

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at The Committee Room, Shire Hall, Hereford on Tuesday 24 March 2015 at 10.00 am

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

Councillors: JM Bartlett, PL Bettington, MJK Cooper, KS Guthrie, JLV Kenyon, NP Nenadich, CA North, SJ Robertson, P Sinclair-Knipe and GA Vaughan-Powell

In attendance: Councillors ACR Chappell and GJ Powell (Cabinet Member, Health and Wellbeing)

Officers: H Coombes (Director of Adult's Wellbeing), J Davidson (Director of Children's Wellbeing), Dr A Mahmood (Consultant in Public Health), A Merry (Consultant in Public Health), Jo Robins (Consultant in Public Health), Dr A Talbot-Smith (Consultant in Public Health), Prof R Thomson (Director of Public Health), R Vickers (Assistant Director Homes and Community Services) and D Penrose (Governance Services)

73. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor PA Andrews.

74. NAMED SUBSTITUTES (IF ANY)

None.

75. DECLARATIONS OF INTEREST

None.

76. MINUTES

The Minutes of the meeting held on the 4th February 2015 were approved and signed as a correct record.

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

None.

78. QUESTIONS FROM THE PUBLIC

None.

79. ACCOUNTABILITY SESSION

The Committee received public accountability presentations from organisations within the health sector. The Director of Public Health highlighted the following areas in his presentation:

- That there was a need for greater integration between Health and Social Care, and that this would become more apparent in the run-up to the General Election.
- That of the 150 Local Authorities, Herefordshire ranked at 30th in terms of public health.
- That the need to address the health and wellbeing of parents and children would be a focus, and issues such as inactivity and obesity would be considered.
- That there were a number of assets in the County which included a refresh of the Joint Strategic Needs Assessment and strong community ties.
- That his post was shared with Shropshire, where he had been in post for the last five years and that during that time there had been five Directors of Public Health in Herefordshire. It would be possible to use to the best effect the expertise that each County had developed.

In reply to a question from a Member, he said that, in relative terms, the number of traffic accidents in the County was low. The Community Safety partnership took the lead on the road traffic accident reduction, and whilst there had been an increase, this was an issue for multi-agency work. The design of the roads was not the issue, but it was more a question of how communities used the roads. Speed cameras were more likely to catch locals who were speeding in a given area, rather than those who were passing through.

- That the Local Authority and the Herefordshire Clinical Commissioning Group (HCCG) were now part of a national diabetes prevention initiative.
- That the rates of syphilis were not significantly different in the County compared to national levels, but STD's were more of a concern in the over 50 age group, who no longer saw themselves at risk of pregnancy.

In reply to a question, he agreed that community support was needed for traffic calming measures, both within the city and on arterial rural roads.

In reply to a Member's question, the Director of Children's Wellbeing said that young people were increasingly going into social work, and within Herefordshire. The problem was not attracting them, but more one of retaining them as career progression was limited in the County.

The Committee received a presentation on the Health and Wellbeing Strategy. The Consultant in Public Health highlighted the following areas:

- That a focus on the increasing number of those over 65 within the County was important
- That the growth in the numbers of people living with single and multiple long term conditions was increasing.
- That there was good data on the needs of the population in the County, collated through the Joint Strategic Needs Assessment, the Integrated Needs Assessment and the Mental Health Needs Assessment.
- That cross partnership working was very important, as no single organisation was solely responsible for health and wellbeing.

In reply to a Member's question, the Director of Children's Wellbeing said that the number of children missing from care was monitored by the Herefordshire Children's Safeguarding Board. The numbers were low in the County, and there was close working regarding the matter with the Police and children's homes. The Safeguarding Board scrutinised this area with great care. The Committee would be informed if there was significant change in the Performance Indicators.

- That both those with learning and physical disabilities had been included in the strategy, and that both groups were part of the consultation process. This reflected the shift from paternalism toward encouraging those with learning or physical disabilities to take care of themselves and support others.

The Consultant in Public Health concurred with a member's suggestion that mental health should be considered as the highest priority, and said that one in twenty people in the County had indicated that they felt lonely. There was a role for the third sector in this area.

It was noted that the Civilian Military Task Group was in place to ensure that the actions of the Herefordshire Armed Forces Community Covenant were acted upon, and that one of its priorities was that of the mental wellbeing of ex-servicemen.

In reply to a question from the Chairman, the Cabinet Member (Health and Wellbeing), said that the Health and Wellbeing Board was accountable to NHS England, the Department of Health and the Local Government Association. Through the Council and the Provider Boards, it was accountable to the residents of the County. The Committee had a role to play by providing an overview of the performance of the Board.

