

# AGENDA

## Health & Social Care Overview and Scrutiny Committee

Date: **Monday 27 February 2017**

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Time: **1.30 pm**

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Place: **Committee Room 1 - 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:

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# **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
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
2.	<p><b>NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest by members in respect of items on the agenda.</p>	
4.	<p><b>MINUTES</b></p> <p>To approve and sign the minutes of the meeting held on 24 January 2017.</p>	9 - 16
5.	<p><b>SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b></p> <p>To consider suggestions from members of the public on issues the committee could scrutinise in the future.</p> <p><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></p>	
6.	<p><b>QUESTIONS FROM THE PUBLIC</b></p> <p>To note questions received from the public and the items to which they relate.</p> <p><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></p>	
7.	<p><b>NHS SUSTAINABILITY AND TRANSFORMATION PLAN FOCUS ON COMMUNICATION AND ENGAGEMENT</b></p> <p>This purpose of this report and associated presentation is to update, and seek the views of, the committee on the current and proposed engagement and consultation processes that underpin the development of the Herefordshire and Worcestershire five-year health and care plan (the sustainability and transformation plan [STP]). The presentation outlines:</p> <ul style="list-style-type: none"> <li>• the background and current status of the five-year plan</li> <li>• the engagement work already undertaken, and how the ongoing engagement will feed into the plans development ('Your Conversation')</li> <li>• provide further clarity on the designation between consultation and engagement processes</li> <li>• outline the upcoming consultations that are planned for 2017/18</li> </ul>	17 - 36

**8. IMPLEMENTATION OF WISH INFORMATION AND SIGNPOSTING SERVICE** | 37 - 58

To seek the views of the committee on work in progress to redesign the WISH service and its role in the wider prevention and wellbeing system for 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.)

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## 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.
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- 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.
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- 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.
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- 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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HEREFORDSHIRE COUNCIL

**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 24 January 2017 at 9.30 am**

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

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

**In attendance:** Councillor PM Morgan (Cabinet Member)

**Officers:** Jo Davidson and Martin Samuels

**127. APOLOGIES FOR ABSENCE**

None

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

None.

**129. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**130. MINUTES**

With reference to the item on the engagement and consultation process for the redesign of primary care services, it was noted that an update was expected, and the Clinical Commissioning Group would be asked to provide this update at the next meeting on 27 February.

Members were also asked to note that a visit to Addaction in Leominster was being arranged for Thursday 23 February 2017.

**RESOLVED**

**That the minutes of the meeting of 12 December 2016 be agreed as a correct record and signed by the chairman.**

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

No suggestions were received.

**132. QUESTIONS FROM THE PUBLIC**

No questions were received.

**133. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT 2015/16 AND BUSINESS PLAN 2016-18 / HEREFORDSHIRE SAFEGUARDING ADULT BOARD (HSAB) ANNUAL REPORT 2015/16 AND BUSINESS PLAN 2017-18**

Independent chairs, Sally Halls (Herefordshire Safeguarding Children Board (HSCB)) and Ivan Powell (Herefordshire Safeguarding Adults Board (HSAB)), were welcomed to the meeting.

**Herefordshire Safeguarding Children Board**

The chair of HSCB presented the annual report. It was noted that this report was for the year 2015-16 and the report for 2016-17 would be available in the autumn. The report showed progress against four priority areas which were determined by an Ofsted inspection report.

The priorities were:

- to be an effective change agent for children and young people
- to improve response to child sexual exploitation and missing children
- to support increased resilience for children and young people and their families
- to safeguard and promote the welfare of children and young people

Progress had been made in the majority of areas, supported by a joint business manager for both safeguarding boards and the community safety partnership.

With regard to priority 2, child sexual exploitation, a strategy and delivery plan was signed off, including a risk assessment toolkit and clearer pathways for responding to concerns. There was close monitoring of delivery to inform a refresh of the strategy which was to be approved this week with plans to develop strategic communications across West Mercia, putting more focus on preventing further offending and continuing to promote understanding to keep children safe.

It was noted that a needs assessment had highlighted a new area of incidences of sexual offences against children which needed greater understanding and which was disproportionately higher than the rest of West Mercia. Discussion took place on this point and it was clarified that there was a high level of reporting of sexual abuse within families in Herefordshire where people in the county were more confident to come forward to report.

For priority 3, it was identified that there were too many children in the system unnecessarily and this had been rebalanced in a number of ways:

- clear leadership from the head of service in safeguarding and review
- revised thresholds of need and agreed expectations at each level
- focused work with schools
- earlier engagement with children and families

The number of referrals and child protection plans were at a more appropriate level at the same time as balancing risk with supporting children to feel safer at home. There was greater emphasis on supporting professionals to carry out common assessments and to identify needs earlier, with lead professionals identified for co-ordinating activity for children's needs.

A review of the multi-agency safeguarding hub (MASH) was commissioned and members sought reassurance that this area was working more effectively. It was explained that there was more stability within children's services and together with revisions to the thresholds of care, there was a firm foundation for decision making. There were also better way of working that enabled more support for schools. Clearer policies about referrals to MASH had reduced inappropriate contacts and there was confidence that the system was rebalancing. Assurance was given that assessments

remained fair and appropriate within this context and this was being monitored. The key point was about early help and management of risk, and developing peoples' understanding of these areas.

A member asked about communication of services around the parishes and commented that while there were good resources on the WISH website, information for children and how to get help should be at the top of the page. She added that from evidence gathered from the recent task and finish review on early years and children's centres, there was an opportunity to make use of children's centres in the provision of training and support to families.

The chair of the HSCB commented that although the board's role was to check the effectiveness of services rather than to provide them, it was recognised that the rurality of the county was a challenge and so schools were pivotal in assessing the level of engagement with services. In terms of service delivery, it was the responsibility of services to determine how best to deliver cost effective and accessible services. She noted that the resources identified by WISH were universal and were intended for the majority of children and families who did not require more specialised help.

The director for children's wellbeing added that the approach was to support children at an early stage and resources such as WISH could be used to achieve this by providing access to support earlier.

A member commented that it was often easier for a child to recognise when they were being abused physically compared with recognising emotional abuse, and asked whether this affected the figures recorded. The chair confirmed that this was an issue recognised by the board and was reflected in the board's fourth priority of safeguarding and promoting the welfare of children and young people.

