

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Friday 29 January 2016 at 10.00 am

Present: Councillor PA Andrews (Chairman)
Councillor J Stone (Vice Chairman)

Councillors: CR Butler, ACR Chappell, PE Crockett, CA Gandy, JF Johnson, PD Newman OBE, A Seldon, NE Shaw and D Summers

In attendance: Councillor WLS Bowen (Chairman, general overview and scrutiny committee)

Officers: Richard Beeken (Wye Valley NHS Trust), Hazel Braund (Herefordshire Clinical Commissioning Group), Annie Brookes, Jo Davidson, Dr Susan Gilby (Wye Valley NHS Trust), Geoff Hughes, Paul Deneen (Healthwatch Herefordshire), Martin Samuels, Adam Scott, Museji Takolia MBE (Wye Valley NHS Trust) and Professor Rod Thomson

49. APOLOGIES FOR ABSENCE

There were no apologies received for absence.

50. NAMED SUBSTITUTES (IF ANY)

None.

51. DECLARATIONS OF INTEREST

Councillor PE Crockett declared a disclosable pecuniary interest in agenda item number 7 as an employee of Wye Valley NHS Trust.

52. MINUTES

RESOLVED

That the minutes of the meeting held on 14 December 2015 be approved as a correct record of the meeting.

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

None received.

54. QUESTIONS FROM THE PUBLIC

None received.

55. WYE VALLEY NHS TRUST CARE QUALITY COMMISSION INSPECTION

Councillor PE Crockett left the meeting for this item having declared a disclosable pecuniary interest as an employee of Wye Valley NHS Trust.

The Wye Valley Trust chairman, the medical director and the chief executive attended the meeting. The trust chief executive gave a presentation which described the Care Quality Commission's (CQC) ratings, the trust's response, the quality improvement plan for exiting special measures, and the challenges faced.

The scrutiny chair observed that the CQC's report made depressing reading and that it suggested the trust was seemingly not engaged and needed more leadership.

The trust chief executive challenged some aspects of the CQC report, giving the example of mandatory safeguarding training; whilst there was room for improvement, there was greater engagement than reflected with regard to the board. The role of corporate parents and plans for improvement were in place.

Members made a number of comments and observations which in summary were that:

- staff at the hospital were thanked for ensuring that the criterion of care was rated as good and it was important to recognise this;
- whilst there were genuine areas of concern, the CQC report appeared to pick up on some rather specific issues;
- the extent of the relationship between financial pressures, the impact of the private finance initiative and the CQC's findings were noted;
- the impact of morale on recruitment and retention of staff was noted;
- the absence of press to hear the facts presented at today's meeting was noted. It was positive that things were moving forward which should not be glossed over, and this needed to be communicated to the press;
- the CQC appeared to have made comparisons with other west midlands hospitals without taking into account the different geography and demographics such as an above-average population of older people impacting on mortality rates;
- whilst complexities of the NHS were understood, assurances were given in October 2014 that the trust was doing all it could do to improve, but remained in special measures. There was therefore an imperative to ensure that the NHS in county was properly funded, bureaucracy reduced and investment made in front line services;
- in terms of joint working and funding between public services, the concept of one Herefordshire was little understood by the public and more information was needed on this. There should be closer working between council and health colleagues so that the next CQC visit was more positive;
- in some cases, for example 1 Ledbury Road, there was a lack of communication with the public which the trust was trying hard to address, and attention needed to be given to the use of language which was meaningful to the public;
- patient advocacy was an important consideration as carers often had a different view on care provided in hospital and consideration was to be given to the use of independent people to take issues up with management;
- the executive team had a lot to address, which was daunting, and it was hoped that the team was prioritising to minimise the effect on patients;
- there were mixed reports on the quality of food served at the hospital and that food was an important factor for people staying in hospital in terms of recovery and morale;

Representatives from Wye Valley Trust made the following comments in response:

- financial pressures caused by the private finance initiative were not a direct factor in the context of the issues raised by CQC as settlement of the contract would contribute just £3m to the 20m deficit;
- the CQC findings were a difficult message for staff to handle and morale needed attention;

