

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date: **Wednesday 11 June 2014**

Time: **3.00 pm**

Place: **The Council Chamber, Brockington, 35 Hafod Road,
Hereford**

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 CNH Attwood

Vice-Chairman

Councillor MD Lloyd-Hayes

Councillor PA Andrews

Councillor PL Bettington

Councillor MJK Cooper

Councillor KS Guthrie

Councillor Brig P Jones CBE

Councillor JLV Kenyon

Councillor NP Nenadich

Councillor CA North

Councillor SJ Robertson

Councillor J Stone

Councillor GA Vaughan-Powell

Councillor DB Wilcox

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 meeting held on 27 May 2014.</p>	9 - 12
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>ACCOUNTABILITY SESSION - WEST MIDLANDS AMBULANCE SERVICE</p> <p>To hold a public accountability session to discuss the performance of the West Midlands Ambulance Service.</p>	13 - 44
8.	<p>ACCOUNTABILITY SESSION - 2GETHER NHS FOUNDATION TRUST</p> <p>To hold a public accountability session to discuss the performance of the 2gether NHS Foundation Trust.</p>	45 - 50
9.	<p>COMMITTEE WORK PROGRAMME</p> <p>To Consider the Committee's Work Programme.</p>	51 - 54

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 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, Consultant in Public Health 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 from HCCG, highlighted the following areas:

- That the Herefordshire Clinical Commissioning Group had been in operation for a year. The Group commissions secondary care services for the population of Herefordshire, with a focus on clinical leadership
- The HCCG has undertaken a large amount of engagement with both patients and the and public, and thanked Healthwatch for their support with this
- That a complete stroke pathway had been committed to in the County, which would involve the HCCG and the County Hospital. This includes an emphasis 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, with specialist nurses in primary care and development of links with third sector organisations.
- 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. Urgent care services currently provided by Prime Care would be recommissioned in a different way, with a focus on the outcomes that patients, the public and clinicians have identified as important. 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 patient records would be shared across all 24 practices as part of the local successful bid for the prime Ministers 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 on prevention, it was noted that the budget for public health resided with the Local Authority, and that the HCCG did not hold a separate budget for prevention. However the HCCG has a number of initiatives underway to address specific prevention issues, such as stroke prevention in primary care through

management of hypertension and atrial fibrillation and ensuring that patients took their medication. The virtual wards are also a key preventative intervention, to identify those at high risk of future admission and ensuring that preventative measures were in place. The HCCG were also working with public health to map out the alcohol harm pathway and 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 the HCCG was committed to the concept of care closer to home, to allow patients to access care systems as quickly as possible. The Chairman of Healthwatch added that the engagement with the public showed they wanted access to GPs, not necessarily MIUs. This reflected the value and functions of the MIU service, not where it was located.

- That there were areas that could be enhanced across the county. As yet, there was no falls group that encompassed those who had fallen but did not need hospitalisation. This was being examined through a system wide falls group in order to identify co-ordinated services.

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 from the HCCG 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 a little, and that discussions were in hand with Primary Care as to how the role of the GP could be changed, starting with their involvement in virtual wards and other HCCG initiatives. Conversations were also 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 identifying those at highest risk of emergency admission. 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 HCCG. 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 from the HCCG was asked directly by the chairman for her views, and added that in a system with Herefordshire's challenges good relationships were critical. She described strong linkages at all levels the health and

social care system within the County, from strategic level through the Health and Wellbeing Board through to operational levels through the work of officers. 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 had 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 from the CCG said that there were plans to expand the hospital at home programme over the next three months. This would require recruitment, but it was not unrealistic 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 report be noted.

116. WORK PROGRAMME

The Committee considered its Work Programme.

The meeting ended at 1.00 pm

CHAIRMAN



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	11 JUNE 2014
TITLE OF REPORT:	ANNUAL ACCOUNTABILITY SESSION
REPORT BY:	SCRUTINY OFFICER

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To hold a public accountability session to discuss the performance of organisations within the health sector in Herefordshire:

- West Midlands NHS Ambulance Foundation Trust
- 2gether NHS Foundation Trust

5. Recommendation

THAT: The Committee considers and discusses the presentations from the health sector organisations.

6. Alternative Options

There are no relevant alternative options.

7. Reasons for Recommendations

7.1 Accountability sessions are a concept that Staffordshire Council developed as a result of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. The intention is to get interconnected health bodies together with the public and Councillors in order to enable them to challenge and question the relevant organisations in a more joined up way.

Each body provided a presentation that focuses on:

- the key work that the body has completed through the previous year
- any success throughout the previous year
- any challenges throughout the previous year
- key areas of concentration for the coming year

- areas of risk for the coming year
- areas that might be beneficial of an input by scrutiny ie in task and finish groups.

8. Financial Implications

8.1 There are no financial implications to this report.

9. Legal Implications

9.1 There are no legal implications to this report.

10. Background Papers

10.1 None identified.



Health and Social Care Overview and Scrutiny Committee

Wednesday 11th June 2014



Michelle Brotherton

General Manager, West Mercia
(Herefordshire, Shropshire and Worcestershire)
West Midlands Ambulance NHS Foundation Trust

Trust us to care.



KEY ASPECTS OF PRESENTATION

- Key work completed during the year 2013/14
- Successes during 2013/14
- Challenges during 2013/14
- Key work for 2014/15
- Key areas of risk for 2014/15
- Any opportunities or suggestions for future scrutiny work



Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market position as an Emergency Healthcare Provider

Work in Partnership

Values

- World Class Service
- Patient Centred
- Dignity and Respect for All
- Skilled Workforce
- Teamwork
- Effective Communication

Trust us to care.



