

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Wednesday 16 May 2018**

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Time: **2.00 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 Adults and wellbeing scrutiny committee**

## **Membership**

**Chairman**                      **Councillor PA Andrews**  
**Vice-Chairman**              **Councillor J Stone**

**Councillor MJK Cooper**  
**Councillor PE Crockett**  
**Councillor CA Gandy**  
**Councillor D Summers**  
**Councillor SD Williams**

## Agenda

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| 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 any details of 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 27 March 2018.</p>   | 7 - 12  |
| 5. | <p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive questions from members of the public.</p> <p><i>Deadline for receipt of questions is 5pm on Friday 11 May 2018.<br/>Accepted questions will be published as a supplement prior the meeting.</i></p> <p><i>For guidance on how to submit a question to the committee, please see:<br/><a href="https://www.herefordshire.gov.uk/getinvolved">https://www.herefordshire.gov.uk/getinvolved</a></i></p> <p><i>Please submit questions to: <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></i></p> |         |
| 6. | <p><b>QUESTIONS FROM COUNCILLORS</b></p> <p>To receive questions from councillors.</p> <p><i>Deadline for receipt of questions is 5pm on Friday 11 May 2018.<br/>Accepted questions will be published as a supplement prior the meeting.</i></p> <p><i>Please submit questions to: <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></i></p>  |         |
| 7. | <p><b>ADULT SOCIAL CARE LOCAL ACCOUNT 2017 - DRAFT</b></p> <p>To review the draft Adult Social Care Local Account 2017 and supporting key performance presentation to enable the committee to make recommendations to the executive about the discharge of any functions which are the responsibility of the executive.</p>  | 13 - 52 |
| 8. | <p><b>HEALTHWATCH HEREFORDSHIRE ANNUAL REPORT 2017-18</b></p> <p>To review the Healthwatch Herefordshire annual report for 2017/18 and to consider areas that Healthwatch has raised for inclusion in the committee's work programme for further scrutiny.</p>   | 53 - 80 |



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- 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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**Minutes of the meeting of Adults and wellbeing scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 27 March 2018 at 2.00 pm**

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

**Councillors:** MJK Cooper, PE Crockett, D Summers and SD Williams

**In attendance:** Herefordshire Council: J Coleman, A Russell, M Samuels, K Thompson-Dixon, L Tyler, S Vickers, K Wright  
NHS Herefordshire Clinical Commissioning Group: J Brooks  
2gether NHS Foundation Trust: R Jefferies, E O'Neil, M Scheepers  
Healthwatch Herefordshire: S Brazendale, C Price

Cllr Williams was welcomed as a new committee member following the resignation of Cllr RL Mayo.

It was noted that Martin Samuels, Director for adults and wellbeing would be leaving the council on 29 March 2018 and he was thanked for his contributions to the committee.

Stephen Vickers was welcomed as the incoming Interim director for adults and wellbeing.

Karen Wright was welcomed as Director of public health.

**35. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr CA Gandy.

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

There were no substitutes.

**37. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**38. MINUTES**

**RESOLVED**

**That the minutes of the meeting held on 25 January 2018 be confirmed as a correct record and signed by the chairman.**

### **39. QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

### **40. QUESTIONS FROM COUNCILLORS**

There were no questions from councillors.

### **41. PERFORMANCE UPDATE - SUBSTANCE MISUSE SERVICES PROVIDED BY ADDACTION**

The Addaction service manager gave a presentation which provided a service update following the update provided to committee on 21 September 2017, the main points being that:

- There had been significant improvements and this was set to continue, both in terms of organisational performance and outcomes for service users
- Improvements in outcomes for services users was supported by focusing on recovery and making use of support networks including volunteers, peer mentors and local communities
- The council had reviewed the contract, effective from April 2018, which would mean some challenges to staff capacity, focused working such as time-limited and structured care, clearer pathways and use of group work. Although the outreach programme would be reduced, there would be increased information and signposting for referrals and more service advertising.
- Addaction had listened to recommendations from the last meeting regarding publicity and this was being developed.

The chairman welcomed the improvements and asked how people were accepting new approaches to treatment. The service manager explained that service users understood and preferred having more contact and more on offer, particularly group work, to support recovery. There were some long-standing users who had resisted engagement but this was being addressed with the support of a key worker.

A member asked for more clarity on the groupings of types of substance misuse, and it was clarified that Public Health England had introduced a fourth primary group where there was combined use of alcohol and non-opiates.

The member welcomed the group work approach, commenting that there should be more group work. He asked what was in place to enable support groups such as AA and Al-anon to continue, and whether the Stonebow Unit was being used for people with mental healthcare needs as well as substance misuse treatment needs. The service manager confirmed that dual diagnosis clinics were being explored with 2gether NHS Foundation Trust and there was support to help upskill staff to refer into the service. As part of this work, it was recognised that mental healthcare needs could be addressed alongside substance recovery support and so the use of pathways was being reviewed so that people did not need to complete one care pathway or achieve recovery before accessing other care. Addaction had clinical psychologist input but referred people to other support for one to one counselling.

The vice-chairman thanked Addaction for the opportunity for members to visit to the Leominster base, and asked what progress had been made in Leominster regarding group provision on offer and how the co-production panels were helping to increase engagement and community involvement with Addaction. It was recognised that there was more that could be achieved around increasing Addaction's presence in Leominster and the appointment of a new team leader would support development in this area. It had been found that the Leominster service was better suited to smaller groups of 4 or 5



people but the plan was to have a core user group each for cannabis, stimulants and low-level alcohol followed by an opiate user group.

A member asked how the Care Quality Commission inspection went.

The service manager explained that the CQC identified some areas to address but it was generally a positive inspection. The inspector was due to return this summer but had not identified any immediate concerns and it was hoped that further improvements would be noticed. The service had acted on the CQC's findings regarding quality of risk assessments and recovery plans and there had been comprehensive training for all staff in those aspects.

The member referred to one remaining outstanding issue regarding record keeping and it was explained that to overcome the care plans and risk assessments being in both paper and electronic format, staff were encouraged to upload paper copies to the case management system so they could be stored electronically. This had presented practical problems around needing to re-use the forms for treatment reviews and so there was a push throughout Addaction nationally to consider introducing tablets to record reviews online, although this was some way off.

A member asked what had brought about the improvements after three years, and whether this was due to the service settling-in or because operating in Herefordshire was different. The service manager recognised that it did take time to establish a service and that short contracts could prevent services becoming fully embedded in an area. This could have a detrimental effect if service users were unable to see benefits of a new service and as a result did not engage. However, it had helped to have consistent management of the service to have staff engaged and people were starting to believe in the model of support. He acknowledged that Herefordshire was different in terms of its cohort of long-standing service users and people on higher levels of medication. There was also a cohort of older service users whose needs were different.

In answer to a question from the chairman about whether there was contact with the police regarding drug suppliers, it was confirmed that there were meetings with the police around tackling re-offending.

A member noted that the NHS was promoting the use of e-cigarettes as an alternative to smoking tobacco. Referring to a point made at a previous meeting, he asked whether there was any new information regarding the use of e-cigarettes as a vehicle for taking opiates and whether there was any cause for concern. It was confirmed that there had been no reports of this, and because it was unusual practice, there was confidence that staff would flag this activity.

The chairman asked for clarification regarding the main drugs used in the county. It was confirmed that aside from alcohol, heroin and crack were the most prevalent. There was little known use of new psychoactive substances such as Spice or Xanax in the county.

The vice-chairman commented on the reduction in the outreach programme given county's rurality, limited transportation and scattered communities, and asked about information and awareness raising of the service in focal points within the more isolated areas. It was recognised that some areas had not yet been reached and more use would be made of leaflets and building digital capacity, and advice from members about how best to target communities was welcomed. The commissioning officer added that there were links with Smart UK which offered online meetings and which could help to widen the recovery network. Addaction also had a strong social media presence.

Healthwatch asked about the work with 2gether on developing the dual diagnosis pathways, noting feedback received that progress was not being made.

The service manager confirmed that changes were evident and services were working together to address individual cases and encouraging partnership working.

The representative from the Clinical Commissioning Group gave assurance that people with dual diagnosis would be accepted as inpatients by the Stonebow Unit, that the community outreach team would also work with dual diagnosis and that training for staff would be welcome.

The chairman welcomed this assurance.

The director of public health referred back to the point regarding use of e-cigarettes and commented that these were promoted by Public Health England as a way of helping people to stop smoking. She asked for it to be flagged up if there was evidence that e-cigarettes were found to be used for taking opiates.

The director also asked whether more could be done to encourage people in recovery to access social enterprise and volunteering. The service manager explained that there was limited influx of volunteers to the service and the service was considering how best to co-ordinate community engagement, perhaps through the peer mentor network. Responding to a further point made by the director of public health regarding making every contact count, he believed that other agencies were receptive to accessing training and Addaction's in-house training was offered to other agencies to support keeping training local and accessible.

## **RESOLVED**

**That:**

- a) the performance improvements be commended;**
- b) continued performance improvements be encouraged; and**
- c) development of group work be supported.**

## **42. LEARNING DISABILITY JOINT SERVICE OVERVIEW**

A presentation was given by the senior commissioning officer, Herefordshire Council and the community learning disability team service manager, 2gether NHS Foundation Trust. It was noted that the presentation was a brief tour of the service, which provided long-term work covering each person's life span, all health needs and all aspects of daily living.

The presentation highlighted the following key points:

- Although statistics could not be relied upon, it was estimated that 2.32% of the county's population had a learning disability diagnosis, and this covered a wide spectrum of needs. This figure broadly fitted national demographics; however it was noted that the county had a good reputation for the care of people with a learning disability which resulted in people moving here to access services
- In terms of funding, learning disability services represented 30% of the adult social care budget, supporting 550 people, which was broadly equivalent of 25% of council tax income, and which was typical of national picture.
- As shown in the adults and wellbeing blueprint, there was a move towards mainstreaming peoples' experience and accessing universal services rather than looking to adult social care, which represented significant culture change.
- Work on developing access to information and improving the "front door" would help people know where to access information and support. Success in achieving changes to the pathway was facilitated by community brokers, in getting more consistent and richer information, and all information was being linked into WISH online which was starting to show success.
- In terms of health provision, providers and commissioners were working together to ensure contracts were directed in the right way and meeting long term needs. The focus was on making sure reasonable adjustments were made so that people could routinely go straight to the service they needed. This was

supported, for example, in acute care by acute liaison nurses. Herefordshire had been successful in limiting the use of out of area placements for people with learning disabilities, and those people who were out of county were on planned return. This was an excellent position as continuing healthcare for this small cohort was known to present a challenge, and the intention was to bring everyone home to the county. Service provision cost around £250k per person annually, so a possible way to support this outcome was to develop specialised services shared with neighbouring authorities.

- Access to the community learning disability team was supported by a multi-disciplinary approach and an open referral system. The aim of the service was to provide person-centred support for people to access mainstream services whilst recognising the need for some specialist support.
- The service was supporting access to annual health checks and there was a lead nurse providing training for GPs to increase access which was currently around 60%. Take-up of health checks was lower than in the general population, so this was being promoted with input from the Clinical Commissioning Group and the council. This was a critical area of focus as someone with a learning disability could have a life expectancy of 20 years less compared with other people.
- Feedback on service provision was always sought. There was an effective user engagement process and it was recognised that there was still work to do around addressing lack choice of where to live, access to work and training. The council needed to lead by example and there were opportunities to offer employment and meaningful training. Health inequalities remained, and there were not enough opportunities to demonstrate social value. Too few people had choice or control over life decisions and access to advocacy.
- A new strategy was in development and this would put greater emphasis on delivering changes to have meaningful impact.

The chairman noted the lack of robust data and asked why this might be. The commissioning officer explained that it was a complex picture and that people were within a spectrum of learning disability, some of whom were not always identified because of lifestyle or level of need, so it could be possible for someone to present as an adult who had been previously unknown to services.

