

Agenda

Adults and wellbeing scrutiny committee

Date: **Monday 24 June 2019**

Time: **2.30 pm**

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

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

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Agenda for the meeting of the Adults and wellbeing scrutiny committee

Membership

Chairperson Councillor Elissa Swinglehurst
Vice-Chairperson Councillor Jenny Bartlett

Councillor Sebastian Bowen
Councillor Helen l'Anson
Councillor David Summers
Councillor Kevin Tillett
Councillor William Wilding

Agenda

	Pages
<p>1. APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence.</p>	
<p>2. NAMED SUBSTITUTES (IF ANY)</p> <p>To receive details of any member nominated to attend the meeting in place of a member of the committee.</p>	
<p>3. DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interests in respect of schedule 1, schedule 2 or other interests from members of the committee in respect of items on the agenda.</p>	
<p>4. MINUTES</p> <p>To approve and sign the minutes of the meeting held on 5 March 2019.</p>	7 - 16
<p>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public.</p> <p>For details of how to ask a question at a public meeting, please see: www.herefordshire.gov.uk/getinvolved</p> <p>The deadline for the receipt of a question from a member of the public is Tuesday 18 June 2019 at 5.00 pm.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
<p>6. QUESTIONS FROM COUNCILLORS</p> <p>To receive any written questions from councillors.</p> <p>The deadline for the receipt of a question from a councillor is Tuesday 18 June 2019 at 5.00 pm.</p> <p>To submit a question, please email councillorservices@herefordshire.gov.uk</p>	
<p>7. THE FUTURE OF THE HEREFORDSHIRE AND WORCESTERSHIRE NHS CLINICAL COMMISSION GROUPS (CCG) CONSULTATION.</p> <p>To consider the proposals, by Herefordshire and Worcestershire CCG to merge the existing four NHS CCGs (in Herefordshire, Redditch and Bromsgrove, South Worcestershire and Wyre Forest) to form a single CCG footprint for the whole of Herefordshire and Worcestershire by April 2021, with the (preferred) option to undertake this change earlier, by April 2020.</p>	17 - 38
<p>8. ONE HEREFORDSHIRE AND INTEGRATION BRIEFING</p> <p>To provide an updated overview of the Sustainability and Transformation Programme (STP), One Herefordshire and Integration agenda for health and social care.</p>	39 - 78
<p>9. COMMITTEE WORK PROGRAMME</p> <p>To consider the committee's work programme.</p>	79 - 88

10. DATE OF NEXT MEETING

The next scheduled public meeting is Monday 9 September 2019 (2.30pm).

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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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The chairperson or an attendee at the meeting must take the signing in sheet so it can be checked when everyone is at the fire assembly point.

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 5 March 2019 at 10.00 am

Present: Councillor Polly Andrews (chairperson)
Councillor John Stone (vice-chairperson)

Councillors: Mark Cooper, Pauline Crockett, Carole Gandy and David Summers

In attendance: Councillor Paul Rone (Cabinet Member)

Officers: Ben Baugh, John Coleman, Kate Coughtrie, Lee Davis, Laura Ferguson, Kayte Thompson-Dixon, Collette Watkins and Karen Wright

Councillor Jenny Hyde

This was the first meeting of the committee since the death of Councillor Jenny Hyde. The chairperson paid tribute to work of Councillor Hyde, especially in terms of corporate parenting and looked after children, and expressed sincere condolences to her family.

51. APOLOGIES FOR ABSENCE

No apologies for absence had been received.

52. NAMED SUBSTITUTES

No substitutes were present.

53. DECLARATIONS OF INTEREST

There were no declarations of interest.

54. MINUTES

Resolved:

That the minutes of the meetings held on 29 January and 4 February 2019 be approved and be signed by the chairperson.

55. QUESTIONS FROM MEMBERS OF THE PUBLIC

No written questions had been received from members of the public.

56. QUESTIONS FROM COUNCILLORS

No written questions had been received from councillors.