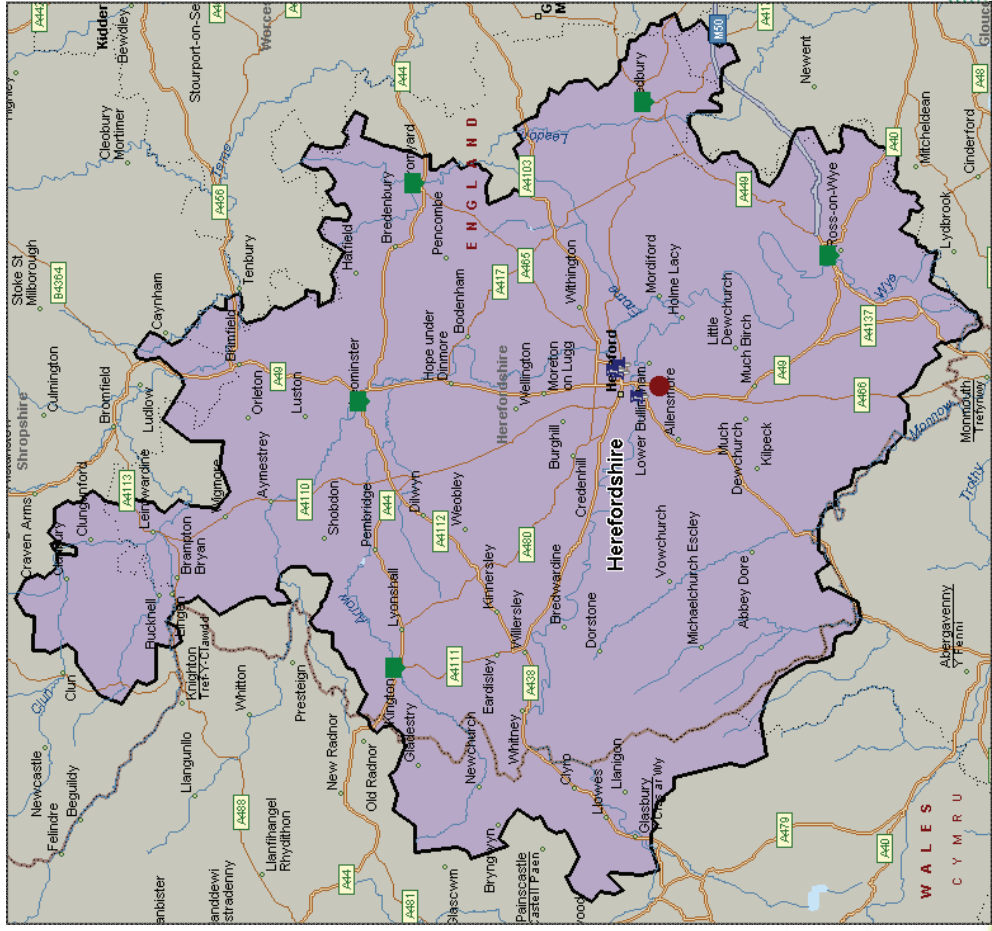
Key work completed during the year 2013/14

- Embedded the implementation of make ready
- Foundation Trust status
- Personal Development Reviews
- Mandatory Training



Resource model

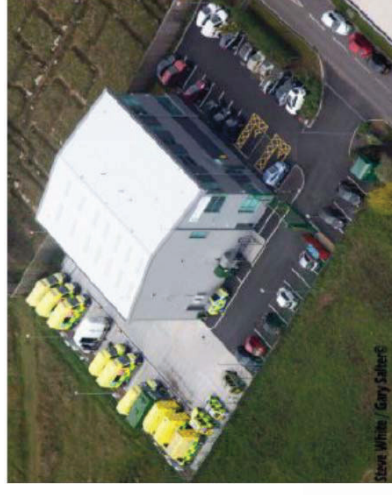
- Hubs located in **Hereford**
- Community Paramedic Schemes established in market towns of:
 - Bromyard
 - Ledbury
 - Leominster
 - Ross-on-Wye
- Response Posts:
 - Cargills
 - South Wye





Make Ready benefits

- Improved vehicle readiness will lead to faster treatment for patients
- IP&C and medicines management compliance
- Maximise unit hour utilisation
- Minimise critical vehicle / equipment failure rate
- Ensuring ambulances are stocked to a standard
- Reducing the waste / out of date stock
- Asset control and medical equipment servicing
- Emergency preparedness / resilience
- Improved staff facilities



Trust us to care.



Successes during 2013/14

- **Developing relationships with the wider healthcare economy, HOSC, Health Watch**
- **Management of frequent callers**
- **Reducing conveyance rates**
- **Achievement of Red 2 performance**
- **PDR's and Training**



West Mercia performance – 01.04.13 to 31.03.14

Bulletin Board		Red 1 75% 8min		Red 2 75% 8min		Red 19min 95% 19min		Green 2 90% 30min		Green 4 90% triage in 60mins		Referral 90%	
	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	Inc Cnt	Pass %	
Herefordshire	228	66.7 %	10300	75.7 %	10528	94.7 %	11253	97.4 %	1085	99.8 %	2583	95.2 %	
County Total	228	66.7 %	10300	75.7 %	10528	94.7 %	11253	97.4 %	1085	99.8 %	2583	95.2 %	

Trust us to care.



Staff Development

- 99% of staff had their Personal Development Review
- 3 x Paramedics seconded to Air Ambulance/Trauma Network
- Succession Planning to Managerial Roles



Challenges during 2013/14

- Demand and performance
- Workforce
- Maintaining the balance of resourcing
- Inter-hospital transfers and turnarounds



Herefordshire County analysis on the 2013/14 financial year.

Performance across all call types, by month for the financial year is detailed against demand.

