Herefordshire Council

AGENDA

Health & Social Care Overview and Scrutiny Committee

Date:	**Tuesday 3 May 2016**
Time:	**9.30 am**
Place:	**Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health & Social Care Overview and Scrutiny Committee

Chairman	**Councillor PA Andrews**
Vice-Chairman	**Councillor J Stone**
	Councillor CR Butler
	Councillor ACR Chappell
	Councillor PE Crockett
	Councillor CA Gandy
	Councillor JF Johnson
	Councillor MD Lloyd-Hayes
	Councillor MT McEvilly
	Councillor PD Newman OBE
	Councillor A Seldon
	Councillor NE Shaw
	Councillor D Summers

AGENDA

Pages

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any members nominated to attend the meeting in place of a member of the committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by members in respect of items on the agenda.

4. MINUTES 9 - 14

To approve and sign the minutes of the meeting held on 5 April 2016.

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

To consider suggestions from members of the public on issues the committee could scrutinise in the future.

(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.)

6. QUESTIONS FROM THE PUBLIC

To note questions received from the public and the items to which they relate.

(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).*

7. PUBLIC HEALTH ACCOUNTABILITY SESSION 15 - 26

To hold a public accountability session to discuss the performance of the public health service in Herefordshire.

8. HEALTHWATCH UPDATE 27 - 32

To consider an update from Healthwatch Herefordshire.

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). Agenda can be found at www.herefordshire.gov.uk/meetings

- Please note that filming, photography and recording of meetings is permitted provided that it does not disrupt the business of the meeting.

- The reporting of meetings is subject to the law and it is the responsibility of those doing the reporting to ensure that they comply.

- 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.

HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

HEREFORDSHIRE COUNCIL DRAFT FOR APPROVAL AT NEXT MEETING

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 Tuesday 5 April 2016 at 9.30 am

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

Councillors: CR Butler, ACR Chappell, CA Gandy, J Hardwick, EPJ Harvey, JF Johnson, MD Lloyd-Hayes, MT McEvilly, PD Newman OBE, NE Shaw and D Summers

In attendance: **Councillor PM Morgan, cabinet member for health and wellbeing**

Officers: **Mrs L Lloyd (contracts monitoring and review lead), Mr M Samuels (director for adults and wellbeing) and Mrs C Ward (Monitoring Officer)**

67. APOLOGIES FOR ABSENCE

Apologies were received from Cllr PE Crockett and Cllr A Seldon.

68. NAMED SUBSTITUTES (IF ANY)

Cllr J Hardwick attended as a substitute for Cllr PE Crockett, and Cllr EPJ Harvey for Cllr A Seldon.

It was noted that Cllr Hardwick was in attendance as a substitute committee member and not as a substitute call-in member.

69. DECLARATIONS OF INTEREST

No declarations of interest were noted at the start of the meeting. However, during the discussions regarding SHYPP, the vice-chairman declared that he had participated as former chairman of the council in the diamond awards.

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

No suggestions were received.

71. QUESTIONS FROM THE PUBLIC

No questions were received.

72. CALL-IN OF THE HOUSING RELATED SUPPORT SERVICE - SHYPP CONTRACT (SUPPORTED HOUSING FOR YOUNG PEOPLE PROJECT)

The chairman introduced the item and confirmed that the cabinet decision had been called-in by Councillors ACR Chappell, PE Crockett, and MD Lloyd-Hayes.

The monitoring officer clarified the purpose of the meeting and structure, with reference to the call-in protocol that had been circulated to committee members, asappended to the minutes.

At the invitation of the chairman, the cabinet member for health and wellbeing outlined the decision taken by cabinet, making the following points:

- That it was positive that the decision had been taken in public by cabinet and that the issue of homelessness had attracted much interest with a motion in full council and a 2000-signature petition
- The proposal was well thought through and took into account the equality impact assessment and full dialogue with SHYPP
- This was a hard decision to take; however, there were limited resources available to the council and it was important to understand the context of challenges faced and the need for commissioners to review contracts.
- If this contract were not reviewed, it would have been necessary to find savings elsewhere in adults and wellbeing.
- The quality of service provided by SHYPP was not in question; however, affordability was not sustainable and it was necessary to prioritise the most vulnerable and to reduce duplication of service provision.
- Twelve months' transition funding was identified to support the decommissioning of floating support, for which £78,000 was allowed. SHYPP identified floating support and conducted a full case audit to establish need and a future delivery model.

The chairman invited the call-in members to present their reasons for the call-in.

A call-in member confirmed the reasons for the call-in:

- That it was contrary to the corporate plan regarding giving people the best start and protecting vulnerable people
- That counter proposals from SHYPP were not considered
- The decision was outside the budget and policy framework
- That the equality impact assessment was not properly considered

He stated that the decision to call-in was not taken lightly. However, it was considered that the decision taken by cabinet was not the right decision. In supporting the decision to call in the decision, the call-in member made the following points:

- SHYPP was more than merely a housing provider; taking cuts in the floating service reduced SHYPP's impact with regard to protecting vulnerable people who lacked other support networks and who had witnessed a great deal of domestic upheaval in their lives and therefore needed consistent support.
- Whilst social workers could provide support and guidance, many vulnerable people saw them as authority figures and therefore would find it difficult to accept the loss of the floating service.
- Unlike other services such as WISH, who provided signposting, SHYPP provided a consistent person for someone to be able to contact.
- The alternative proposals made by SHYPP needed to be considered more carefully in order to retain the floating service as there was concern that housing agencies would re-assign homes to the general rental market. It was therefore suggested that the cabinet decision be suspended pending a task and finish group to fully explore the impact of the loss of the floating service.
- The issue of budgetary pressure was understood; however, the impact on vulnerable people embarking on adult life needed to be considered and to ensure there was no cut to their service.

A second call-in member drew attention to the tenure of the current SHYPP contract which was due to expire in 2018 and questioned whether the cabinet decision honoured that contract.

She voiced concern over the cabinet decision not being fully informed on the basis that:

- cabinet had not had sight of the counter proposal made by SHYPP and the alternative options set out in the cabinet report did not consider that proposal
- It was not clear whether the proposed funding could be achieved within DWP guidelines and there was no reference to changes made to housing benefit that had been set out in the national budget statement

The call-in member explained that, for transparency, the way forward should be for a task and finish group to be set up.

The meeting was adjourned for five minutes in order for the SHYPP counter proposal, as appended to these minutes to be circulated and read by members.

The call-in member referred to the homelessness strategy and reminded members of their role as corporate parents in supporting vulnerable young people and therefore a responsibility to endorse the floating service.

The cabinet member for health and wellbeing responded to the call-in members' comments:

- All information had been taken into account and there had been detailed discussion and communication which contributed to the final recommendations.
- It was not the case that all support for vulnerable people in need of housing was being removed as the service was continuing with considerable support. The proposal did take away some low level support in order to ensure there was no duplication and there were many other ways that this support could be accessed, such as via the housing support team and WISH, and which was protected.
- Exempt rents were believed to be a good way for accessing support for additional housing needs and other solutions would have to be found if this proposal did not work.

The director for adults and wellbeing responded to the points raised:

- He confirmed that he was aware of the SHYPP report and had received it in February. There was a large volume of documents and communications on file going back to January that had been referred to in preparing the cabinet report.
- Commenting on the homelessness strategy, he explained that there remained targeted support for young adults with high level and/or complex needs via a different service provider.
- It was helpful for the committee to have sight of SHYPP's report as it showed comparisons between SHYPP's proposals and the cabinet decision.
- the counter proposal calculated the transition fund at £83,000 compared with £78,000 agreed by cabinet, and included recurrent funding. There would be a further report to cabinet following analysis of the funding to assess ongoing need and how to support this.

The chairman invited committee members to comment on the call-in.

A member made the following comments as regards the reasons for the call-in:

- With regard to the cabinet decision's alignment with the corporate plan, the aim to keep children and young people safe and give them a great start to life and the responsibility to do this was understood. The recommendations put to cabinet would ensure that this continued and therefore the member did not support the call-in reasons in respect of this.

- There was no evidence that the equality impact assessment was not properly considered and the call-in members had not provided information that supported their belief to the contrary.
- There was concern, however, that whilst some members and officers were aware of the counter proposals documented by SHYPP, this was not part of the cabinet papers for consideration. There were other documents relating to SHYPP within the cabinet papers and it would have been helpful to have made the proposal available for public and members.

