

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at The Council Chamber, Shire Hall, Hereford on Wednesday 3 December 2014 at 2.30 pm**

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

Councillors: PA Andrews, Brig P Jones CBE, J Norris, CA North, SJ Robertson, J Stone and GA Vaughan-Powell

**In attendance:** Councillors C Nicholls, GJ Powell and AJW Powers

**Officers:** H Coombes (Director for Adults Wellbeing), P Deneen (Independent Chairman, Healthwatch Herefordshire), G Hughes (Director for Economy, Communities and Corporate), B Norman (Assistant Director, Governance) and DJ Penrose (Governance Services)

**39. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors JM Bartlett, KS Guthrie, PL Bettington, JLV Kenyon, NP Nenadich and DB Wilcox.

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

Councillor J Norris for Councillor JLV Kenyon.

**41. DECLARATIONS OF INTEREST**

None.

**42. MINUTES**

The Minute of the meeting held on the 24<sup>th</sup> November 2014 were approved and signed as a correct record.

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

None.

**44. QUESTIONS FROM THE PUBLIC**

None.

**45. PRESENTATION ON THE DEMENTIA WORK UNDERTAKEN BY THE COURTYARD, HEREFORD**

The Committee received a presentation from Ms P Allen, in which she highlighted the following points:

- That Herefordshire had the lowest diagnosis rate for dementia at 32% of people living with dementia having a formal diagnosis which was below the national average of 48%.

- In 2010 The Courtyard had secured EU and Council funding to establish its Arts and Older People project, the aim of which was to reduce the isolation of older people through direct access to the arts. The Project undertook training aimed at unpaid carers, carer professionals and artists around specific themes such as Creativity and Communications
- The Courtyard had been involved in awareness raising with the Alzheimer Society and was the first arts centre to become involved with the initiative. It had been part of the Prime Ministers Challenge Group which had designed a series of industry standards to support arts venues to become more dementia friendly.
- That there had been over 14,000 attendances to the projects, events and training and that these numbers had risen every year. The Courtyard was committed to its older people's agenda and was intending to expand its provision.

In the ensuing discussion the following issues were raised:

- That the programme was engaged with local third sector partners, but had less interaction with GP surgeries.
- Funding was mainly from the Big Lottery, but the paid for activities also helped to keep it going. The Courtyard was keen for the programme to be self sufficient and income generating, but it was hard to put a monetary value of the services that were offered.
- That the work would be part of the Dementia Implementation Plan, of which the Courtyard was a major participant.
- That this work fell into the area of 'social prescribing' and Dr Watts undertook to direct fellow GPs toward the Courtyard's programmes.
- That other programmes such as the Rural Pub Arts had suffered from inconsistent funding which meant that it had not been possible to keep running it.

The Chairman thanked Ms Allen for her presentation.

#### **46. WYE VALLEY NHS TRUST**

The Committee received a presentation on the recent Care Quality Commission report of its Inspection of the County Hospital by Mr R Beeken, Chief Executive and Mr M Takolia, Interim Chairman of the Trust. The following points were raised:

- That there were significant service challenges around the Urgent Care Pathway. There was a lack of depth of leadership across A&E, and that the Trust as a whole was an immature organisation which did not learn from its mistakes.
- That whilst demand had exceeded supply for some time, the County Hospital had not made itself more efficient in order to meet the needs of the patients. There had been a 7% increase in admissions to A&E over the year, and a concomitant 23% increase in emergency admission to the hospital. Recruitment of consultant staff was a problem for the Trust, and the working hours of existing staff had been extended in order to ensure that a consultant would be present in A&E. New ways of working were being looked at, including introducing advanced care practitioners and advanced nursing staff.

- Patient length of stay in hospital was good compared to other hospitals, but bed occupancy was higher than the hospitals peers. This meant that there was a huge problem when there was a surge in demand.
- The concerns raised by the Care Quality Commission were being taken seriously and had been addressed in an overarching improvement plan, attached to the Agenda.
- The Urgent Care System was being improved by the introduction of the ambulatory care system, was a patient focused service where some conditions could be delivered on an outpatient basis. Ambulatory emergency care cases were averaging 11 a day.
- Work was in hand with external partners on the System Resilience Plan. Mobile day surgery units were in place in order to ensure that elective routine surgery could be continued. There were insufficient specialist staff to be able to offer a seven day a week discharge, and the Trust would need to be creative in order to be able to offer this service
- That there would be improved capacity in outpatient units through a capacity planning process of human resources and the available physical space. Work had been undertaken with the HCCG to reduce demand on secondary care.
- That the Executive Board would develop twelve key outcomes against which the Hospital would deliver in order to ensure that the process had been successful.