The Committee noted a presentation from Healthwatch Herefordshire. In the ensuing discussion, the following points were made:

In reply to a question, the Chairman of Healthwatch Herefordshire said that it was currently looking at issues around the voices of young people in Herefordshire, and had undertaken a consultation in order to get the views of young people on health and social care matters. He added that there had been a lack of support for health issues at the Sixth Form college, but that this was now being addressed by Taurus Healthcare Ltd.

In reply to a further question, he said that information on Healthwatch had been sent to sixty thousand households as well as to organisations within the County. Healthwatch had a particular remit to enter and view organisations and a number of different roles to fulfil. It was fulfilling these proportionally and efficiently. Healthwatch was working to ensure that those without a voice were being heard within the County. There had been a twelve week programme of advertisements on the back of buses as well as with radio and other media outlets. 60% of people in the City and the market towns were aware of Healthwatch and its activities, and work was being commissioned to provide a baseline figure for the rural areas.

Resolved: that the reports be noted

80. WYE VALLEY NHS TRUST UPDATE

The Committee received an update report on progress made at the Wye Valley NHS Trust. In his presentation, the Chief Executive of the Trust highlighted the following points:

- That there were issues concerning the Urgent Care Pathway, and it was clear that there was insufficient resilience within the Hospital, and a need to reduce the demand on its services. In order to reduce the demand on A&E, community services would need to be improved and physical capacity would need to be expanded in the Hospital itself.

In reply to a question from the Chairman, he said that the plans for the next financial year were manageable within the envelope that had been negotiated with the Herefordshire Clinical Commissioning Group (HCCG). Limitations to the estate would mean that issues would only be resolved to a certain extent. In the medium term, lower bed occupancy was needed over the next two to five years. A view would have to be taken as to what could be done to manage seven day working. It was likely that a quality premium would need to be paid.

- That compliments outweighed complaints about the hospital by 10 to 1. Training rates were not acceptable for nursing staff at the moment, but the hospital was carrying vacancies for 87 qualified nurses at the moment and it was not possible to sufficiently staff each shift. New approaches to recruitment and retention would have to be taken and a number of highly qualified Filipino nurses were being recruited. Part of the recruitment and retention strategy was also to recruit local staff who were not currently on the register.
- That an approach had been made for military medical staff to be involved in the work of the Hospital, but that the outcome had not been as fruitful as had initially been hoped.
- That there were marginal savings to be made by sharing back office functions between different organisations in other Counties. It was becoming increasingly difficult to deliver the increasing standards that were expected within an envelope in the NHS that was receiving reduced funding. A less complex and risk averse system might allow for financial savings.

The Chief Executive of the Trust welcomed the Chairman's suggestion that the Committee could provide help by lobbying on behalf of the hospital, and said that this was not the most appropriate time to provide this support. Partial mitigation of the financial and quality challenges was in hand, and all avenues should be exhausted before such an approach should be taken. The Cabinet Member (Health and Wellbeing) concurred and pointed out that the Council already lobbied on a range of issues, and at this stage the Government rebuttal to such an approach would be to question whether all avenues had been exhausted on a local level. It was important to quantify how much could be achieved through the integration of pooled budgets and how large the financial gap was after doing all that was possible locally.

Resolved: That the report be noted

81. STROKE PATHWAY UPDATE

The Committee received an update on the work on the Stroke Pathway. In the ensuing discussion the following points were made:

- That the business case was based on a single site model.
- That the unit would receive telemedical support from partners in Gloucestershire and whilst all of the therapists had been recruited, there was currently only 1 consultant in place. Locum support was in place, and interest had been expressed in the two available consultant posts.

- That there would be an increase in the available number of beds for stroke patients to 16 by October 2015.
- That the Filipino nurses who were being recruited to join the hospital would be retained on two year contracts. This had not been the case in the past.

Resolved; That the report be noted.

82. INTEGRATED URGENT CARE PATHWAY PROJECT

The Committee received a report on the Integrated Urgent Care Pathway Project. The following points were highlighted:

- That the submission by the Wye Valley NHS Trust of the proposed solution to the requirements of the project would be evaluated by stakeholders, and that an accountable lead had been nominated by the Council. The evaluation would determine whether or not the solution met the needs of the Herefordshire Clinical Commissioning Group (HCCG).
- It was anticipated that should the Trust's submission be successful and were assessed as meeting the HCCG's requirements, then the aim would be to begin implementing changes by the Autumn of 2015.
- That areas of concern included the current uncertainty that patients had as to whether they were presenting themselves in the right place. Staff were also concerned over their contractual position as changes were introduced.

Resolved: That the report be noted

83. WORK PROGRAMME

The Committee noted its Work Programme.

The meeting ended at 12.50

CHAIRMAN