A member noted that the council provided around two thirds of the budget for the board and the community safety partnership, and commented that agency staff costs appeared high. He asked for clarification on the reason for this and whether it would change.

The HSCB chair explained that the spending was to cover an interim business manager and since a permanent appointment was made in 2016 this would reduce. She added that budgets were about adequate and were reviewed.

The cabinet member for adults and wellbeing commented that the business unit function was relatively new and was working to ensure effective operation and value.

For priority 4 on the promotion of welfare of children abused or neglected, the HSCB chair highlighted that good progress had been made, focusing on the planning and review process and challenging the perception that child protection plans made children safer, supported by improved multi agency plans for children to keep them safe. Independent reviewing officers had authority to ensure that children did not keep a child protection plan longer than necessary. She noted that there had also been a reduction in the number of children returning to formal child protection measures.

Priorities were reviewed at year end and themes taken into account, such as reasons for child protection plans with regard to domestic abuse, substance abuse and poor mental health in adults, and a revised approach to child sexual exploitation. Focus was retained on early help and on the child protection system, and a new priority with regard to neglect was included with a new strategy and training being developed, informed by a published serious case review.

The vice chairman commented on the impact of social media and online bullying on children and young people, which was harder to escape than face to face bullying, and which had been linked to suicide.

The HSCB chair acknowledged this concern and highlighted the value of education on this issue for children and adults, and awareness raising was a responsibility for all. Within the county, cyber abuse tended to target girls for online grooming.

A member expressed concern about the number of partners and agencies which made it difficult to know how to access help, and suggested a central point to signpost and make access to support easier.

The HSCB chair acknowledged this as feedback for the children and young people's partnership to increase accessibility. The chair of the adult safeguarding board noted the role of Healthwatch and WISH in supporting this. The director for adults and wellbeing added that the information and advice partnership (HIAP) was working to bring partners together to make a single point of contact and, if required, to ensure a confirmed handover to an onward referral. This was planned to be in place this summer. The director for children's wellbeing acknowledged the need for clearer information, but noted that children and young people tended to choose various ways of accessing support and so it was important to ensure that agencies and technology worked behind the scenes to support individual human behaviour rather than relying on one route in.

A member noted a visit to Cheshire to see how young people had successfully set up their own resource for help, and commented on the value of having a young person on the safeguarding board. It was noted that in Herefordshire the board had two lay members to provide a voice from the community.

A member asked about a vacant post of training manager and what impact this had had on training delivery. It was clarified that a multiagency subgroup was established across the partnerships for workforce development, which would commission training informed by analysis of training needs.

A member asked if both boards worked together to look at the family as a whole in terms of emotional abuse issues. The HSCB chair acknowledged that parental behaviour impacted on a child and that it was important to ensure that this was shared and the community safety partnership was encouraged to tackle abuse. Part of the work expected from partners was to be alert to domestic abuse and respond appropriately. Noting the role of GPs, she added that as they had contact with the range of family members they were major referrers, and this had improved the identification of risk to children.

### **Herefordshire Safeguarding Adults Board**

The independent chair of Herefordshire Safeguarding Adults Board (HSAB) presented the annual report and business plan for HSAB.

The role of the board was defined by the Care Act, and involved close working with the community safety partnership (CSP) supported by a unique business unit model to combine support for the HSAB, HSCB and CSP. An objective was to raise the profile of adult safeguarding to equal that of children's safeguarding and it was important to look at families holistically to inform themes for commissioning and bring all partners together. It was important to ensure that partners had active and meaningful roles and which covered both children's and adults' safeguarding boards to increase understanding. The approach taken was to ensure that people felt empowered and that services were proportionate and the least intrusive as possible.

A quality assurance framework and working model for providers had been developed by the council, which had encouraged increased standards and which had attracted national interest.

The board was required to produce an annual report supported by a business plan drawn up with the input of Healthwatch. The business plan set out how priorities would be addressed by agencies and sub-groups of the board.

A further aspect of the board's role was to conduct adult case reviews which although challenging, presented opportunity for learning.

A member welcomed that there was joint working between the boards and commented on the need for a function similar to the MASH to work with adults and to make reporting systems leaner.

The HSAB chair explained that there was specific work with the HSCB to ensure that transition from children's to adults' services was taken into account. He added that with adult safeguarding there was focus on a specific cohort at risk of abuse and neglect, of those receiving care and support, although other people could be vulnerable at any given point in time. The procedure for safeguarding concerns was revised and there had been work with partners to undertake care and support assessment, and there had already been some discussion regarding extending MASH to all ages, once the current approach was securely established, although there was confidence that existing case management arrangements for assessment of harm were working.

In answer to a member's question about case reviews, the HSAB chair confirmed that four reviews had been carried out and the methodology had been revised via the joint commissioning review group.

A member observed that there was increased prevalence of bullying of adults, including from young people, and suggested some prevention work in this area.

The HSAB chair explained that categories of abuse were defined by the Care Act and although this behaviour was known, there needed to be more understanding of this area. Assurance was given that there was ongoing work on a prevention strategy with the intention to address prevention of all forms of abuse. Rurality and isolation were factors and there was work with the rural hub to discuss how their work complimented the board and to develop a broader prevention strategy.

The HSAB summarised performance against the four priorities set out in the annual report, explaining that these were supported by having a streamlined meeting structure which supported partners to make safeguarding part of the day job.

With regard to prevention and protection, the board had reviewed the Care Quality Commission's inspection of Wye Valley NHS Trust and made safeguarding recommendations which included understanding of the Mental Capacity Act. Wye Valley had responded and appointed a lead nurse with responsibility for Mental Capacity Act activity.

A safe voice group had been established to support the safety and security of people who had accessed the safeguarding system.

In terms of communication and engagement, there was a joint group to ensure efficient communications across the partners involved with the HSAB. There had been some challenges around meeting arrangements and these had been addressed.

With regard to making safeguarding personal for all professionals, it was being made clear that the individual was at the centre of the process, in order to support greater engagement and to encourage them to explore the risk they were facing and the choices they made. Making safeguarding personal had been launched within the council for a

year with a plan extended to all partners. Challenges were recognised and there was national guidance available for practitioners on domestic abuse, and case audits would inform gaps in policy.

