

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 1 August 2014 at 3.00 pm**

**Present:** Councillor CNH Attwood (Chairman)  
Councillor MD Lloyd-Hayes (Vice Chairman)

Councillors: JM Bartlett, PL Bettington, KS Guthrie, JLV Kenyon, NP Nenadich, CA North, J Stone and GA Vaughan-Powell

**In attendance:** Councillors WLS Bowen, JW Millar, GJ Powell and AJW Powers. Mr R Beeken (Chief Executive, Wye Valley NHS Trust (WVT)), Ms M Clark (Director of Nursing and Quality (WVT), Mr A Dawson (Head of Programme Management, WVT), Mr D Farnsworth (Herefordshire Clinical Commissioning Group) and Mr P Deneen (Healthwatch).

**Officers:** G Hughes (Director for Economy, Communities and Corporate) H Coombes (Director for Adults Wellbeing); J Davidson ( Director of Children's Wellbeing); C Baird (Assistant Director, Education and Commissioning, Children's Wellbeing), A Coyle (Head of Service, Early Help and Safeguarding); E Edwards (Special Educational Needs and Disability Implementation Manager); Mr L Knight (Head of Provider Services (Additional Needs)); J King (Head of Looked After children)

**10. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors PA Andrews, Brig P Jones CBE and SJ Robertson.

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

None.

**12. DECLARATIONS OF INTEREST**

None.

**13. MINUTES**

The Minutes of the Meeting held on the 11 June 2014 were signed and approved as a correct record.

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

Ms P Allen, the Arts and Older People Project Manager at the Courtyard suggested that the Committee receive a presentation on the work undertaken by the Courtyard on dementia care in the community.

**15. QUESTIONS FROM THE PUBLIC**

None.

## 16. WYE VALLEY NHS TRUST ACCOUNTABILITY SESSION

The Chairman welcomed the Mr R Beeken, Chief Executive, Ms M Clark, Director of Nursing and Quality and Mr A Dawson, Head of Programme Management, Wye Valley NHS Trust, to the meeting. In his presentation, the Chief Executive highlighted the following areas:

- That external concern over the quality of services at the hospital had resulted in a Rapid Response Review from NHS England, and an improvement plan had been put in place to address issues that had arisen.
- Modernisation of the management of urgent care had resulted in the standardisation of care across the Trust.
- That nursing levels had successfully been increased, and an additional eighteen posts had been delivered into the A&E Department.
- That there was a 5% growth in pressure on the system and as a result the Trust was seeking to ensure services were more efficient. Work was in hand to change the shape and function of care services across the County.
- Areas of risk included the increase in activity levels related to the urgent care pathway which had seen a rise of 13% in June on the previous year. Elective care referrals in urgent care areas such as gastroenterology had increased 100% on the previous year.
- That the Trust was a small organisation and had significant clinical vacancies which made it hard to offer a seven day a week service in all areas as the recruitment and retention of senior staff was problematic.

In the ensuing discussion, the following points were made:

- That as part of the Community Services, the district nursing service was working well with GP surgeries, but in many parts of the County the co-ordination of care could be improved.
- That a societal change was required in order to help meet the expectations of the elderly regarding end of life care. The Trust was monitoring the percentage of people who died in hospital as opposed to their preferred choice.

The Chief Executive, 2gether NHS Foundation Trust, said that there was more emphasis to ensure people were better informed as to how to stay healthy and how to manage their own care. Neighbourhood hubs were used to prevent situations arising and minimise concerns for service users. The focus of care was being shifted to target patients earlier in the care pathway thereby making both economic and health gains.

- That £1m had been invested as part of the Trust's long term strategy.
- That 15% of the Trusts income came from Welsh funders, who were reliant on the services offered by the hospital. They worked to different outcomes in areas such as waiting times for elective surgery, which meant that the Trust had to manage different systems for patients.
- European nurses had been recruited into the Acute Hospital and ten newly qualified staff would also be starting shortly. There were twenty vacancies in Community hospitals, which were proving difficult to recruit to. Alternative ways of

staffing them would have to be considered, with different skill mixes of staff. Risk was being mitigated by the use of a bank system of nurses, or through staff working additional hours.

The Director of Adults Wellbeing commented that adults with learning disabilities tended to have poor health outcomes, and a self-assessment undertaken on behalf of the Department of Health had found that the health system did have areas that needed significant work including access to primary care and preventative screening programmes. Commissioners and providers would be asked what stage this work had reached. The Chief Executive, Together NHS Foundation Trust added that the Department had considered the Winterbourne Review, and had set up a national piece of work to address the issues raised.

- That urgent care pressure was experienced by the Trust all year round, and savings that were usually made in the summer months to balance winter pressures had been evened out. The Government had already issued additional resilience funds for the winter period, and the Trust was working with the Council and other partners to put this to the most effective use. Part of the aim would be to avoid admissions and improve discharge arrangements
- That the Minor Injuries Units were commissioned by the Herefordshire Clinical Commissioning Group, and a public consultation had already been undertaken concerning them. Re-procurement of the service would be undertaken by the end of 2015, and would include direct public consultation.
- That there had not been an increase in complaints during the recruitment of staff, but there had been an increase in response times to the complaints that had been made as internal processes had been improved to ensure that the complainant received a more rounded response. Detailed reports of complaints were included in quarterly reports to the Trust's Board. Complaints were learnt from and an improvement plan had been put in place based on complaints. Pharmacists were now in uniform, a move that had been well received by patients. Communication skills had been worked on, and doctors were expected to introduce themselves when dealing with patients.