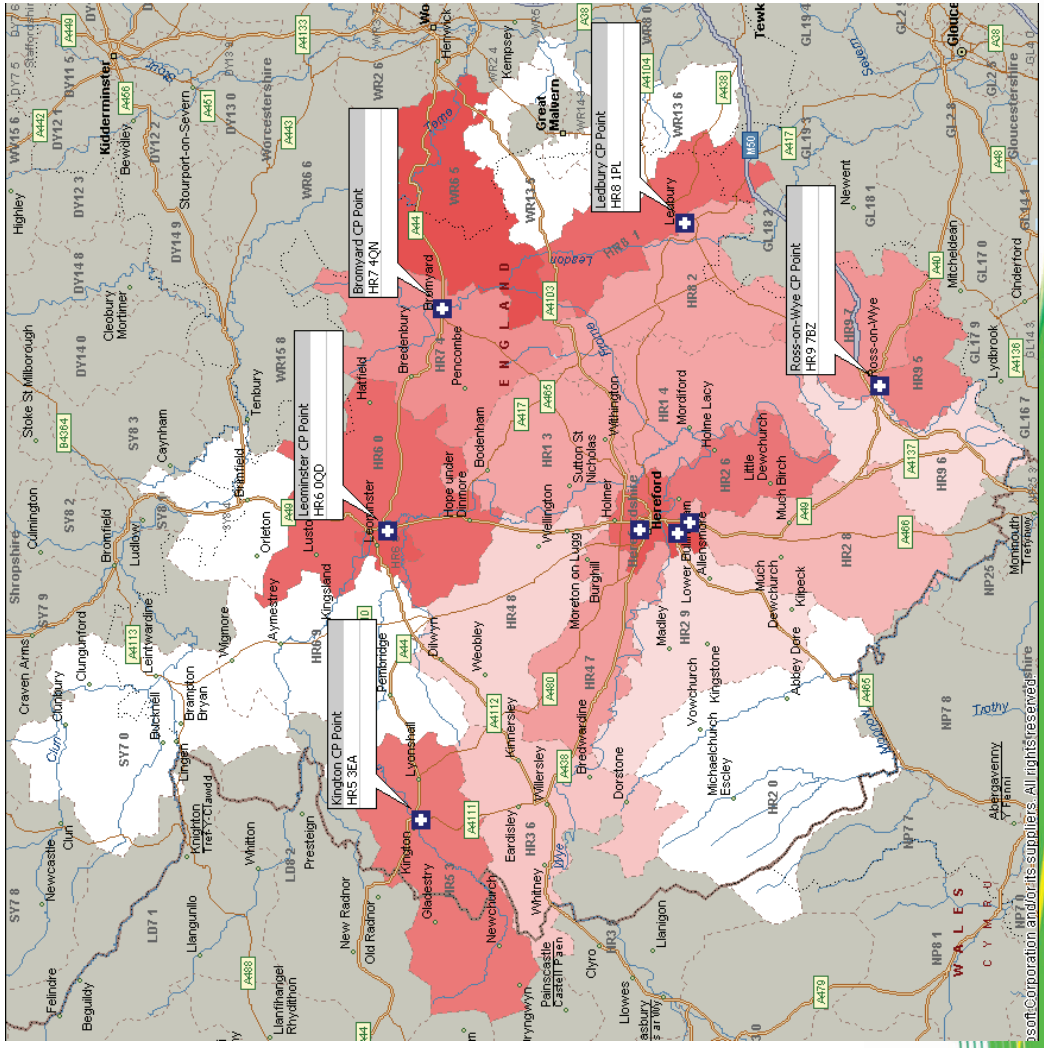
Financial Month	Performance					Demand / Incident Counts				
	Red 1 - 08 Min	Red 2 - 08 Min	Green 2	Green 4	Referral	Red 1	Red 2	Green 2	Green 4	Referral
April 2013/2014	64.71%	77.46%	97.97%	100.00%	96.85%	17	812	789	108	222
May 2013/2014	61.54%	80.98%	98.73%	100.00%	95.22%	26	920	944	96	209
June 2013/2014	61.54%	74.80%	98.58%	100.00%	96.02%	13	758	916	81	201
July 2013/2014	64.29%	74.11%	97.74%	100.00%	95.43%	14	873	975	113	219
August 2013/2014	52.63%	75.63%	97.63%	100.00%	92.96%	19	833	971	80	213
September 2013/2014	88.24%	77.12%	97.03%	98.65%	97.28%	17	839	943	74	184
October 2013/2014	76.19%	73.86%	95.88%	100.00%	93.81%	21	918	946	99	226
November 2013/2014	65.00%	74.67%	97.55%	98.99%	93.81%	20	841	978	99	226
December 2013/2014	63.64%	72.19%	96.16%	100.00%	92.61%	22	960	1015	81	230
January 2013/2014	62.50%	76.35%	97.49%	100.00%	97.31%	24	871	957	75	223
February 2013/2014	82.35%	76.05%	97.63%	100.00%	95.17%	17	860	844	90	207
March 2013/2014	61.11%	75.58%	97.23%	100.00%	96.41%	18	815	975	89	223
Total	66.67%	75.72%	97.45%	99.82%	95.20%	228	10300	11253	1085	2583

- Red 1 performance sensitive to both R1 and R2 demand.
- Red 2 performance improvement underway after seasonal increase in demand.
- Green 2, 4 and Referral performance – each above target each month.

Trust us to care.



Map of Red 1 performance across the financial year. Darker shading indicates better performance.



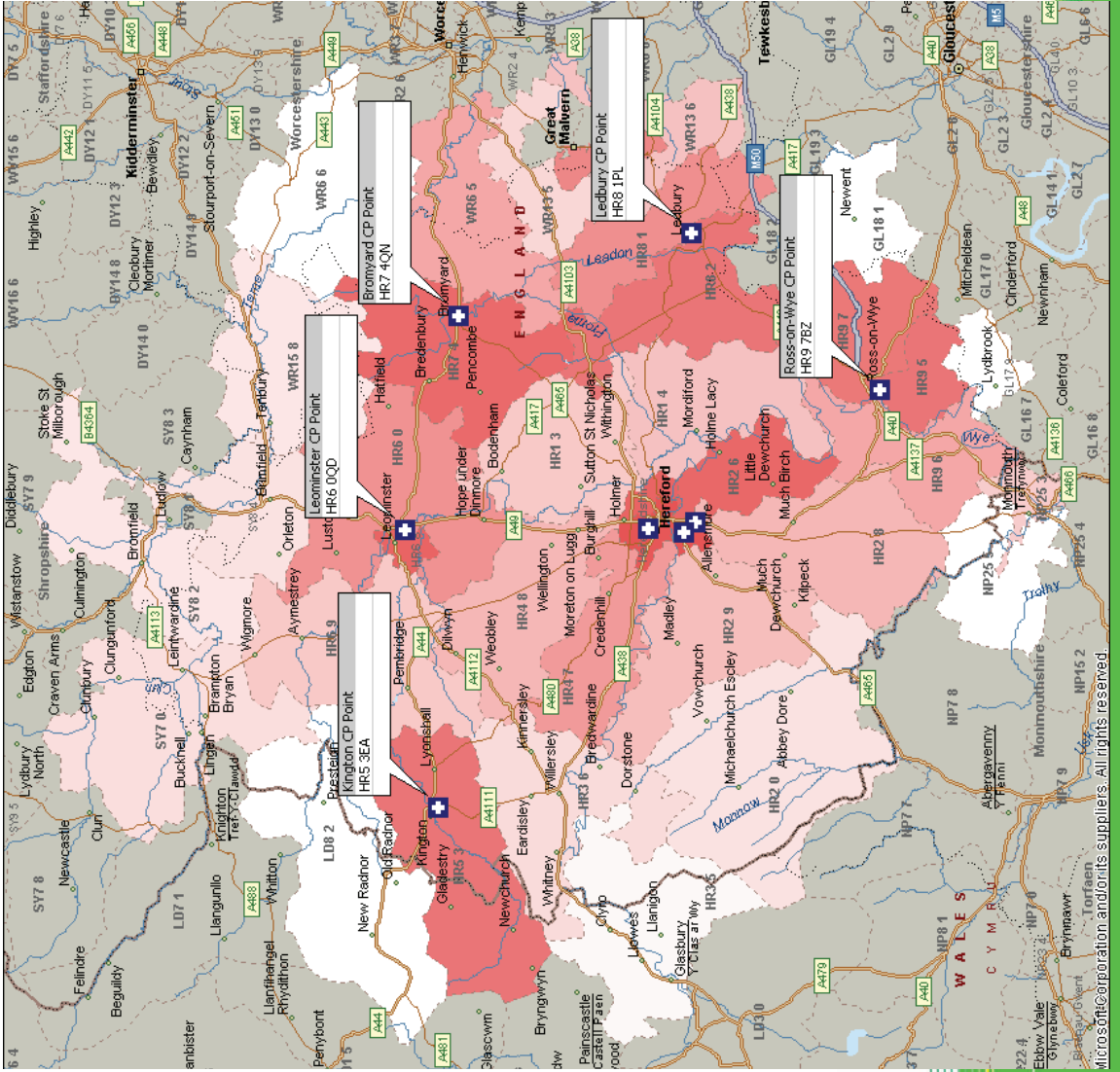
Areas of concern are displayed in a lighter shading.