The chairman asked what employment opportunities had been explored.

It was explained that there were some good examples of support into employment but more could be done. Supermarkets, for example, had done well and understood what peoples' support needs were, and so there was learning to take from them and provide opportunities. The council, for example, had contractors which could be accessed for employment and training, and this level of support added value across the sector because people were seen in a valid role.

A member noted the variety of needs of people with a learning disability. In the context of a learning disability not being immediately apparent and the limited time GPs had for consultations which did not provide time to identify someone with particular needs, people could fall through the gap, and so alternative ways of addressing this needed to be identified.

The commissioning officer commented that it was important to give GPs the tools to support people and that practice nurses could be involved more in this respect. He added that the annual health check was so important, with appropriate help, in establishing a picture of a person to enable their ongoing good health. The service manager added that in providing training to the whole practice, practice nurses or healthcare assistants would be enabled to conduct pre-assessments before someone sees the GP.

The chairman asked about the prevalence of the learning disability nursing speciality. The service manager confirmed that this was still offered and the service took some

specialist nurses who were coming through that line of training, although this was a small cohort.

A member commented on the importance of employment opportunities in supporting peoples' integration. She referred to a recent visit by committee members to a local service provider's centre which was found to be inspirational and forward thinking. The member noted that there had been a shortage of speech and language therapists and asked if this had been addressed.

The service manager explained that there remained a national shortage, and it had been a challenge to recruit a speech and language therapist to the team. However, a newly qualified therapist had been appointed and they had been inducted alongside an experienced mentor, which meant that there was now a highly specialised speech and language therapist in the team, although there was just one.

A Healthwatch representative welcomed reasonable adjustments within universal services as this had been recognised by Healthwatch as an issue for people with additional needs. The Healthwatch representative also enquired about whether the learning disability strategy would be presented to the committee for scrutiny.

On the point of reasonable adjustments, the commissioning officer explained that there would be an incremental process to ensure that services understand what support someone needed and making sure the referral process was right. This would enable better use of specialist services if they could support mainstream services and have clear referral pathways. The new strategy would demonstrate how services would interact. The commissioning officer commended 2gether NHS Foundation Trust for the training they provided and for working across the sector.

As regards the strategy, this was being developed and was at the stage of incorporating comments from the engagement process to ensure it was meaningful. It was noted that timing of the decision to be taken by Cabinet was prior to the next scrutiny committee.

The assistant director, operations and support commented on the paternalistic nature of the current culture, and that if people could move away from this and manage risk, opportunities would be realised. The adult social care model challenged the level of risk for people in communities and people needed to embrace this by starting conversations earlier in life with parents. It was important to get this right to achieve what people with learning disabilities wanted the strategy to achieve.

The chairman commented on the low number of people noted on GP records as having a learning disability and asked if the Clinical Commissioning Group could promote recording. The CCG's assistant director commented on the learning disability spectrum and issues around choice as factors influencing the level of recording, but confirmed a commitment to work with primary care to support people. She added that recording was critical as it linked to outcomes and the CCG was working with primary care to establish attempts to improve peoples' outcomes.

In answer to a further question from the Chairman regarding people with multiple needs including dementia, the CCG assistant director confirmed that a joint pathway was being developed as this was identified as a key area of growth and that it was also essential to engage with families on such matters.

## **RESOLVED**

**That**

- a) The service overview be noted; and**
- b) Further information on the implementation of the joint learning disability strategy be awaited**

The meeting ended at 3.52 pm

**Chairman**



|                         |   |
|-------------------------|---|
| <b>Meeting:</b>         | <b>Adults and wellbeing scrutiny committee</b>      |
| <b>Meeting date:</b>    | <b>Wednesday 16 May 2018</b>                        |
| <b>Title of report:</b> | <b>Adult Social Care Local Account 2017 - DRAFT</b> |
| <b>Report by:</b>       | <b>Director for adults and wellbeing</b>            |

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

To review the draft Adult Social Care Local Account 2017 and supporting key performance presentation to enable the committee to make recommendations to the executive about the discharge of any functions which are the responsibility of the executive.

## Recommendation(s)

That:

- (a) **the performance of adult social care services be reviewed and the committee determine any recommendations it wishes to make to the executive to consider in order to secure further improvement; and**
- (b) **any other information which the committee would recommend be included in the local account to improve communication of performance be identified..**

## Alternative options

1. There are no alternative options as this is an opportunity for scrutiny to review and challenge the performance.

## Key considerations

2. The draft local account (appendix 1) and supporting performance presentation (appendix 2) offers details about how adults and wellbeing supports Herefordshire residents to enable them to live healthy, independent lives at home for as long as possible.
3. It also provides information about our services which help people to stay healthy and well, services that support some of the most vulnerable clients in the community, some of the things that we achieved over the past year, what we spend our money on and some of the things we plan to do during the next year.
4. The purpose of a local account is to communicate with and promote accountability to the local community and to support benchmarking, peer review and sector led improvement.
  - a. The structure of the report is based on the national performance framework (Adults Social Care Outcome Framework) established by the Department of Health.
  - b. The 2017 Local Account focuses on a continued approach being embraced across adult social care. This focuses on strengthening supportive communities and building on individual's strengths and assets.
  - c. The report highlights outcomes from the annual survey where improvements can be seen in many areas such as increased quality of life for clients cared for by social care services. In addition to the quality of life indicator there are improvements in the following areas with people reporting that:
    - i. They had as much social care contact as wanted
    - ii. They felt safe
    - iii. The services they receive make them feel safe
    - iv. They were satisfied with care and support received
5. Publication of the local account is not a statutory requirement. It is therefore possible to change the content and presentation of the report, although the draft complies with best practice guidance which enables service users, providers, partners and staff to understand the effectiveness of work and the future strategy for the adults and wellbeing directorate. The committee is invited to review the draft and determine any recommendations to improve the clarity or content of the draft local account.

## Community impact

6. Delivering the corporate plan is key to the council achieving the positive impact it wishes to make across Herefordshire and all of its communities; effective adult social care services in particular and health and wellbeing services more generally contribute to achieving the corporate plan; specifically in respect of the priority to 'enable residents to live safe, healthy and independent lives'. The services provided also contribute to the Health and Wellbeing strategy.
7. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that

a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.

8. The process of producing the Local Account is an important element in ensuring councils with responsibility for adult social care make themselves accountable to their local communities.
9. The common theme throughout the report emphasises the central role of self-care and communities in ensuring that people can live well within their communities and when required, communities are able to respond.
10. Addressing the issues highlighted in the report has the potential to positively impact on the health and wellbeing of the adult population of Herefordshire.

## **Equality duty**

11. The Local Account identifies how we support our vulnerable people with a range of tailored services
12. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:  
  
A public authority must, in the exercise of its functions, have due regard to the need to -
  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
13. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report is providing an update on performance we do not believe that it will have an impact on our equality duty.

## **Resource implications**

14. There are no direct resource implications from the recommendations. The resource implications of any recommendations the committee may determine will be taken into account by the executive when considering its response

## **Legal implications**

15. The Care Act statutory guidance encourages councils to use Local Accounts as a way to report progress against their strategies for care and support, and to review these with stakeholders
16. There are no legal implications

## Risk management

| Risk / opportunity  | Mitigation |
|---|------------|
| <p>The local account presents an opportunity to promote the work undertaken during the period</p> <p>The local account aims to be balanced and open, providing useful information describing what we did over the past year to support local people and how we plan to build on this in the coming 12 months.</p> |            |

## Consultees

17. None

## Appendices

Appendix 1 – DRAFT Local Account 2017

Appendix 2 – supporting key performance presentation

## Background papers

18. None



# Adult Social Care in Herefordshire

**Our Local Account  
2017**

**Our vision is to:**

***Enable residents to live safe,  
healthy and independent lives***

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# Introduction

We are pleased to introduce Herefordshire's Local Account for 2017. This Local Account gives details about how Adults Wellbeing supports Herefordshire residents to enable them to live healthy, independent lives at home for as long as possible. It also provides information about our services which help people to stay healthy and well, services that support some of the most vulnerable clients in the community, some of the things that we achieved over the past year, what we spend our money on and some of the things we plan to do during the next year.

Our Account aims to be balanced and open, providing useful information describing what we did over the past year to support local people and how we plan to build on this in the coming 12 months.

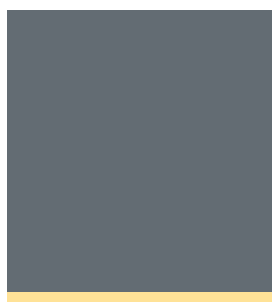
The past year has been one of many challenges and changes and there is no doubt that we continue to face significant financial pressures. Our focus though continues to be on promoting independence and enabling people to remain living in their communities with appropriate support if possible. We also remain committed to ensuring that people have more choice and control over the support they receive.

We look forward over the next year to continue to work closely with our partners across the Health, Social Care and Voluntary Sectors to make sure that we continue to deliver more joined up, effective services wherever we can.

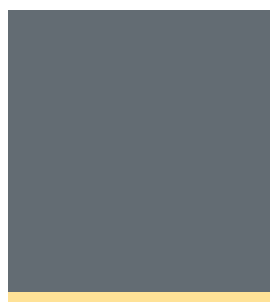
We are always keen to receive feedback about how we are doing and we are grateful for all those people who have contributed and shared their thoughts and ideas for improvement about the services they have received.

We hope you find this year's local account informative and helpful in understanding the current performance of Adults Wellbeing and the plans for the coming year.

Thank you for your continued support.



**Stephen Vickers**  
Interim director for adults and wellbeing



**Paul Rone**  
Cabinet member for health and wellbeing

# Key facts

## Demography

- The current resident population of Herefordshire is 189,300 people.



189,300

- The very elderly, aged 85+, will more than double from 6,000 to 13,500 over the next 20 years.



13,500

- Rates of limiting long-term illness amongst those aged 65-84 are lower than nationally, and people turning 65 in the county can expect to live longer, both overall and in good health, than those elsewhere.



65-84

# 2 in 5

- Just over half of all residents live in areas classified as rural, with around two in five living in the most rural 'village and dispersed' areas.



- Herefordshire's working age population (16-64) is 112,700. If recent trends in migration were to continue, natural ageing would see this number gradually fall to 108,800 over the next 20 years.



108,000

- The county has an older age structure than England & Wales as a whole, with 24 per cent of the population aged 65 years or above, compared to 18 per cent nationally. This number is expected to increase to 65,000 over the next 20 years.



65,000

- Herefordshire has a lower proportion of younger working age adults compared with England & Wales as a whole, but has a higher proportion of older working age adults (mid-forties to the age of 64).



64

## Carers

- It is estimated that there are 21,300 informal carers living in Herefordshire.



21,300

- Women aged between 55 and 64 are the group most likely to provide informal care.



55-64

- It is estimated that just over 14 per cent of people aged 65 and over living in Herefordshire provide some degree of informal care.

14%



## Older people

- It is estimated that there are approximately 3,200 people aged 65 and over with dementia living in Herefordshire. This number is estimated to increase to 5,500 by 2035.



- Herefordshire has a lower diagnosis rate of dementia than nationally and regionally.

5,500

- It is estimated that there are 4,600 people aged 65 and over with frailty living in the community in Herefordshire. By 2035, this number is estimated to rise by approximately 67%.



67%

- It is estimated that in 2017 nearly 12,200 people aged 65 and over living in Herefordshire will experience a fall. Falling can result in fracture, admission to hospital, disability and admission to residential or nursing home.



12,200

- There were estimated to be 16,600 older people aged 65 and over living alone in Herefordshire in 2017. It is predicted that the number will increase by 47 per cent to 24,300 people by 2035.



24,300

## Learning Difficulties

- There is estimated to be around 3,600 adults with a learning disability in Herefordshire; of which just under 900 were registered as having a learning disability at a GP practice in Herefordshire.



3,600

- The population with LD is not expected to increase dramatically over the next 20 years, although those with more complex needs is.