The HSAB chair continued by explaining that there had been a WMADASS (West Midlands Association of Directors of Adult Social Services) peer service review and action plan which addressed some operational issues that had been identified within the system. A follow-up had reported good progress although there was work to do on adult safeguarding training.

In terms of the future, it was envisaged that there could be challenges around domestic abuse with regard to dementia. It was known that families were sometimes reluctant to engage with services for fear of punitive action and this fear needed alleviating. Raising awareness of safeguarding was paramount and there was more work to be done regarding reporting into a single point of contact which would involve WISH.

Areas identified for development included:

- modern slavery, for which Home Office guidance was awaited;
- adult sexual exploitation;
- processes for arrival of refugees who might be at risk of abuse and neglect;
- a mental health concordat and suicide prevention strategy; and
- financial abuse.

It was noted that care homes in the county were highly rated in a national survey, and this was welcomed.

The director for adults and wellbeing explained that this was as a result of recent analysis of Care Quality Commission ratings of care homes, where it was found that the highest average rating was for Herefordshire, with on average the best care homes. He added that there were currently 2 nursing homes that were rated as inadequate. However, as part of work on the national outcomes quality framework looking at quality of life indicators, the benchmarking data showed that Herefordshire had the fifth best score of all authorities.

A member added that this should be publicised and commented that care standards in the UK exceeded many other countries and this should be celebrated.

The director for adults and wellbeing reminded members that the community as a whole was essential in strengthening connections within communities to support the need for social support to maintain wellbeing. It was the responsibility of the whole system to recognise issues.

A member commented that although safeguarding training was generally good within the county, there were inconsistencies from one organisation to another.

The director for adults and wellbeing explained that procurement for domiciliary care providers was designed to support a critical mass of activity to enable the care to be provided through effective relationships. However, there would still be many private providers where there was a duty to have oversight. The HSAB's role was to ensure good quality training and to give people fundamental skills and confidence to spot and raise concerns, at the same time as looking at how people chose to live and had capacity to make those choices.

The chair observed that the safeguarding of adults had a much lower profile compared with children's safeguarding, although with the increasing older population in the county, an increase in safeguarding cases was to be expected.

The HSAB chair added that it was the role of the board to raise the profile of adult safeguarding and this work was ongoing and a key part of the work of the communications sub group.

The chairman thanked the chairs of the safeguarding boards for their reports.

**RESOLVED**

**That:**

- a) the HSCB and HSAB annual reports and business plans be noted;**
- b) the HSCB annual report and business plan for 2016/17 be presented to the children's overview and scrutiny committee in autumn 2017, with child sexual exploitation as a priority area; and**
- c) consideration be given to how access to information and support for children and young people be increased.**

The meeting ended at 12.03 pm

**CHAIRMAN**







<b>Meeting:</b>	<b>Health and social care overview and scrutiny committee</b>
<b>Meeting date:</b>	<b>27 February 2017</b>
<b>Title of report:</b>	<b>NHS sustainability and transformation plan focus on communication and engagement</b>
<b>Report by:</b>	<b>Director of transformation, NHS Herefordshire Clinical Commissioning Group</b>

## Classification

Open

## Key decision

This is not an executive decision

## Wards affected

Countywide

## Purpose

This purpose of this report and associated presentation is to update, and seek the views of, the committee on the current and proposed engagement and consultation processes that underpin the development of the Herefordshire and Worcestershire five-year health and care plan (the sustainability and transformation plan [STP]). The presentation outlines:

- the background and current status of the five-year plan
- the engagement work already undertaken, and how the ongoing engagement will feed into the plans development ('Your Conversation')
- provide further clarity on the designation between consultation and engagement processes
- outline the upcoming consultations that are planned for 2017/18

## Recommendation(s)

**THAT:**

- (a) the committee note the engagement undertaken to date, and comment on its effectiveness, in order to identify lessons;**
- (b) the committee determine how and when it should be engaged in future stages of the engagement process in the formal consultations that will**

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Further information on the subject of this report is available from  
Alison Talbot Smith on Tel (01432) 260618

- derive from this;
- (c) **the committee determine any recommendations it wishes to make about how future engagement and consultation should be undertaken in the coming months**

## **Alternative options**

- 1 There are no alternative options to the development of an STP; all health systems are required by NHS England to develop a five year plan, which outlines the challenge the system(s) faces and proposals to respond to these challenges to ensure sustainability is achieved. Lack of a coherent and credible plan may prevent health bodies from accessing national transformation monies that are key to delivering improved health outcomes, financial balance and quality services for Herefordshire residents. To be successful plans have to be developed in partnership with the council and partners from across the system.

## **Reasons for recommendations**

- 2 It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health and social care services in its area and to make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised.
- 3 Health overview and scrutiny committees are recognised as an essential part of all health and social care systems with a central role in scrutinising the development of system-wide transformational strategies. NHS England's planning guidance rightly reinforces the need for these committees to be actively engaged in the development of the five year STP.
- 4 In developing its plans and testing future proposals it is important that the appropriate engagement and consultations processes are undertaken. Members will have a good understanding of how these processes can be undertaken in the most effective manner for the communities they represent.
- 5 Commissioners and providers of NHS services (including NHS England, CCGs, NHS trusts, NHS foundation trusts and private providers) must consult the local authority where they are considering any proposal for a substantial development or variation of the health service in the area. Ordinarily, where the services in question are commissioned by NHS England or CCGs (as the case may be), the commissioners carry out this exercise on behalf of providers. Providers of public health services commissioned by the local authority are also required to consult the local authority in the same way as commissioners and providers of NHS services.
- 6 The local authority may scrutinise such proposals and make reports and recommendations to NHS England and the Secretary of State for Health. Legislation provides for exemptions from the duty to consult in certain circumstances, for example where the decision must be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff. As part of the overview and scrutiny process, the local authority will invite comment from interested parties and take into account relevant information available, including that from local Healthwatch.