Outer lying CP points are marked, central Hereford standby points not named but identified in the same way.

Trust us to care.



Map of Red 2 performance across the financial year. Darker shading indicates better performance.



Areas of concern are displayed in a lighter shading.

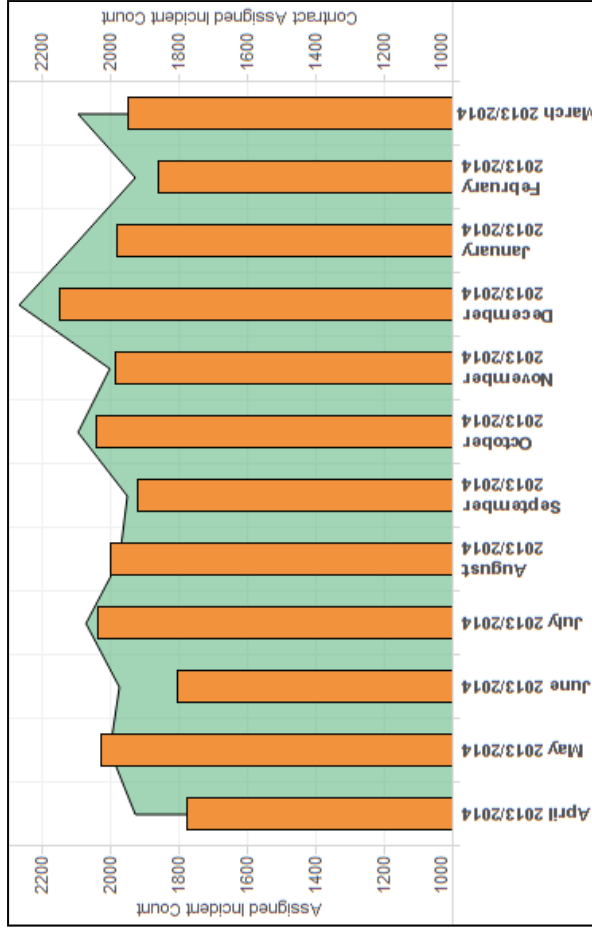
Outer lying CP points are marked, central Hereford standby points not named but identified in the same way.

Trust us to care.



Assigned Incident volume against the Contracted assigned incident volume

Emergency demand is shown here as an assigned incident count (where a resource was assigned to an Incident) against the contracted volume, by month. The bars represent the assigned incident count, the area shading the contracted volume.



Despite each month seeing assigned incident volumes fall below the contracted volume, in real terms demand across Herefordshire is increasing year on year:

County	2011/2012	2012/2013	2013/2014
Herefordshire	19,528	20,908	23,555
% increase	-	7.1%	12.7%

The % increase from 11/12 to 13/14 is 20.6%

Assigned Incident Count	1,778	2,032	1,807	2,038	2,000	1,924	2,042	1,990	2,149	1,982	1,864	1,949
Contract Assigned Incident Count	1927	2000	1975	2073	1975	1951	2097	2000	2268	2097	1927	2097
% Difference	-7.7%	1.6%	-8.5%	-1.7%	1.3%	-1.4%	-2.6%	-0.5%	-5.2%	-5.5%	-3.3%	-7.1%

Trust us to care.

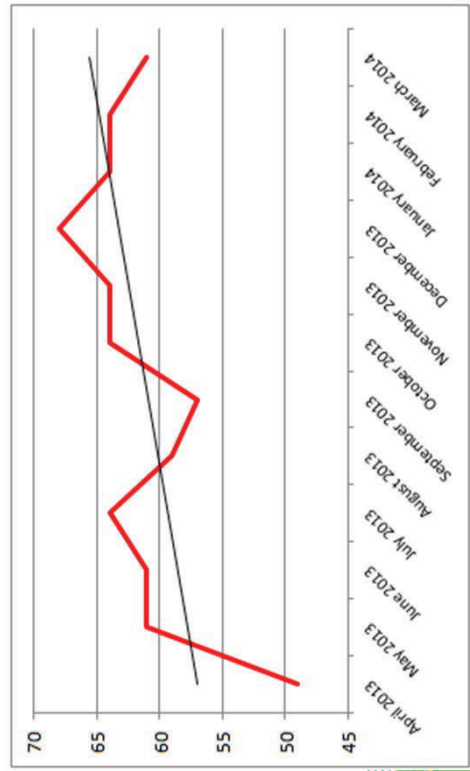


Hospital Transfers

This table details the volume of transfers from Hereford County hospital to any other location for the 13/14 financial year.

Date	Alexandra	Birmingham Childrens	Burton	City B'ham	Heartlands	Hereford County	New Cross	New OE	Queen Elizabeth	Royal Shrewsbury	Russells Hall	Stafford General	UHCW	UHNS	Worcs Royal	Grand Total
April 2013		6		1	2		1	18						2	19	49
May 2013		3					2	31	1						24	61
June 2013		7			2	2		34							16	61
July 2013		2			1	1	1	30					1		28	64
August 2013		8				2	1	15						1	32	59
September 2013		2				3		20		1		1			30	57
October 2013		1				2	1	12						2	45	64
November 2013	1			1		4	1	14			1				34	64
December 2013		3			1	1		22						1	41	68
January 2014		6			2	1	1	16							37	64
February 2014		7			2	2		17						2	36	64
March 2014		3			1	2	2	18						1	34	61
Grand Total	1	56	1	2	11	18	10	247	1	1	1	1	1	9	376	736

The totals by month increased as the year progressed; the lighter line is the 12 month trend.