20

## Care homes & dom care

- There are currently 81 residential and nursing homes registered with the Care Quality Commission in Herefordshire with a total of around 2,050 beds.



2,050

- The need for care home beds is estimated to increase by 250 to 2,300 in over the next five years and by 1,350 to 3,400 beds over the next 20 years.



3,400

- At any time, Herefordshire Council funds some element of domiciliary care for around 800 people. Three-quarters are aged 65+; almost 40 per cent are 85+.



800

## CASE STUDY – to follow

Awaiting case study

DRAFT

# Achievements against our objectives

## Prevention and wellbeing

Enabling people to live well within their communities is a key underpinning strategy for the council and brings together the functions across the system including public health, housing, community development and social care as delivery partners to drive this objective.



### Wellbeing Information and Signposting in Herefordshire (WISH)

Extensive mapping of Herefordshire has been undertaken so that WISH now offers a directory of community groups, services and activities available to people across Herefordshire which supports their wellbeing. The website has seen a 20% increase in the number of hits during 2017, indicating that more people are benefiting from the information available. The focus now will be to make WISH the first place that people turn to for information about their communities and to ensure partners, such as GPs, are able to use WISH to signpost people to alternative support options where necessary. We will also be exploring more interactive functionality such as online forums.

### NHS Health Checks

This is a national scheme of check-ups for adults aged 40-74, who might not otherwise feel the need to visit their GP. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. People within this age group, without a pre-existing condition, are invited for a free NHS Health Check every five years. During the past year, 47% of the people who were invited attended their check. This is a small improvement on the previous year and represents good performance regionally and nationally. For more information visit, <https://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx>.



### Healthy Lifestyle Trainer Service

During the year the Healthy Lifestyle Trainers (HLT) supported nearly 500 people with one to one behavioural support and engaged with 450 community activity groups; making contact with over 4500 people. Of those engaged with on an individual basis, 55% achieved their Personalised Health Plan, as well as showing reductions in their Body Mass Index, reduction in alcohol intake and increases in physical activity.

## Substance Misuse Services

The substance misuse service has delivered an intensive improvement programme during 2017. One of the main success measures is the rate of successful completion of treatment for the primary opiate grouping and maintenance of this (through monitoring of re-presentation rates). The target of 8% was challenging, and performance was at times well below this level, but in Q3 17/18 we achieved a rate of 8.3%. This places Herefordshire in the top 25% of services within our comparator grouping (set by Public Health England).

## Public Health Nursing

We have developed a new service model of universal and early help support for children, young people and families, by bringing together the health visiting and school nursing services and developing an integrated 0-25yrs "Public Health Nursing Service". The new service includes the principles for developing accessible children and family support services that will work through multi-agency partnerships to significantly improve the outcomes at early years for children.

As well as ensuring that vital statutory services supporting young children's development are maintained, this new service offers support for children and their families throughout the early years and beyond, providing universal support and care for children and young people up to the age of 19 years (25 years for young people with special educational needs or disabilities).

Wye Valley NHS Trust will start delivering the new service from 1 April 2018.

## Delaying and reducing the need for support

### Homefirst service

Our new Homefirst service brings together two existing services, providing Reablement and Rapid Response. Bringing them together within the council provides greater capacity and control by social care to ensure that this intensive support is available to the right people at the right time to maximise their potential to regain confidence and independence.

The service provides different levels of support based on the individual's needs, mitigating short term crises and reducing the amount of long term support required. Homefirst performs a vital role in supporting the wider health system by helping avoid hospital admission and enabling rapid discharge once people are medically fit to leave hospital.





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## Telecare & Assistive Technology

During the year, we changed the delivery model for assistive technology and telecare services so that anyone can now make a request for a service, for a small weekly charge. As a result, more people, with a wider range of needs are receiving support, in a range of settings using different technologies. The service now receives an average of 100 applications and referrals per month.



## Disabled Facilities Grant (DFGs)

DFGs offer improved outcomes for service users by enabling them to remain in their own home for longer and so delay the need for a residential placement. In 2016/17, Herefordshire's DFG budget increased significantly. As a consequence:

- Occupational Therapy waiting lists reduced from 797 people waiting (01 April 2016) to 178 people waiting at the end of December 2017.
- The number of DFG referrals received per month increased during the course of the year, with a total of 378 referrals received during the year.
- 183 DFGs were approved during the year; the rate of approvals per month doubled during the course of the year.
- The average number of completed DFGs per month trebled during the year, with 178 DFGs in total being completed.

## Housing Grants

We have successfully secured a number of housing grants, including:

- A Housing and Technology Grant of £285k, to help develop a greater range of housing options across property type and location, providing assistive technology to maximise choice, enhance safety, security and independence, and encourage better use of care and support resources. This project will install technology in 14 supported living schemes, supporting 81 individuals meet their needs in less intrusive and more cost effective ways
- In the first year of the national Community Led Housing Fund, central government allocated Herefordshire £502k to promote participation in housing development through a range of community led approaches. The fund was committed to community land trusts, co-housing and self-build. There is a focus on building capacity across sectors to support future community led housing, including housing needs surveys, a county-wide hub and project management. Schemes supported include those benefitting homeless people, older people and military veterans. From April 2018, the Community Led Housing Fund will be administered by Homes England
- A further £93k was received from Department of Communities and Local Government to improve the prevention of rough sleeping. This will be used to support two temporary posts; a rough sleeping prevention officer and a part time research post to ensure that prevention work is targeted at the highest risk groups of the Herefordshire population.

## Ensuring people have a positive experience of care and support

### Adult Social Care Pathway

Over the past 2 years, we have worked hard to improve the overall customer experience of adult social care (ASC) by focusing on improved performance and redesigning the customer journey. This work began by reviewing demand across services and aligning our staff more effectively to meet service demands and share workloads more equitably across the 3 locality teams (City, East or West). For clients with more complex needs, cases were aligned to the newly formed County service.

A year-long community mapping exercise was undertaken so that we could fully understand the support that Herefordshire's communities had to offer. This information has been collated and is accessible to the public via WISH. It is also used by our new Community Brokers who help to support individuals connect to these community activities.



In January 2017, we began an “end to end” review of our ASC internal systems and pathways. This led to a fundamental redesign of operating practice and process across the urgent care, short term care and long term care services. The aim of the work was to shift the culture within ASC away from a focus on the things that people are unable to do for themselves, but to build on meeting customer's outcomes by considering their abilities, strengths and assets. As part of this work, all operational staff received intensive training.



The redesign of the pathway has resulted in the following improvements:

- Improved response times and support when customers contact ASC
- Improved access to a wider range of information, advice, signposting and guidance
- Identified clearer and more direct links to commissioned services and voluntary organisation support
- More responsive urgent care pathway
- Improved assessment and review schedules
- Support and care plans that builds on strengths and links customers more effectively to their communities
- Identification of gaps in community services or support
- Improved engagement with GPs and wider health partnership



## Domiciliary care

In January 2017, we engaged with the market to implement a new model for delivering domiciliary care based on securing efficiencies by dividing the county into a series of geographical zones. We were unable to implement the new approach as a procurement process demonstrated the market could not meet the requirements of the new approach.

We decided not to award the contract and instead took a step back to assess market conditions and consider strategies to help shape the market. We therefore extended the current contractual arrangements (Home and Community Support (HACS)) framework until the end of March 2018. A new open framework contract (Care @Home) will come into place from April 2018 to provide a more flexible approach to commissioning formal care. A strategic plan for market management is in development to help tackle some of the issues within this area.

## Unified contract for residential and nursing

A new joint contract between the council and the CCG and residential and nursing care homes was implemented in April 2017. This has introduced common terms and conditions for placements made by both social care and health in Herefordshire. Residents may not notice any difference in their placements, but this has been an important piece of work to ensure a consistent approach to billing, financial contributions and contractual terms and conditions.

## Direct Payments

As a result of our new strategy and implementation of prepaid cards, the take up of direct payments has improved significantly and just under our long term target of 40% (currently 38.3%). This is in the top quartile nationally. The use of prepaid cards is an easier way of receiving payments for customers and also a more efficient way of administering payments for the council.



## Quality of care

The Care Quality Commission (regulator of social care services in England) have assessed 89% of residential and nursing homes in Herefordshire as providing good or outstanding care. This is a higher proportion than in any other part of the West Midlands, other than Worcestershire. This makes us one of the best areas nationally. (93% of residential providers, 80% of nursing care providers). Our domiciliary care providers are also rated highly. 95% of care agencies registered in Herefordshire had a rating of either good or outstanding. (Information correct as at May 2017).

Nonetheless, we have had some instances this year of provider failure. To minimise the risk, we have a quality assurance framework to monitor and assess risk. When we (or the CQC) identify providers at risk, we work with them to achieve the required improvements. Further work will be undertaken in 2018 on the quality assurance framework and also additional resources allocated so that we can provide more proactive support service.

## CASE STUDY – Simon’s Story

Simon is 49 with a learning disability and has received support funded by adult social care to meet his eligible needs for over 20 years.

Due to anxiety and not being able to cope with change, he can become agitated if there are unplanned changes in his routine and therefore needs ongoing support, reassurance and monitoring.

He lives with his elderly mother, who has had a stroke in the past, and his brother, and currently Simon’s mother provides the support he and his brother need to meet the majority of their care needs. His mother relies on Simon being out of the home four days a week to enable her to continue in her caring role for him and his brother. She has expressed concern for what will happen to him if she is unable to care for him.

Simon enjoys physical activity, staying fit and being busy but requires support to access activities. However, having received support to develop his skills, he was able to train as a Walking for Health Leader and has led the most successful Walking for Health Group in the country for the past ten years. Last year, Simon and his brother won national awards for their different volunteering efforts.

To further support Simon and his mother, a package is in place for three days with one provider and a day with another, both of whom provide him with work experience and support to manage his direct payment. Simon has attended day opportunities for most of his adult life and has worked on many projects, including gardening, recycling, making and selling furniture and a retail skills course.

Simon previously worked as a paid employee at a local café for one day a week, a job he loved, which gave him a great deal of self-worth and confidence. When this job came to an end, he volunteered in another café, but stated at his recent review, that he wasn’t enjoying this as much as his old position, as he’s only allowed to make tea and coffee and there aren’t many customers.

Through the involvement of the council’s Community Connectors, an opportunity was identified to work with Peter, a professional chef that operates from the kitchen at a local residential home. Peter was looking to recruit volunteers and, as a qualified NVQ assessor in catering and customer service, would be supporting them to gain qualifications with a view to progressing into employment. Simon told Peter that he would like to work in his kitchen and learn to cook, so he could cook his mother a meal.

Simon began volunteering and Peter immediately identified the skills Simon was using, which would count towards a qualification. Simon will now spend five days a week working with Peter in the residential home’s kitchen and garden; growing vegetables to cook in the kitchen.

Simon’s new Support Plan gives him the best opportunity to learn skills and qualifications to maximise his ability to gain paid employment, feel like he is contributing to the lives of others and develop the skills he will need to care for himself.

# How are we performing?

Each year, the council submits data on a standard set of performance indicators for submission to central government. This is called the Adult Social Care Outcomes Framework, also known as ASCOF. A full list of these measures, and their final outputs for 2016/17, is provided on page 20, but a number of the key areas of performance have been highlighted within the next few pages.

## Improving the quality of life for people with care and support needs

### Annual Survey & Carers Survey

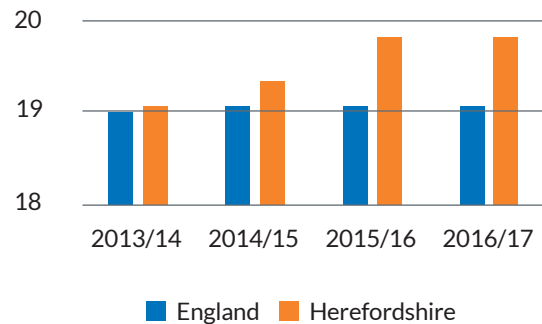
Annually, we undertake a survey, asking a number of standard questions to a random sample of service users. Every council completes the same survey, so we are able to compare our results with others.