The member proposed that cabinet reconsider the decision taking into account the SHYPP counter proposal. A member seconded the proposal.

The monitoring officer asked for clarification as to why SHYPP's proposal had not been published as a background paper as defined in the constitution for cabinet. In response the director for adults and wellbeing explained that it may have been helpful to make it available for cabinet although there were many documents to which the same could have applied. In reviewing the information for the cabinet report, the SHYPP report was not included as relevant at the time as it was not considered to be substantively different from the recommendations made to cabinet.

A member observed that it appeared that SHYPP's report was used as background by officers. SHYPP were consulted but the report was not included and the decision should have been with the cabinet member to determine what documents to include. By not including this paper, there was a failure to provide the transparency required to show how the cabinet decision was reached.

A member commented that SHYPP's report was a proposal that had not been included under the alternative options set out in the report. She observed that it would have been helpful to have seen a genuine alternative option. She commented also that:

- SHYPP had received the diamond award for small enterprises and therefore had been recognised by council for excellent service to community. There was therefore a responsibility not to prevent their working effectively in the community
- This was not the first contract change that SHYPP had been asked to undertake and had been given assurance that further savings would not be sought.
- SHYPPs proposal did not appear to differ greatly from the cabinet recommendation other than guaranteed funding. SHYPP sought continued support whilst identifying a different funding model, to ensure there was no loss of service across the county.
- SHYPP provided more than signposting and alternative providers did not have the coverage to provide accommodation across the county compared with SHYPP. Those providers appeared to offer signposting rather than the closer support provided by SHYPP.
- SHYPP provided the opportunity for people to access accommodation in order to remain in their home area rather than move elsewhere and there was no assurance that the proposal would make the service available to all across the county. It was difficult to see that cabinet members would have been assured of this when the decision was taken.
- Concern had been raised with the council earlier this year from a town councillor and former officer at Shelter that the cuts would not achieve long-term savings as loss of services put society under stress which the council would then have to address.
- The council was proud that there was currently no reliance on B&B accommodation to support homelessness in the county and SHYPP supported that aim. However, the cabinet decision did not provide assurance that this would be sustainable.

A member reiterated the earlier comments that the SHYPP report should have been taken into account as officers were in receipt of it. He asked also whether it had been considered that SHYPP become a signposting service.

In response the director for adults and wellbeing made the point that it was important to recognise that SHYPP was more than a signposting service and if SHYPP were to provide that role, it would create duplication of services. However, consideration needed to be given to whether the broader service be available for people with less complex needs as there was a range of signposting services available. It was recommended to cabinet that it was not viable to fund the broader service for all and this was not possible for cabinet to consider.

In response to a member's question regarding alternative providers were SHYPP to cease provision, the cabinet member for adults and wellbeing reminded members that SHYPP was not ceasing. The low level support was being reduced and there were alternative organisations that could provide that support, such as Stonham, the Housing Solutions team and WISH.

The vice-chairman referred to a member's earlier comment regarding the diamond award. He wished to make it known that as chairman of the council at that time, he took part in the award ceremony and therefore declared an interest. He added that the award recognised the importance of SHYPP in service provision.

A member put forward a proposal for a recommendation that cabinet gave consideration to SHYPP's report in terms of the request for additional time to achieve changes and work undertaken to absorb costs.

Members discussed the two proposed recommendations that had been put forward, noting that the earlier recommendation took into account the detail suggested in the second. It was concluded that cabinet did not have all relevant papers to consider issues more closely and therefore a recommendation be put forward that covered all concerns relating to consideration of SHYPP's proposals and recognition of the floating service.

The chairman reminded members that it was not within the remit of the call-in meeting to recommend a task and finish group. However, this could be proposed at a future meeting.

The director for adults and wellbeing reiterated that the decision was intended to effect a change in cost for the council and the outcome would not mean a change in income for SHYPP. If there were a different outcome, savings would have to be found elsewhere in the adults and wellbeing budget.
He pointed out that the exempt rent approach was used extensively elsewhere but if it were not possible here it would be a loss of saving to the council.

A call-in member commented that if the council failed to honour the original SHYPP contract, it would be a concern and therefore the preference would be to explore the matter by way of a task and finish group.

The chairman reiterated the point that if appropriate, this could be suggested for the committee's work programme.

The director for adults and wellbeing emphasised that every effort had been made to maintain the relationship with SHYPP and there had been no attempt to go against the contract. There was support for 20 beds to the end of the current financial year and support for SHYPP to plan for service provision beyond April 2017. This had been in accordance with the contract and assurance had not been given that there would be no change of funding.

The chairman confirmed that the proposer and seconder were content with the recommendation:

"That the decision taken on the SHYPP contract be referred back in order that the counter proposals from SHYPP be properly considered and for the Cabinet to determine whether in the light of these proposals they wish to propose any amendment to their previous recommendations"

Members voted in the majority to carry the proposal. Councillor Lloyd-Hayes voted against.

A member commented that whilst the recommendation was welcomed, it was questionable whether only one be allowed. She added that the SHYPP model was to ensure people were supported to be self-reliant and self-sustaining and that as regards exempt rents, the funding came from housing benefit and so this was not a council cost. The committee should therefore recognise the risk that benefit rates could increase to the point that people were unable to work and then risked unemployment and homelessness. Therefore it was important to highlight the unintended consequence of exempt rents and the need to ensure a vicious cycle was not being created.

RESOLVED
That the decision taken on the SHYPP contract be referred back in order that the counter proposals from SHYPP be properly considered and for the Cabinet to determine whether in the light of these proposals they wish to propose any amendment to their previous recommendations.

The meeting ended at 10.53 am **CHAIRMAN**

Herefordshire Council

MEETING:	**Health and social care overview and scrutiny committee**
MEETING DATE:	**3 May 2016**
TITLE OF REPORT:	**Public health accountability session**
REPORT BY:	**Director of public health**

Classification

Open

Key Decision

This is not an executive decision

Wards Affected

Countywide

Purpose

To hold a public accountability session to discuss the performance of the public health service in Herefordshire.

Recommendation

THAT:

(a) the committee consider the performance of public health in 2015/16; and

(b) with reference to the suggestions or opportunities for future scrutiny work, agree any items for inclusion in the committee's work programme for 2016/17.

Alternative Options

1. There are no relevant alternative options. The Health and Social Care Act 2012 set out new responsibilities for local authorities in relation to a wide range of public health functions that had been the responsibility of the NHS. For April 2013 local government has received a grant from the Department of Health to commission a range of health promotion, screening and treatment services. These services include school nursing; health visiting, smoking cessation, obesity prevention, substance misuse treatment and infection control. As the core of these services are mandated, local authorities are required to commission them.

Reasons for Recommendations

2. Accountability sessions provide a way for health and social care bodies to be challenged and questioned about their service and allow for the identification of items to be included on the committee's work programme.

Key considerations

3. This accountability session focuses on public health and:

- the key work that the public health team of Herefordshire Council 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; and
- areas that might be beneficial of an input by scrutiny, such as by way of a task and finish group.

Overview

4. Adults: According to Public Health England's (PHE) healthier lives table, Herefordshire is one of the healthiest places in England to live. Out of the 150 local authorities Herefordshire is ranked 21st in terms of its premature mortality rates. PHE defines premature mortality as a death before the age of 75 years. Within this overall ranking there are variations for particular diseases that are the causes of death. For example in terms of deaths from lung cancer we are rated 3rd out of 150 local authorities. (1st is best and 150th is worst rated.) However for heart disease we are rated 64th and below the national average. In contrast we are rated 8th best for our premature mortality rate for strokes.

5. Children: In contrast our child health performance is generally at or around the national performance rates for the west midlands region and the figures for England. For example our immunisation rates for children are slightly below the regional average, although we have made progress this year in improving them. Our rates of dental caries are higher than the regional average and along with the number of children within the county who are clinically obese or over weight is of concern. As rates of physical activity amongst children and young people are low there is concern that without changes in their lifestyles our children and young people will grow up at greater risk of health problems such as heart disease and diabetes.

6. Opportunities for future scrutiny

- Mental health services for children and young people. Supporting schools and young people
- Delivery of an obesity framework
- Extent to which public health is imbedded in sustainability and transformation programme work

Community impact

7. The topics selected for the scrutiny work programme should have regard to what matters to residents of Herefordshire.

Equality duty

8. The focus of public health interventions is to reduce health inequalities and to commission interventions that are accessible to hard to reach communities. All of the services that are commissioned by the public health grant meet the national and local requirements of our public sector equality duties.