## Key considerations

- 7 Early in 2016, the NHS shared planning guidance required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the five year forward view, referred to as a sustainability and transformation plan (STP). STPs will be place-based, multi-year plans built around the needs of local populations.
- 8 Herefordshire health and social care partners continue to work closely together to develop plans and proposals around improving health and care outcomes and services for Herefordshire residents. This work has been brought together locally under the auspices of the One Herefordshire initiative, which served as a sound starting point for the system for the development of the STP. This work has identified the challenges the system faces over the coming years (drawing on the joint strategic needs assessment and joint health and wellbeing strategy) and developed programmes of work/drawn together work areas into a single system wide response. The STP itself is aimed at a wider geography, covering Herefordshire and Worcestershire, to ensure that there is a service strategy for the wider system – for example emergency care, specialised care, residential and nursing care, cancer, children’s and maternity services are planned with the right workforce and quality, that meet the national strategy in these services, and within the funding available. It presents an opportunity for the system to identify issues that have proved challenging to solve on just a Herefordshire wide footprint.
- 9 The process of the STP commenced in early 2016 and has continued into 2017. The current draft plan was published in November 2016 and over the last few weeks views have been sought from Herefordshire residents and patients on how they think health and social care provision and improved outcomes can be delivered. Detail on how this has been undertaken is provided in the presentation at appendix 1. This includes an overview of the engagement undertaken to date, early messages from those activities and importantly key up-coming consultation exercises. Further background about the STP and consultation can be found on the website [#YourConversation](#)

## Community impact

- 10 The STP has the potential to have a significant positive impact on the experience and outcomes of the people living in the county of Herefordshire. It will outline the future of health services, in conjunction with social care and public health partners, as well as detailing how systems financial sustainability can be delivered. The sustainability challenge can only be met with partners from across the health and social care systems engaging in the development of this work, and governance mechanisms will be put in place to ensure that this is facilitated, ensuring robust accountability.
- 11 In developing the STP, cognisance had been had of both Herefordshire and Worcestershire’s respective health and wellbeing strategies and joint strategic needs assessments. Feedback and responses from engagement exercises previously undertaken, for example on urgent care, mental health and dementia, have also informed the draft plan.

## Equality duty

- 12 All partners will ensure that the STP’s key programmes of work undertake an equality impact assessment designed to ensure it pays due regard to the public sector

equality standard and improved outcomes for vulnerable groups. This will include undertaking reviews on any proposed de-commissioning or disinvestment decisions.

## **Financial implications**

- 13 A central tenet of the STP focuses on how the health system, in conjunction with local authority partners, can achieve aggregate financial balance, based on the philosophy that this cannot be achieved purely through service efficiencies, but must rest on improved wellbeing outcomes for the population and ensuring services offer high quality delivery. This include analysis of the financial gap across the two counties, and the change, pathway redesign and transformation programmes that will be required to bring the system into financial balance. For Herefordshire, this work draws on the analysis and assessment already undertaken for the One Herefordshire programme.

## **Legal implications**

- 14 Changes to health and social care services are subject to formal public consultation on proposals prior to decisions being taken. At this stage, the STP process is at a rather earlier stage, seeking to develop an overarching approach and to outline the specific service areas where changes will be required. At this stage, therefore, there is no formal need to consult, as no service change proposals are being put forward for consideration. In due course, as these do emerge, they will be taken through a formal process, as required by the legislation.

## **Risk management**

- 15 The bodies involved in the development of the STP will ensure that they identify and manage risks across the planned work programmes and report this to the appropriate bodies. The key areas of risk are likely to be focused on the delivery of financial sustainability across the health and social system(s), potential inability to deliver NHS constitutional standards, and non-delivery of transformational change. A risk register has been developed to support the STP plan.
- 16 Progress against agreed plans may be subject to review by the council's health and social care overview and scrutiny committee.

## **Consultees**

- 17 In developing the STP, the partner bodies will ensure they draw on existing feedback and outcomes from recent consultation and engagement exercises, as well as looking for opportunities to engage and involve patients and staff in its development going forward. Partners will be engaged via health and wellbeing boards and other key fora. A more detailed communications and engagement plan will be developed to support this work.

## **Appendices**

Appendix 1– Presentation on engagement processes

## **Background papers**

None identified.



# Health and Care services in Herefordshire & Worcestershire

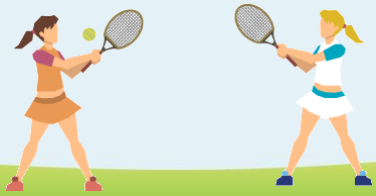
*An update on a five year plan to provide safe, effective and sustainable care in our area*

21

## ***A focus on Communication and Engagement Plans***

Presentation to Herefordshire's Health and Overview Scrutiny Committee

27<sup>th</sup> February 2017



# Herefordshire and Worcestershire's 5 year plan – key milestones

- Draft Plan Submitted to NHSE: October 2016
- Draft Plan Published: November 2016
- STP Wide Public Engagement: December – February 2017
- Plan “Refreshed”: March/April 2017
- GB’s Reconsider for Sign-Off: May 2017
- “Delivery” Commenced:
  - CCG 2017 Operational Plans
  - Engagements and Consultations on Specific Themes

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# Why health and care services need to change

- Growing population with people living longer with long-term health conditions
- Leads to rising demands on health and social care services
- Although we're getting more money, it's not enough to keep up with that demand

23

We also have some practical local issues:

- Recruiting and retaining staff, especially in some specialist roles
- Disjointed services, duplication and inefficiency
- Spend time and resources treating illnesses which are preventable
- Poorer health outcomes in some areas for some conditions



# What people have already told us they want...

- To receive more care at home or as close to home as possible
- More care provided through the local GP
- Improved communications between staff and teams
- Easier access to the right service, first time
- You and your family want to be part of developing a care plan and to be more active participants
- To be empowered to self-care aspects of your illness or condition
- Improvements in mental health services & to access support early
- For transport to be a key consideration in any proposals to change things

24





# Safe, effective and sustainable

In reality this will mean:

- Providing more care at home or as close to home as possible
- Making our out of hospital system more efficient and effective
- Ensuring organisations involved in providing care work better in partnership
- Doing more to support health living, and to help people self-care
- People travelling further to access more specialist services
- Improving parity of esteem between physical and mental health