One of the main outputs from the survey is a Quality of Life indicator (ASCOF 1A). This is calculated based on the amalgamated results of 6 key questions asked within the survey.

At the time of production last year, whilst we knew our own results, we did not know how these compared with those of other councils across England. We can now report that the survey conducted in January 2016 ranked us as the 5th best in England.

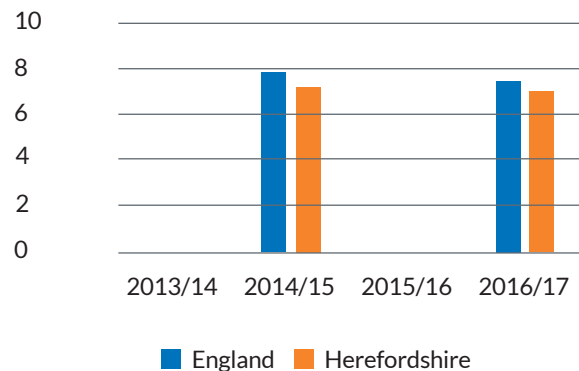
For the survey conducted in January 2017, we maintained consistent performance on the indicator, and we ranked at 7th best nationally. We view maintaining the same result as last year as a real positive given the current challenging climate and would hope that we can continue this into next year.

ASCOF 1A - Quality of Life Indicator



During 2016/17, we also conducted a carers survey – we have a statutory duty to complete this every two years, with similar nationally-defined criteria to the annual survey. As with service users, one of the main results which comes from this survey is the carer related quality of life measure (ASCOF 1D); an amalgam of key questions within the survey. As demonstrated on the graph below, there was a decline in this area for this year’s survey compared to the last time we ran it in 2014/15. In order to support carers’ needs within Herefordshire, we draft a new strategy, which was adopted in summer 2017.

ASCOF 1D - Quality of Life of Carers



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We can see that the majority of outputs from our carers survey have also dipped in their performance compared to the last survey and leave us behind the English average; overall carer satisfaction (ASCOF 3B), proportion of carers feeling included/consulted within decisions made about the person they care for (ASCOF 3B), proportion of carers with as much social contact as they would like (ASCOF 11(2)). Whilst we know from our analysis of these results that the results in the carers survey are often a reflection of the wider Health and Social Care services within Herefordshire, renewed strategy and the resultant changes to the support we offer are expected help to improve these results.

### Learning from our complaints

During the year, we received 96 formal complaints, spread across all our service areas.

This is an increase of 18% on the figure reported in the previous year. We take complaints seriously as they offer us an insight as to where our services might not be working as effectively as expected. We have a standard that all complaints are responded to within 10 days, and this was achieved for 92% of the complaints in 2016/17. Of these complaints, 41% were upheld.

The areas where we have received the most complaints were: delays in communication on individual social care cases, queries regarding invoicing for care, housing solutions and delays for home improvements.



### Direct Payments

Following the implementation of a new Direct Payment Strategy; focussing on increased awareness of staff and potential direct payment users, improved processes and administrative processes, there has been a continued growth in the number of people in receipt of direct payments. Performance at the end of March 2017 was 38.3%, just short of our long term target of 40% - in the top quartile nationally (ranked 17th of 152 authorities).

In addition to driving up the numbers of people using this method of sourcing their care, we have also rolled out pre-paid cards to a greater proportion of users. At the end of March 2017, just over a quarter of DP recipients were receiving payments in this way. This is an easier way of receiving payments for service users, and also a more efficient way of administering payments from a council perspective. We will continue to promote this means of service delivery over the coming year.



## Delaying and reducing the need for support

### Delayed Transfers of Care

This year, as in previous years, one of the biggest pressures on operational social work teams has been supporting the hospital to discharge clients safely into appropriate locations, with the right level of support; this might be supporting them into short term residential or nursing care homes or preferably return to their own home with a package of care to support them. Where this transfer is delayed, it is known as a delayed transfer of care (DTOC), sometimes referred to as “bed-blocking”.

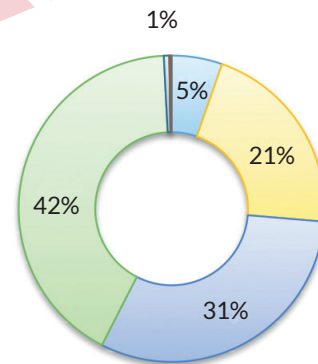
Typically, for Herefordshire Council, this would be clients being transferred from the county, or community hospitals, but it would also include transfers from hospitals outside of our borders, or discharges from Mental Health in-patient locations.

As a result of this pressure, there was an increase in delays attributable to adult social care from 4.5 to 5.4 per 100,000 population and an overall system (including both health and social care attributable delays) increase from 7.7 to 14.8. This has been the focus of a significant amount of work in 2017/18, particularly via the Better Care Fund.



In order to better understand why the delays happen, we record the reason for the delay. The chart below shows the reasons for all delays where adult social care has been identified as the attributable agency or where there is joint responsibility (ASCOF 2Cii). This shows that the main reasons for adult social care delays is where we are trying to get someone from hospital back to their own home with additional support (42%); such as our Rapid Response service, Reablement or Domiciliary Care. In addition, we have delays due to placing people in nursing (31%) and residential (21%) homes, this is typically because we do not have enough capacity for specific types of bed-based care within Herefordshire, which often drives up the price of placements.

Of completed enquiries, type of abuse



- A - Completion of Assessment
- B - Public Funding
- C - Further Non-Acute NHS Care
- Di - Residential Home
- Dii - Nursing Home
- E - Package of Care in the Community
- F - Community Equipment/ Adaptation
- G - Patient/Family Choice

## Reablement

In order to support hospital discharges into clients' own homes, one of the services we often use is the Reablement service. This is a short term focussed service which works with the clients, to support them to regain their independence.

Nationally, we monitor performance through two main indicators. The first measures how many people aged over 65 were discharged in to Reablement. Here, we remained constant in 2016/17 compared to the previous year at 1.7%. There was small increase in the number of people going in to the service, but this was offset by a proportionate increase in the number of people going in, and being discharged from hospital.

The second measure is the proportion of over 65s remaining at home 91 days after discharge into reablement services. This dropped a little compared to 2015/16, from 84.7% to 80.6%.

Reablement services are an area we know we need to improve to meet the increased demands from hospitals and we have significant developments being made in the current year; bringing the service in-house and aligning with our existing Rapid Response service.

## Residential Admissions

Where possible we want to help people remain in their own homes for as long as possible however there may still come a point at which someone's needs escalate and they require the level of care provided in a care home. Following a very low level of admissions to residential and nursing homes for people aged over 65 in the previous year (2015/16), we saw our proportion of people going into homes increase quite significantly in 2016/17. This places a real challenge on capacity and availability of placements in the market.

For clients under 65, we managed to keep the number of new admissions to a minimum again in 2016/17. Although the rate, as shown in the ASCOF table on page 19 does show a slight rise, this equates to just one extra person.

## Ensuring people have a positive experience of care and support

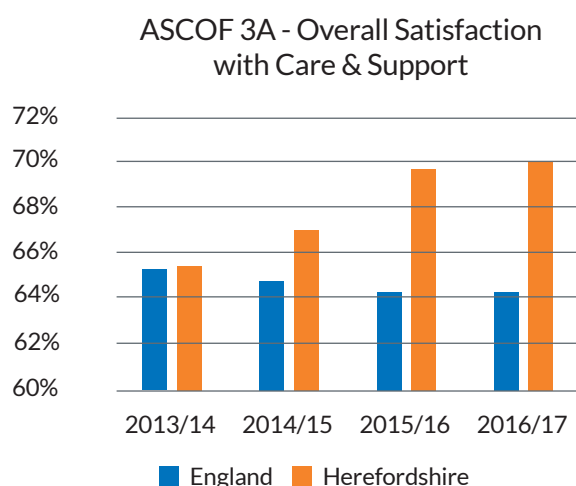
### Annual Survey

In addition to the quality of life metric identified earlier, our annual survey also enables us to measure the overall satisfaction of clients with the care and support received (ASCOF 3A).

For the survey undertaken in January 2016 (2015/16 reporting year) we were ranked 14th best authority - this is clearly good news for Herefordshire residents in receipt of social care.

For the January 2017 survey, performance increased by a very small amount and sits at 70.1%. This improvement is pleasing and continues to put Herefordshire within the top 20% of councils for client satisfaction.

The graph below shows how Herefordshire's performance in this area has steadily improved during the last 4 years, whereas national results have trended downwards.





## Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

### Safeguarding Performance

Annually we report the number of safeguarding concerns raised to us, as well as the types and places of these concerns and the outcome of our investigations. In 2016/17, the council received 1778 concerns of abuse, relating to 1248 individuals; this is an increase of 1%. In terms of age distribution, Herefordshire's statistics in 2016/17 compared very closely to the national averages from 2015/16.

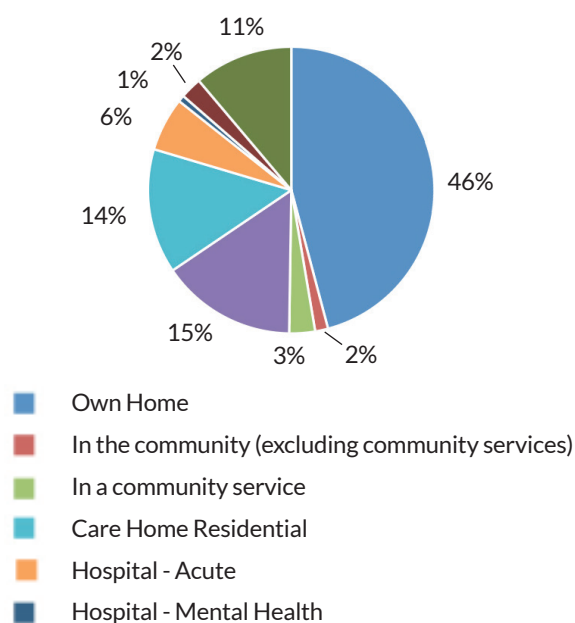
This total number of concerns (per 100,000 population) is high compared to the national average, however this is more a reflection of differences in practices across authorities.

In 26% of occasions, these concerns met the statutory Section 42 criteria for further investigation, this is very similar to our position in 2015/16 – the national average is 42%, again this is due to differences in practices.

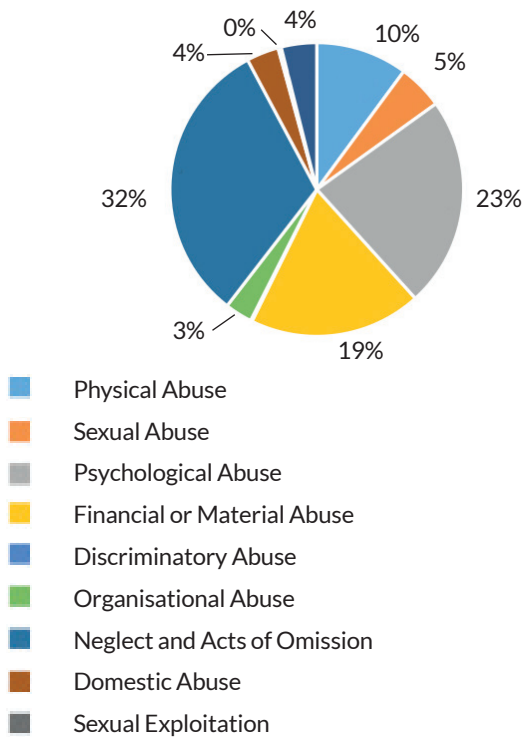
During the 2016/17 reporting year, there were changes to some of the national returns which make comparison with previous years difficult. The information on type of abuse and place of abuse are given here, and are relatively consistent with previous years and national data.