Financial Implications

9. Public health grant: At a time when the government is advocating the need for more preventative measure to improve the health of the nation, due to the national austerity measures the treasury reduced the public health grant nationally in 2015/16 by £200 million. This equated to a 6.2% cut in the national and local grant. For Herefordshire Council this meant a cut of £571,000. For 2016/17 a further cut is being made by the treasury equivalent to an 8.5% cut in the grant, meaning a loss of over £720,000. The treasury is proposing and additional cut in 2017/18 of a further £200,000.
As Herefordshire Council receives less that the national average per capita allocation, these cuts will mean a reduction in the council's ability to invest in prevention services. Whilst it has been acknowledged nationally that rural councils receive less funding than their urban counterparts, the national government has yet to take steps to allocate a fairer funding formula to address the needs of rural areas. This has been further discussed in the presentation.

Legal Implications

10. The Health and Social Care Act 2012 provides that Local authorities have a statutory duty to improve the health of their population. The Director of Public health is required to produce an Annual Report on the health of the local population and the convening of a public session to discuss the performance of the public health service in Herefordshire will contribute to this

Risk management

11. There is a reputational risk to the council if the Council fails to discharge its public health responsibilities as set out in the H&SC Act 2012.

Consultees

12. Public health team consults regularly on the public health programmes and services (covered in this report) with management board, council, cabinet and leader, NHS commissioning bodies, category one responders, voluntary organisations and

provides such as Taurus, Wye Valley NHS Trust, Worcester Community Healthcare Trust and Addaction

Appendices

Appendix a – 2015 health profile for Herefordshire
Appendix b – child health profile 2016 for Herefordshire

Link to key data

Public Health England interactive data

Background Papers

None identified.

Public Health England

Protecting and improving the nation's health

Herefordshire

Unitary Authority

This profile was produced on 2 June 2015

Health Profile 2015

Health in summary
The health of people in Herefordshire is varied compared with the England average. Deprivation is lower than average, however about 13.2% (4,000) children live in poverty. Life expectancy for both men and women is higher than the England average.

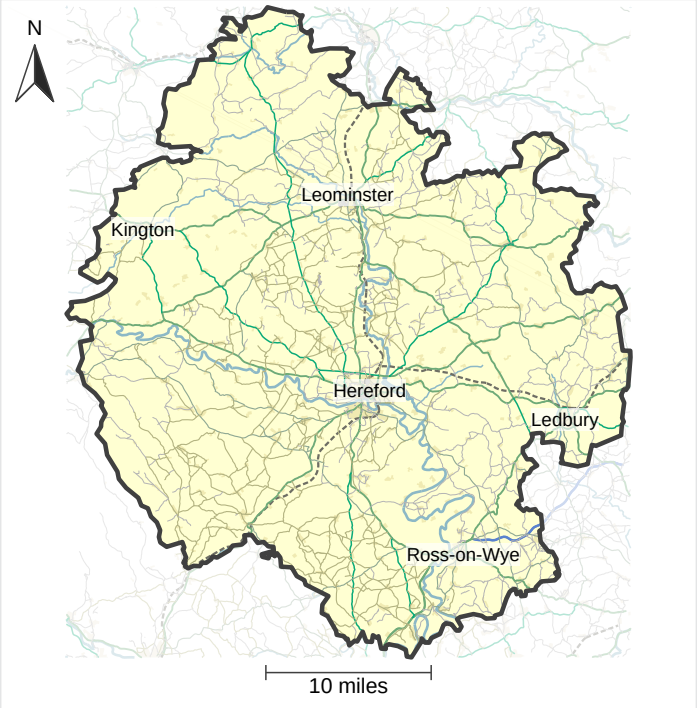
Living longer
Life expectancy is 5.2 years lower for men in the most deprived areas of Herefordshire than in the least deprived areas.

Child health
In Year 6, 16.8% (264) of children are classified as obese, better than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 56.5*, worse than the average for England. This represents 20 stays per year. Levels of smoking at time of delivery are worse than the England average.

Adult health
In 2012, 23.7% of adults are classified as obese. The rate of alcohol related harm hospital stays was 546*, better than the average for England. This represents 1,055 stays per year. The rate of self-harm hospital stays was 171.2*, better than the average for England. This represents 302 stays per year. The rate of smoking related deaths was 246*, better than the average for England. This represents 309 deaths per year. Estimated levels of adult physical activity are better than the England average. Rates of sexually transmitted infections and TB are better than average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment, drug misuse and early deaths from cancer are better than average.

Local priorities
Priorities in County of Herefordshire include reducing alcohol related harm, stopping smoking, and improving the dental health of children. For more information see https://factsandfigures.herefordshire.gov.uk/

* rate per 100,000 population



Population: 186,000
Mid-2013 population estimate. Source: Office for National Statistics.

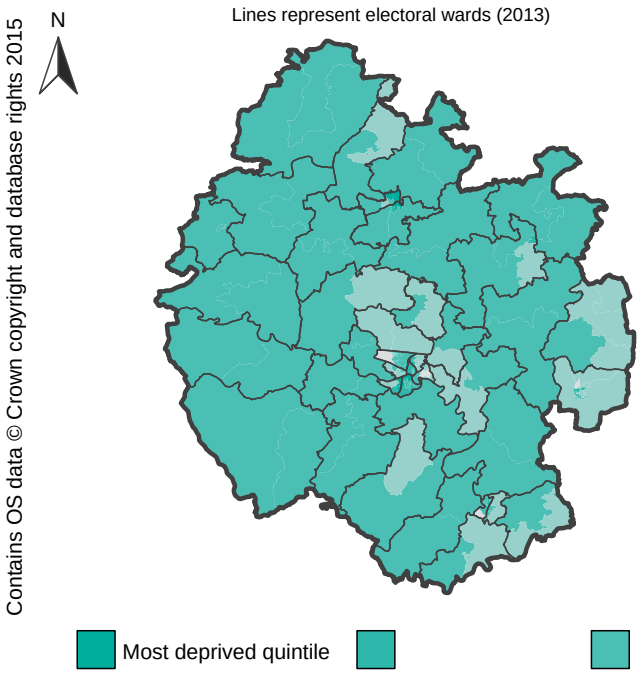
This profile gives a picture of people's health in Herefordshire. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

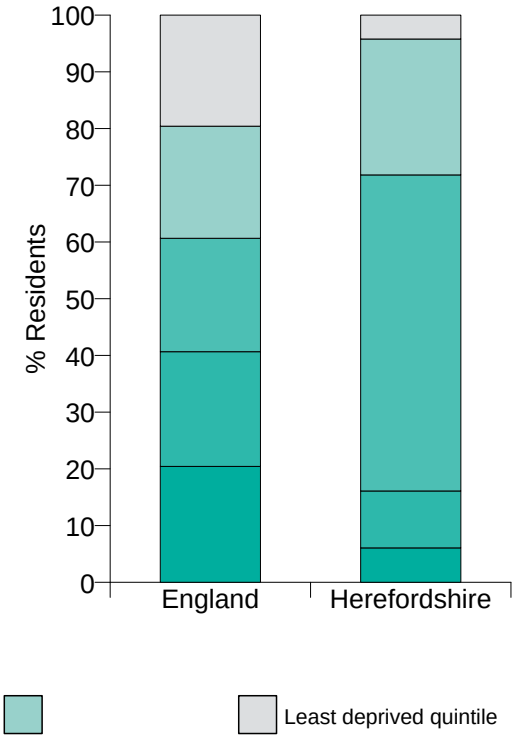
Follow @PHE_uk on Twitter

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.

