

# AGENDA

## Health & Social Care Overview and Scrutiny Committee

Date: **Wednesday 28 September 2016**

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Time: **9.30 am**

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Place: **Council Chamber, The Shire Hall, St. Peter's Square,  
Hereford, HR1 2HX**

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Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

**Ruth Goldwater, Governance Services**

Tel: 01432 260635

Email: [ruth.goldwater@herefordshire.gov.uk](mailto:ruth.goldwater@herefordshire.gov.uk)

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If you would like help to understand this document, or would like it in another format, please call Ruth Goldwater, Governance Services on 01432 260635 or e-mail [ruth.goldwater@herefordshire.gov.uk](mailto:ruth.goldwater@herefordshire.gov.uk) in advance of the meeting.

# **Agenda for the meeting of the Health & Social Care Overview and Scrutiny Committee**

## **Membership**

<b>Chairman</b>	<b>Councillor PA Andrews</b>
<b>Vice-Chairman</b>	<b>Councillor J Stone</b>
	<b>Councillor CR Butler</b>
	<b>Councillor ACR Chappell</b>
	<b>Councillor PE Crockett</b>
	<b>Councillor CA Gandy</b>
	<b>Councillor MD Lloyd-Hayes</b>
	<b>Councillor MT McEvelly</b>
	<b>Councillor GJ Powell</b>
	<b>Councillor A Seldon</b>
	<b>Councillor NE Shaw</b>
	<b>Councillor D Summers</b>
	<b>Councillor EJ Swinglehurst</b>

## AGENDA

	Pages
<b>1. APOLOGIES FOR ABSENCE</b>	
To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES (IF ANY)</b>	
To receive details of any members nominated to attend the meeting in place of a member of the committee.	
<b>3. DECLARATIONS OF INTEREST</b>	
To receive any declarations of interest by members in respect of items on the agenda.	
<b>4. MINUTES (TO FOLLOW)</b>	
To approve and sign the minutes of the meeting held on 19 September 2016.	
<b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b>	
To consider suggestions from members of the public on issues the committee could scrutinise in the future.	
<i>(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.)</i>	
<b>6. QUESTIONS FROM THE PUBLIC</b>	
To note questions received from the public and the items to which they relate.	
<i>(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 <b>no later than two working days before the meeting</b> to the committee officer. This will help to ensure that an answer can be provided at the meeting).</i>	
<b>7. PUBLIC HEALTH UPDATE</b>	9 - 24
To provide an overview of performance of public health services and programmes in order to provide assurance.	



## **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](http://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.**

### **FIRE AND EMERGENCY EVACUATION PROCEDURE**

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to the Assembly Point which is located in the car park at the front of the building. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

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







<b>Meeting:</b>	<b>Health and social care overview and scrutiny committee</b>
<b>Meeting date:</b>	<b>28 September 2016</b>
<b>Title of report:</b>	<b>Public health update</b>
<b>Report by:</b>	<b>Director of public health</b>

### **Classification**

Open

### **Key decision**

This is not an executive decision

### **Wards affected**

Countywide

### **Purpose**

To provide an overview of performance of public health services and programmes in order to provide assurance.

### **Recommendation**

#### **THAT:**

- (a) the committee consider the performance of public health programmes and service; and**
- (b) review actions being taken to address under performance; and**
- (c) also make any further recommendations to deliver improved performance; and**
- (d) agree on the public health programmes/services for further review by the committee in 2016-17**

### **Alternative options**

1. There are no relevant alternative options; it is the role of the committee to review the performance of the council (and health partners) and to make recommendations for improvement where appropriate.

### **Reasons for recommendations**

2. To enable the health and social care overview and scrutiny committee to fulfil its function.

### **Key considerations**

3. As of 1 December 2015, Addaction has been providing substance misuse and alcohol services. Along with other drug and alcohol service providers across England

Addaction was required to move to a recovery model of care. As the incoming new service provider they have had the challenge of implementing the new model whilst maintaining continuity of care for existing clients. Herefordshire Council has been working with Addaction to ensure adequate service provision across the county.

