

**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 Wednesday 19 October 2016 at 11.00 am**

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

Councillors: WLS Bowen, PJ Edwards, CA Gandy, MD Lloyd-Hayes, GJ Powell, A Seldon, D Summers and EJ Swinglehurst

**In attendance:** Councillor PM Morgan

**Officers:** Graeme Cleland, Jo Davidson, Sarah Dugan, Martin Samuels and Andrea Westlake

**105. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors CR Butler, ACR Chappell, PE Crockett, MT McEvilly and NE Shaw.

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

Cllr WLS Bowen attended as a substitute for Cllr ACR Chappell and Cllr PJ Edwards for Cllr PE Crockett.

**107. DECLARATIONS OF INTEREST**

None.

**108. MINUTES**

**RESOLVED**

That the minutes of the meeting held on 19 September 2016 be approved as a correct record of the meeting and signed by the Chairman.

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

None.

**110. QUESTIONS FROM THE PUBLIC**

None.

**111. UPDATE ON HEREFORDSHIRE AND WORCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN**

The chairman welcomed Dr Jonathan Shapiro, lead for the One Herefordshire programme.

The director for adults and wellbeing referred to the earlier presentation to the committee on 19 September 2016 and summarised progress to date on the development of the sustainability and transformation plan (STP):

- there was a national mandate to form STP footprints across England, principally based on population sizes and aiming to deliver good quality care that was sustainable
- an Initial submission was made to NHS England in April focusing on triple aim gaps, which was followed by assurance process, in which there was a high level of senior NHS officer involvement
- this was an NHS process although the Herefordshire and Worcestershire STP included active involvement from local government
- the draft plan would be submitted to NHS England on 21 October and which would inform the NHS and the council's planning processes
- the documentation was not yet in the public domain although there was a process being developed for wide and active engagement and consultation as this was vital to the realisation of the plan
- an assurance process would follow submission on 21 October and the plan would then be signed off by NHS England
- local governance would include partner organisations, with formal public consultation commencing in the spring of 2017

The chief executive, Worcestershire Health and Care NHS Trust (WH&CT), as the lead for the STP in Herefordshire and Worcestershire, added that the STP programme board was a partnership that included voluntary services and Healthwatch across both counties. There were plans to expand clinical input beyond the staff briefings that had taken place to contribute to the analysis of the triple aim gaps. The aim was to be fully involved with the scrutiny committee, particularly regarding communications and engagement. It was believed that the plan was generally positive and that stakeholders were signed up to it, but it was understood that there may be some difficult conversations. In terms of developing public awareness and encouraging involvement, online information resources had been launched through #YourConversation.

The chair commented that in relation to scrutiny involvement, there had been some difficulty in NHS England's recognising the power of scrutiny committees to see the commissioning intentions of partner organisations.

A member observed that the STP was an NHS plan, and asked about the impact on public health and social care through the realisation of the plan. It was explained that the STP was based on a system-wide approach which implicitly included social care and public health and that it was critical to ensure that any implications were recognised and mitigated. One way of helping this was to look at closer work around commissioning. There was also national guidance on integration to ensure impact was recognised and addressed across the system.

Commenting further on the STP's commissioning deadline in December seeming unrealistic, the member asked whether the detail of contracts would be anything more than visionary at the point of sign-off. The director for adults and wellbeing explained that contracts may be less rigid in order to be able to respond to further iterations of the STP.

The STP lead supported the comment regarding the role of public health as it was key to the prevention of health problems in the first place. This would be made more explicit as a common thread and be better defined in the plan before it was submitted. She added that commissioning intentions would be through the STP this year and therefore some contract agreements would be indicative rather than definite. It would also be necessary to consider the risks arising from changes in different areas of the STP in case they unintentionally impacted on others.

The CCG accountable officer added that it was intended to provide guidance and support in planning and so the operational plans for two-year contracts were not rigid and would need to flex as the plan evolved.

Expressing concern regarding the size of the Herefordshire and Worcestershire footprint, a member asked whether, in relation to additional costs associated with local geography being correspondingly higher, the STP would be vulnerable to intervention from central government.

The STP lead explained that whilst the footprint was small, there was encouragement to consider layers of population within and outside the footprint in order to maximise quality and sustainability of care. For example, there was encouragement to consider how best to provide some areas of specialist care that would be both clinically sound and accessible. The individuality of Herefordshire and the implications of providing sustainable services in the rural population had been recognised and Herefordshire had been selected as a pathfinder for delivery of services to rural communities.

The CCG accountable officer added that the commissioning brief was to look at outcomes, experience and value for money. Rules for national and international procurement meant that market testing for value for money was a requirement. There was constant dialogue in order to achieve workable solutions in response to patient flow between Herefordshire and Wales.

Discussion took place regarding recommendations to be made in light of the update and regarding how the committee wished to be engaged in future stages of the development process for the STP, in which it was noted that:

- the STP was still a draft and under ongoing development. It had been shared with committee members in a private meeting but was not available for wider publication at this stage. However, it had been recommended that the committee confirm, in a public meeting, its recommendations regarding the plan.
- the plan needed to be explicit when referring to how services and clinical roles would be apportioned across the footprint whilst providing safe and good quality care
- it was important that the presentation and format of the plan was accessible and easy to understand so that risks, budgetary and governance information were clear
- there was opportunity to include plans to maximise the use of technology to improve care as there was potential to make better use of resources in this respect
- plans for engagement and communication needed to be made clear and specific
- summary information would help people understand how the STP will affect them, and this could be assisted through communication of One Herefordshire

- further updates to the committee on the STP and One Herefordshire, including finalised documentation, would be of benefit and comments from members were welcomed

## **RESOLVED**

**That**

- (a) the report be noted;**
- (b) the STP board be asked to consider the following for inclusion in the plan to be submitted on 21 October 2016:**
  - (i) with reference to improving maternity care, change the wording from obstetric led services to obstetrician led services**
  - (ii) to make clearer the provision for frailty beds for Herefordshire residents**
  - (iii) to rate key risks identified as red-amber-green (i.e., RAG-rated)**
  - (iv) to make budgetary information clearer by expressing in monetary terms rather than in percentages**
  - (v) to include a key for clarifying the decision makers within the governance arrangements**
- (c) opportunity for a joint health and social care scrutiny committee be explored with Worcestershire County Council;**
- (d) the committee meet in public to address the proposals in full once the plan is in the public domain; and**
- (e) that an update on One Herefordshire be presented at a future meeting.**

The meeting ended at 12.10 pm

**CHAIRMAN**