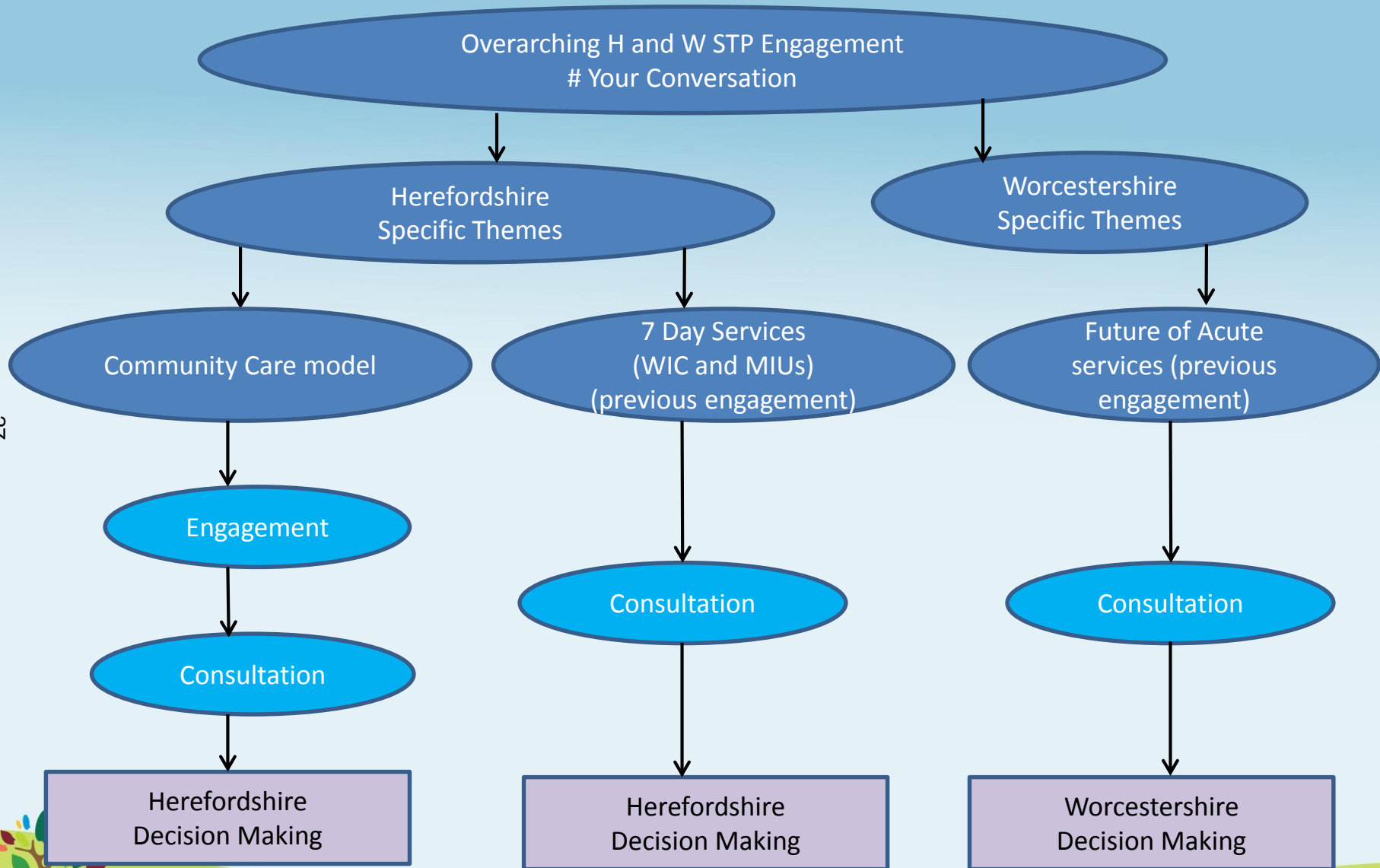
# Definitions

- **Engagement**
  - An early conversation with stakeholders
  - Co-production of draft options for change
- **Consultation**
  - A formal process
  - To gather views on preferred option (s) for change
- Both occur BEFORE decision making

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# Communication, Engagement and Decision Making



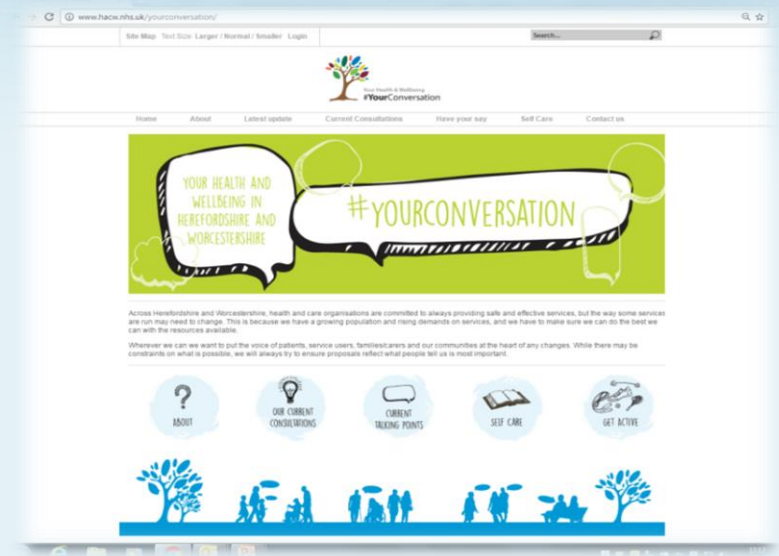
27



# #YourConversation

We are now in a period of public engagement to talk about the concepts in our STP through our website [www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk)

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# #YourConversationhw



29

- Range of local events and drop in sessions
- 10,000 hits on the website
- 897 surveys completed up to 10.2.17
- Larger proportion of respondents in 65-74 year age group



# #YourConversationhw

Some of overall themes emerging to date:

- Support for overall sense of direction
- Appreciate the opportunity to get involved and comment
- Recognise responsibility for own health (99%) but need more information about prevention and self care to do so
- Prefer to access information via GP and other healthcare professionals
- Would like health campaigns to offer advice from a trusted source
- Carers would like to be treated with respect as expert care partners
- Support for care closer to home and extended primary care (92/95%)
- Most felt routine and non urgent care should be provided locally
- 93% think non urgent presentations at A&E should be redirected
- Would like increased or different access to primary care and are willing to see other professionals as well as the GP
- Varied range of appetite for technology / digital options
- Transport remains a key area of concern

30



# #YourConversationhw

Next steps :-

- More staff engagement
- Continued dialogue with voluntary and community sector colleagues, especially around improving support for carers
- Targeted discussions with young people and under represented groups
- More detailed work around transport challenges and alternatives
- Greater understanding of technology options and how these could be used