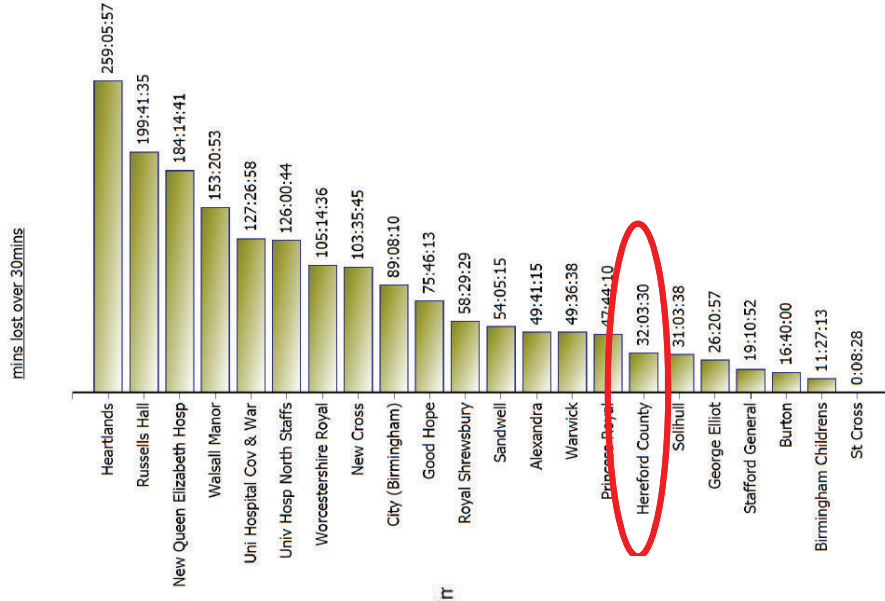
Trust us to care.



Hospital turnarounds

Example – Lost time above 30 minute turnaround – April 2014

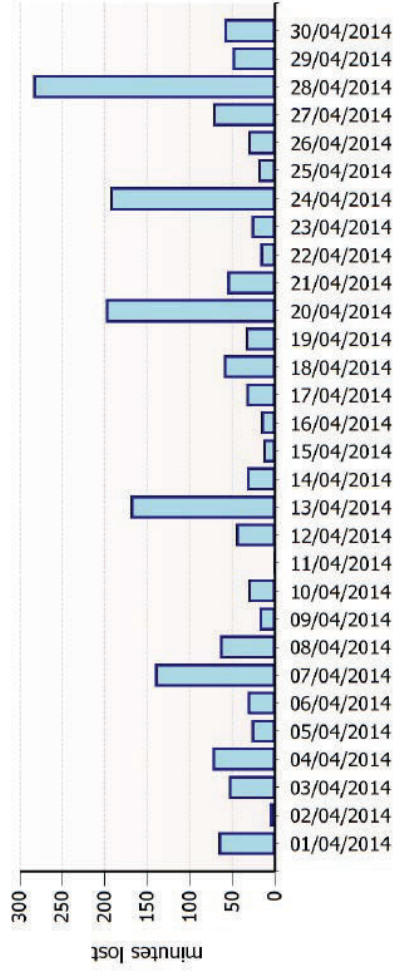
Turnaround Time Lost And Potential Further Cases: 01/04/2014 To 30/04/2014
Time lost is all time above the 30min turnaround target



Hospital Selected: Hereford County

Time lost is all time above the 30min turnaround target

conveyed	vol over 30mins	% over 30mins	total mins turnaround	* mins lost over 30mins	mins lost as % of total mins	avg task time mins	* potentials
1313	209	15.9%	109155	1924	1.8%	83.1	23



Trust us to care.



13/03/2024

Transport Activity Summary

Transports	Forecast	Avg. Handover Time	Avg. Clear Time	Average	Maximum	Handover
14,871	14,429	00:13:54	00:12:03	00:22:52	02:47:50	13,017
						87.5%

Transport Activity by Department

Department	Transports	Avg. Handover Time	Handover %
Type 1 General A+E (CAS)	13,671	00:13:20	91.0%
Type 1 General A+E	1,193	00:20:20	48.0%
Other	7	00:17:34	28.6%
Total:	14,871		

Hospital turnarounds

Turnaround Activity by Timeband

Turnaround Band	Transports
0-15 mins	1,978 13.3%
15-30 mins	10,830 72.8%
30-45 mins	1,742 11.7%
45-60 mins	231 1.6%
Over 1 hr	90 0.6%
Total:	14,871

Handover Activity by Timeband; where Handover used

Handover Band	Handovers
0-15 mins	10,133 77.8%
15-30 mins	2,557 19.6%
30-45 mins	229 1.8%
45-60 mins	63 0.5%
Over 1 hr	35 0.3%
Total:	13,017

01.04.13 – 31.03.14

Trust us to care.



Workforce

- 107 operational staff budgeted in Herefordshire - 97 currently filled, leaving 10 vacancies.
- Secondments (e.g. Air Ambulance) and maternity leave – shortfall of 18.5 wte (excluding sickness)
- Traditionally, sickness has always been below 4% in Herefordshire (note: low staff numbers – therefore 1 staff member = 1%)
- April sickness was 12% - 8% was long term and 4% short term. This equated to the loss of 1,889.6 operational hours



Key work for 2014/15

- **Maintain performance with a focus on improving Red 1 performance**
- **To reduce on scene times to enable resources are available to respond to other calls**
- **To achieve a 4% reduction in sickness**



Key areas of risk for 2014/15

- **Growth in demand**
- **Workforce and staffing**
- **The impact of hospital reconfigurations**



Any opportunities or suggestions for future scrutiny work

- **Development of engagement within the Community to promote Public Access Defibrillation sites of high footfall, population or areas of high probability of sudden illness**
- **Development of Community First Responder schemes**
- **Hospital Ambulance Liaison Officer provision**
- **GP scheme – admission avoidance**



Herefordshire Divisional Structure

Pad sites

136 Sites

- Nursing Homes
- GP Surgeries
- Fire Service
- Misc. Sites
- Police Custody
- Fire Service

11 CPAD sites

- Mordiford
- Fownhope
- Whitchurch
- Symonds Yat (x2)
- Ross on Wye
- Ledbury Town (x2)
- Kingsland Parish
- Inniesfield Parish
- Peterchurch

CFR's

10 Schemes

- **Kington (Scheme Car)**
- Ledbury
- **Leominster (Scheme Car)**
- Bromyard
- Hereford
- **Ross on Wye (Scheme Car)**
- Weobley
- South West Herefordshire
- Tenbury Wells
- Leintwardine