4. As of 1 of December 2015, Herefordshire Health Partnership has been providing the sexual health services. The new provider did face some challenges in implementing the contract, but these have been resolved amicably.
5. There are two types of stop smoking contracts, behavioural support and pharmacotherapy. The main providers are Taurus, GP practices and community pharmacies. In 2015-16, 261 people set a quit date and 132 were confirmed quit at 4 weeks from quit date (50% success which equates with the national average). For 2016/17 quarter 1 the figures are 52 setting a quit date and 15 reported quit at 4 weeks (29% success). Public health has been considering to increase the number of organisations (including GP practices and pharmacies) approved to provide stop smoking behavioural support.
6. NHS health check uptake had been 49% against the interim national target of 66% in 2015-16. These year to-date data show that uptake continues to be low (36%). Taurus and GP practices have been providing this service, whereas other providers have not been able to provide the service due to lack of access to patient data. Public health has been working with Taurus to use other providers making this more accessible in terms of timings and location.
7. The public health programmes and services for further review by the committee include:
  - Healthy child programme 0-19
  - Children and young people mental health
  - Healthy lifestyle trainer service (HLTS) for behaviour change
  - Active HERE
  - Healthier you (diabetes prevention programme)
  - Public health savings 2016-17 to 2019-2020

## **Community impact**

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

## **Equality duty**

9. The focus of public health programmes is to reduce health inequalities and to commission services that are accessible to hard to reach communities. All of the services that are commissioned by the public health grant demonstrate the council's commitment to its equality duty.

Section 149 of the Equality Act 2010 imposes a duty on the council to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it.

Public health programmes/services aim to identify and support those who suffer from or are at a high risk of developing physical and mental health problems. Continued

improvement and development of these programme/services will support the council in discharging it's duty under the act and will help deliver the 3 aims of the duty:

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

## **Financial Implications**

10. Public health is funded through a ring fenced grant by Department of Health (DH). In 2014-15 this grant was cut by 6.2%. A further 2.2% cut in 2016-17, 2.5% in 2017-18, 2.2% in 2018-19 and 2.2% in 2019-20 have been announced by the DH. The total Herefordshire grant for 2016-17 is £9.7m and it is required to make around £1.0m savings in the next four years (2016-17 to 2019-20). These savings will be planned and developed as part of the overall AWB savings plan, through the council's corporate MTFS process.

## **Legal Implications**

11. 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**

12. There is a reputational risk to the council if it fails to discharge its public health responsibilities as set out in the Health and Social Care Act 2012.

## **Consultees**

13. The 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 – Public health update report

Appendix b – Addaction Herefordshire presentation

## **Background Papers**

None identified.



## Public Health Update Report

### Introduction

This paper provides an update on the performance of four public health services commissioned by the Herefordshire Council.

### 1. Substance Misuse Service

Substance misuse services were commissioned and implemented by December 1<sup>st</sup> 2015. Addaction, a national organisation, successfully tendered for the 3-year (+1 +1) contract, against another national provider. The incumbent provider elected not to submit a proposal.

The new package was to deliver, over the course of the contract, a more locally distributed service that included adults and young people, and closely aligned to the recovery agenda of the government's drugs strategy, and the national alcohol strategy. Along with other drug and alcohol service providers across England Addaction was required to move to a recovery model of care. As the incoming new service provider they have had the challenge of implementing the new model whilst maintaining continuity of care for existing clients.

To date the following challenges have arisen:

- Working culture remains an issue requiring sensitive, but proactive, attention. The previous provision was characterized by long term maintenance of individuals with few prospects for recovery, a poor offer of harm reduction and isolation of individuals.
- The ability to deliver hubs during the first half of 2016 was severely disrupted by local legal and community issues. This delayed Leominster opening by seven months and Ross-on-Wye will not, at this time, have a permanent locality base. These delays have affected Addaction's ability to develop appropriate responses for smaller, isolated communities.
- Recruitment of nursing staff to enable, e.g., hospital in reach has so far failed. While recruitment continues, another solution may be required, e.g. involving WVT's assistance to satisfy some of this requirement within hospital settings.
- The availability of properly structured shared care in GP practices requires proper review. Currently service users are maintained, rather than being encouraged and challenged to make the changes which result in recovery.
- Young people have been less than adequately provided for, with the county struggling with 0.6WTE youth worker to serve the county and partner with West Midlands YOS. This has now risen to 1.6WTE but a service gap remains and Public Health might consider if it should lead on reviewing the possibility of cross-contract work, e.g. with sexual health, to resolve this.