Of completed enquiries, location of abuse



Of completed enquiries, type of abuse



Following the implementation of the Care Act 2014, we now also consider the desired outcomes of all adults involved within the safeguarding process; this is part of the national Making Safeguarding Personal initiative. 2016/17 was our first full year reporting in this area.

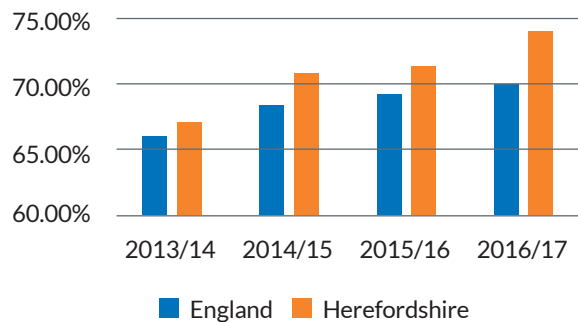
For enquiries completed in 2016/17, we know that outcomes were requested 44% of the time; whilst this might look a little low, we know that as this was the first formal reporting year and that this remained a transitional period in terms of reportable safeguarding episodes. Where outcomes have been requested, in 73% of occasions these outcomes were either fully, or partially met.

Further information can be found in the Herefordshire Safeguarding Adults Annual Report, available here ([https://herefordshiresafeguardingboards.org.uk/media/3423/safeguarding\\_annual\\_report\\_2016-17\\_hfd2173\\_web.pdf](https://herefordshiresafeguardingboards.org.uk/media/3423/safeguarding_annual_report_2016-17_hfd2173_web.pdf))

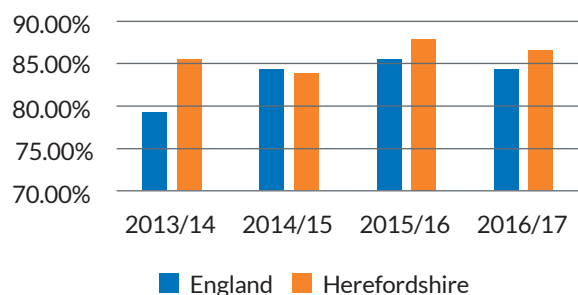
## Annual Survey

In addition the annual survey also measures clients using services that feel safe, and whether the use of services themselves make clients feel safe (ASCOF 4A & 4B). The graphs below shows the trend of these measure over the past 4 years. It is pleasing that the measure of people feeling safe continues to improve at a greater rate than the national picture and that we rank 14th best nationally. This measure is a reflection of the overall safety which people feel within Herefordshire's communities and ASCOF 4B looks to identify the differences that the services commissioned by the council makes to the clients perception of safety within the community. This measure, whilst declining a small amount on the previous year, continues to be above the national average.

ASCOF 4A - Proportion of people who feel safe



ASCOF 4B - Proportion of people that use services, that say those services made them feel safe



## Safeguarding Peer Review

As reported in last year's Local Account, during September 2015 Herefordshire undertook a safeguarding peer review. This is where our council asked a number of safeguarding experts, a carer and those who have experienced safeguarding for themselves, from across the West Midlands to come in and consider our safeguarding processes. The findings were generally positive, however they recommended a number of changes.

In December 2016, the review team came back again to consider how we had progressed against the areas for improvement they had originally identified. They noted that we had made significant progress in almost all aspects. Some areas remain outstanding for further work, in particular strengthening our Board arrangements, but we continue to make good progress in this area.

## Spending and service levels

In 2016/17, the Adults and Wellbeing directorate's gross budget was set at £80,633m, this equated to approximately 45% of spend within the Council's directorates. This money comes from a range of sources including; Council Tax, Business Rates and other council charges, reserves, recurrent and one-off government grants and contributions made by clients towards the cost of their care, amongst other things.

## Spending within Herefordshire Council

■ Adults and Wellbeing ■ Childrens Wellbeing  
■ Economy, Communities and Corporate



Following a year of delivering business as usual as well as trying to manage delivery of significant changes to meet the challenges outlined within this report, the directorate finished with a £442k overspend, a little over half-a-percent variance from the gross budget.

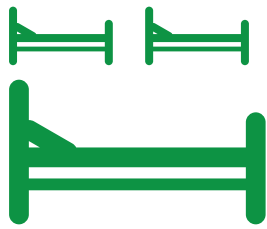
Within the Adults and Wellbeing directorate, 70% of the budget is spent on services relating to individual service users – this include things like paying for peoples support in their own homes through domiciliary care, or support in residential and nursing beds. 16% of the budget is spent on non-client specific services, such as universal services procured by Public Health, or the WISH website, and the remaining 14% is spent on staff.

The authority supports approximately 2475 clients at any stage in the year, or about 3200 individuals during the reporting year. About one third of our clients are aged under 65, and the remaining two thirds are aged over 65. When we analyse this and it's comparison with statistical neighbours we can see that we support more than average clients aged under 65, particularly clients with Learning Disabilities and those with Physical Support needs. We also note that we support less than our comparators for clients aged 65+, again, this could be for a multitude of reasons – one of which will be the high proportion of self-funding clients within Herefordshire.

## During 2016/17...

### Residential care

£21.6m



638

people received residential care during the year

### Nursing care

£9.0m



494

people received nursing care during the year

### Direct payments

£8.3m

722

people received direct payments during the year



### Carers £500K



In total, during 2016/17

189

carers received support in the community



### Domiciliary care

£13.3m

1237 people



### Supported accommodation

£2.1m

86 people



### Other services










£2.6m

283 people

## Adult Social Care Outcomes Framework (ASCOF)

The Adults Social Care Outcomes Framework, or ASCOF, is a national set of indicators that all local authorities must report on to central government.

The table below provides a comparison of these measures against our previous performance in 2015/16 and against the English average, to give an indication of how we compare.

|        |   | 2015/16     |          | 2016/17  | Improvement   |
|--------|---|-------------|----------|----------|---|
|        |   | England     | Hereford | Hereford |   |
| 1A     | Social care-related quality of life score   | 19.1        | 19.8     | 19.8     |    |
| 1B     | The proportion of people who use services who have control over their daily life  | 76.6%       | 80.5%    | 82.9%    |    |
| 1C(1A) | The proportion of people who use services who receive self-directed support   | 86.9%       | 94.0%    | 99.0%    |    |
| 1C(1B) | The proportion of carers who receive self-directed support  | 77.7%       | 40.3%    | 52.4%    |  |
| 1C(2A) | The proportion of people who use services who receive direct payments   | 29.7%       | 32.9%    | 38.3%    |  |
| 1C(2B) | The proportion of carers who receive direct payments  | 67.4%       | 40.3%    | 52.4%    |  |
| 1D     | Carer-reported quality of life score  | -           | -        | 7.00     |   |
| 1E     | The proportion of adults with a learning disability in paid employment  | 5.8%        | 11.3%    | 2.9%     |  |
| 1F     | The proportion of adults in contact with secondary mental health services in paid employment                            | 6.7%        | 9.7%     |          |   |
| 1G     | The proportion of adults with a learning disability who live in their own home or with their family                     | 75.4%       | 58.0%    | 58.0%    |  |
| 1H     | The proportion of adults in contact with secondary mental health services living independently, with or without support | 58.6%       | 73.6%    |          |   |
| 1I(1)  | The proportion of people who use services who reported that they had as much social contact as they would like          | 45.4%       | 54.2%    | 52.5%    |  |
| 1I(2)  | The proportion of carers who reported that they had as much social contact as they would like                           |             |          | 23.2%    |   |
| 1J     | Adjusted Social care-related quality of life – impact of Adult Social Care services                                     | New Measure |          | 0.454    |   |

|       | 2015/16  |          | 2016/17  | Improvement |  |
|-------|--|----------|----------|-------------|--|
|       | England  | Hereford | Hereford |             |  |
| 2A(1) | Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population                  | 13.3     | 10.2     | 11.1        |  |
| 2A(2) | Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population              | 628.2    | 416.6    | 885.8       |  |
| 2B(1) | The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services | 82.7%    | 84.7%    | 80.6%       |  |
| 2B(2) | The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital                        | 2.9%     | 1.7%     | 1.7%        |  |
| 2C(1) | Delayed transfers of care from hospital, per 100,000   | 12.1     | 7.7      | 14.8        |  |
| 2C(2) | Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population   | 4.7      | 4.5      | 5.4         |  |
| 2D    | The outcome of short-term services: sequel to service  | 75.8%    | 82.1%    | 89.2%       |  |
| 3A    | Overall satisfaction of people who use services with their care and support  | 64.4%    | 69.7%    | 70.1%       |  |
| 3B    | Overall satisfaction of carers with social services  |          |          | 25.3%       |  |
| 3C    | The proportion of carers who report that they have been included or consulted in discussion about the person they care for                             |          |          | 70.4%       |  |
| 3D(1) | The proportion of people who use services who find it easy to find information about support   | 73.5%    | 72.2%    | 74.3%       |  |
| 3D(2) | The proportion of carers who find it easy to find information about support  |          |          | 69.2%       |  |
| 4A    | The proportion of people who use services who feel safe  | 69.2%    | 71.5%    | 74.1%       |  |
| 4B    | The proportion of people who use services who say that those services have made them feel safe and secure  | 85.4%    | 88.0%    | 86.6%       |  |

\*Please note that the carers survey is only conducted every two years, therefore there are no figures for 2015/16.

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# Useful Information

## Access to adult social care

Adult Social Care enquiries      01432 260 101  
[ASCAviceandReferralTeam@herefordshire.gov.uk](mailto:ASCAviceandReferralTeam@herefordshire.gov.uk)

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## Wellbeing Information and Signposting for Herefordshire

WISH      01432 383 880  
[www.wisherefordshire.gov.uk](http://www.wisherefordshire.gov.uk)

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## Healthwatch Herefordshire

General enquiries      01432 277 044  
<http://www.healthwatchherefordshire.co.uk>

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## Care Quality Commission

Independent regulator of all health and care services in England      03000 616 161  
[www.cqc.org.uk](http://www.cqc.org.uk)

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## Facts and Figures about Herefordshire

<https://factsandfigures.herefordshire.gov.uk>

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## Making It Real

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

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DRAFT





- Adult Social Care Pathway - Update

- 30/01/2018

# Where we are

- Phase 2 of the pathway project now closed
  - Redesigned ASC “front door” – community / hospital responses
  - Redesigned information, advice and signposting “touch points”
  - Redesigned ASC “urgent care” pathway
  - Created the Home First service
  - Redesigned Hospital Liaison Services
  - Redefined the short-term and long-term care pathways
  - Retrained entire social care workforce in Strengths Based practice
  - Developed the model of community brokers
  - Increased focus on support for services personnel and their families
  - Culture change programme

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# ART – ASC “front door”

- Greater proportion of calls answered by the service - 300%
  - Continuing reduction in call numbers – approx. 15%
  - Continuing reduction voice mails left – approx. 50%
- 
- 4173 contacts made via the new Strengths Based route
    - 60% offered IAS only
    - 40% offered “additional support”

