

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 27 February 2017 at 1.30 pm**

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

Councillors: CR Butler, PE Crockett, CA Gandy, MD Lloyd-Hayes, MT McEvilly, GJ Powell, A Seldon, NE Shaw, D Summers and EJ Swinglehurst

**In attendance:** Councillors WLS Bowen and AJW Powers

**Officers:** John Coleman, Mike Emery, Sue Harris, Martin Samuels and Alison Talbot-Smith

**134. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr ACR Chappell.

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

None.

**136. DECLARATIONS OF INTEREST**

There were no declarations of interest made at the start of the meeting. However, at the start of the item on WISH, Cllr GJ Powell declared an interest as the portfolio holder for adults and wellbeing at the time that the contract for WISH was being designed. It was confirmed by the statutory scrutiny officer that this was not material to the item as discussed at today's meeting.

**137. MINUTES**

**RESOLVED**

That the minutes of the meeting held on 24 January 2017 be agreed as a correct record of the meeting and signed by the chairman.

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

There were no suggestions received.

## 139. QUESTIONS FROM THE PUBLIC

There were no questions received.

## 140. NHS SUSTAINABILITY AND TRANSFORMATION PLAN FOCUS ON COMMUNICATION AND ENGAGEMENT

The report was presented by the director of strategy, partnerships and STP, and colleagues of NHS Herefordshire Clinical Commissioning Group (CCG), including the director of transformation, the director of corporate development and the accountable officer.

The CCG director of transformation, began the presentation by recapping the work that had taken place so far around the sustainability and transformation plan (STP). Commissioners had been working in partnership to develop the STP and a high level document was submitted in 2016. The public engagement phase was under way and was coming to an end this week.

Members made a number of observations and comments on the engagement approach:

- members reported that people they had spoken to had not heard of Your Conversation as the vehicle for engagement and consultation and this included a number of local NHS workers within Wye Valley NHS Trust
- it was felt that the documentation was difficult to understand and for people to picture how the plan would work, and this needed to be highlighted
- the BBC had publicised some of the details of plans from across England and this was in contrast to the approach of the high level engagement led by the NHS. There were a number of resulting campaigns that had been generated by the public, and also the British Medical Association (BMA) had been commenting. The impact of this was noted in contrast to the number of visits to the '#YourConversation' website and survey which had been completed by a comparatively low number of people
- the BBC presented an opportunity to support the right message to the public
- these factors presented a challenge when considering the differing publicity and perspectives on an emotive topic

In response, officers clarified that:

- the detailed document was provided to NHS England and was the basis for public engagement with information being presented in a more accessible and theme-based way for the '#YourConversation' survey promoted to the public by Healthwatch
- at this stage the focus was on engaging on high level themes rather than on consulting on details and there were challenges across the footprint to do this in a meaningful way
- at the same time it was important to ensure that the focus was on the facts, following a proper process of constructive and meaningful engagement
- there was a national conversation and some standardisation in approach, which would include more accessible information, in recognition of the many common issues shared by the 44 STPs across England
- there was a process of engagement being undertaken which was an early part of the overall plan, and this differed from formal consultation which would come later, and the requirements of which were well understood
- there was communication coming through to NHS employees locally which was generating feedback

- the council had been involved from the start of the process, and in recognition of employees also being residents, communication had sought to provide context and making connections to preventive work and WISH (wellbeing information and signposting service). It was recognised however, that the information may not be meaningful to people as individual practitioners at this stage

A member made the observation that the information available for consultation was not concrete at this stage, but that it was necessary to engage with it and make use of what was available in order to inform health and social care for the future. The way forward must be to focus on the 9 'must-dos' described in the STP starting from April 2017. Consultation on specifics could talk about challenges, including financial, primary care services, prevention work and out of hospital care.

A member made the suggestion of making use of existing networks to consult / engage, particularly through members and their meetings with the public.

A member asked about the impending update on 10 March 2017 regarding improvement measures for Worcestershire Acute Hospitals NHS Trust and the impact this may have on the STP footprint. It was clarified that any proposals in response to the Care Quality Commission's findings would involve statutory consultation although it was hoped that in doing this the public would see the whole picture and the interdependences between this and the STP.