In the ensuing discussion, the following points were made:

- That non-recurrent funding from central government was not helpful in this situation, as it did not allow for long term planning and it was not possible to build resilience with such funding.
- That the Hospital had worked with the Council regarding the plans for economic and population growth within the city and the County.
- That the role and membership of the Trust's Board had been strengthened in order to ensure that they would have better oversight of the operation of the Trust. New members included Richard Humphreys from the Kings Fund and Andrew Cotton, previously the Chief Executive of the Powys Teaching Health Board who would bring a greater understanding of cross border issues. The Board do ward rounds, and had regular contact with patients.

In reply to a question, the Clinical Lead, HCCG said that there was a problem recruiting GPs in Herefordshire, and alternative clinical models were being looked at such as employing Physicians Assistants in practices.

- That a series of activities were in hand to improve the discharge process. These included short, high intensity ward rounds by consultants. AS well as increasing the Trust's own transport capacity, discussions were in hand with the St John's Ambulance Service in order to facilitate transport following discharge. Electronic record keeping would also speed up the discharge process by allowing for medication to be provided in a more timely fashion.
- That every patient had a named nurse and consultant when admitted to hospital. There were matrons on the wards, and it was ensured that they were not numbered

amongst the working nurses on that ward in order to allow them to liaise with families and deal with discharges.

- That no staff posts had been held back for financial reasons. As the Hospital was small and geographically isolated, it was struggling to recruit specialist staff. Teaching hospitals were more of a draw for staff.
- That delayed transfer of care was usually blamed for bed blocking, but some patients at the Acute or Community Hospitals should be moved to alternative accommodation. There was a belief that there were periods when there was a disproportionate influx of patients from the Powys Health Board area, but whilst there were times when more patients were admitted, this was not a chronic problem.
- That patient notes were held electronically by GPs, with the exception of some patients with long medical histories. The availability of patient's notes did not delay appointments, but it could reduce the quality of the decisions made the physician. Funds had been received for the introduction of electronic patient records at the Trust. This was not just an IT project but also a cultural change for the organisation.
- That the Hospital was spending a lot of time being scrutinised at the moment by various part of the NHS structure. University Hospitals Birmingham NHS Foundation Trust had provided a diagnostic for the hospital in order to ensure that they were in a position to provide the appropriate support during this period. They were proving to be very helpful, but there was a need to accelerate the help they were given to ensure that targets would be met.
- That, with regard to both adults and children's safeguarding, the contracts to an agency for nursing staff were let to a set standard of training that staff were expected to meet. Individual policies and procedures did differ for every organisation. The nursing establishment was improving, so it was possible to release staff for additional training when required.

**Resolved:**

**That**

- a) the report be noted; and;**
- b) That the Trust be invited to provide an update to the Committee at their meeting in March 2015.**

**47. HEALTHWATCH UPDATE**

The Committee noted an updated report from the independent Chairman of Herefordshire Healthwatch.

The Independent Chairman said that the report was designed to assure the Committee that Healthwatch was active across the health and social care landscape in the County, and to highlight that it was working collaboratively with all agencies to ensure the best outcomes for Herefordshire.

In the ensuing discussion, the following points were made:

That there was sufficient contact with the Wye Valley NHS Trust, and a series of enter and view visits were in place, as well as regular consultations with

That there was a programme of visits to community hospitals in place, and Leominster and Ross would be visited in the New Year.

**Resolved: That the report be noted.**

**48. ADULT SOCIAL CARE LOCAL ACCOUNT**

The Committee noted the Adult Social Care Local Account 2013/14.

In the ensuing discussion the Director of Adults Wellbeing said that the culture around Direct Payments was changing in order to ensure that service users were in a position to make the best choices for themselves. There were some areas that the market was not yet ready to provide, and a clear demand for some services was required in order for the market to be in apposition to fulfil them.

**Resolved: That the report be noted.**

**49. ADULT SOCIAL CARE PEER CHALLENGE**

The Committee noted a report on the Adult Social Care Peer Challenge.

In the ensuing discussion the Director of Adults Wellbeing said that the process had been critical but fair, and had highlighted areas that had been reviewed. In response, a year-long consultation and dialogue for change was in place in Adult Social Care.

It was noted that if assessments and support plans were effective, then people should have the right amount allocated in their direct payment and therefore claw back of any unspent funds would be the exception not the norm. If users were not able to find the appropriate services, then the Council could commission them on their behalf. There was a full assessment before any claw back took place, which was why the action in the peer challenge report in terms of prioritising actions had been marked as a lower priority for the service.

**Resolved:**

**That:**

- a) **The Committee note the outcome of the review attached at Appendix 1 of the report, and;**
- b) **note the action plan attached as Appendix 2 as the response to the areas for improvement that had been identified.**

**50. WORK PROGRAMME**

The Committee noted and updated its Work Programme.

**Resolved: That the report be noted.**

The meeting ended at 5pm

**CHAIRMAN**