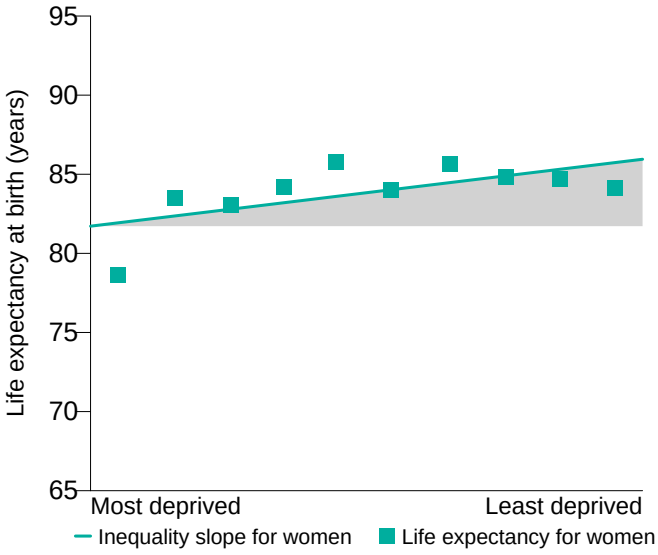


Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 5.2 years

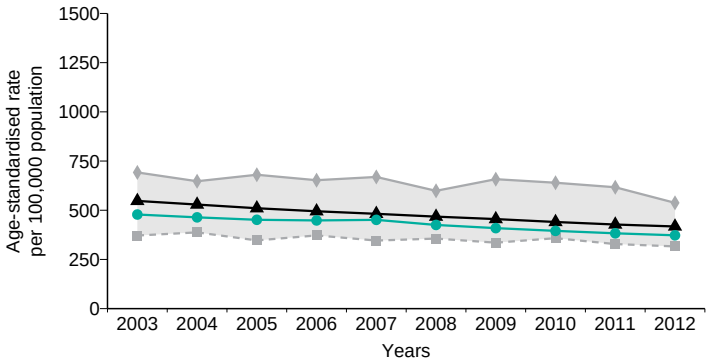
Life expectancy gap for women: 4.2 years



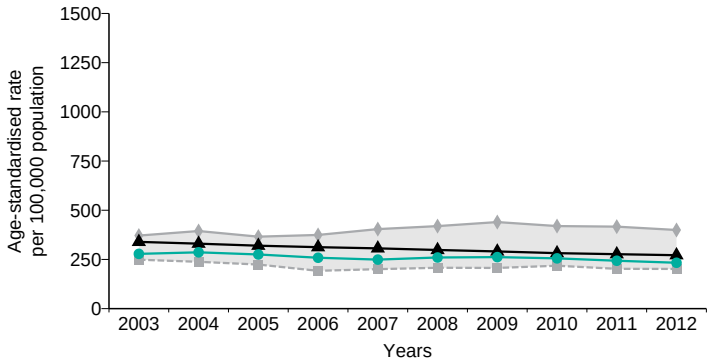
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

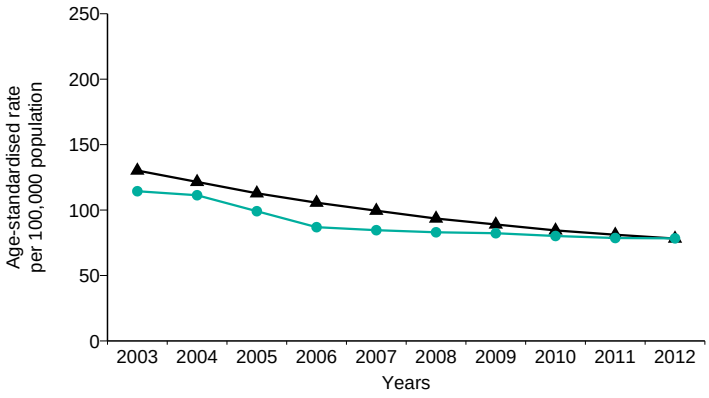
Early deaths from all causes: MEN



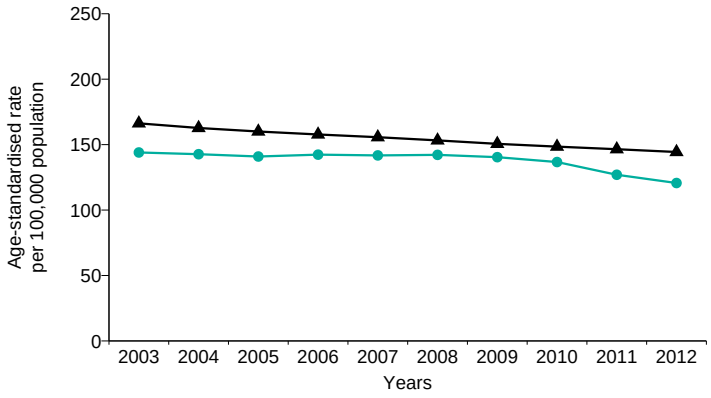
Early deaths from all causes: WOMEN

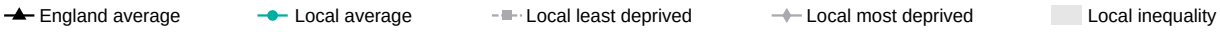


Early deaths from heart disease and stroke



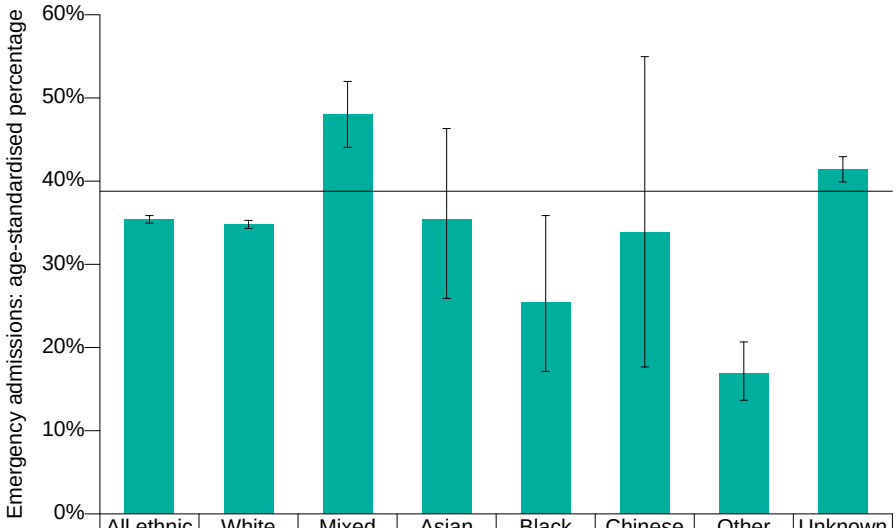
Early deaths from cancer





Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

Herefordshire

England average (all ethnic groups)

95% confidence interval

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

All ethnic groups	White	Mixed	Asian	Black	Chinese	Other	Unknown	
15,452	13,285	314	29	21	7	72	1,724	Local number of emergency admissions
35.4	34.8	48.0	35.4	25.4	33.8	16.9	41.4	Local value %
38.8	39.2	38.3	43.0	42.5	35.2	44.9	30.1	England value %

Health summary for Herefordshire

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

Regional average^ | England Average | England Worst | England Best | 25th Percentile | 75th Percentile | England Range

Domain		Indicator	Local No Per Year	Local value	Eng value	Eng worst	Eng best
Our communities	1	Deprivation	11,284	6.1	20.4	83.8	0.0
	2	Children in poverty (under 16s)	4,010	13.2	19.2	37.9	5.8
	3	Statutory homelessness	219	2.7	2.3	12.5	0.0
	4	GCSE achieved (5A*-C inc. Eng & Maths)†	1,074	58.7	56.8	35.4	79.9
	5	Violent crime (violence offences)	1,905	10.3	11.1	27.8	2.8
	6	Long term unemployment	353	3.1	7.1	23.5	0.9
Children's and young people's health	7	Smoking status at time of delivery	255	14.1	12.0	27.5	1.9
	8	Breastfeeding initiation	1,276	75.5	73.9		
	9	Obese children (Year 6)	264	16.8	19.1	27.1	9.4
	10	Alcohol-specific hospital stays (under 18)†	20.0	56.5	40.1	105.8	11.2
	11	Under 18 conceptions	78	24.1	24.3	44.0	7.6
Adults' health and lifestyle	12	Smoking prevalence	n/a	17.3	18.4	30.0	9.0
	13	Percentage of physically active adults	260	60.4	56.0	43.5	69.7
	14	Obese adults	n/a	23.7	23.0	35.2	11.2
	15	Excess weight in adults	312	66.8	63.8	75.9	45.9
Disease and poor health	16	Incidence of malignant melanoma†	31.3	18.4	18.4	38.0	4.8
	17	Hospital stays for self-harm	302	171.2	203.2	682.7	60.9
	18	Hospital stays for alcohol related harm†	1,055	546	645	1231	366
	19	Prevalence of opiate and/or crack use	719	6.2	8.4	25.0	1.4
	20	Recorded diabetes	9,404	6.3	6.2	9.0	3.4
	21	Incidence of TB†	6.0	3.2	14.8	113.7	0.0
	22	New STI (exc Chlamydia aged under 25)	700	610	832	3269	172
	23	Hip fractures in people aged 65 and over	238	529	580	838	354
Life expectancy and causes of death	24	Excess winter deaths (three year)	94.8	15.7	17.4	34.3	3.9
	25	Life expectancy at birth (Male)	n/a	80.1	79.4	74.3	83.0
	26	Life expectancy at birth (Female)	n/a	83.9	83.1	80.0	86.4
	27	Infant mortality	7	3.6	4.0	7.6	1.1
	28	Smoking related deaths	309	246.0	288.7	471.6	167.4
	29	Suicide rate	17	9.2	8.8		
	30	Under 75 mortality rate: cardiovascular	142	78.4	78.2	137.0	37.1
	31	Under 75 mortality rate: cancer	220	120.7	144.4	202.9	104.0
	32	Killed and seriously injured on roads	72	38.9	39.7	119.6	7.8