# Herefordshire Health Engagement & Consultations

- *7 day services*

## Primary Care provision & WIC

- Consultation launch in February; series of events in March including events in mid March at the Kindle Centre and Town Hall, and conversations with key community groups
- Any decision made after feedback reviewed – April/May
- Second phase looking at MIUs and 7 day services in other localities in Herefordshire - May onwards

- *Community model of care*

- Engagement process including events in market towns – March/April
- Formal consultation subsequent to engagement process – indicative June/July – but dependent on engagement feedback





# Key Issues (1)

- Do we need to set a clearer context with the public?
  - Rising Demand
  - Increasing Costs of Technology
  - Workforce Issues
- Resulting projected funding deficit

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# Key Issues (2)

- How do we engage the population in a dialogue around:
  - Taking greater personal responsibility for their own health
  - The need to travel further for some services
  - Re-defining the “NHS offer”

34



# Key Issues (3)

- What is the Role of the Local Authority:
  - In the prevention of ill-health
  - In holding us to account – e.g. increased travel versus digital solutions
  - In ensuring we have joined up conversations

35







<b>Meeting:</b>	<b>Health and social care overview and scrutiny committee</b>
<b>Meeting date:</b>	<b>27 February 2017</b>
<b>Title of report:</b>	<b>Implementation of WISH information and signposting service</b>
<b>Report by:</b>	<b>Strategic wellbeing and housing manager</b>

## Classification

Open

## Key decision

This is not an executive decision.

## Wards affected

County-wide

## Purpose

To seek the views of the committee on work in progress to redesign the WISH service and its role in the wider prevention and wellbeing system for Herefordshire.

## Recommendation(s)

**That the committee determine any recommendations it wishes to make to commissioners regarding the redesign of the WISH service, with a view to securing improved health and wellbeing outcomes in the county and improved value for money.**

## Alternative options

- 1 None; it is open to the committee to determine whether it wishes to make any recommendations for improvement.

## Reasons for recommendations

- 2 WISH has been in operation since February 2016 and its performance and role in wider prevention and wellbeing strategy has been reviewed. Substantial upgrading is planned for the online system and the role of the “hub” service supporting WISH is

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Further information on the subject of this report is available from  
Ewen Archibald, Strategic wellbeing and housing manager on Tel (01432) 261970

being refocused. The report and attached presentation provide an opportunity to review this redesign work.

## Key considerations

- 3 The council is committed to providing comprehensive and accessible information services to individuals and families in order to promote health and wellbeing and to help reduce the need for statutory and intensive services. It has obligations to ensure that information and signposting is provided to local people, including under the care Act 2014 and the Children and Families Act 2014.
- 4 The council and its partners in Herefordshire are seeking to establish a comprehensive approach to promoting health and wellbeing and preventing need for services. Information and signposting have a key role to play in a prevention and wellbeing system, alongside wellbeing networks, and appropriate strategies for carers, access to technology and universal services.
- 5 The decision to commission information, advice and signposting hub was taken by the cabinet member in January 2015 and, following procurement the contract was awarded in April 2015 to Services for Independent Living (SIL). This was complemented by a decision to commission a web-based care and support pathway which includes information and advice, through to assessment and purchasing of care.
- 6 The service, known as 'wellbeing information and signposting for Herefordshire' (WISH) consists of both contracted services: the online web based platform, and the "hub" service to develop the content of WISH and promote its use by local people. The service began in February 2016 and the council has continued to work with providers to review and evolve the services. Significant upgrade of the online system and change in the role of the "hub" service are now planned for 2017.
- 7 The presentation will provide an overview of activity levels, and the revised direction now being proposed following a year of operation. Further work is needed to identify appropriate outcome measures for assessing the value and effectiveness of the service and the input from scrutiny members in this regard would be particularly welcome.

## Community impact

- 8 Effective information services are integral to delivering all the main priorities in Herefordshire's health and wellbeing strategy, including those related to children and young people, older people, housing and mental health. Information and signposting can also play a significant role in ensuring that priorities in the council's corporate plan are achieved in relation to people living safe and independent lives.

## Equality duty

- 9 There are no implications for equalities arising from this report. The WISH service is intended to assist all local citizens but the planned improvements are particularly likely to benefit some groups with protected characteristics including disabled people, older people and children and young people.
- 10 An equalities impact assessment was completed when the information advice and

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Further information on the subject of this report is available from  
Ewen Archibald, Strategic wellbeing and housing manager on Tel (01432) 261970

guidance hub was commissioned; it will be reviewed as part of the redesign plans to assess whether impacts have been as originally foreseen and whether or not any further actions are needed to enhance positive impacts or mitigate negative ones.

## **Financial implications**

- 11 There are no financial implications arising from the report. All proposed changes to the WISH service can be accomplished without changes to contracted services or the council's resources.

## **Legal implications**

- 12 The committee has the power to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive and to review and scrutinise any matter relating to services designed to secure improvement in:

- (a) in the physical and mental health of residents, and
- (b) in the prevention, diagnosis and treatment of physical and mental illness

## **Risk management**

- 13 No specific risks arise from the recommendations in this report.

## **Consultees**

- 14 None.

## **Appendices**

Appendix 1 - presentation

## **Background papers**

None identified.