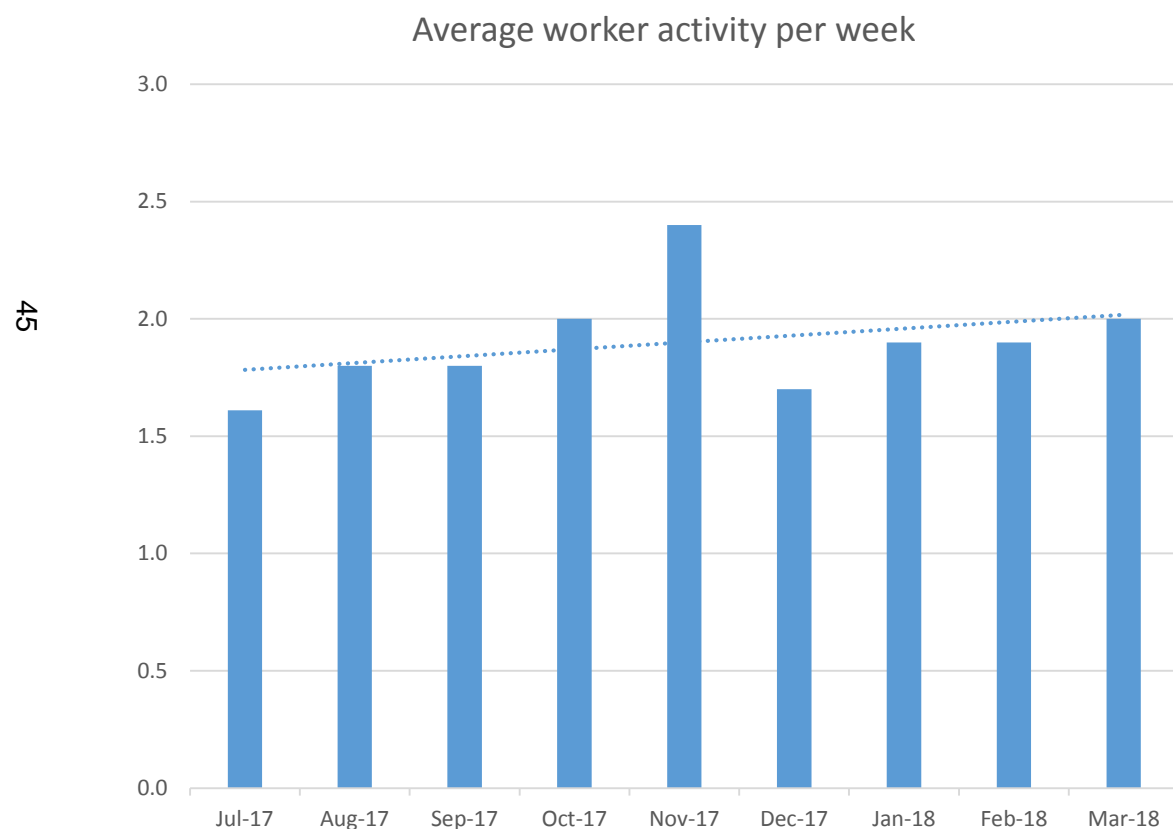
43

# Operational Pathway Throughput

- Increased focus on support for services personnel and their families
  - 709 service personnel (or family of personnel) since September 2017
- 1176 Strengths Based Assessments have been completed by operational teams
  - 76% of these have progressed to a care plan
  - 24% are discharged with no ongoing support
- 862 Strengths Based Care Plans have been completed by operational teams
  - 74% of Service plans completed are on or under RAS
- No waiting lists for case allocation in localities
- ART to locality booking system now in place across all localities
- Talk Community “soft” roll out in February
- Community Broker “touch points” system wide

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# Operational Team Activity

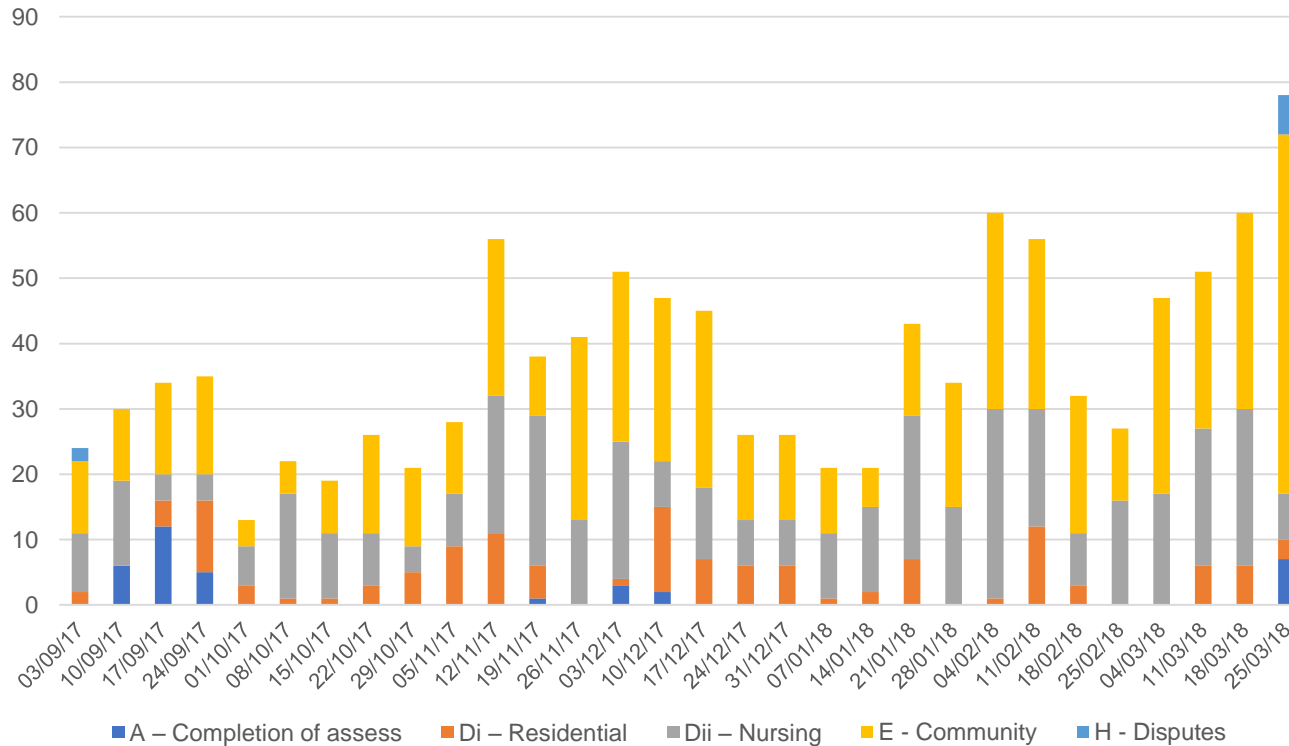


- Clear improvement during the year in worker activity
- Dip in December due to seasonal leave
- Regular monitoring in order to drive up performance; meeting front door demands as well as review requirements

# Weekly DTOC Reasons

Weekly Social Care Delays - by reason  
Days Delayed

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- The main issue for Herefordshire continues to be finding providers of residential and nursing care and also capacity within community based services
- In recent weeks, there have been increasing numbers of delays

# Homefirst Development

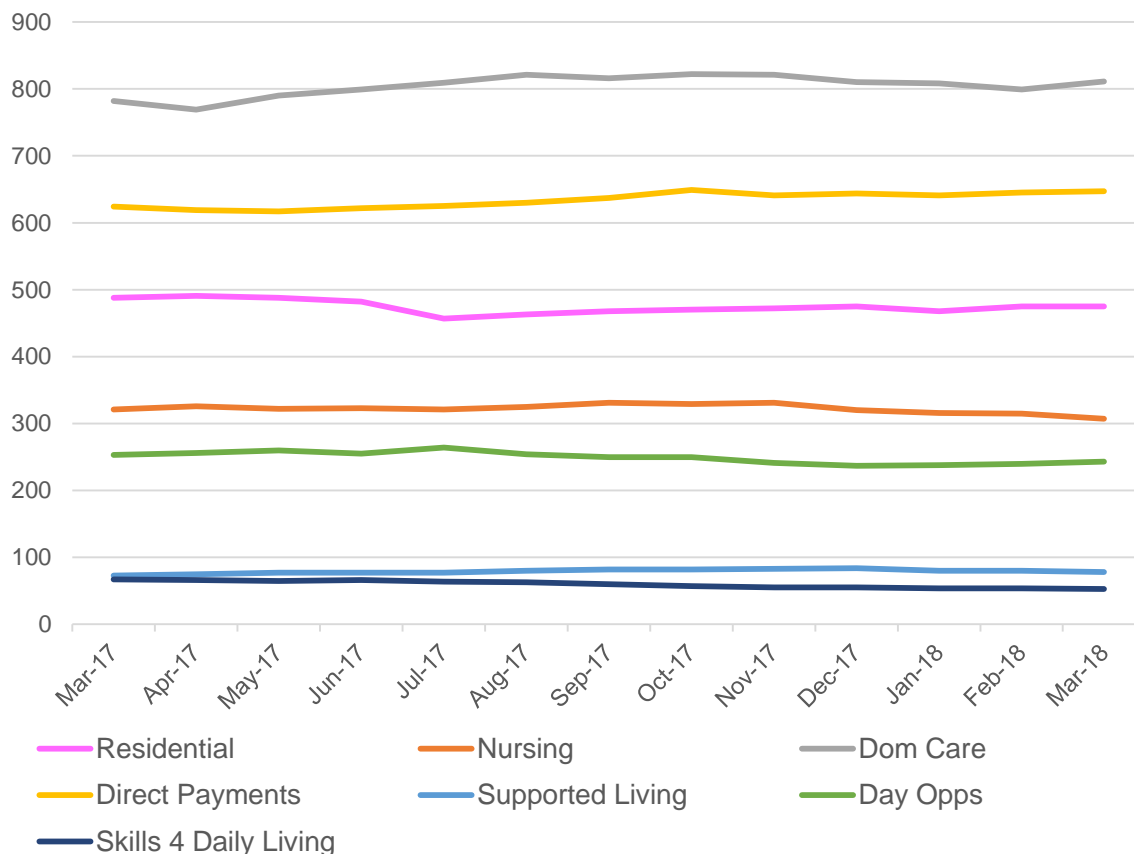
- Homefirst was implemented in November 2017
- “merging” and expansion of Rapid Response Service (Herefordshire Council) and Reablement Services (previously provided by Herefordshire Housing)
- Homefirst service is an “in house” service provided by Herefordshire Council
- Review of service performance advanced by 2 months

- Development Challenges
  - Culture
  - Remodelling
  - Recruitment
  - Workforce development
  - Regulatory compliance
  - IT systems

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# What our Service User numbers are telling us

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- During the year, we have seen a reduction of placements to residential and nursing care compared to the previous year
- This has resulted in a net reduction in the numbers of people supported in residential care and nursing care, and increase in the number of people getting dom care and DP's – this is indicative of a less risk-averse workforce, seeking to keep people in their own homes as long as possible
- A reduction in the number of people receiving skills for daily living and day opportunities is indicative that the community broker model is starting to have an impact and finding alternative means of provision



# Staffing Improvements

- Steady, but sustainable reduction in the directorate's sickness.
- April - August, sickness was consistently at 5% and above
- September onwards sickness has constantly been below 4%
- <sup>49</sup> Results from the staff survey, indicate a significant improvement in results compared to the last survey; particularly relevant are the following;

|  | Council | AWB Directorate | AWB Operations | AWB directorate '15 |
|--|---------|-----------------|----------------|---------------------|
| 1. I have received sufficient training and development for me to be able to do my work.  | 72%     | 64%             | 82%            | 59%                 |
| 2. I feel my views on changes affecting my area of work are valued.  | 57%     | 60%             | 70%            | 52%                 |
| 6. The council has a clear sense of direction.   | 41%     | 51%             | 61%            | 32%                 |
| 7. Looking ahead at the next year or so, I think the Council will be better  | 15%     | 29%             | 45%            | 17%                 |
| 12. I would recommend the council as a place to work.  | 57%     | 63%             | 77%            | 50%                 |
| 19. I speak highly of the services we provide to people outside of the council.  | 70%     | 75%             | 88%            | 63%                 |
| 20. In my department, team meetings/briefings are generally informative and useful.  | 77%     | 80%             | 91%            | 76%                 |
| 23. The council has had to respond to significant financial pressures and the need to transform services. I am kept informed of the resulting changes. | 57%     | 67%             | 75%            | 60%                 |
| 24. The council treats customers/clients/service users equally and fairly.   | 65%     | 73%             | 76%            | 55%                 |

# Negative trends...

- The following are negative trends at a directorate level (Ops current position)
  - 3) My manager motivates me – 71% to 70% (Ops 75%)
  - 5) Monthly supervisions – 63% to 62% (Ops 69%)
  - 25) I sometimes feel bullied by
    - Managers – 9% to 12% (Ops 12%)
    - Other colleagues in the council – 6% to 8% (Ops 3%)
    - Customers/clients – 17% to 21% (Ops 25%)
  - 26) Employees are treated equally and fairly whatever their
    - Religion – 83% to 82% (Ops 84%)
    - Race – 83% to 80% (Ops 78%)

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# Next Steps

- SAS team to continue to develop service quality and new ways of working. They will focus on number of cohorts starting with
  - Direct Payment
  - Skills for Daily Living
  - Dom Care clients receiving less than 10 hours
- Homefirst development plan will be implemented over the next 6 months
- Develop workforce training plan
- Integrated community service development around Leominster GPs
- More effective integrated discharge service development

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|                         |  |
|-------------------------|--|
| <b>Meeting:</b>         | <b>Adults and wellbeing scrutiny committee</b>         |
| <b>Meeting date:</b>    | <b>Wednesday 16 May 2018</b>                           |
| <b>Title of report:</b> | <b>Healthwatch Herefordshire Annual Report 2017-18</b> |
| <b>Report by:</b>       | <b>Director for adults and wellbeing</b>               |

### **Classification**

Open

### **Decision type**

This is not an executive decision

### **Wards affected**

(All Wards);

### **Purpose and summary**

To review the Healthwatch Herefordshire annual report for 2017/18 and to consider areas that Healthwatch has raised for inclusion in the committee's work programme for further scrutiny.