57. LEARNING DISABILITY STRATEGY IMPLEMENTATION PLAN UPDATE

The senior commissioning officer presented the learning disability strategy update (appendix 1 to the report), the key points included:

- a. The learning disability strategy was a ten-year, joint strategy of Herefordshire Council and NHS Herefordshire Clinical Commissioning Group (CCG).
- b. The strategy and implementation plan aligned to the four themes: where I live; what I do during the day; being healthy and safe; and having choice and control.
- c. The Learning Disability Partnership Board involved a broad range of partners, including service users and providers.
- d. A learning disability dashboard was being developed to capture key data and track progress across the health and social care system.
- e. The implementation plan actions were currently on track to be delivered within the identified timescales.
- f. Examples were given of developments in progress to meet the priorities, including:
 - Where I live: joining together with Worcestershire County Council to commission specialist provision.
 - What I do during the day: improving the opportunities for people into paid employment through a staged employment project.
 - Being healthy and safe: the Herefordshire and Worcestershire Sustainability Transformation Partnership aligned the national priorities, developed local delivery plans, shared best practice and provided governance.

In response to a question, the senior commissioning officer and Jade Brooks, the acting director of operations of the CCG, both emphasised the importance of national programmes and working collectively to reduce health inequalities. The chairperson noted the premature mortality profile of people with learning difficulties.

 - Having choice and control: embedding user engagement and promoting advocacy in all areas, with a number of initiatives to be launched during learning disability week (17 June).
- g. It was reported that there was significant work being undertaken to reposition services to deliver the strategy and the implementation plan would continue to be updated, with input from experts by experience.

The chairperson invited comments and questions from committee members, the principal points included:

1. Committee members welcomed the high quality of the report and the presentation.
2. Attention was drawn to the fact that all GP surgeries except one had improved systems to indicate on patient records when a person has a learning disability. Jade Brooks confirmed that all the GP surgeries were expected to implement this measure.

3. The senior commissioning officer advised the committee that the supported employment service focused on the individual, so opportunities in the localities and would be explored. She added that a piece of work was being undertaken with community transport providers with a view to working together more closely.
4. The chairperson noted that Herefordshire Council was a major employer and questioned what it was doing to encourage employment for people with a learning disability. The senior commissioning officer recognised that more could be done to make job roles and the recruitment process more accessible.
5. The senior commissioning officer said that the Learning Disability Partnership Board had undertaken work to promote bus passes and travel trainers were available to provide support.
6. The senior commissioning officer clarified that the development of the market position statement, and some other actions, had been deferred to ensure that the components were understood fully, and the right decisions could be made going forward.
7. The senior commissioning officer explained that, informed by an event for user groups and providers, there would be an ongoing user engagement cycle, including a 'you said this, we did that' element.
8. The council was working with around 600 people who were eligible for social care support but it was acknowledged that there was a broader cohort of people with a learning disability in the county.
9. Reflecting on what had been achieved in the relatively short time since the strategy had been approved (June 2018), the senior commissioning officer commented that it took time to move to a position to deliver outcomes but, in particular, it was satisfying to see people moving into their own homes.
10. The committee was advised that data was being gathered to understand who was living at home and the ages of parents / guardians in order to plan for the future and to support people to make early choices. The need to build trust and work collectively was emphasised.
11. It was noted that the Whitecross flats development blended in well with the wider estate and, using new models of support, there was real potential for the tenants to be more independent.
12. There were currently six people in out of county placements. It was noted that there was a need to understand those that were well placed and those that were misplaced.
13. The senior commissioning officer reported on work with the Autism Partnership Board on top tips to raise awareness and improve accessibility to health services. Jade Brooks commented that good practice had been articulated across primary care services, such as increasing appointment times and improving waiting environments, but some GP practices needed to do more.
14. A member noted that the children and young people scrutiny committee was due to receive a task and finish group report on special educational needs and disability provision shortly.

Professor Jane Melton, the director of engagement and integration of 2gether NHS Foundation Trust, commented on the benefits of involving people with learning disabilities in the development of strategies and implementation plans.

The director of public health noted that there was some excellent practice which should be communicated more widely.

The chairperson said that the committee welcomed the good start that had been made and looked forward to hearing about further progress in due course.

Resolved:

That progress with the implementation plan for the learning disability strategy be noted.