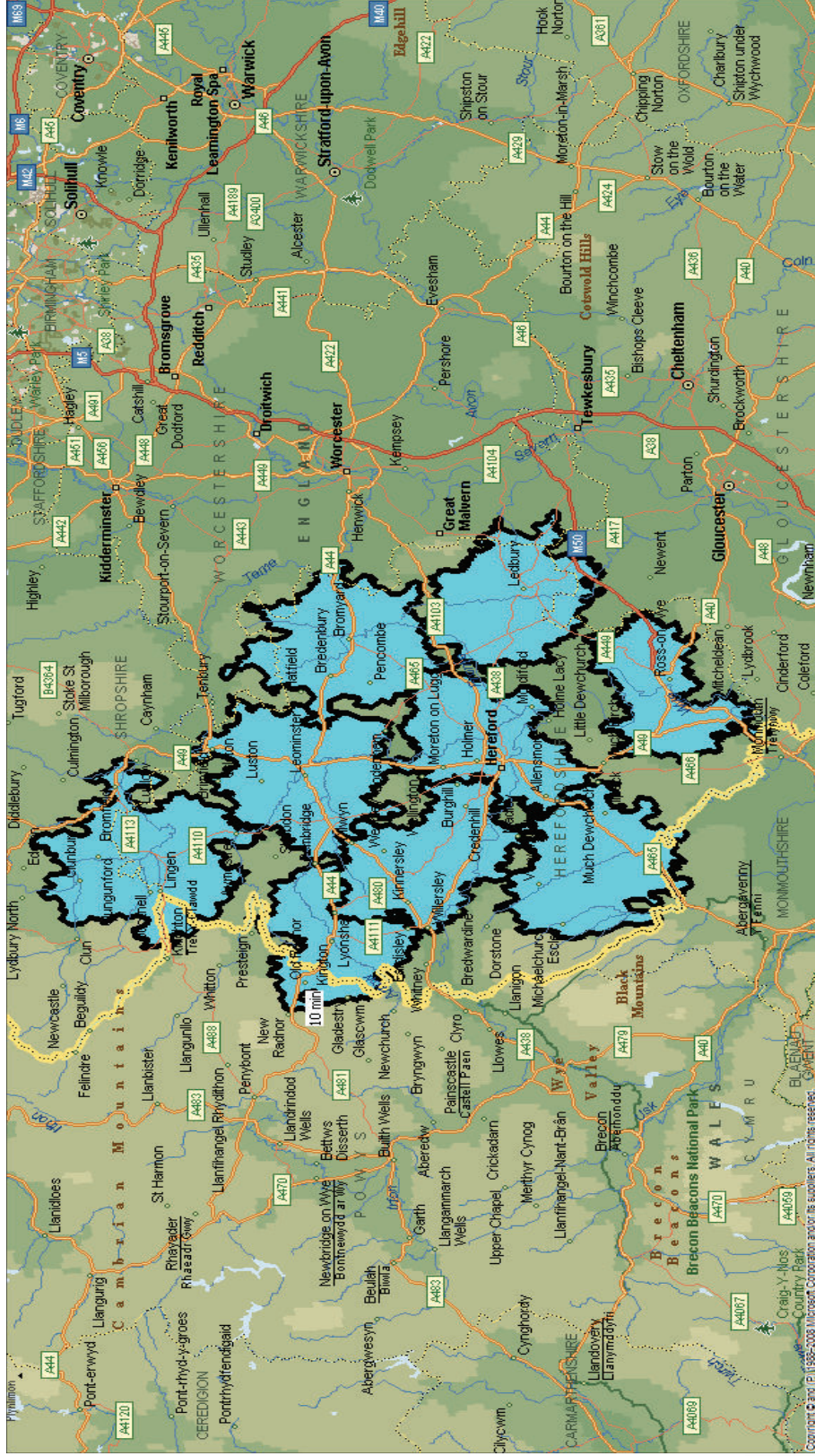
Staff Responders

12

Trust us to care.



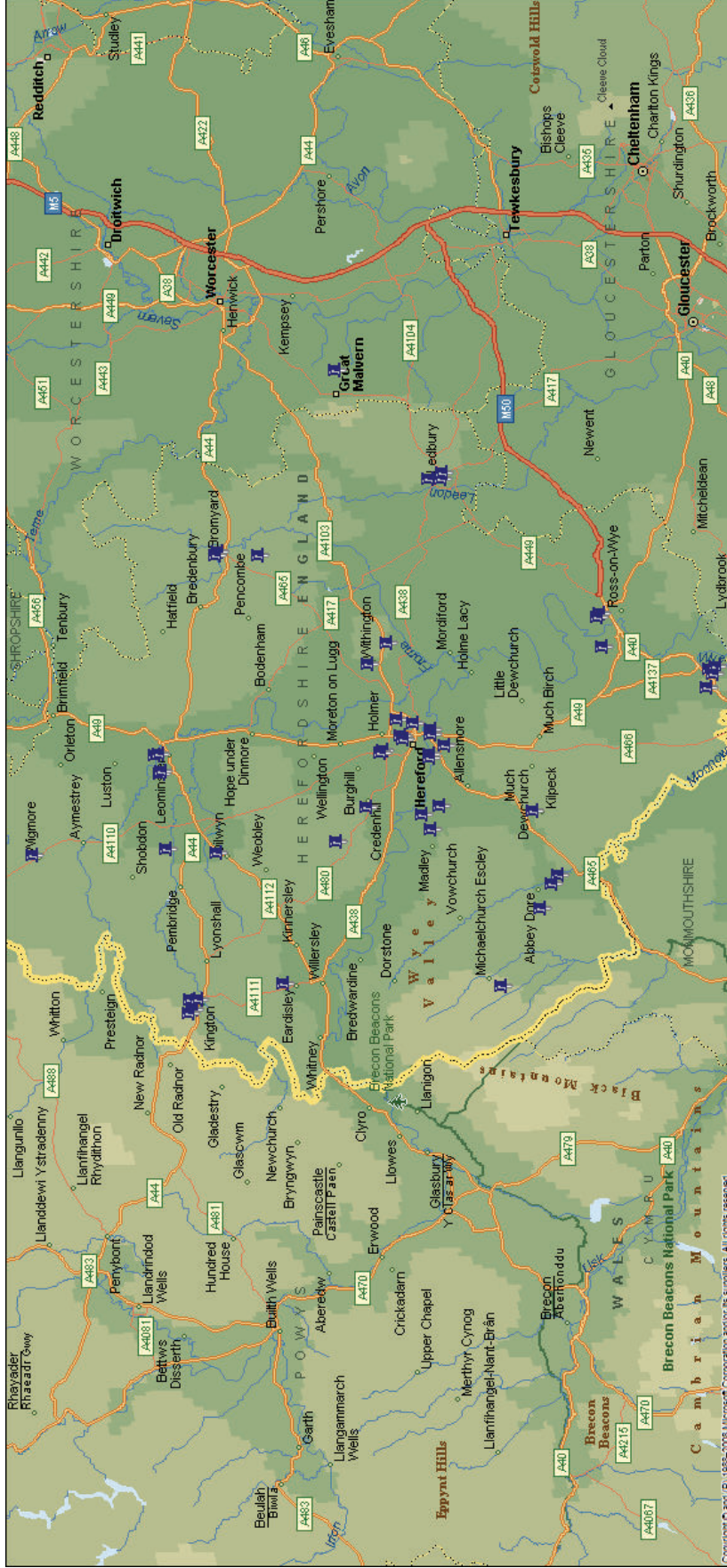
Herefordshire Community Response Schemes



Trust us to care.