- regarding demographics being a factor in mortality rates, the indicators were complex and reported retrospectively and counted the actual number of deaths against the expected number where people should not have died. New governance process had been introduced along with a multi-specialty team to look at concerns and systemic issues. Since March no patients were identified who would not have died. Assurance was given that the acute hospital was a better and safer place and where there had been lapses in care, things were improving;
- public responses locally were heartening as they reflected what patients said, that they were being cared for and quality of care was good. However there was no room for complacency as there were issues that needed managing better. The ambition was to improve within months and the trust was in the realms of achieving that compared with the position in 2014;
- there was some frustration in meeting the wider NHS system to explain activity as there was insufficient time within the frequency of reporting requirements to achieve the changes required. However, it was believed that there was progress despite the ratings;
- being in special measures incurred costs on top of the need to invest in services such as emergency department staffing, a computerised tomography (CT) scanner and new beds in order to be a resilient general hospital that was essential in the county;
- with regard to 1 Ledbury Road, the trust was working hard to change the care model to meet new demands and expectations within the national strategy, although it was recognised that communication was not sufficient to reduce public anxiety;
- valuable insight could be gained as a result of increasing involvement of service users on performance and in redesigning services. Healthwatch played a vital role in providing objectivity and could be used more along with increasing the use of volunteers and healthcare assistants to get care right and spend more time with patients to provide a better patient experience;
- the CQC report was felt to be fair and accurate but the ratings were not. The organisation has made strides regarding the immediate safety concerns. Initial feedback from a TDA (Trust Development Authority) and Clinical Commissioning Group (CCG) inspection of the emergency department yesterday suggested that there had been improvements since the CQC inspection;
- improvements could be made in the approach to engaging staff in professional accountability to comply with policies, procedures and training to focus on individual accountability;
- recruitment and retention needed wider input from the NHS national training authority and with the creation of new clinical roles to cross professional boundaries;
- the trust board met for a prioritisation session in November in anticipation of the CQC visit to look at improving patient safety, improving recruitment and retention and accelerating work with other organisations on the strategic future of clinical services and these would be reflected in the annual plan;
- the council could help by working together on public services being more attractive places to live and work and also in supporting the provision of ward accommodation as capital was scarce. Changes needed to be developed through one Herefordshire as clinical services could not continue as they were being delivered and change would need support and understanding;
- processes were in place to ensure that doctors were held to account for inappropriate behaviour, and individual issues would be heard separately and addressed;
- the medical director had read all complaints and assurance was given that they were addressed. Care had changed in the past ten months and work continued to ensure this was embedded, with a team of professional leads to ensure good medical practice as per the requirements of the General Medical Council (GMC);

- it was agreed that hospital food was vital. The trust scored poorly in the patient survey on food and how it was served, so ratings were understandable. Catering was managed through the PFI contract on an average budget of £5.50 per patient per day and there were national standards for food, choice, delivery and support to eat. However, more assertive management of the service was needed through the contract to ensure there was an environment that supported such criteria as dietary assessment;
- the report highlighted that the trust did not always do the right thing for patients and every instant examined and lessons learned. There was executive oversight of serious incidents and where there were matters of behaviour and compliance. All members of the executive were aware of incidents, with lessons learned and embedded actions. The CQC was complimentary of this process.

The chair of Healthwatch Herefordshire responded to members' comments regarding patient advocacy. Healthwatch visited a ward with clinical leads and executive directors. They interviewed staff and assessed the environment and passed on views, and would continue to monitor and carry out further ward visits. Healthwatch did a lot of visits and linked to the trust board and the special measures oversight group. A pre-inspection visit with board members gave a better impression of the hospital than reflected by the CQC and so there was disappointment that the trust was not taken out of special measures. As an independent assessor, Healthwatch had great confidence in leadership and management to carry improvements forward.

The chairman thanked representatives from Wye Valley Trust for attending and for being honest.

RESOLVED

THAT:

- a) the presentation be noted;**
- b) trust staff be thanked and that the report be recognised and an improvement plan anticipated; and**
- c) trust senior officers provide an update on progress in six months.**

56. ADULT AND WELLBEING QUARTER 3 PERFORMANCE

The performance report was presented by the director of adults and wellbeing, highlighting key points and areas for future exploration.

Key achievements were identified as:

- a new approach in dealing with complex cases to ensure they were person-centred and giving greater ability to assess and review;
- new contracts for sexual health and substance misuse and seeing benefits of new approaches;
- responding to closure of a care home with 5 days' notice which presented pressure and complexity in assessing and moving residents safely. The team performed well and all residents were placed safely; and
- care service recruitment presented a challenge in responding to the vibrancy of the county.

Aims were summarised as:

- to actively work to ensure Care Act responsibilities were met and case reviews fulfilled. This would provide a solid baseline that all have proper assessment; and
- moving forward following delays in launching the WISH service to ensure a quality service was being provided. The service was working on ensuring it covered the whole population. The service would be going live in the next few days and officers were working closely with the operator, SIL (Services for Independent Living).

Members' attention was drawn to the dashboard information in the report. In particular, residential care numbers, as placements were never the preferred option over people remaining in their own homes. Officers were working to ensure staffing was structured to ensure ongoing engagement for early intervention and provide support at suitable points.

An overspend of 0.1% of the gross budget was forecast and whilst few other services were working within budget, there was discomfort with an £88,000 overspend.