Indicator notes

1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012 3 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14 6 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25, 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and http://fingertips.phe.org.uk/profile/health-profiles Please send any enquiries to healthprofiles@phe.gov.uk

Public Health England

Child Health Profile
March 2016

County of Herefordshire

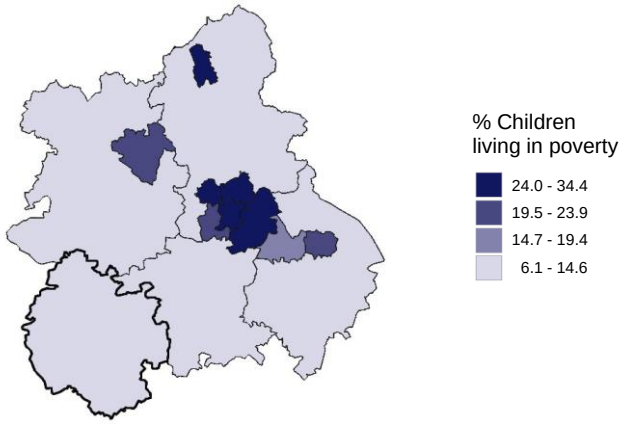
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	West Midlands	England
Live births in 2014			
	1,728	70,123	661,496
Children (age 0 to 4 years), 2014			
	9,900 (5.3%)	364,800 (6.4%)	3,431,000 (6.3%)
Children (age 0 to 19 years), 2014			
	40,000 (21.4%)	1,402,300 (24.5%)	12,907,300 (23.8%)
Children (age 0 to 19 years) in 2025 (projected)			
	40,800 (20.6%)	1,471,500 (24.3%)	13,865,500 (23.7%)
School children from minority ethnic groups, 2015			
	1,898 (9.4%)	240,816 (32.5%)	1,931,855 (28.9%)
Children living in poverty (age under 16 years), 2013			
	13.2%	21.5%	18.6%
Life expectancy at birth, 2012-2014			
Boys	80.7	78.9	79.5
Girls	84.2	82.9	83.2

Children living in poverty

Map of the West Midlands, with County of Herefordshire outlined, showing the relative levels of children living in poverty



Contains Ordnance Survey data

Data sources: Live births, Office for National Statistics (ONS); population estimates, ONS mid-year estimates; population projections, ONS interim 2012-based subnational population projections; black/ethnic minority maintained school population, Department for Education; children living in poverty, HM Revenue & Customs (HMRC); life expectancy, ONS.

Key findings

Children and young people under the age of 20 years make up 21.4% of the population of County of Herefordshire. 9.4% of school children are from a minority ethnic group.

The health and wellbeing of children in County of Herefordshire is generally similar to the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is better than the England average with 13.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

Children in County of Herefordshire have average levels of obesity: 8.3% of children aged 4-5 years and 18.2% of children aged 10-11 years are classified as obese.

In 2011/12, 33.6% of five year olds had one or more decayed, filled or missing teeth. This was similar to the England average. Recent hospital admission rates for dental caries in children aged under 5 years are lower than the England average.

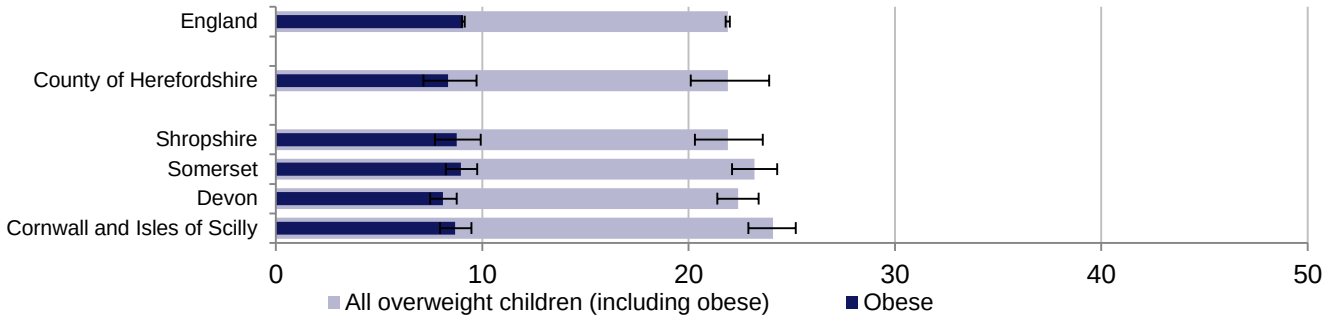
In 2014, 94 children entered the youth justice system for the first time. This gives a higher rate than the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16 to 18 not in education, employment or training is higher than the England average.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

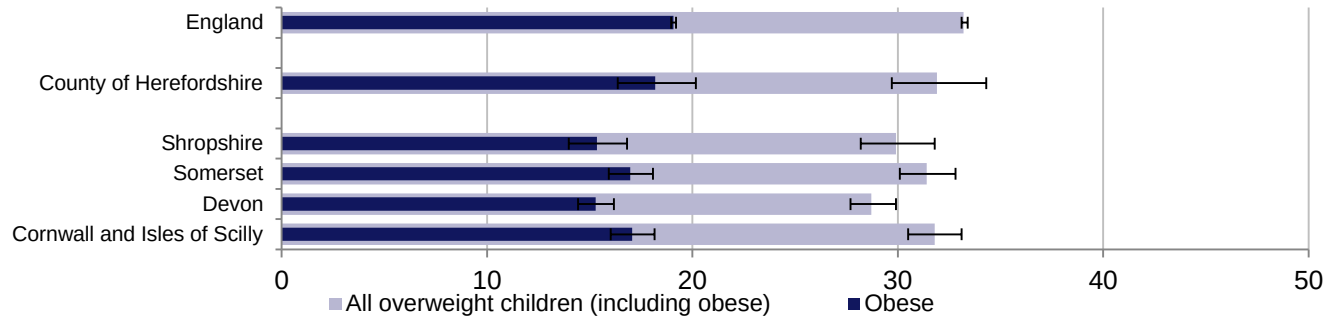
Childhood obesity

These charts show the percentage of children classified as obese or overweight in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) by local authority compared with their statistical neighbours. Compared with the England average, this area has a similar percentage in Reception and a similar percentage in Year 6 classified as obese or overweight.