Performance against key indicators:

Indicator	Baseline	June 16	Diff	Top Quartile
PHOF 2.15i (opiate completions & no re-presentation)	8.0%	7.2%	-0.8%	8.09% – 10.04%
PHOF 2.15ii (non-opiate completions & no re-presentation)	21.1%	22.7%	+1.6%	42.92% - 52.17%
Alcohol and non-opiate successful completions	24.7%	24.3%	-0.4%	42.06% - 60.92%
Alcohol successful completions (national average only)	30.7%	31.5%	+0.8%	39.48% (ave)

Source: NDTMS

## 2. Sexual Health Services

Sexual health services were procured in 2015 and the new sexual health services commenced from December 1<sup>st</sup>, 2015. After a successful tendering exercise, Herefordshire Health Partnership (HHP) was awarded the 3-year (+1 +1) contract to deliver a more community-focussed offer which would also offer innovation, in the shape of online offerings for testing of HIV and sexually transmitted infections (STIs). HHP began operation from new premises at 29-30 Commercial Road in May this year after a shortened establishment period.

As with substance misuse services, the new provider has experienced issues with establishing the new service including:

- Identifying and developing suitable premises in a challenging timeline;
- Transferring staff to new working practices, culture and organisational structures;
- Recruitment and training;
- Responding to the challenges of significant health issues, particularly late diagnosis of HIV and low rates of chlamydia detection in 15-24 age range.

However, HHP has benefited from maintaining the senior manager of the preceding service who has also designed and established the new service. It has a high approval rating from users (98%) and is showing success in the use of online services, such as SH:24 which provide discreet and rapid testing for HIV, syphilis, gonorrhoea, and chlamydia. The service is now in the second stage of development, seeking locality bases and also addressing opening hours in Hereford in line with Public Health expectations.

There are some outstanding issues, one of which, access to specialist HIV treatment, has recently been resolved. NHSE awarded this service to Worcester Acute Hospitals NHS Trust after a short tender and partnership with HHP has been established. Access to psychosocial medicine and therapy is problematic. Psychosexual therapy is not the remit of HHP or the commissioning responsibility of Public Health leaving a gap in provision.

Primary care and outreach will be key to the future of the new service and, with Taurus Healthcare Ltd as a key partner, there is a vehicle for ensuring services are embedded at a community level. Vital to success will be the development of the Managed Service Network, bringing together crucial partners with the wider goal of establishing functionality across the county.

### 3. NHS Health Checks

Since April 2015 the Council has a contract in place with Taurus to deliver NHS Health Checks programme through a range of approved providers. These include GP practices, Asda, Help2Change, IceCreates, Nestor Primcare and North51. Apart from GP practices no other provider has been providing this service. This is mainly due to lack access to the patient data held by GP practices.

In 2015-16, GP practices sent out invitations to 11,802 patients (which is 20% of the total eligible population as per Government guidance). The uptake was, however only 49%. The original Government target for uptake was 75% but an interim target of 66% was set last year.

Table below provides figures for this year to date:

	April	May	June	July	YTD
Invitations	1,199	1,390	1,161	1,094	4,844
Completed Checks	416	382	448	463	1,709
Percentage Uptake	34.7%	27.5%	38.6%	42.3%	35.3%

The total population to be invited this year is 12,205 so the number of invitations is on course. Uptake continues to be well short of the interim target of 66%.

Public Health has been working with Taurus to use other providers making this service more accessible in terms of timings and location.

### 4. Stop Smoking Services

We have two types of Stop Smoking contracts in place; behavioural Support and pharmacotherapy. Contracts for Behavioural Support have been in place since 1<sup>st</sup> April 2015, Pharmacotherapy contracts since 1<sup>st</sup> April 2016.

Any organisation with appropriately qualified staff can provide behavioural support and they then provide the service user with a voucher to obtain the appropriate pharmacotherapy, usually Nicotine Replacement Therapy, from the pharmacotherapy provider, which must be a pharmacy. Currently we have contracts with Asda, Boots, Day Lewis, H.G. Clewer, Leominster Pharmacy and Rowlands to provide both Behavioural Support and Pharmacotherapy. Chandos and Chave and Jackson pharmacies will provide Pharmacotherapy on provision of a voucher from a Behavioural Support Provider. Help2Change, IceCreates, Nestor Primcare, North51 and Taurus are approved providers of Behavioural Support only. Of these only Taurus are currently providing a service via 5 practices and Halo. In 2015-16, 261 people set a quit date and 132 were confirmed quit at 4 weeks from them (50% success which equates with the national average). For 2016 -17 the Q1 figures show that 52 set a quit date and 15 reported quit at 4 weeks (29% success). The low quit rate is a

cause of concern. Public Health has been considering to increase the number of organisations (including GP Practices and pharmacies) approved to provide Stop Smoking Behavioural Support. Also, plans are being developed with maternity services to refer all pregnant smokers to stop smoking service, unless they specifically opt out.