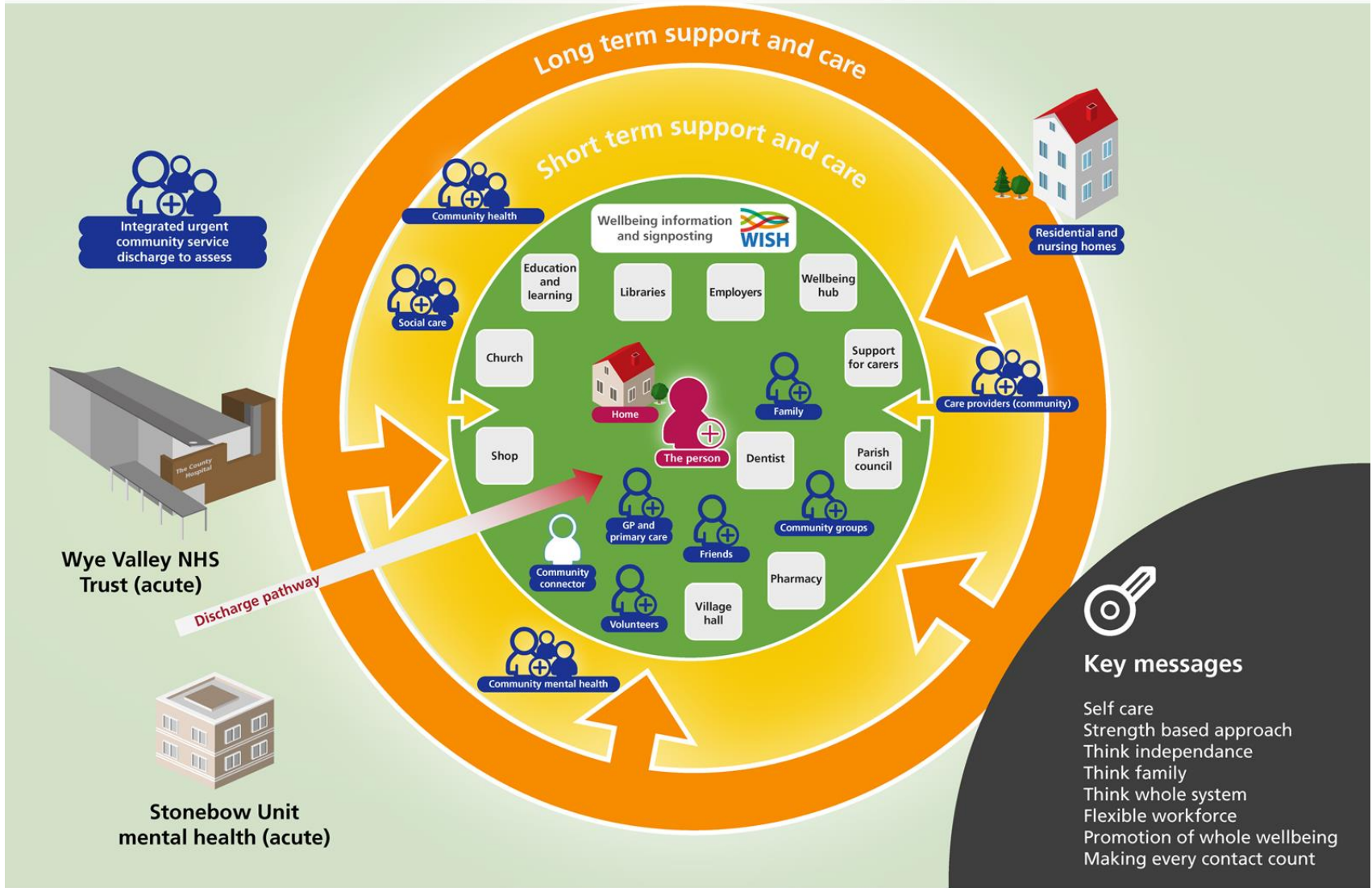
# WISH

## Wellbeing Information and Signposting for Herefordshire

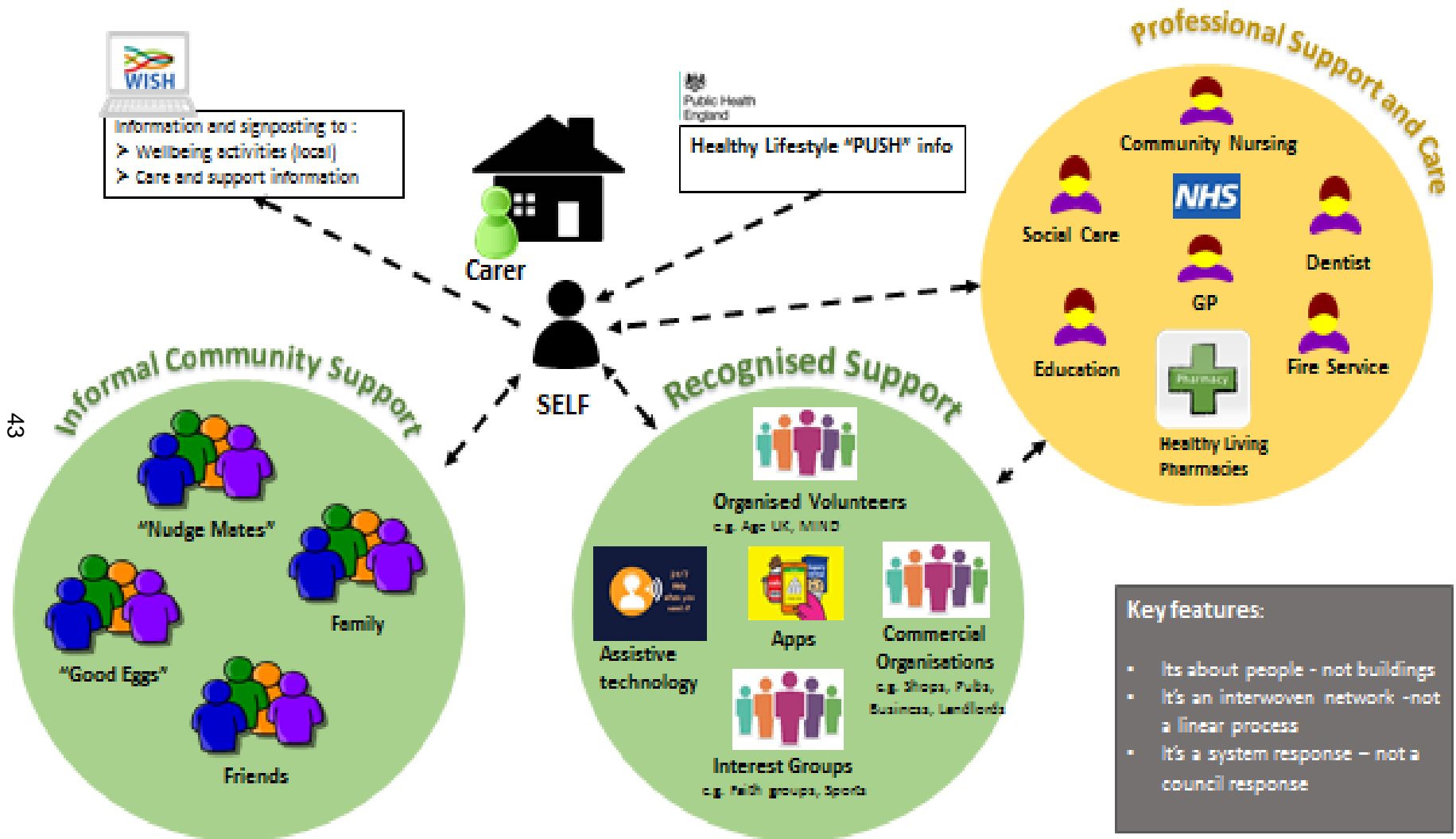
41



# The Blueprint



# Community wellbeing and prevention model – connecting people



# WISH

- An online, web based service for local people including families, professionals and individuals of all ages
- Information and advice and directory of services and opportunities
- From universal services and local groups to specialist health and social care products
- Supported by a “hub” service, initially focused on providing in-person support and encouraging use of WISH online
- Opened in early 2016 and not yet fully launched and promoted
- Two contracts; System Associates for the online platform and Services for Independent Living (SIL) for the “hub” service

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# Objectives

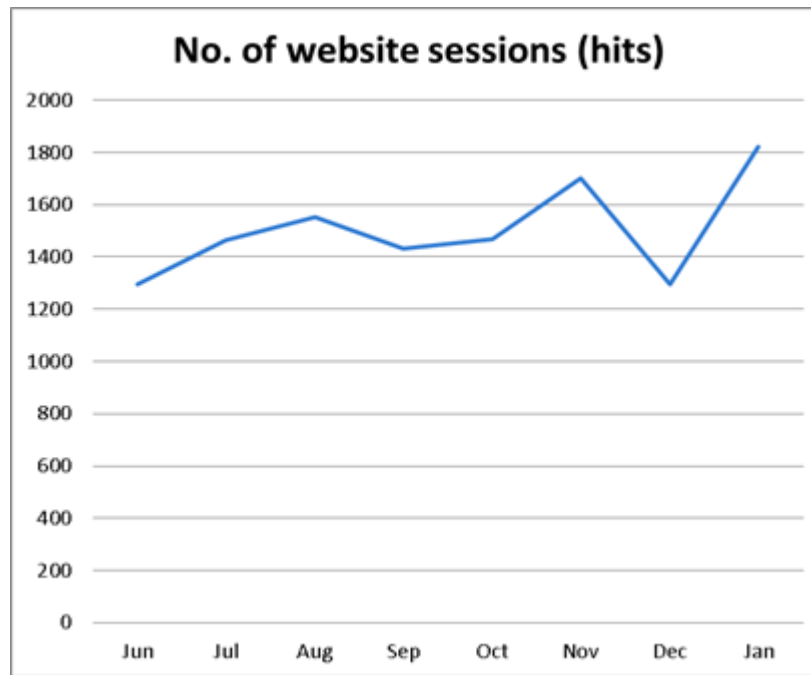
- Encourage use of universal, preventative, low intensity provision
- Enable self help and choice
- Support a changing relationship between the council, its partners and local citizens
- Help fulfil statutory duties under Care Act 2014, Children and Families Act 2014
- Provide opportunities for providers
- Support and promote wider preventative infrastructure

# A new direction from 2017

- Improved functioning online; simpler, quicker & more integrated
- More content for children and families, housing and health
- More local, neighbourhood based content
- SIL focused on embedding access to WISH through existing customer focused services
- Promoting use of WISH online by public and voluntary sectors and professionals
- Phasing out direct in-person advice by SIL

# Online Performance

- 18,000 hits in 12 months from February 2016
- Recent surge in use with 1,823 hits in January 2017
- Rise in individual users and especially new users



# Online Performance

48

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
No. of users	752	778	838	884	843	1031	1009	959	1081	1125	959	1269	11528
No. of first time users	373	359	363	416	439	608	537	543	660	625	615	775	6312



# Performance - Phone calls to “hub”

- Telephone demand to WISH much lower than expected; 219 monthly
- Recent trial of diverting calls from adult social care (ART), but many enquiries re-routed back to ART
- Low telephone demand reflects high usage by professionals and carers



# Performance

## Visits and pop-up access

- Visitors to the WISH Hub office remain low; 148 monthly
- Temporary shop front closed. Now based in City Library
- Wide range of pop-up sessions held across county with varied attendance and very low outcomes in enquiries