Community First Responders

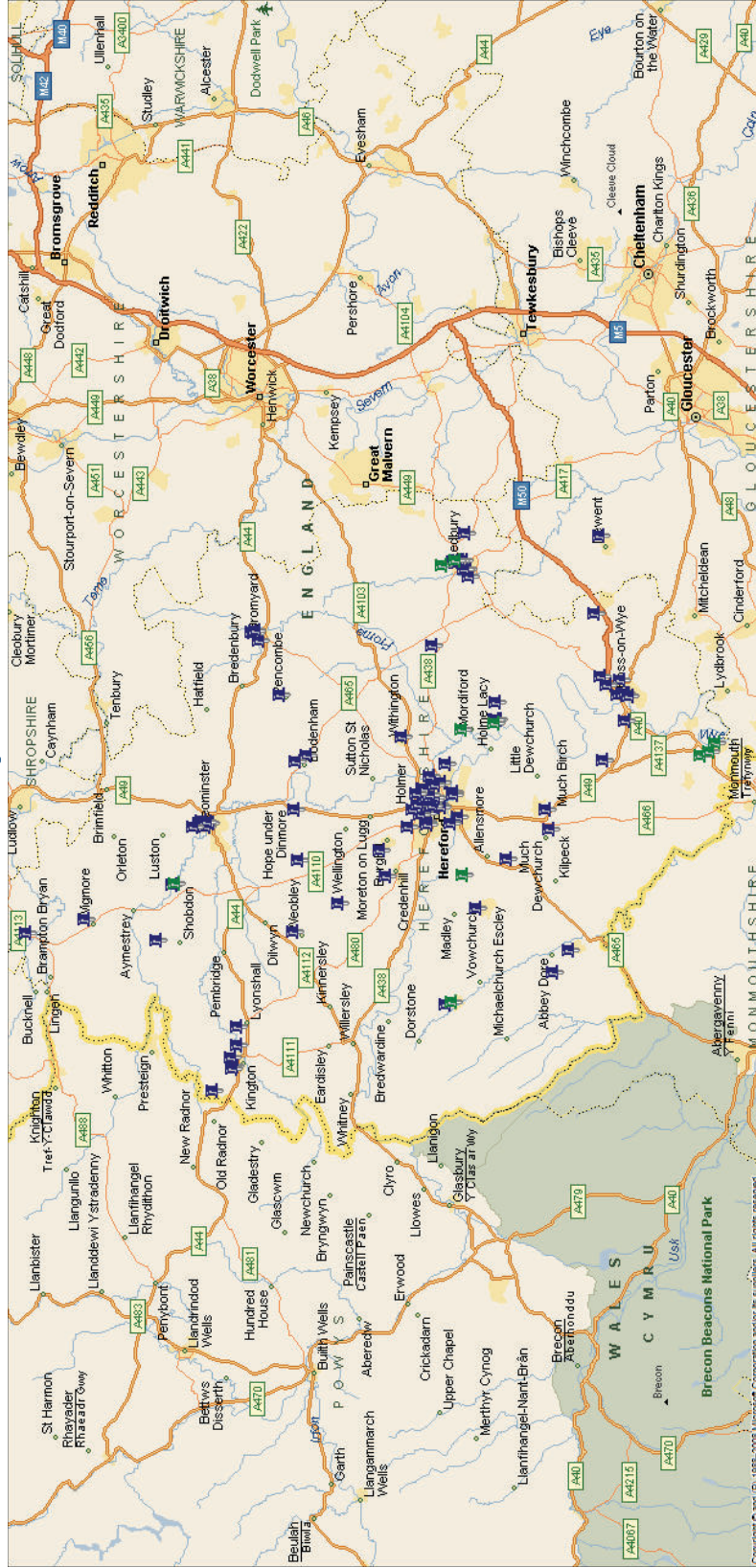


CFR locations based upon postcode of home address

Trust us to care.