The director for adults and wellbeing identified items for focus:

- provider failure/closure of residential homes as a common issue due to financial circumstances. There was close working to ensure that there are mechanisms to ensure that homes can stay open or residents have a smooth transition to new accommodation;
- promoting independence and no longer commissioning visits of less than thirty minutes; New arrangements would be in place early in 2017-18 in order to take time to get the service right and not rush implementation.

A member commented on the commissioning of home support services as being the ideal way forward although there was concern regarding rurality and how costs were identified in carrying out provision in rural areas. Isolation was also a concern and it was considered that this was the primary reason for lonely people going into residential accommodation.

The director for adults and wellbeing acknowledged that loneliness was a key factor in reducing wellbeing and deterioration and could be as harmful to health as smoking and this was being addressed. Growth in residential care was a national phenomenon and benchmarks were being considered. More needed to be done to address community resilience to support people and avoid decline. Rurality was a factor in providing domiciliary care and from 1 October 2015 there had been a rural premium for those people living more than 5 miles of the centre of Hereford or the market towns to support travel costs. There needed to be greater understanding of the impact of the ratio between contact time and travel time and how the workforce could be used more efficiently and increase journey efficiency.

A member commented on the terminology and abbreviations contained in the report's commentary on the WISH project making the information hard to understand. The director of adults and wellbeing clarified that there were three separate technical issues. One referred to WISH, which had been delayed but was now due to launch within days. The second referred to the electronic document record management system (EDRMS), which had also been delayed but was now on track for its revised launch. However, the third issue, the upgrade of the social care case management system had been proving more problematic. The new system would make things easier and there was now confidence that issues were being addressed although this was not as quick as would have been preferred. The system upgrade would enable mobile and remote working and ensure care act compliance. This was a significant upgrade and it was challenging. The people using it were vital for its success so there were plans to ensure there was proper training and support in place, rather than treat it purely as a technical exercise. There was confidence that there would be arrangements in place to go live in April.

In answer to a member's comment on the fragility of the care home market and ongoing assurance of quality and continuity, the director for adults and wellbeing explained that the sector was diverse in composition and mostly locally owned. There was a statutory responsibility for them to be monitored by the CQC, although the CQC's financial monitoring was limited to the larger national chains. The council was responsible for monitoring smaller ones though this remained challenging in part due to lag between the end of an operating year and their publishing their accounts. There was therefore some

reliance on local intelligence. Moving vulnerable people at short notice was always to be avoided if at all possible, as there was a link to mortality due to residents' limited resilience to recover from the impact of moving.

The vice-chairman asked about progress on the development of pop-up hubs particularly in market towns and village halls to support WISH. It was confirmed that although the service was primarily focused on signposting people to the website, there remained a place for face to face resources. There would be a physical presence in Hereford and also pop-up resources, which were advertised in the Hereford Times.

A member asked about the services that would be ceasing and which were statutory. It was clarified that that via the Care Act there was a clear statement of what the statutory services were. These included a responsibility to undertake assessments where required and ensure the provision of the care needed to meet national thresholds and have regard to wellbeing. There was a broader definition than previously, where focus was on delivery of care. Safeguarding was also now a statutory role.

All service areas were looking at securing the best value for money to address demand appropriately and there would be consideration of where there were areas of duplication or insufficient added value. Staffing structures were being considered along with all block contracts to make full use of resources. The full range of services were being considered as consultation was underway on service redesign. No area of the directorate's activities was being left unscrutinised.

A member referred to the audit and governance committee work plan, explaining that there had been a report presented on significant findings of risk, in which had been identified agency staff screening. There was concern that there could be gaps in employment history and lack of references not followed up, and so assurance was sought on this matter. Assurance was given that there was awareness of these issues and that there was close working with Hoople and human resources to identify issues and address them.

RESOLVED

THAT:

- (a) the quarter 3 performance data (as shown in appendices) be reviewed; and**
- (b) future performance reports would focus on exception, rather than provide commentary on total performance.**

57. CHILDREN'S SAFEGUARDING PERFORMANCE

Adam Scott was welcomed as the new assistant director for safeguarding.

The director of children's wellbeing introduced the safeguarding performance report, which included an update on performance, including responses to any whistleblowing concerns.

The cabinet member for young people and children's wellbeing commented on the report's reference to recruitment and retention and the ratio of permanent to agency staff. Improvements were welcomed as testament to the recruitment and retention policy being implemented. Although there was more to do, great strides were being made in relying more on permanent staff through the social worker academy. This provided stability for service users and team strength but also made a £600,000 saving. The cabinet member congratulated the team for this outcome.

The chairman welcomed the establishment of permanent staff based in the county.

A member commented on the figures contained in the performance report regarding the number of child protection plans, questioning whether or not this was positive.