#### **5. Programmes/service for future review**

- Healthy Child Programme 0-19
- Children and Young People Mental Health
- Healthy Lifestyle Trainer Service (HLTS) for Behaviour Change
- Active HERE
- Healthier You (Diabetes Prevention Programme)
- Public Health Savings 2016-17 to 2019-2020



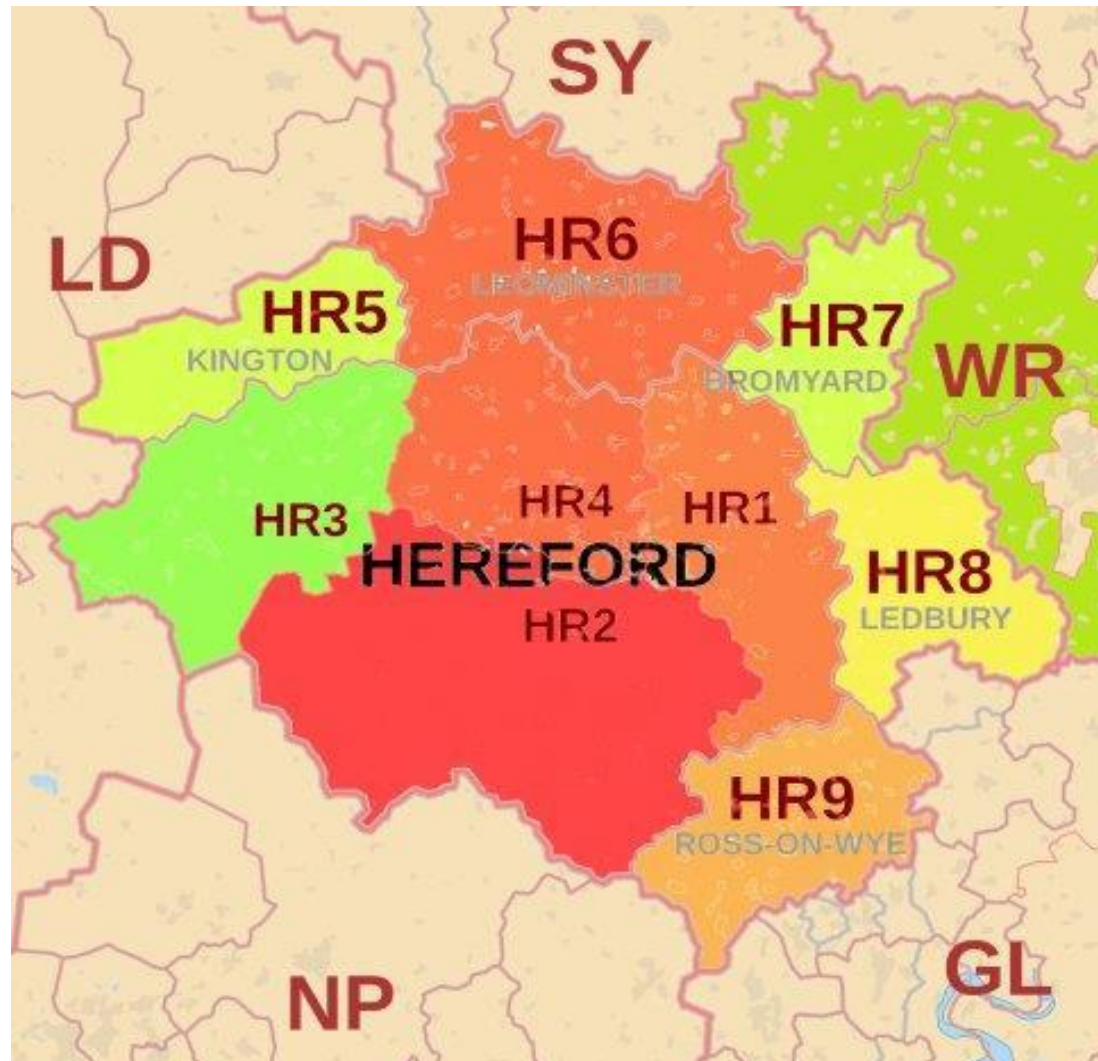
**addaction** Herefordshire

- Strengths based assessment
- Substance specific Advice & Information
- **Medical Interventions as a driver to Recovery**
- Psychosocial Interventions 1:1 & Groups
- **Detoxification – Community & In-patient**
- Relapse Prevention
- Peer/ Family Support
- **Volunteering/Training/Education- Partnership Working**