The Chairman of Healthwatch said that the Trust had been very inclusive when dealing with Healthwatch. There had been good case studies at the Trust's AGM, and regular meetings between Healthwatch and the hospital. The management of the hospital were in a listening mode, and all issues that had been raised had been acted upon. He added that he believed that it was important that communication across the whole social care system be improved, but work in this area was in hand.

- That no formal proposals had yet been received regarding the Worcestershire Acute Hospitals NHS Trust service alterations, so it would not be possible to comment on this. Of greater concern was potential hospital reconfiguration across the border in Wales.

A Member suggested that as education for the public to ensure that they used services correctly was a paramount issue, consideration could be given to including a leaflet with the Council Tax bills when they were sent out each year. It was noted that there were a number of different schemes in place to ensure patients were using the correct services.

- That discharge arrangements within the hospital were proving to be complex for even the nursing staff to manage, so a discharge bubble had been introduced which provided a stable, effective and consistent approach for patients no matter which ward they were on. Assessments for discharge by social care did not need

to be undertaken in a hospital ward, but could be done in a nursing home or a place of safety.

- That a GP triage in A&E was in place at week-ends, and was proving to be particularly effective in the evenings. Patients were seen and discharged quicker than if there had been no GP present. Support was being sought from Taurus and Primecare to instigate this in the evenings during the week.
- That whilst there was nothing that the hospital could do regarding the car parking charges, as the car park was sub-contracted to an external company through the PFI agreement. Whilst this company were entitled to do so, it had decided not to raise the price of parking this year. This was a recognition from the PFI partners that parking prices were a matter of concern. Concessions were offered wherever possible to regular patients and those with long running conditions.

The Chairman thanked Mr Beeken for his candid and open approach to the Committee.

## **17. HEREFORDSHIRE COUNCIL'S IMPLEMENTATION OF THE CHILDREN AND FAMILIES ACT 2014**

The Committee received a report on the Council's Implementation of the Children and Families Act 2014.

During the subsequent discussion, the following areas were raised:

- A new approach to Special Educational Needs (SEN) provision would be provided from the 1<sup>st</sup> of September which would involve significant cultural changes of practice in education, health and social carer. For example, the Council would be expected to offer personal budgets for service users, and the scale of this offer would be increased over the next two years.
- That case loads for social workers were being reduced, and matters were now being resolved within 26 weeks.
- That work was underway with parent groups in order to facilitate the introduction of the new processes, and parents would be contacted individually before receiving formal letters.
- That the joint commissioning arrangements would include a requirement for internal dispute resolution between agencies.
- That statemented children, and those with education, health and care plans, should be reviewed on an annual basis, but it was incumbent on schools to provide the Council with updated information on individuals. There was a need to ensure that there was greater clarity regarding the reviewing process to ensure it addressed the needs and development of each child.

In reply to a question regarding the confidence within the Council to be able to effect a change in culture, the Assistant Director, Education and Commissioning, Children's Wellbeing said that they were confident that it could be achieved, but that it would be two to three years before a more holistic approach would be embedded.

**RESOLVED: That the report be noted and that the committee review progress in implementation of the Act in eight months' time, focusing particularly on the**

**response to the Act by health services in Herefordshire, both commissioning and provider services.**

**18. PUBLIC HEALTH UPDATE (Verbal Report)**

The Director of Adults Wellbeing provided a verbal update on the changes in the management structure for public health. She highlighted the following areas:

- That whilst there was no designated Director of Public Health in post, the functions of the Director of Public Health were being covered and the Council was legally compliant. The Council was receiving weekly support from Public Health England and informal support from Shropshire Council in order to ensure compliance. Appointment of the functions would need to be jointly agreed between Public Health England and the Local Authority, but there would be someone designated to undertake the functions.
- An additional full time consultant in Public Health would be appointed, as well as a part time post.
- The focus over the next few weeks would be on commissioning of services, and discussions would be undertaken as to how the Committee should be involved in this process.

In reply to a question from a Member as to whether the Council had strong leadership and a clear vision to deliver public health, the Director said she was confident that it had both.

**RESOLVED: That the report be noted**

**19. WORK PROGRAMME**

The Committee received its Work Programme.

**RESOLVED: that the following items be included in the Work Programme:**

- a) **That a Workshop with Communication Leaders from Partner Agencies would be held on the 18<sup>th</sup> September.**
- b) **That the impact of housing developments in Herefordshire on Hereford Hospital and other social services, presently on the work programme as an unallocated item, should be considered before debates around the Planning Inspector considers the core strategy.**
- c) **That an update on Care Homes should be provided by Adult Social Care; and;**
- d) **That an update on the implementation of the Children's and Families Act should be provided to the Committee in 9 months' time.**

The meeting ended at 5.05 pm

**CHAIRMAN**