In clarification, the assistant director explained that for a child to remain the subject of a child protection plan for more than two years it showed that the intervention was not effective and that the child was still at risk of significant harm. It was agreed that whilst numbers were higher at this point in the year compared to this point in the previous year, compared with national standards, this was at a low level.

A member acknowledged the pressures on the multi-agency safeguarding hub (MASH) and issues regarding child protection plans and suggested this be an area for scrutiny in light of concerns around communication and people not getting feedback action taken in response to referrals. He gave an example of school safeguarding leads being uncertain of what action was being taken following a referral to the service.

The assistant director explained that there was a service standard to feed back on MASH action. There had been a multi-disciplinary audit on quality and timeliness summarised in the report, with positive outcomes. However, he clarified that if professionals were not getting feedback on referrals they could escalate the matter through the service. The member commented that schools were aware of pressures in the service and were reluctant to escalate matters. In response, the importance of escalation was emphasised.

A member referred to a recent report to the audit and governance committee on the risk register and asked about the risks associated with pre-appointment checking of workers. The director for children's wellbeing confirmed that there had been a recent audit on agency workers and their appointment arrangements. Whilst reasonable assurance had been given, Changes were being made to how agency workers were appointed to strengthen arrangements further.

In answer to a further question in relation to overseas workers, it was clarified that this was a discrete group appointed through a specific agency and the most up to date references were used. Work was being undertaken with regional directors to improve quality and references were being addressed as a particular concern. Some employers were reluctant to provide staff references for a number of reasons. It was further noted that agency workers move on very quickly and so there was less knowledge of their working history. However, there were steps being taken to develop a more robust system.

The chairman of the general overview and scrutiny committee commented on the link between dental care, which had not improved, and the safeguarding of quality of life.

In response, the director of public health confirmed that dental care was a concern for public health with action needed to reduce sugar in diets to support the national campaign and a mobile app for checking sugar content of products. It was noted that peer-led programmes carried a stronger message than from officers and this was being pursued in Shropshire. Health visitors and school nurses also provided a role in raising issues.

The cabinet member for young people and children's wellbeing commented that dental health was an important issue and this was recognised in the children and young people's plan to improve the condition of teeth to reduce dental decay by the age of five. Assurance was given that this would remain a priority.

A member referred to a recent case in Wales that highlighted a home-educated child slipping through the net and sought assurance that the home schooling register was robust.

The director of children's wellbeing confirmed that the safeguarding board was testing assurance mechanisms. There were in the region of 100 children who were educated at

home and although numbers fluctuated, this number was increasing. There was an effective home education co-ordinator who worked closely with groups and families to build strong relationships with regular visiting, although there was no statutory basis for intervention unless there was a safeguarding concern and it recognised that the majority of families conducted home education well. Mechanisms were in place to assist the identification of children slipping through the net.

The chairman commented on a higher proportion of children in the north of the city who had a CAF (common assessment framework). The assistant director explained that this was not considered untoward as it reflected the number of schools in the area, the level of professionals' engagement and the rise in CAFs due to the commencement of the new term. This also reflected the strategy to encourage greater engagement with the early help agenda and it was to professionals' credit that there was prompt action. Remedial action was also being taken to address the number of children with child protection plans which created pressure on resources.

The chairman explained that intention was to move to quarterly exception reporting on performance data. A progress report on the Ofsted improvement plan was also planned to be presented to the next meeting.

RESOLVED

THAT:

- (a) the performance of children's safeguarding be reviewed; and**
- (b) future performance reports would focus on exception, rather than provide commentary on total performance.**

58. HEALTHWATCH HEREFORDSHIRE UPDATE REPORT

The chair of Healthwatch Herefordshire presented an update. He gave assurance that Healthwatch was engaging with 1 Ledbury Road carers and users and could bring information back to committee. In identifying areas for scrutiny, the following were put forward:

- Wye Valley Trust;
- urgent care service future and public consultation;
- seven-day GP service;
- mental health recommissioning;
- public health budget; and
- adult social care

The vice-chairman requested that public health included the take up of inoculations in relation to 'flu effectiveness, the knock-on effects and spikes in cases putting pressure on emergency services. It was noted that this year's vaccine was more effective but had not been not taken up by the public due to loss of confidence.

Commenting on 'flu vaccinations, the director of public health noted that services were seeing an increase nationally this time as expected but take-up was not especially high in the county. The identification of top 'flu strains were better matched this year and risk groups were being encouraged to come forward. There were additional clinics for people to get vaccinations and advertising to promote the benefits of having them.

RESOLVED

THAT:

the report be noted.

59. WORK PROGRAMME 2016-17

The chairman confirmed that a seminar would be arranged for members to discuss the work programme in order for it to be more proactive.

RESOLVED

THAT:

the work programme be noted.

The meeting ended at 12.54 pm

CHAIRMAN