With regard to the specifics of Your Conversation, the following points were noted:

- high level themes were shared with stakeholders during 2016, prior to publishing the STP in November. The '#YourConversation' website showed the details and included stakeholders' views, webinars and questions and answers, although it was acknowledged that a rate of 1000 responses to the questionnaire was not high
- there had also been a series of drop-in sessions provided by Healthwatch
- the period of engagement concluded this week but there was a longer-term process to follow on from this
- information gathered would be fed back to the STP partnership board and health and wellbeing board by the end of March 2017
- in terms of themes, the focus had moved to specific questions and needs of carers and from this it was found that transportation had been identified as an area of concern, and there was varied appetite for digital options in service provision which was being explored to identify the benefits of this approach
- with regard to developing engagement, there had been further work around organisational development and looking at system wide issues, such as on transportation issues and also in involving young people. The intention was to extend the involvement of the voluntary and community sector.

A member commented on the merits of joint scrutiny work on transportation to look at wider issues on this, in light of funding transfers to the council from central government in 2020.

Officers summarised the next steps, which would be for the CCG to lead on formal consultations on specific areas, which included 7-day GP services, walk-in centres and access to primary care. Consultation would take place locally, such as at the Kindle Centre during March, with wider engagement with community services in market towns and getting the message out to hard to reach groups. Members' views were welcomed on how best to do this, and the suggestion of using ward members' constituency meetings was noted. Feedback would be collated in April.

A member asked about the practicalities of accessing rural communities and transportation and the extent of impact of the approach to consultation, noting that

people were less likely to come into the market towns for consultation in favour of places such as their local library.

It was confirmed that this was recognised and would be built in to the process, making use of existing events such as through parishes, residents' associations and church groups. The role of GPs in this was also noted. Digital solutions were being explored for reaching remote communities and also young people.

With regard to transport issues, the chair of Healthwatch confirmed that a co-ordinated approach was being actively explored, and to support the engagement process Healthwatch had contacted parish councils. Healthwatch planned to hold a question time event in the autumn with participation from partners on the panel.

Discussion took place on the value of open and transparent information during the formal consultation period, and although there was joint work with partners on the communications workstream, this was less easy when not working with specific detail and the public perception was that the information was not available to help them respond. Gauging the level of detail and the timing of its release could present a challenge when working with broad themes and then moving to detailed information. However, there were ways of making this easier, such as accessing existing community events, identifying opportunities for partners to work more closely on key messages, and developing scrutiny's role in informing some of the approaches. A member suggested that the common priorities be provided in summary format to assist in explaining the STP in a way that was meaningful to the public.

The chairman welcomed assurance that developments were planned for getting the message to the public about plans for local healthcare provision and noted that forthcoming consultations would raise sensitivities. She added that it was imperative to listen to views on how to reach remote areas in order to engage and seek views on service provision. Officers confirmed that feedback would be taken on board in developing quality and accessible care, and acknowledged that scrutiny would provide a key forum in achieving this.

## **RESOLVED**

**That**

- (a) the report be noted;**
- (b) existing networks, including those of councillors, parish councils, community groups and GPs, be accessed to support engagement and consultation, particularly with harder to reach areas of the community;**
- (c) consideration be given to future scrutiny work on transportation;**
- (d) consideration be given to developing a simple format of information for the public to set out common priorities of the STP; and**
- (e) there be continued dialogue with scrutiny in realising plans.**

## **141. IMPLEMENTATION OF WISH INFORMATION AND SIGNPOSTING SERVICE**

It was noted that the service was about to be recommissioned so this presented an ideal opportunity for scrutiny input.

A member referred to her comments at an earlier meeting regarding her past experiences of using online searches being poor. She commented that this was now much better and WISH was appearing at the top of search results. The WISH website

now had better menu navigation including immediate information for people in crisis, and the overall construction of the website had improved.

The director for adults and wellbeing introduced the report by explaining that the Care Act 2014 placed a statutory responsibility on the council for providing information and advice. The model for WISH was intended to support the developing model of health and care by putting the member of the public at centre of the support available and helping them to access the large and varied range of local support and opportunities not provided by the state and supporting them to live well. This also brought benefits to providers as WISH represented an information resource for referral and signposting their own service users. A further beneficial role was that of enabler in connecting communities in ensuring that the support on offer was the right support to meet need. It was noted that it could be difficult for individuals wishing to volunteer to know what they could do that would have the most beneficial impact on those needing support.

