	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Herefordshire Clinical Commissioning Group and Arden, Herefordshire and Worcestershire Area Team
Wednesday 29 April 2015 at 3:30pm	
Children's safeguarding	To examine and challenge the performance data on

performance data	children's safeguarding.
June 2015 at 10:00am	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on 2gether NHS Trust and West Midlands Ambulance Service.
July 2015	
Accountability Session	To hold a public accountability session for organisations within the health sector. This session shall focus on Wye Valley NHS Trust.

The following issues are suggestions from the public for inclusion

the impact of housing developments in Herefordshire on Hereford hospital and other social services
--

The following matters shall be dealt with via a briefing note (dates included)

- Changes to the scrutiny arrangements of Herefordshire Council including risks, mitigation and proposed changes (June 2014)
- An update on the use of mobile devices by social workers

Executive Rolling Programme: March 2014

DECISION MAKER CABINET MEMBER CONTRACTS & ASSETS COUNCILLOR H BRAMER			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
27/3/14	Non Key	Future of the Council's Smallholding Estate <i>To approve the commission of the options appraisal (to include valuations of alternative use) to inform the future direction for the management of the Council's Smallholdings Estate</i>	Economy, Communities and Corporate – Nick Webster
28/3/14	KEY	Renovation of the former Shell Store Building, North Magazine, Rotherwas <i>To approve the renovation of the former Shell Store Building for a visitor attraction purpose; to approve a submission to the Heritage Lottery Fund (HLF) for the renovation costs; and to approve the bankroll of any successful HLF bid.</i>	Economy, Communities and Corporate – Nick Webster
DECISION MAKER CABINET MEMBER CORPORATE SERVICES COUNCILLOR PM MORGAN			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER CORPORATE STRATEGY & FINANCE: COUNCILLOR AW JOHNSON, LEADER OF THE COUNCIL			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER HEALTH & WELLBEING COUNCILLOR GJ POWELL			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
31/3/14	KEY	Shared Lives and Homeshare (Adult Placement Scheme) <i>To award the Shared Lives and Homeshare (Adult Placement Scheme) Contract</i>	Adults Wellbeing / Jacky Edwards

Appendix 2

31/3/14	KEY	Day Opportunities - Canal Road Contract <i>To award the contract for the provision of Day Opportunities within Adult Social Care – Canal Road</i>	Adults Wellbeing / Jacky Edwards
31/3/14	KEY	Better Care Fund	Adults Wellbeing / Jacky Edwards
31/03/14	KEY	2G Section 75 Agreement <i>To extend the existing Section 75 agreements for the provision of Community Health support for Learning Disabilities Services and Adult Mental Health Services including Mental Health Services for Older People(DMHOP) for 12 months from 1st April 1014 until 31st March 2015</i>	Adults Wellbeing / Jacky Edwards
TBC	Non Key	Autism Strategy	Adults Wellbeing / John Gorman
		<i>To note and approve the draft Autism Strategy</i>	
TBC	Non Key	Herefordshire Intensive Placement Support	Children's Wellbeing
		<i>To approve the business case for Herefordshire Intensive Placement Support</i>	
DECISION MAKER			
CABINET MEMBER INFRASTRUCTURE			
COUNCILLOR PD PRICE			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
TBC	Non Key	Development Management – Review of charging for pre-application advice <i>To review the operation of the system for the charging of pre-application planning advice including the level of charges</i>	Economy, Communities and Corporate / Marc Willimont
DECISION MAKER			
CABINET MEMBER YOUNG PEOPLE & CHILDREN'S WELLBEING:			
COUNCILLOR JW MILLAR			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker

Executive Rolling Programme: April 2014

Executive Decisions to be taken – April 2014

DECISION MAKER CABINET					
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker	
10/4/14	Non Key	Closure of Hereford Futures Limited <i>To obtain approval to the arrangements put in place to accomplish the close down of Hereford Futures Ltd on a solvent basis and to manage the effective operation of on-going projects</i>		Economy, Communities & Corporate / Nick Webster	
10/4/14	KEY	West Mercia Adoption Service	Young People & Children's Wellbeing – Cllr J Millar	Children's Wellbeing	
10/4/14	KEY	Internal Audit		Economy, Communities & Corporate / Peter Robinson	
10/4/14	Non Key	<i>To agree future service delivery arrangements</i> Integrated Corporate Performance Q3 Report and 2013/14 Delivery Plan	Corporate & Assets – Councillor PM Morgan	Organisation Development Team / Jenny Lewis jlewis3@herefordshire.gov.uk	
DECISION MAKER CABINET MEMBER CONTRACTS & ASSETS COUNCILLOR H BRAMER					
Decision Date (on or after)	Issue Type	Purpose & Report Title		Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker	
14/4/14	KEY	Disposal of land and buildings known as the Bath Street Offices, Hereford <i>To seek Cabinet Member approval to dispose of the land and buildings known as the Bath Street Offices, Hereford to the Hereford & Worcester Fire and Rescue Service to enable the delivery of a new fire station for Hereford City.</i>		Economy, Communities & Corporate / Tony Featherstone	
TBC	KEY	Disposal of land forming part of the former Whitecross School, Baggally Street, Hereford		Economy, Communities & Corporate / Tony Featherstone / Ian Higgs	