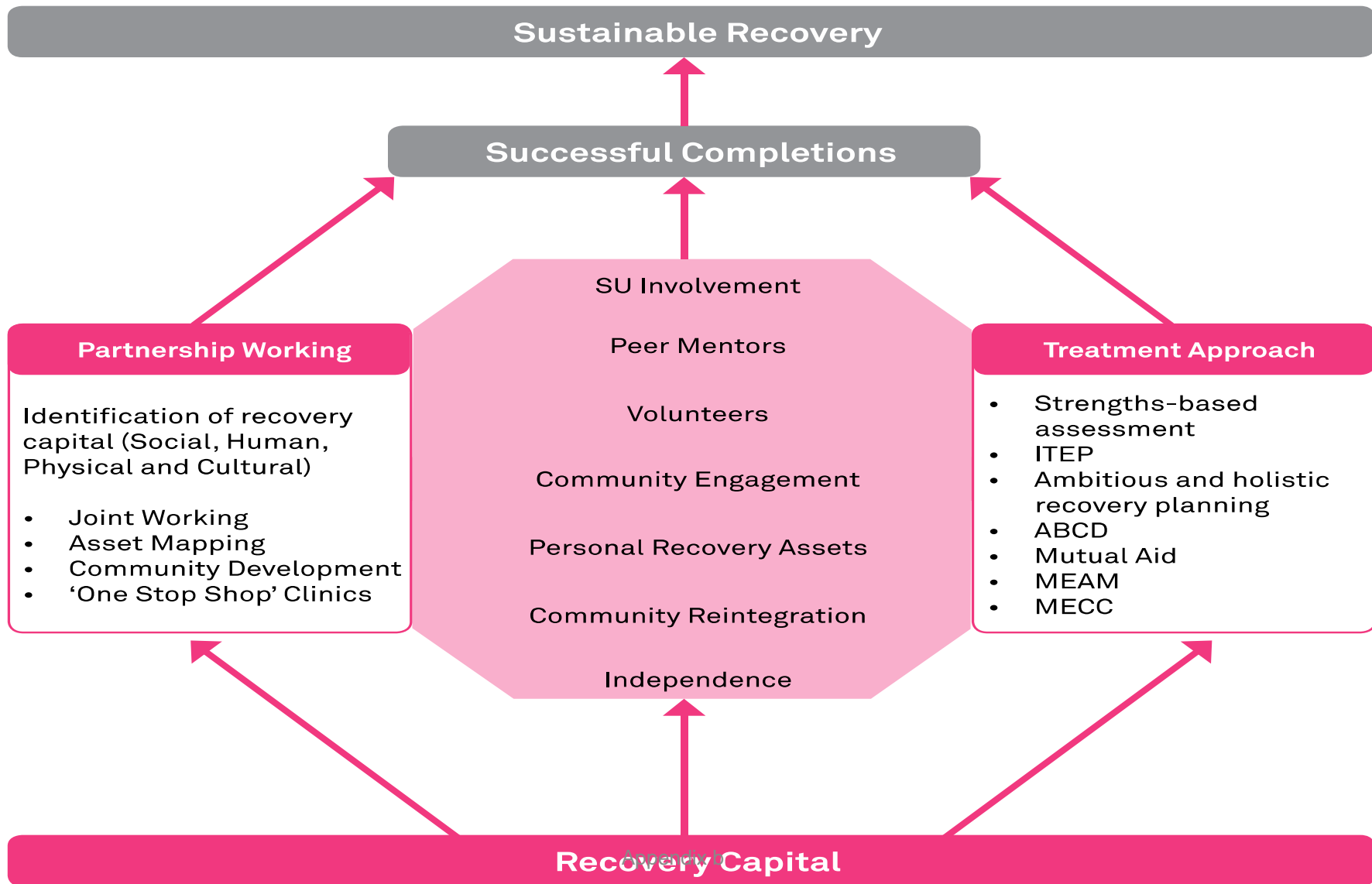
## Operational delivery:

- 3 Premises
- Extended opening
- Local service delivery utilising co-location/community engagement
- Flexibility to support recovery outside of the service hours and in rural areas

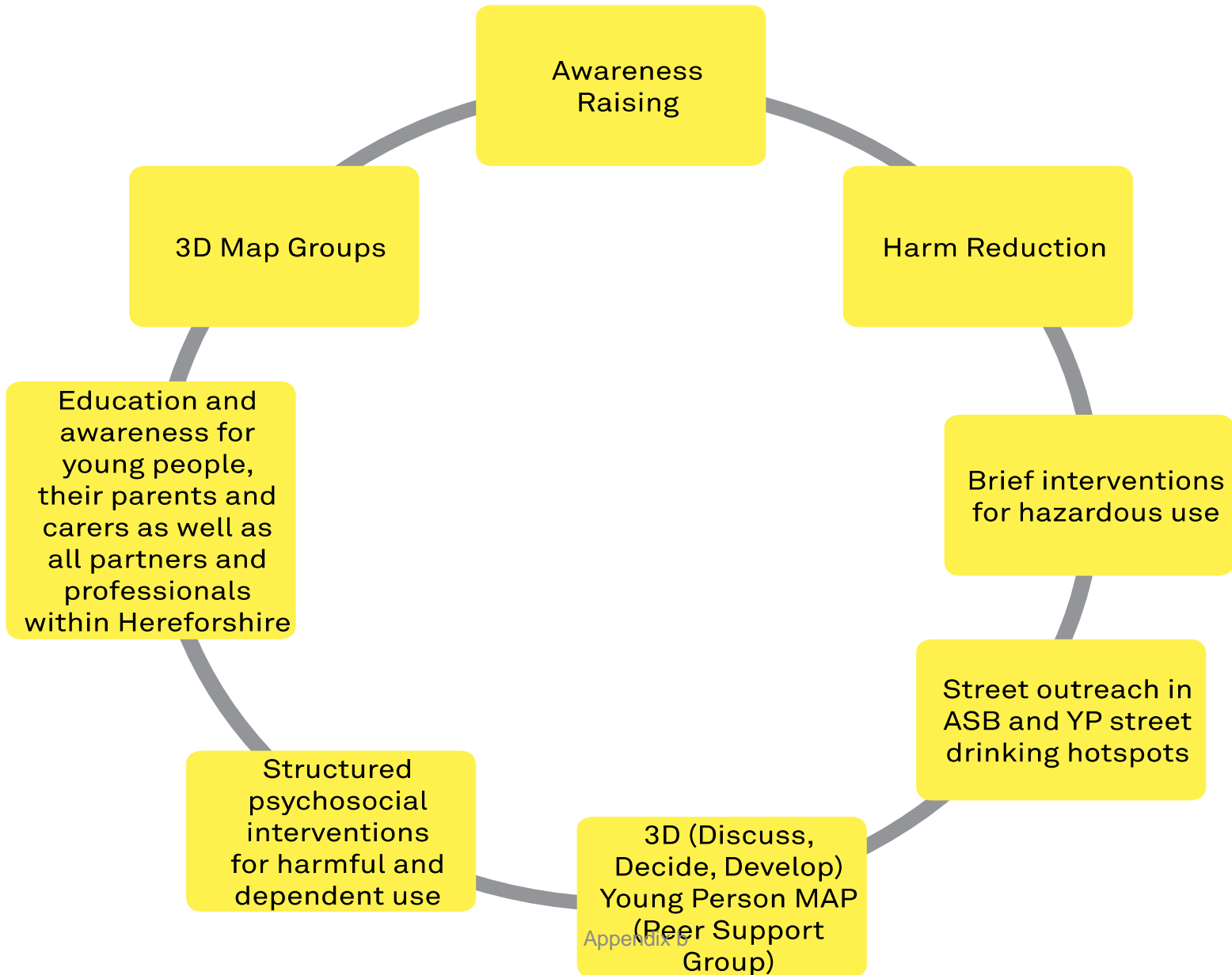
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- 3 Cohorts: Opiate, Non- Opiate & Alcohol, Alcohol monitored nationally by:
  - Successful Completions
  - Representations
- Achieved by:
  - Recovery Based Interventions
  - Promotion of Recovery Capital



## Any Questions.....

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