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting Herefordshire, and to make reports and recommendations on these matters.

### **Recommendation(s)**

That:

- (a) the performance of Healthwatch Herefordshire during 2017/18 be reviewed;**
- (b) the committee determine any recommendations it wishes to make to Healthwatch or to the commissioners to consider in order to secure improved performance; and**
- (c) any areas for further scrutiny be identified for inclusion in the committee's work programme.**

## Alternative options

1. None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

## Key considerations

2. Healthwatch Herefordshire is commissioned by the council through the Health and Social Care Act 2012. It is established formally to provide a function for public involvement in health and to be a champion for consumers and users of health and social care in the county.
3. Healthwatch Herefordshire was recommissioned in 2017 under new organisational arrangements which have been viewed as a significant step forward in fulfilling this role.
4. Although the council commissions Healthwatch for the health and care system as a whole, the council itself is subject to review by Healthwatch.
5. The committee is asked to consider the Healthwatch annual report for 2017/18 (appendix 1), having regard to:
  - Project work undertaken regarding GP access; end of life care; children's dental health; public health; GP walk-in centre; high school peer educators; and ongoing work around adult social care and complex and multiple conditions
  - Providing information and advice to the public on wide-ranging health and care topics, both through responding to enquiries, visiting community groups and engaging with groups throughout the county in seeking to ensure people have a voice
  - Taking information gathered from engagement work to help to influence health and care commissioners decision making around service provision
  - Collaborative working with Healthwatch Worcestershire in the sustainability and transformation partnership (STP) to ensure that patient experience and participation is included in the STP
  - Establishment of a mental health forum, bringing service users and carers together to ensure views are heard and to raise awareness in order to influence service providers and commissioners
6. The annual report also provides an overview of how it has set its priorities for 2018/19, which was informed by a public poll. The focus for 2018/19 includes:
  - Developing and involving volunteers
  - Promoting an on-line rating and reviewing function to gather feedback on services
  - Continuing community links through engagement on projects
  - Seeking to improve and influence health and care service delivery through patient participation groups and stakeholder reference group

- Championing reasonable adjustments for equal access to services
  - Continuous improvement within the organisation
7. A range of performance indicators are built into the council's contract with Healthwatch. These are primarily focused on monitoring the scale of activity undertaken, through members of the public engaged, meetings and events attended and delivered, and reports produced. Performance indicators will be reviewed and connected more closely to the outcomes that have been agreed by the statutory health and social care organisations.
  8. There are recognised benefits for the public in Healthwatch and scrutiny committees approaching aspects of work together, which would as a consequence, seek to identify continuous improvements to services. Healthwatch and scrutiny committees meet quarterly to share work programmes and expertise, and contribute to annual scrutiny work programming.

## Community impact

9. In accordance with our Code of Corporate Governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
10. The committee's considerations should have regard to what matters to residents of Herefordshire. In doing so, the committee will wish to go beyond the pure data on process performance in order to consider the impact on the wellbeing of Herefordshire residents and their experience of care.

## Equality duty

11. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
 

A public authority must, in the exercise of its functions, have due regard to the need to -

  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
7. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Our providers will be made aware of their contractual requirements in regards to equality legislation.

## Resource implications

8. There are no direct resource implications arising from this report. The cost of any resulting committee work will be subject to assessment and expected to be met within existing resources.

## Legal implications

9. Paragraph 3.4.5 of the constitution provides that the remit of Adults and wellbeing scrutiny committee is to scrutinise adult social care, Health and Wellbeing Board, Housing, Public health and Statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services affecting the area and to make reports and recommendations on those matters.
10. The Health and Social Care Act 2012 has made some changes to the process of the scrutiny of health services. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, and 2004, are revoked and replaced by The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which requires that there is scrutiny of the council's health function.
11. The recommendations in the report are in accordance with the legal requirements.

## Risk management

12. There is a reputational risk to the council if the scrutiny function does not operate effectively.

| Risk / opportunity   | Mitigation  |
|--|---|
| Performance management could be focused on process measures that are not reflective of the wellbeing and experience impact of the service for Herefordshire residents. | The committee seeks to focus its attention on matters of direct relevance to Herefordshire residents and ensure performance measures reflect these. |

## Consultees

13. By the nature of its role, Healthwatch is involved in ongoing engagement with members of the public and the health and care community on matters that are of importance within the county.
14. Healthwatch and the chairman and vice-chairman of the adults and wellbeing scrutiny committee and the children and young people scrutiny committee meet every quarter to discuss work programmes and common themes of interest.

## Appendices

Appendix 1 Healthwatch Herefordshire Annual Report 2017/18

## Background papers

None identified.





**healthwatch**

**Healthwatch  
Herefordshire  
Annual report  
2017/18**

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# Message from our Chair Ian Stead



The past year has been one of transformation and innovation for Healthwatch Herefordshire. In April 2017 we became a stand-alone company.

This change was accomplished by our staff and directors whilst continuing to deliver our main activity, representing the views of the public, engaging with patients and their carers and producing reports based on good quality research.

Our work this year has been a series of projects on topics identified by the public and key stakeholders. The details of these projects are set out in the report below, full details are available on our website. The most important engagement reports were about GP access, end of life care, public health including children's dental health.

In addition we continue to be involved in many service change projects such as; the Sustainability and Transformation Partnership (STP), local service planning in Kington and Leominster. We have also raised issues such as the end of GP ear wax services, the closure of Hillside centre and the GP Walk in Centre and the quality of care in various provider organisations.

We have also made contact and engaged with many local community groups, health and social care organisations gathering the views of local people about care in their areas.

I must thank the wonderful commitment and hard work of our staff, Christine Price - Chief Officer, Mary Simpson - Engagement and Volunteer Coordinator, Amy Chandler - Engagement Officer and Beth White - Communications Officer. My thanks also to my two director colleagues Jane Ellis and Sue Brazendale for their continued support and wise advice, and the valued contribution of our volunteers

The new year brings many opportunities and challenges. One of our most exciting developments is the recent launch of the Feedback Centre allowing online posting of comments about services. Our biggest challenges are to be actively influencing the key issues facing the county, such as service reorganisation and the effect of financial pressures on the whole health and social care system.

We look forward with enthusiasm to continuing our work in the coming year on behalf of the people of Herefordshire.

# Highlights from our year 2017/18

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This year we've reached

**106,714**

people on social media



Our **10** volunteers help us with everything from surveys to events contributing over

**300** Hours



We've published reports on

**6** Health & social care topics



Our reports have tackled issues ranging from **GP Access to End of Life Care**



We've spoken to **537** people on Children's Dental Health

We've given **293** people information and advice



# Our Purpose

**We are here to find out what matters to you and help make sure your views shape the services you need.**

We do this by gathering the views of the public in Herefordshire. We go out to meet groups across the county to listen to you, we run projects on topics you have voted for and you give us your views from the website, social media, email and by telephone.

We meet with commissioners, the local authority and the clinical commissioning group, to ensure that the views of the public are taken into account when planning new services or changing existing ones.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

## Health and care that works for you

People tell us that they want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

## Independence

We are independent and represent your views at a wide range of strategic meetings across health & social care in Herefordshire influencing how services are planned and provided. We raise the issues you tell us about and champion your views.

We communicate back to the public through; public events six times a year, our website, newsletters and a fortnightly column in the Hereford Times.



# Meet the team



**Ian Stead**  
Chair & Director  
Lead for mental health



**Jane Ellis**  
Director  
Lead for primary care



**Sue Brazendale**  
Director  
Lead for adult social care



**Christine Price**  
Chief Officer



**Mary Simpson**  
Engagement & Volunteer  
Co-ordinator



**Beth White**  
Communications Officer



**Amy Chandler**  
Engagement Officer

# Your views on health and care

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## Our project work

Each year you select your priority health & social care topics. We turn these into projects and go out across the county gathering peoples' views on these topics. The following are the topics we have worked on in 2018-18.

### GP Access

313 people gave us their views of GP services, 66% of people said their services were good or acceptable most of the time, however from the feedback we have identified areas where improvements could be made. This has resulted in the following recommendations which we are championing with a wide range of services and organisations.

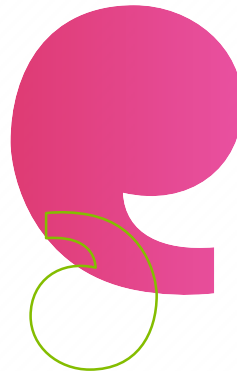
- + Better information for patients and carers.
- + A customer experience online rate & review service.
- + Reasonable adjustments be made for people who need extra help or consideration to help them to use the service.
- + Improvement in some facilities, such as privacy at reception areas and improved disabled access.
- + A consistent offer across services which can be achieved in a number of ways. One of them being a standard three month window to enable booking of follow up routine appointments.

### End of Life Care

This report collated the experiences of the services used in end of life for people who had recently died, through family members participation.

Healthwatch was able to make 70 recommendations on this work and submit the findings to the West midlands Quality Review Service who have been commissioned by Herefordshire Clinical Commissioning Group (CCG) to review all end of life care in Herefordshire.

All organisations talking part undertook responsibility for addressing the issues identified. Herefordshire CCG will use this report when commissioning end of life care in the county and has particular responsibility for ensuring progress.



- + The Healthwatch recommendations and feedback fed into this report formed the primary source of patient experience.
- + The recommendation that the patient stories be used for the training of staff, such as district nurses has been stated in the report.
- + We will monitor the future use of the report by Herefordshire CCG.
- + We will share our End of Life report with all service providers of End of Life care.





## Children's Dental Health

Healthwatch engaged with 537 people through

- + Engagement with parents at children's centres
- + Public health survey
- + Children's dental health survey for parents
- + Staff survey for early years
- + Online social media polls

The levels of dental decay in children under five years old is significantly higher in Herefordshire than the national average. The Herefordshire Health & Wellbeing Board have identified improving children's dental health as one of its key priorities.

The report published by Healthwatch in April 2018 hopes to recognise the issues and barriers to achieving good dental health and make recommendations which can be used to improve it.



I suggest supporting vulnerable families to make contact with the dentist and support them to attend. Delivering healthy eating workshops introducing low sugar snack alternatives & drop in sessions from Health Visitors promoting good dental health has been helpful – *Early Years staff feedback*

BECAUSE THERE'S ONLY  
**ONE YOU**

## Public Health

From November 2017-March 2018, Healthwatch have been engaging with the public to gather their views of public health services, campaigns and healthy living behaviours. we gathered views from 225 people. In the report published in April 2018 we have made recommendations about the following themes:

- + Staying Healthy.
- + Public Health Campaigns.
- + Consideration of targeting seldom reached groups for all Public health campaigns.
- + Health & care messages about peoples' responsibility for looking after their own health.