The community capacity and wellbeing manager explained that WISH was an evolving service, and as had been found in other authorities, the period of development was known to be around four years. Since WISH's inception, some of the key regulations had changed so its original purpose had developed and there was more focus on making the online presence comprehensive. The provider, SIL (Services for Independent Living), was working with organisations listed on the website to review their entries and the intention was to focus on universal services and on areas of demand and localised information where there was limited content.

A member commented that the website's search facility needed to produce more postcode relevant information. She noted that some of the council's services that provided opportunity to generate income were not listed. In response it was clarified that consideration was being given to what content could be migrated from the council website and how best to do this. It was an intention to keep the WISH identity separate so that people were encouraged to visit it and so to reduce reliance on council services. However, it was noted that it needed more promotion by other partners and for library staff to access it to support members of the public to find information. Its use needed to be promoted more by other partners, including the library, so that people could use any public facing service to access information, not just via the physical hub.

Discussion took place around the footfall to the WISH hub. It was noted that there were fluctuations in access levels to the service hub and the reasons for this were not fully understood. The impact of the new arrangements in the library, which was considered to be a more viable option, would be seen over time. It was initially understood that people would be more likely to use face to face and telephone services so these were developed more strongly during the early phases of the project. It was also noted that a higher proportion of users than expected were professionals and carers, with the remainder being those seeking help themselves and this pattern of usage had been experienced around the country.

With regard to the future marketing of the service, a member commented that the presence in the library may be less obvious than the previous location in Hereford's High Town. Consideration was being given to marketing, particularly for the online offer and how this could be promoted in a fresh way. It was acknowledged that marketing could have had greater impact and that the experience nationally was that it could take time to raise the profile of the service. It was intended to review the objectives for the service before further developments.

A member commented that however the service be defined, its success would be determined by how well the information reaches people. It was important for the hub to have 'spokes' reaching out to where people in need had access. In response, it was explained that such 'spokes' were evolving and that SIL had provided some pop-up

facilities with limited success, and now the focus was on developing facilities in places such as GP surgeries and pharmacies with locally trained people to use WISH online, so that it could become more embedded in communities. With regard to Care Act implementation, it had originally been anticipated that there would be an increase in enquiries and a drive down in demand on services, but this was found to not be the case in practice and there had been no increase in demand during the operational period. If it were the case that more people could take up universal services then there would be some impact on demand.

In terms of future developments, the provider arrangements were evolving and the service provision would look different as the service moved to emphasise its online presence and relied upon non-SIL staff doing more signposting. There was opportunity to develop specific content for children's wellbeing, with interest in Herefordshire's work on this model already being shown from other councils.

The chairman commented on the role of WISH within the preventive agenda and noting the developments in Leominster, asked about extending this to other parts of the county. It was confirmed that this was central to strategy development, although it was important to recognise that WISH did not need to be the sole point of reference if providers had existing information and resources that people engaged with and the two were sighted on each other so that providers could also use WISH. It was felt that there was a critical mass to be able to have a co-ordinated approach to this and to encourage resources to be embedded.

A member commented that councillors could contribute to promoting WISH. This would be encouraged further once the planned developments were in place.

Discussion took place around some of the format and content of the service, such as whether to have separate websites for children and for adults and how advice would be provided and integrated with services. It had also been identified for SIL to build up the information on third sector and voluntary support, and look at how to present this. There was further work to be explored such as the potential for online chat facilities, improving the search function, and developing a directory of personal assistants for use by people on direct payments.

In terms of timescales for implementing these developments, it was anticipated that the improvements could become live around June or July, with the additional features in the following few months.

## **RESOLVED**

### **That**

- a) the following suggestions be considered by commissioners regarding the redesign of the WISH service:**
  - i) to strengthen the marketing strategy**
  - ii) to develop the website capability to include online chat facility; and**
- b) members be supported to promote the service, particularly once the redesign has commenced, by way of an update briefing.**

The meeting ended at 4.14 pm

**CHAIRMAN**