Children aged 4-5 years classified as obese or overweight, 2014/15 (percentage)



Children aged 10-11 years classified as obese or overweight, 2014/15 (percentage)



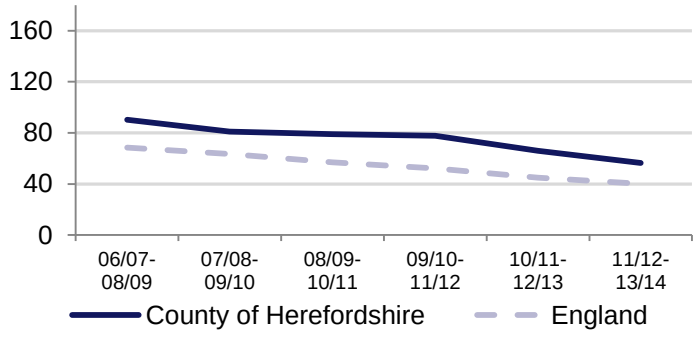
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval. Data source: Public Health Outcomes Framework

Young people and alcohol

In comparison with the 2006/07-2008/09 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose is lower in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

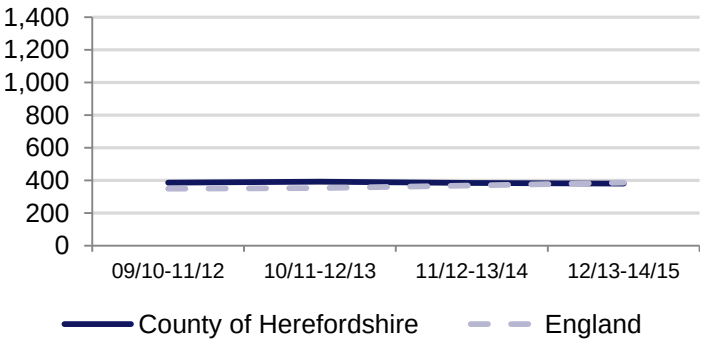


Data source: Public Health England (PHE)

Young people's mental health

In comparison with the 2009/10-2011/12 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is similar in the 2012/13-2014/15 period. The admission rate in the 2012/13-2014/15 period is similar to the England average*. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)

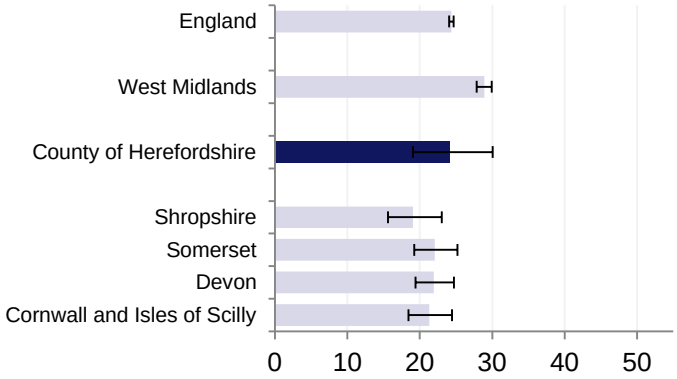


*Information about admissions in the single year 2014/15 can be found on page 4

Data source: Hospital Episode Statistics, Health and Social Care Information Centre

These charts compare County of Herefordshire with its statistical neighbours, the England and regional average and, where available, the European average.

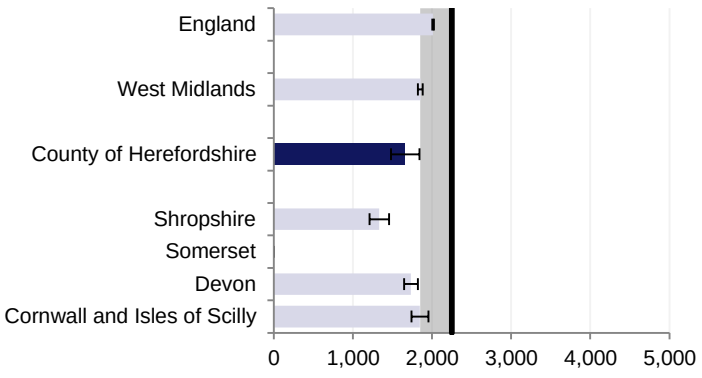
Teenage conceptions in girls aged under 18 years, 2013 (rate per 1,000 female population aged 15-17 years)



In 2013, approximately 24 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is similar to the regional average. The area has a similar teenage conception rate compared with the England average.

Source: Conceptions in England and Wales, ONS

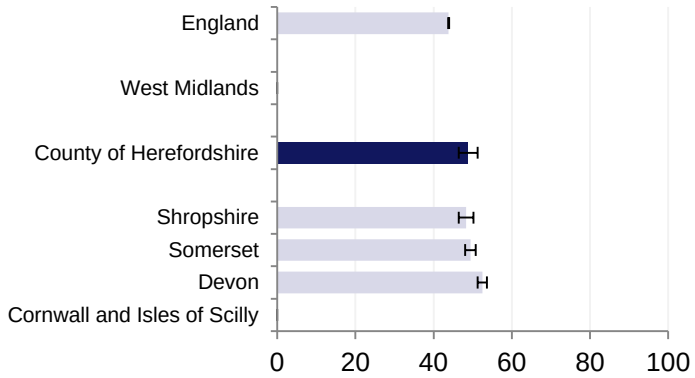
Chlamydia detection, 2014 (rate per 100,000 young people aged 15 - 24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2014, the detection rate in this area was 1,652 which is lower than the minimum recommended rate.

Source: Public Health Outcomes Framework. The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

Breastfeeding at 6 to 8 weeks, 2014/15 (percentage of infants due 6 to 8 week checks)

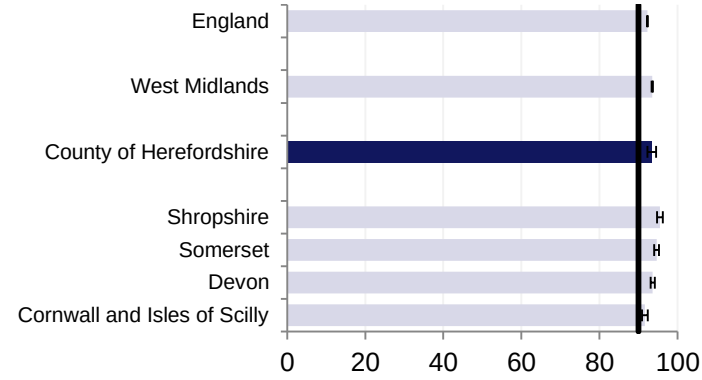


In this area, 48.8% of mothers are still breastfeeding at 6 to 8 weeks. 67.7% of mothers in this area initiate breastfeeding when their baby is born. This area has a lower percentage of babies who have ever been breastfed compared with the European average of 89.1%*.

* European Union 21 average, 2005. Source: Organisation for Economic Co-operation and Development (OECD) Social Policy Division

Source: Public Health Outcomes Framework

Measles, mumps and rubella (MMR) immunisation by age 2 years, 2014/15 (percentage of children age 2 years)



More than 90% (the minimum recommended coverage level, shown as a vertical black line on the chart above) of children have received their first dose of immunisation by the age of two in this area (93.5%). By the age of five, only 87.6% of children have received their second dose of MMR immunisation. In the West Midlands, there were 5 laboratory confirmed cases of measles in young people aged 19 and under in the past year.

Sources: Public Health Outcomes Framework; Public Health England

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

County of Herefordshire Child Health Profile March 2016

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Significantly better than England average
- Not significantly different
- Regional average

25th percentile — England average — 75th percentile

	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst	Eng. Best
Premature mortality	**1** Infant mortality	6	3.5	4.0	7.2	1.6
	2 Child mortality rate (1-17 years)	4	11.3	12.0	19.3	5.0
Health protection	**3** MMR vaccination for one dose (2 years) >=90% <90%	1,816	93.5	92.3	73.8	98.1
	4 Dtap / IPV / Hib vaccination (2 years) >=90% <90%	1,884	97.0	95.7	79.2	99.2
	5 Children in care immunisations	-	-	87.8	64.9	100.0
Wider determinants of ill health	**6** Children achieving a good level of development at the end of reception	1,235	65.1	66.3	50.7	77.5
	7 GCSEs achieved (5 A*-C inc. English and maths)	1,056	57.4	57.3	42.0	71.4
	8 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0	42.9
	9 16-18 year olds not in education, employment or training	320	5.7	4.7	9.0	1.5
	10 First time entrants to the youth justice system	94	573.6	409.1	808.6	132.9
	11 Children in poverty (under 16 years)	3,990	13.2	18.6	34.4	6.1
	12 Family homelessness	90	1.1	1.8	8.9	0.2
	13 Children in care	270	75	60	158	20
	14 Children killed or seriously injured in road traffic accidents	7	22.1	17.9	51.5	5.5
Health improvement	**15** Low birthweight of term babies	47	3.0	2.9	5.8	1.6
	16 Obese children (4-5 years)	149	8.3	9.1	13.6	4.2
	17 Obese children (10-11 years)	288	18.2	19.1	27.8	10.5
	18 Children with one or more decayed, missing or filled teeth	-	33.6	27.9	53.2	12.5
	19 Hospital admissions for dental caries (1-4 years)	2	25.1	322.0	1,406.8	11.7
	20 Under 18 conceptions	78	24.1	24.3	43.9	9.2
	21 Teenage mothers	15	0.9	0.9	2.2	0.2
	22 Hospital admissions due to alcohol specific conditions	20	56.5	40.1	100.0	13.7
	23 Hospital admissions due to substance misuse (15-24 years)	18	89.4	88.8	278.2	24.7
Prevention of ill health	**24** Smoking status at time of delivery	-	-	11.4	27.2	2.1
	25 Breastfeeding initiation	1,126	67.7	74.3	47.2	92.9
	26 Breastfeeding prevalence at 6-8 weeks after birth	817	48.8	43.8	19.1	81.5
	27 A&E attendances (0-4 years)	3,167	319.9	540.5	1,761.8	263.6
	28 Hospital admissions caused by injuries in children (0-14 years)	330	111.7	109.6	199.7	61.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	249	125.1	131.7	287.1	67.1
	30 Hospital admissions for asthma (under 19 years)	71	185.7	216.1	553.2	73.4
	31 Hospital admissions for mental health conditions	49	136.0	87.4	226.5	28.5
	32 Hospital admissions as a result of self-harm (10-24 years)	111	375.7	398.8	1,388.4	105.2