D:\moderngov\Data\AgendaItemDocs\19\2\1A\100033293\\$.itclp2.doc

			To seek the approval of the Cabinet Member to the disposal of land forming part of the old Whitecross School site, following an extensive marketing campaign, to Miller Homes for development for residential housing to include affordable allocation.	
DECISION MAKER				
CABINET MEMBER CORPORATE SERVICES				
COUNCILLOR PM MORGAN				
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker	
1/4/14	Non Key	Hereford Weekly Friday Food Fair	Economy, Communities and Corporate / Chris Jenner	
9/4/14	KEY	To approve the setting up of a weekly Friday food fair in Hereford City Centre. Review of Unmet Taxi Demand Survey Results To note the results of the Unmet Demand Survey Report which is appended to this report and to determine whether or not to consider restricting the number of Hackney Carriage vehicles licenced within Herefordshire	Economy, Communities and Corporate / Mike Pigrem	
DECISION MAKER				
CABINET MEMBER CORPORATE STRATEGY & FINANCE:				
COUNCILLOR AW JOHNSON, LEADER OF THE COUNCIL				
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker	
DECISION MAKER				
CABINET MEMBER HEALTH & WELLBEING				
COUNCILLOR GJ POWELL				
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker	
14/4/14	KEY	Home and Community Support	Adults Wellbeing / Jacky Edwards	
14/4/14	KEY	To award the Home and Community Support Contracts Re-ablement To award the contracts	Adults Wellbeing / Jacky Edwards	

DECISION MAKER CABINET MEMBER INFRASTRUCTURE COUNCILLOR PD PRICE			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER YOUNG PEOPLE & CHILDREN'S WELLBEING: COUNCILLOR JW MILLAR			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
10 April 2014	Non Key	Hosting Arrangements for Youth Offending Service <i>To agree changes to hosting arrangements for the Youth Offending Service</i>	Children's Wellbeing / Jo Davidson
15 April 2014	Non key	Herefordshire's Co-ordinated Admission Arrangements for 2015/2016 <i>To approve Herefordshire Local Authority (LA) proposed Admissions Arrangements for 2015/2016</i>	Children's Wellbeing / Andrew Blackman, Admissions & Transport Manager

Other Meetings – April 2014

AUDIT & GOVERNANCE COMMITTEE		
Meeting Date	Purpose & Report Title	Portfolio Holder Directorate, Lead Officer & Contact information
15/4/14		

Scrutiny Work Programmes – April 2014

MEETING/ BRIEFNG DATE	ITEM	PURPOSE	O&SC PRE-DECISION PRIOR TO:	
			A&G Committee Cabinet Council	Meeting Date
7 April 2014				

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ITEMS – APRIL 2014				
MEETING/ BRIEFNG DATE	ITEM	PURPOSE	O&SC PRE-DECISION PRIOR TO:	
			A&G Committee Cabinet Council	Meeting Date
4 April 2014	Accountability Session	To hold a public accountability session for organisations within the health sector. To include Wye Valley NHS Trust, Clinical Commissioning Group, NHS Arden,		
	Work Programme	To consider the Committees Work Programme		

Executive Rolling Programme: May 2014

Executive Decisions to be taken – May 2014

DECISION MAKER CABINET			
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Portfolio Holder
15/5/14	KEY	Revenues and Benefits Service <i>To consider options for the service delivery model for Revenues and Benefits</i>	Corporate Strategy & Finance / Councillor AW Johnson, Leader of the Council
TBC	KEY	Open Book Review of Residential and Nursing Home Fees for Older People	Health & Wellbeing – Clr G Powell
<p>DECISION MAKER CABINET MEMBER CONTRACTS & ASSETS COUNCILLOR H BRAMER</p>			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
2 May 14	KEY	New University <i>To determine the response to the Council Motion regarding support for a new university</i>	Economy, Communities and Corporate / Head of Corporate Asset Management Regeneration Programmes Manager

DECISION MAKER CABINET MEMBER CORPORATE SERVICES COUNCILLOR PM MORGAN			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER CORPORATE STRATEGY & FINANCE: COUNCILLOR AW JOHNSON, LEADER OF THE COUNCIL			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER HEALTH & WELLBEING COUNCILLOR GJ POWELL			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
2/5/14	KEY	Day Opportunities - LEARNING DISABILITIES contract award <i>To award the contracts for the provision of Day Opportunities for people with learning disabilities within Adult Social Care</i>	Adults Wellbeing / Jacky Edwards
DECISION MAKER CABINET MEMBER INFRASTRUCTURE COUNCILLOR PD PRICE			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
2/5/14	KEY	Balfour Beatty Living Places Public Realm Annual Plan <i>To delegate the approval of the Annual Plan for the Public Realm Services Contract with Balfour Beatty Living Place to the Council's representatives on the Strategic Partnering Board (SPB)</i>	Economy Communities & Corporate / Clive Hall, Head of Highways & Community Services
DECISION MAKER CABINET MEMBER YOUNG PEOPLE & CHILDREN'S WELLBEING: COUNCILLOR JW MILLAR			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker

Appendix 2

Other Meetings – May 2014

DECISION MAKER COUNCIL			
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Portfolio Holder
23/5/14		Appointments to Council Committees and Outside Bodies	
Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker			

AUDIT & GOVERNANCE COMMITTEE	
Meeting Date	Purpose & Report Title
9/5/14	Progress Report on 2013/14 Internal Audit Plan
Directorate, Lead Officer & Contact information	

Scrutiny Work Programmes – May 2014

GENERAL OVERVIEW AND SCRUTINY COMMITTEE ITEMS – MAY 2014				
MEETING/ BRIEFNG DATE	ITEM	PURPOSE	O&SC PRE-DECISION PRIOR TO:	
			A&G Committee	Meeting Date
12 May 2014	Hoople	To receive and comment on a performance report from Hoople. Including how budgetary cuts are affecting the services that Hoople can deliver.		
12 May 2014	Community Safety Partnership	To receive and comment on the refreshed strategy ahead of full Council		
12 May 2014	Probation Service	To receive and comment on the changes to the Probation Service		

Executive Rolling Programme: June 2014

Executive Decisions to be taken – June 2014

DECISION MAKER CABINET				
Meeting / Decision Date (on or after)	Issue Type	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
Cabinet 12 June	Non Key	Understanding Herefordshire Report	Health & Wellbeing – Councillor GJ Powell	Public Health / Arif Mahmood
Cabinet 12 June	KEY	NNDR Discretionary Relief <i>To consider changes to the policy.</i>	Corporate Strategy & Finance – Councillor AW Johnson, Leader of the Council	Chief Finance Officer, Peter Robinson
Cabinet 12 June	KEY	Better Care Fund	Health & Wellbeing – Councillor GJ Powell	Adults Wellbeing / Jacky Edwards
DECISION MAKER CABINET MEMBER CONTRACTS & ASSETS COUNCILLOR H BRAMER				
Decision Date (on or after)	Issue Type	Purpose & Report Title		Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER CORPORATE SERVICES COUNCILLOR PM MORGAN				
Decision Date (on or after)	Issue Type	Purpose & Report Title		Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER CORPORATE STRATEGY & FINANCE: COUNCILLOR AW JOHNSON, LEADER OF THE COUNCIL				
Decision Date (on or after)	Issue Type	Purpose & Report Title		Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER HEALTH & WELLBEING COUNCILLOR GJ POWELL				

Appendix 2

Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
DECISION MAKER CABINET MEMBER INFRASTRUCTURE COUNCILLOR PD PRICE			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker
12 June 2014	B&PF	Local Transport Plan 4 <i>To approve the draft Local Transport Plan for consultation</i>	Economy, Communities & Corporate / Steve Burgess
DECISION MAKER CABINET MEMBER YOUNG PEOPLE & CHILDREN'S WELLBEING: COUNCILLOR JW MILLAR			
Decision Date (on or after)	Issue Type	Purpose & Report Title	Directorate, Lead Officer & Contact information for documents/report to be submitted to Decision Maker

Other Meetings:

AUDIT & GOVERNANCE COMMITTEE			
Meeting Date	Purpose & Report Title	Portfolio Holder	Directorate, Lead Officer & Contact information
23/6/14	Internal Audit Report for 2013/14		
23/6/14	External Audit Fee		
23/6/14	Annual governance Statement 2013/14		
23/6/14	Ross-on-Wye Community Governance Review <i>To make recommendations regarding the governance of the Ross-on-Wye Town Council and Ross-on-Wye Rural Council areas</i>		Economy, Communities and Corporate / Bill Norman

Appendix 2

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ITEMS – 11 JUNE 2014				
MEETING/ BRIEFNG DATE	ITEM	PURPOSE	O&SC PRE-DECISION PRIOR TO:	
			A&G Committee Cabinet Council	Meeting Date
11 June 2014	Accountability Session	To hold a public accountability session for organisations within the health sector. 2Gether NHS Trust and West Midlands Ambulance Service		
GENERAL OVERVIEW AND SCRUTINY COMMITTEE ITEMS – 10 JUNE 2014				
MEETING/ BRIEFNG DATE	ITEM	PURPOSE	O&SC PRE-DECISION PRIOR TO:	
			A&G Committee Cabinet Council	Meeting Date
30 June 2014	Budget Update			