PADSITES/CPADS

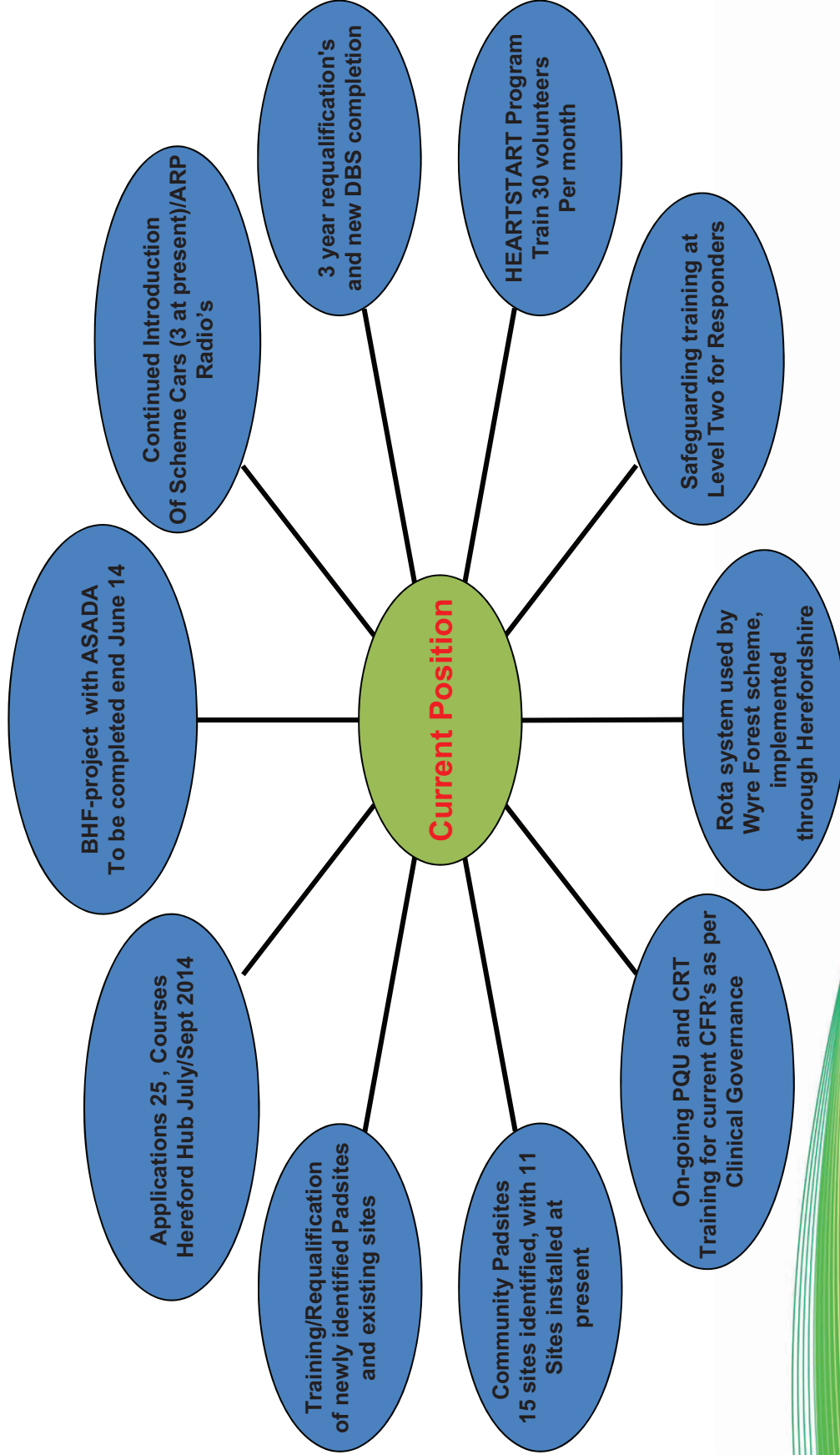


- **Blue - Current Public Access Defibr Sites based on postcode (PADS)**
- **Green - Current Community Padsites based on postcode (CPADS)**

Trust us to care.



Herefordshire Community Response

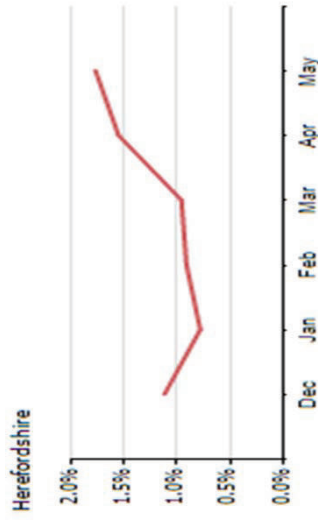


Trust us to care.



Response Performance Uplift

		Community First Responders						
		Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Total
Herefordshire		1.1%	0.8%	0.9%	1.0%	1.6%	1.8%	1.2%
		Padsites						
		Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Total
Herefordshire		4.4%	3.2%	4.4%	3.9%	6.3%	5.2%	4.6%



Trust us to care.



CFR and DEFIB Responses

Month	Herefordshire	
	CFR	Defib
Dec 13	57	76
Jan-14	68	86
Feb-14	97	99
Mar-14	107	89
Apr-14	68	111
May-14	60	84
Total	457	545

Trust us to care.



On Going Plans 2014

Implementation of AED Community Pad Schemes

- Clehonger Parish
- Wigmore Parish
- Dorstone Parish
- Orleton Parish
- Wellington Parish

45 New Community First Responders

- HR2-Dewchurch/SW Herefordshire Area
- HR6 –Leominster Area
- HR9- Ross On Wye Area
- HR1/2 Hereford Area
- HR5 Kington Area
- As well as increasing resources in existing groups
- All schemes/Rota System
- Increase Scheme Cars

Other Projects

BHF- Heartstart program, training of 30 members of the public per month with training completed on all Community PAD sites.
British Red Cross CFR-Co Responders (initial trial in Worcestershire)

Mental & Social Healthcare

²getherin Herefordshire

Where are we now in Herefordshire

23rd May 2014



²gether
Making life better

Foundation Trust
For Herefordshire 

²gether
Making life better

Foundation Trust
For Herefordshire 

How did we do in 2013/14

- We met all of our Monitor Key Performance Indicators (KPIs)
- We met all of our DoH KPIs with the exception of “No children under the age of 18 to be admitted to adult inpatient wards”
- We met all of our Herefordshire contract specific KPIs with the exception of our Improving Access to Psychological Therapies Targets (IAPT)
- We met all of our Commissioning for Quality and Innovation (CQUIN) Targets

Our Overall Position in Herefordshire

- 2013/14 was the third year of our 3 year contract procured by Herefordshire PCT and Herefordshire Council
- We have demonstrable improved the quality, efficiency and safety of services in Herefordshire
- We have Invested more in Herefordshire than we have generated surpluses
- In each Year of the 3 years we have delivered our financial and clinical obligations and beyond
- We are seen as valued system Players and Leaders

One Proposal we haven't yet delivered

- To maximise the opportunities for care and support in the least restrictive environment and to reduce our Adult Bed base from 29 beds to 16
- We are currently operating within 21 beds
- We have had to focus our Crisis resolution Home Treatment Team on supporting the Urgent Care Demands within Herefordshire
- We now have additional investment to address this

Changes within our Commissioners

- We now have 3 commissioners in Herefordshire
 - Herefordshire Clinical Commissioning Group (CCG)
 - Herefordshire Council
 - Public Health England (part of Herefordshire Council)

Herefordshire CCG Issues

- We have had our CCG Contract Extended for 2014/15 and expect the extension to be confirmed into 2015/16 within the next 3 months
- Our Contract Income from Herefordshire CCG will be circa £16m in 2014/15
- We have agreed service developments around Older Peoples (Dementia), IAPT and Liaison Services in 2014/15
- We will be transforming our model of service delivery in 2014/15 to support the transformation of the model of Social Care services within Mental Health and to deliver further improvements/efficiencies

Herefordshire Council Issues

- We have had our Section 75 agreement extended for one year
 - CAMHS Services - £180k – to be transformed
 - SMS Services - £145k – to transfer to Public Health England
 - Adults and Older Peoples Services - £1.2m – to be transformed
- We have had our LD agreement extended for one year
 - LD Services - £1.0m – to be transformed
- Our Total Income from Herefordshire Council in 2014/15 will be circa £2.2m

Public Health England Issues

- We have had our Substance Misuse Services Agreement extended for a minimum of one year
 - SMS Services - £1.7m
- We have been advised that these services will be re-procured in 2014/15

Summary

• Herefordshire CCG Services	£16.0m	325 Staff
• DASH Services (Public Health England)	£ 1.7m	35 staff
• Herefordshire Council (Section 75)	£ 1.2m	25 staff
• 2014/15 Efficiency requirements		
- Herefordshire CCG – 4%	£601k	
- Public Health England – 4%	£66k	
- Herefordshire Council	£150k Adult Services(10.6%) £180k CAMHS Services	

Looking Forward

- We know our Herefordshire Health and Social Care Colleagues face challenging times
- We know we will have to work hard to continue to improve our services and deliver our own Challenges
- We are working hard alongside our Health and Social Care Colleagues to help deliver the whole system challenges



MEETING:	HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE
MEETING DATE:	11 JUNE 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.

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 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.
Monday 8 September 2014 at 2pm	
Children's safeguarding performance data	To examine and challenge the performance data on children's safeguarding.
The children's voice	To examine and comment on how effectively the children's voice is being collected and listened to within Herefordshire. This shall include a progress report on the establishment of an effective Children in Care Council.
Thursday 20 November 2014 at 10:00am	
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 performance data	To examine and challenge the performance data on 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