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

1 Mortality rate per 1,000 live births (age under 1 year), 2012-2014
2 Directly standardised rate per 100,000 children age 1-17 years, 2012-2014
3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2014/15
4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2014/15
5 % children in care with up-to-date immunisations, 2015
6 % children achieving a good level of development within Early Years Foundation Stage Profile, 2014/15
7 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2014/15
8 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
9 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2014
10 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2014
11 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2013
12 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2014/15
13 Rate of children looked after at 31 March per 10,000 population aged under 18, 2015
14 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2012-2014
15 Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2014
16 % school children in Reception year classified as obese, 2014/15
17 % school children in Year 6 classified as obese, 2014/15
18 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
19 Crude rate per 100,000 (age 1-4 years) for hospital admissions for dental caries, 2012/13-2014/15
20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
21 % of delivery episodes where the mother is aged less than 18 years, 2014/15
22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2012/13-2014/15
24 % of mothers smoking at time of delivery, 2014/15
25 % of mothers initiating breastfeeding, 2014/15
26 % of mothers breastfeeding at 6-8 weeks, 2014/15
27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2014/15
28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2014/15
29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2014/15
30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2014/15
31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2014/15
32 Directly standardised rate per 100,000 (age 10-24 years) for emergency hospital admissions for self-harm, 2014/15

Herefordshire Council

Meeting:	**Health & Social Care Overview & Scrutiny Committee**
Meeting date:	**3 May 2016**
Title of report:	**Healthwatch Herefordshire update**
Report by:	**Chair, Healthwatch Herefordshire**

Classification
Open

Key Decision
This is not an executive decision

Wards Affected
Countywide

Purpose
To consider an update from Healthwatch Herefordshire.

Recommendation(s)

That:

a) the report be considered; and

b) any items for further attention be identified for addition to the committee's work programme

Alternative options

There are no alternative options as this report is for information.

Reasons for recommendations

Healthwatch Herefordshire receives key information from public feedback and consultations which help to provide a picture of the community's views on health and social care needs within the county. This information supports the identification of items for scrutiny for inclusion on the committee's work programme.

Key considerations

3 The committee is asked to consider the update from Healthwatch Hereford, having regard to the following key topics:

- strategic update on the review of urgent care by NHS Herefordshire Clinical

Commissioning Group; 7-day GP access fund; and work with the quality improvement review group regarding Wye Valley NHS Trust; 2gether NHS Foundation Trust
- enquiries received by Healthwatch for the quarter 4 of 2015/16
- Number 1, Ledbury Road
- Enter and view and PLACE visits
- Communications and engagement
- Summary of Healthwatch Herefordshire involvement in health and social care in the county
- Healthwatch representation on key fora

Community impact

4 Any topics selected for scrutiny that arise from this report should have regard to what matters to residents of Herefordshire.

Equality duty

5 The topics selected need to have regard for equality issues.

Financial implications

6 There are no financial implications to this report as it is for information only.

Legal implications

7 There are no legal implications to this report as it is for information only.

Risk management

8 There is a reputational risk to the council if the overview and scrutiny function does not operate effectively. The arrangements for the development of the work programme should help mitigate this risk.

Consultees

9 Following initial consultations on topics for scrutiny with directors and members of the Cabinet, all members of the Council are invited to suggest items for scrutiny.

Appendices

Appendix A – Healthwatch Herefordshire update report

Background papers

None identified.

Healthwatch Herefordshire (HWH) - Report to the Herefordshire Council Health and Social Care Overview and Scrutiny Committee - Paul Deneen - Chair of Healthwatch Herefordshire - May 2016.

Healthwatch Herefordshire (HWH) has established positive and constructive relationships across all Commissioner and Provider organisations involved in Health & Social Care in Herefordshire. We are most grateful to all concerned for their inclusive approach.

Summary of key activities include:

Strategic Update

With the Herefordshire Clinical Commissioning Group (CCG), we are awaiting the final outcomes in relation to the ***Urgent Care Review*** by the CCG. We are also awaiting the decision from the Department of Health/NHS England concerning funding for the 7 day GP Access Fund for Herefordshire. We understand that there will be continuation of the current Prime Minister's Access Fund which will cover the Taurus led GP Hubs in Hereford City, Ross-on-Wye and in Leominster into the summer. We have also recently established links with Patient Participation Groups at the 24 Herefordshire GP Practices.

We continue to be involved in the NHS England's - Quality Improvement Review Group (Special Measures) at the ***Wye Valley NHS Trust Hospital*** in Hereford. In addition HWH is involved in Safety Visits organised by the Trust, which includes Board Members and Executive Team visiting areas/wards in the hospital, and reporting on its findings.

We are also actively involved with the ***2Gether Mental Health NHS Trust*** in relation to its work. The Trust is making a presentation to the HOSC meeting 6/7/2016, following its recent positive Care Quality Commission inspection.

Regarding Herefordshire Council, HWH has established important links with the Health & Wellbeing Board, Adults Wellbeing Services, Children & Young People's Services and Public Health. Comments were made recently at our HWH Board about the positive work undertaken by the Adult Social Care Team and the Independent Living Fund (ILF) and its arrangements, and also the work completed by Children and Young People Services and its "Voice of the Child"

Healthwatch Enquiries: Healthwatch received 37 enquiries for the period 5 January – 1 April 2016

Herefordshire Council Adult Social Care	4
Herefordshire Council Children's Services	1
Dentist Services	1
GP Services	12
Clinical Commissioning Group	3
Mental Health Services	3
NHS Business Services Authority	2
Wye Valley Trust	10
Tertiary Healthcare	1

We have seen an increase in enquiries relating to GP services.

Many of the enquiries are individual issues with few themes emerging.

The theme for GP services and Wye Valley Trust is patients chasing referrals for secondary and tertiary healthcare and waiting times for operations.

Number 1 Ledbury Road Update

Healthwatch attend regular meetings of the Parent Carer Voice Forum and the Carers Hub. There have been no further issues raised about Number 1 Ledbury Road.

Enter & View and PLACE visits

Healthwatch are currently planning Enter & View visits for the coming year to 8 GP surgeries, and Learning Disability Care homes and a supported living facility to engage with the people using the services.

Healthwatch also offer our volunteers to participate in the NHS Patient Led Assessments of the Care Environment in February-April for the 2Gether NHS Foundation Trust and the Wye Valley Trust.

Communications & Engagement

In March 2016 Healthwatch hosted an engagement event **'Question Time – a Focus on Mental Health & Emotional Wellbeing'** at Hereford Sixth Form College.

The event involved a preparatory workshop where Healthwatch worked with the Christine Lewis Davies (CLD) Strong Young Minds Project for Herefordshire, to prepare a set of priority questions which prospective panellists received in advance of the day, this formed the first part of question time. On the day, students, stakeholders and members of the public attended to put their questions to panellists which formed the second part of the questioning. The event took place over an extended lunchtime period to allow as many students as possible the opportunity to attend.

The event presented young people and the wider public the opportunity to have their say in shaping Mental Health services in the County, with re-commissioning in Herefordshire just around the corner.