## GP Walk in Centre

In July 2017 Healthwatch spoke to 91 people using the service at various times over a week. The results were shared with commissioners to provide insight which could help manage the closure of the service and communication with the public.

Key findings were:

- + 49% of people could not get an appointment with their own GP.
- + 56% of people didn't know about alternative appointments service provided by Taurus extended hours hubs.
- + A significant number of people didn't use NHS 111
- + Most people didn't know that the centre was due to close on 28th July.
- + 13% of people did not know what alternatives they will turn to once the centre closed.

## High school peer educators

Healthwatch participated in Decision Maker's Question Time with 60 high school pupils. The 60 peer educators had made films for their schools about sexual health, obesity and mental health.

We also undertook a survey to ask the young people about their habits:

- + Eating fruit and vegetables
- + Physical activity
- + What young people do to look after themselves when they feel unwell



## Projects we are still working on

### Adult Social Care

Healthwatch are engaging with the public to find out what service users, carers' and support organisation experiences, are of the new strengths based assessment for adult social care. The ethos of the assessment is to encourage people to live as independently as possible.

Healthwatch is providing the local authority with an overview of feedback about how this is working for service users, carers and the social work staff who undertake the assessments. It is a welcome opportunity for Healthwatch to work with the community and with adult social care to make a difference and recommend improvements based on feedback.

### Complex & Multiple Conditions

We are visiting focus groups to gather their views of managing complex or multiple conditions, asking about your experiences of the following areas:

- + Information & advice available at diagnosis
- + How easy is it to manage your condition
- + Medication
- + Co-ordination of services
- + Wellbeing support
- + Managing your physical & mental health
- + The role of the unpaid carers



More information is available on all of these topics on our website [www.healthwatchherefordshire.co.uk](http://www.healthwatchherefordshire.co.uk)



# Helping you find the answers

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## Information & Advice

We receive enquiries about health & social care by email, telephone, letter, website, social media and face to face when we visit groups in the community across Herefordshire. These are the key themes we have heard from you in 2017-18;

- + Access to GP services.
- + Ear wax removal services.
- + Appointments at dental access centres.
- + Issues registering with dentists in market towns and rural areas of the county.
- + Issue for carers making choices about care for relatives with dementia and maintaining a life balance to look after themselves.
- + Poor discharge experiences from hospital.
- + Eligibility for adult social care.
- + Continuing Healthcare eligibility and who should pay for care.
- + More support needed before mental health crisis. Lack of support out of hours.
- + Complaints; How to complain and where to.
- + Improve access to timely Autism diagnosis for Adults.
- + Closure of Hillside community beds.
- + Carers feeling under more pressure to take on caring roles or increase their caring roles with cut back in services. No choice for families.
- + More integration required between addiction services and mental health services.
- + Confusion over the purpose of NHS 111.
- + Greater use of learning disability passports in A&E and need for staff training about Learning Disability and Special Needs in hospital.

- + Inconsistent availability of domiciliary and respite care across the county.
- + A need to increase the transparent use of care plans in mental health and triangle of care involving carer and service user.
- + Decrease waiting times for talking therapies.
- + Lack of awareness about out of hours options for urgent care.

We've given **293**  
people information and  
advice this year



## Engaging with groups across the county

Healthwatch go out to meet groups across Herefordshire face to face every week. We ask you about your experiences of health & social care. You tell us about issues you would like to raise and take part in the projects that you have voted for.

This is an important part of the work of Healthwatch to make sure that people across the county have an equal voice.

We've visited

**101**

Groups across Herefordshire this year



# Making a difference together

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## How your experiences are helping to influence change

In 2017-2018 we have been working with commissioners and providers of services on several issues as a result of your feedback to us, these are the top three issues we are working on:

- + Ear Wax removal services - We have been pressing the Clinical Commissioning Group to provide a satisfactory new service for patients in the county.
- + Closure of community intermediate care beds at Hillside. Healthwatch has been championing for effective replacement of the service with a fully functioning community home based provision before any services are closed.
- + Better joint working between mental health & addiction services.

## Working with other organisations Sustainable Transformation Partnership

Healthwatch Herefordshire are collaborating with Healthwatch Worcestershire in the two county health transformation plans to ensure that the organisations involved put patient experiences and participation at the heart of their plans. We sent a joint submission to the health select committee inquiry into STP's in January.

## Our relationship with the care quality commission (CQC) locally:

- We meet four times a year with the CQC
- + We have shared your experiences of GP services with CQC which gives the CQC additional information for their inspection programmes in GP services in Herefordshire.
- + We have discussed our findings about dental access in the county and the difficulties people have told us about NHS access in the market towns particularly.

## Our relationship with overview and scrutiny committees in Herefordshire:

Healthwatch have started to meet with the scrutiny committee's four times a year to discuss with them what the people of Herefordshire are telling Healthwatch on key health & social care issues, this is very in their scrutiny function.

## How we've worked with our community

- + **Patient Participation Groups:** In March Healthwatch held an event for the GP surgery patient participation groups in the county with the aim of working together and being stronger together. This has resulted in many joining our stakeholder reference group.
- + **Ledbury Health Group:** In January and March we met with a group in Ledbury who are forming a Ledbury Health Group to work with Healthwatch to improve services in their community.
- + **Co-opted members:** We co-opted two volunteers in August 2017 to take a lead on the hospital trust, the ambulance service and safeguarding children's board and the children & young people's partnership board for the county. These wonderful volunteers use their time and expertise to attend meetings for Healthwatch to influence providers of services and champion better services for me and you in our county.



it starts with  
**YOU**

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“I want the people of Herefordshire who are experiencing issues with their mental health to have a place where they will be heard and make a difference, the Healthwatch Mental Health Forum can do that”

### #ItStartsWithYou

After great feedback from last year's national campaign, Healthwatch England and local Healthwatch are planning to re-run #ItStartsWithYou over the summer of 2018. The campaign aims to communicate the impact of Local Healthwatch across the country

### #ItStartsWithYou Herefordshire: Mental Health Forum

We were approached by Miles Goodwin to start up a Healthwatch Mental Health Forum from a defunct mental health reference group, which was run by the late Dawn Lewis.

Miles has worked with Healthwatch to set up the forum which meets every other month to:

- + Listen to the views and experiences of mental health service users and carers in the county
- + Answer questions people have about mental health services
- + Take forward issues the group would like resolving
- + Invite guests from service providers and commissioners to hear views on key mental health issues from the group

We have worked hard to bring people of all backgrounds in to give the forum a broad spectrum of views and experiences. Some of the key issues the forum has been addressing through Healthwatch this year are:

- The coordination between addiction services & mental health services
- The issues of welfare rights applications and processes faced by people with mental health issues and disabilities
- Health issues for homeless people with mental health conditions
- Spending on mental health services for Herefordshire

Thanks to Miles, who has helped to establish the Mental Health Forum and bring mental health service users and carers together, the views of local people about services in Herefordshire are being heard. These views are helping to raise awareness of mental health issues and also influence the providers and commissioners of those services, by using patient experiences from the forum

The forum would like to thank the members for making this happen #ItStartsWithYou

“I want the people of Herefordshire who are experiencing issues with their mental health to have a place where they will be heard and make a difference, the Healthwatch Mental Health Forum can do that.”

Healthwatch would like to remember Dawn and recognise the significant contributions she has made in her lifetime for mental health service users and carers in Herefordshire.



# Our people

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## Decision making

This year we have held bi-monthly board meetings and engagement events in public across the county in; Hereford, Ross-on-Wye, Leominster, Bromyard and Ledbury. We will continue to hold events in public around the county and hold open board meetings at which the public are welcome to attend.

## How we involve the public and volunteers

We have established a policy called how we work which outlines:

- + How we involve the public in our work.
- + How we make relevant decisions involving the public about our work.
- + Involving the public and communities in shaping how we work through the membership scheme and the stakeholder reference group.

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## Company Membership Scheme

Healthwatch formed its own company limited by guarantee to hold the Healthwatch Herefordshire contract and deliver the work. Part of making sure this represented the views of the public at all levels was achieved by setting up a company membership scheme which is formed from our volunteers. Our volunteers can shape how we work and also get involved in helping to achieve the work we do.

## Stakeholder Reference Group

To make sure we involve community groups, patient participation groups and voluntary sector organisations that represent the public, we have a membership for groups. We work with this membership as a network of networks to improve health & social care, promote Healthwatch, involve people and represent the county well together.

## Co-opted members

Two of our volunteers have been taking a strategic lead in health & social care.



# Our plans for next year



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## What next?

### Vote on Public Priorities 2018-19

Healthwatch Herefordshire ask the public each year to choose the health & social care topics that they would like us to work on. Three projects will be identified for 2018-19.

**Primary Care Home** represents a real opportunity for local people to have a say in what their local services look like across different parts of the county as community based services such as GP's, care work, mental health, therapies and nursing work in a more integrated way to keep people independent at home and out of hospital as much as possible. We anticipate that in 2018-19 more work will happen in other parts of the county where Healthwatch can play a part in bringing local people into the conversations about their health & social care.

## 76 Healthwatch Communications

- + Monthly E-bulletins
- + Fortnightly Hereford Times Columns
- + Quarterly newsletters
- + Social media & website

### The Feedback Centre

This is our new online rate and review service for health and social care services in the county. We launched it on 26<sup>th</sup> April 2018 and will be promoting it all year to the public and health & social care providers.

We have much to be proud of in the health and social care services that people in Herefordshire use every day, but sometimes things need improving. The views of people who use the services will be heard to help get things right.

#### Feedback Rating



Based on 1 reviews



Rated by  
Anonymous  
17th April 2018

#### Always get an appointment when I need one

My surgery is easy to access. I always get an appointment in the time I need one.

[View all feedback](#)

## Focus on how we work next year

1. Continue to develop and involve our volunteers in our work
2. Promote the rate and review Feedback Centre through our new website
3. Continue to build strong links with community groups through engagement about project topics which you vote for
4. Work together with Patient Participation Groups and our Stakeholder Reference Group to improve and influence health & social care service delivery
5. Champion reasonable adjustments to health social care services for equal access
6. Focus on continuous improvement within the organisation

### Crucial Crew

In 2018 Healthwatch will join the police, fire, mental health trust and other safety organisations who will each run workshops.

Healthwatch will run a workshop about what to do in an emergency for all year 6 children in the county. We will gather the views and experiences of all 1800 11 year olds taking part in the county.

# Our finances

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Part of our operational and support services costs in 2017-18 have been additional non recurrent costs associated with setting up a new organisation as a result of changing the contract commissioning arrangements.

We have a residual balance at the year end, This is our reserve. It is good practice to keep a reserve for any potential contingency, such as redundancy costs or wind up costs.

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| <b>Income</b>   | <b>£</b>       |
|---|----------------|
| Funding received from local authority to deliver local Healthwatch statutory activities | 140,000        |
| 2016-17 reserves  | 9,243          |
| Sustainable Transformation Partnership Engagement work undertaken 2016-17               | 3,500          |
| <b>Total income</b>   | <b>152,743</b> |
| <b>Expenditure</b>  | <b>£</b>       |
| Operational costs   | 42,791         |
| Staffing costs  | 97,237         |
| Support services costs  | 8,000          |
| <b>Total expenditure</b>  | <b>148,028</b> |
| Balance brought forward (reserve)   | 4,715          |

**The views and stories you share with us are helping to make care better for our local community,  
Thankyou**

**Healthwatch would like to thank all of the public who have taken time to give us their views, its staff volunteers and partners**

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# Contact

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Herefordshire Clinical Commissioning Group, Adults and children's Overview and Scrutiny Committees, and Herefordshire Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address below.

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