- New focus away from separate pop-up sessions towards;
- Embedding access to WISH through other public and voluntary sector services with a customer focus
- Libraries, NHS sites, HALO, customer services and voluntary organisations.

# Visits and pop-up sessions



51

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
<b>No. of pop ups / outreach delivered</b>	23	11	17	15	21	18	18	25	13	18	179
<b>No. of people attending pop ups / outreach</b>	392	185	413	116	292	1594	1041	210	135	79	4457
<b>No. of enquiries dealt with at pop ups</b>	24	8	51	5	51	22	33	25	10	6	235

# Factors in demand for WISH

- National pattern of professional and carer usage
- No full promotion of online or hub service
- Delays in availability of City Library
- Need to embed access in universal services

# WISH in wider prevention framework

- Embedded in customer services and promoting universal and community services
- New carers strategy; information and signposting for carers
- Wellbeing networks, promoting behaviour change
- Promoting and used by local supportive communities groups
- Explore potential for wider use by health professionals.

53

# Phase 2 Online improvements in 2017/18

- Integrated all age approach
- Integration of directory and information content features
- Improved search function
- Increased diversity of children and young people's content
- An events diary feature carrying up to date information on community groups and activities.
- A directory of personal assistants

# Embedding the use of WISH

- All provider and group entries self supporting
- Integrating WISH into library services
- Information and signposting for carers
- Customer focus across public services
- Inclusion in public facing voluntary sector services
- Integration within developing advice network through HIAAP
- Potential to link from GP systems to be explored

# The role of the “Hub” service by SIL

- Ensure all providers and groups self serve
- Promote actively the online service
- Increase local neighbourhood and other content
- Improve and extend information for carers
- Embed access through public /voluntary services
- Phase out specific WISH pop-up activities
- Support editorial role of the council on WISH content



# WISH The future

- Integral to prevention and wellbeing system
- A comprehensive online offer responsive both to very local needs and those of particular groups
- Greatly improved and more integrated functionality
- Ongoing improvement in partnership with other councils
- Future role of SIL service, subject to contract review in 17/18
- Robust performance management