Our Panel consisted of:

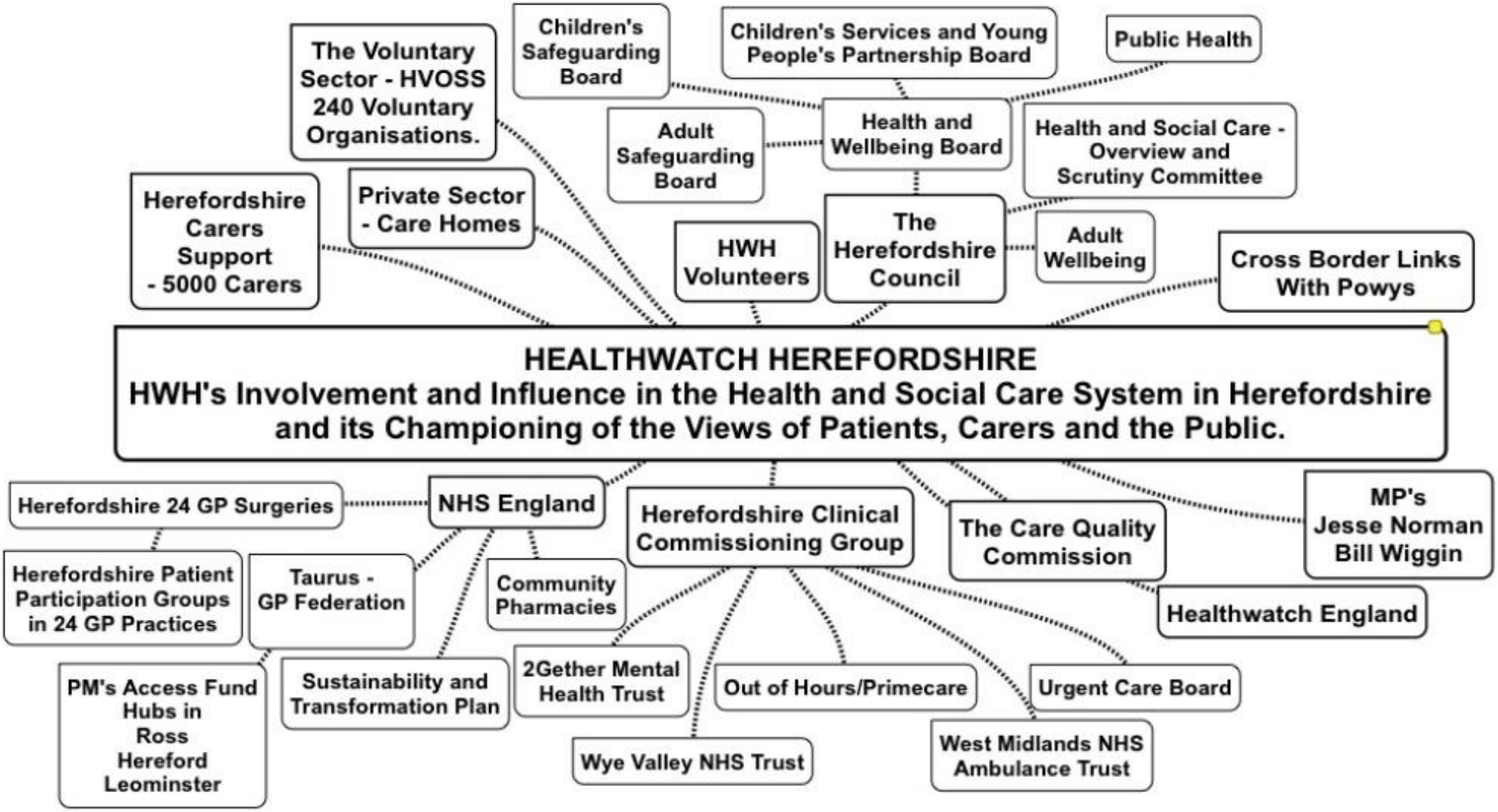
- Dr Simon Lennane – GP Clinical Lead for mental health, Clinical Commissioning Group
- Jade Brooks – Commissioning Manager, Clinical Commissioning Group
- Dr Chris Fear – Medical Director, 2gether NHS Foundation Trust
- Dr Jane Melton – Director of Engagement & Social Inclusion, 2Gether NHS Foundation Trust
- Richard Kelly – Executive Director, Herefordshire Mind
- Emma Paver – Team Leader, Addaction

Review in numbers:

- 70 young people and members of the public attended on the day
- 13 Questions were answered by the expert panel
- 31.7 % of attendees voted that their understanding of mental health services in Herefordshire was good before the event
- 86.5% of attendees voted that their understanding of mental health services was now better following the event

Conclusion

I have enclosed a 'Thought Shower' which summarises HWH involvement across Health & Social Care in Herefordshire. Also enclosed is a copy of our HWH Report which evidences our active involvement in Panels/Committees and demonstrates the important work being undertaken to champion the patient and public voice in Herefordshire.


The Voluntary Sector - HVOSS 240 Voluntary Organisations.
Children's Safeguarding Board
Children's Services and Young People's Partnership Board
Public Health
Adult Safeguarding Board
Health and Wellbeing Board
Health and Social Care - Overview and Scrutiny Committee
Herefordshire Carers Support - 5000 Carers
Private Sector - Care Homes
HWH Volunteers
The Herefordshire Council
Adult Wellbeing
Cross Border Links With Powys
HEALTHWATCH HEREFORDSHIRE
HWH's Involvement and Influence in the Health and Social Care System in Herefordshire and its Championing of the Views of Patients, Carers and the Public.
Herefordshire 24 GP Surgeries
NHS England
Herefordshire Clinical Commissioning Group
The Care Quality Commission
MP's Jesse Norman Bill Wiggin
Herefordshire Patient Participation Groups in 24 GP Practices
Taurus - GP Federation
Community Pharmacies
Healthwatch England
PM's Access Fund Hubs in Ross Hereford Leominster
Sustainability and Transformation Plan
2Gether Mental Health Trust
Out of Hours/Primecare
Urgent Care Board
Wye Valley NHS Trust
West Midlands NHS Ambulance Trust

Healthwatch Activity

The Chair of Healthwatch and seven board members represent Healthwatch and the public voice of people in Herefordshire at the following key forums. The staff team also represent Healthwatch at an operational level to feed in the issues from the members of the public to Commissioners and Providers in order to improve the quality of patient experience and ensure that the people's voice is heard.

- **Health & Wellbeing Board**
- **Health Overview & Scrutiny Committee**
- **Making it Real Board**
- **Children's and Young People's Partnership**
- **Children's Safeguarding Board**
- **Adult Safeguarding Board**
- **Safeguarding Improvement Process**
- **WVT Board**
- **2gether NHS Board**
- **2Gether Service User Experience Group**
- **Systems Resilience Group**
- **Taurus Programme Board**
- **West Midlands Ambulance Board**
- **Safeguarding Board Performance Audit and Quality Sub Group**
- **Hereford Disability United**
- **Home and Community Support Provider Forum**
- **WVT stakeholder group**
- **Cancer Board**
- **Joint Primary Care Commissioning Board**
- **Frequent regional and national meetings with Healthwatch England & Network**
- **Quarterly forum with Wales Community Health Councils cross border working group, feeding into joint Healthwatch NHS England cross border network meetings.**
- **Quarterly forum with WVT Quality Lead & Director of Nursing**
- **Quarterly operational Meeting with Care Quality Commission**
- **CCG Patient Quality & Finance Committee**
- **NHS England Quality Surveillance Group**
- **Adult Social Care Multi Agency Information Sharing Meeting**
- **hvoss Health & Social Care Forum**
- **hvoss Children's interest Group**
- **Carers Hub of third sector organisations**
- **Onside Advocacy quarterly meetings**
- **Integrated Needs Assessment Reference Group**
- **Engagement Gateway**
- **Values Board Herefordshire Council**
- **Voice of the Child Herefordshire**
- **Autism Partnership Board**
- **Learning Disability Partnership Board**
- **Midwife-led Unit Project Board**
- **CCG Urgent Care Programme Board**
- **Parent Carer Voice**
- **Quarterly Meeting with homecare commissioners**
- **WVT Medicines Safety Committee**
- **Communications Leads Group**
- **WVT Quality Oversight & Review Meetings – Special measures**
- **WVT/HWH/Powys quarterly quality meetings**
- **System Transformation Programme**
- **Promoting Independence board**