58. SUBSTANCE MISUSE SERVICE PERFORMANCE UPDATE

Alex Crawford, service manager for Addaction Herefordshire, gave a presentation on (appendix 1 to the report), the key points included:

- a. 100% completion of treatment outcome profiles (TOPs), used to monitor substance misuse and overall progress of clients.
- b. 100% completion of risk and recovery plans, used to assess risks that clients might present to themselves or others and to inform individual care plans.
- c. Re-presentation rates to treatment services following successful discharge remained low, demonstrating that treatment was effective and sustainable.
- d. The 'maintaining change' group provided support and skills development for clients for twelve weeks following successful completions. Arising from this, two independent peer led groups had formed to continue the work of this initiative in the community.
- e. Addaction Herefordshire had been awarded an 'overall good' rating from the Care Quality Commission (CQC) and clients had spoken positively about the service.
- f. There had been a 'slight dip' in opiate and non-opiate successful completions. This was due to tackling more complex service users who had been in treatment for an extended period of time; Herefordshire had a larger number of older opiate users in treatment for 6 years or more (43.2%) compared to the national average (32.4%).
- g. A recovery mentor, who had come through treatment, had been appointed recently and was helping to dispel myths and encourage people to engage with the service.
- h. Alcohol and non-opiate rates had improved, reflecting high levels of participation in the new group offering.
- i. To build upon the good rating and summary from the CQC, Addaction Herefordshire was working to streamline its assessment process and would run a pilot scheme to obtain feedback from clients.
- j. Attention was drawn to the CQC's positive comments about staff and their approach, the recovery-oriented care plans, the active involvement of clients in care planning, and how records and procedures demonstrated good practice in a number of areas.
- k. An overview was provided of the group provision and wide range of activities in Leominster, Ross and Ledbury, and Hereford.

- l. Funding had been received for a new lead role to provide a specialist service for veterans.
- m. An overview was also provided of the young persons' service which involved young people taking the lead and encouraging their peers to come forward and seek support.

The chairperson commented that Addaction Herefordshire had improved dramatically in three years. Alex Crawford acknowledged the initial difficulties but, with significant progress already made, there was excellent potential for people to make successful recovery journeys in Herefordshire.

In response to a question about interactions with partner agencies, the committee was advised that Addaction Herefordshire and 2gether NHS Foundation Trust were working holistically in the interests of clients with substance misuse and mental health issues. Professor Jane Melton added that colleagues in adults' and children's services had also commented on the positive working relationships.

The senior commissioning officer public health said that the aging population had to be taken into account, both nationally and locally, in terms of commissioning strategy going forward.

In response questions, Alex Crawford said that: Addaction Herefordshire did not have a dedicated outreach worker for rough sleepers currently but there had been contact with a support group and this could be explored further as part of future commissioning options; and the organisation had worked closely with street pastors in the past.

A committee member commended Addaction Herefordshire on the extent of the transformation that had been delivered and asked about the position in rural areas of the county. The senior commissioning officer public health agreed that the turnaround of this service was to be commended and provision in rural areas would be revisited as part of the commissioning strategy.

The vice-chairperson said that the update was most encouraging and, noting that group activities included art therapy, suggested that the achievements of clients could be showcased in local exhibitions, such as h.Art.

On behalf of the committee, the chairperson congratulated everyone involved in the quality and performance improvements. Committee members suggested that the communications team be invited to issue a press release about the service, including the positive outcomes of group provision and working with young people.

Resolved: That

- a. **The performance update be noted; and**
- b. **The ambition of including rural outreach in future commissioning strategy be endorsed.**

59. REPORT ON THE DELIVERY OF THE HOMELESSNESS REDUCTION ACT AND THE IMPACT OF MENTAL HEALTH AND UNIVERSAL CREDIT ON HOMELESSNESS

The head of prevention and support gave presentations on the Homelessness Reduction Act 2017 (appendix 1) and on Universal Credit, mental health and vulnerable people

(appendix 2). The key points of the presentations and questions arising are summarised below.

Homelessness Reduction Act 2017

- a. The key legislation was contained in the Housing Act 1996, the Homelessness Reduction Act 2017 (HRA) amended Part VII of this legislation and came into effect in April 2018.
- b. The HRA placed increased statutory duties on local housing authorities to prevent homelessness and, if that duty fails, to relieve homelessness, including: the provision of a personal housing plan for every client and undertaking reviews at each stage; the provision of temporary accommodation at the prevention stage for a minimum of 56 days; earlier intervention to prevent homelessness; a new relief duty to provide assistance when preventions fail prior to homelessness; a new 'duty to refer' on other public services working with people who were at risk of homelessness or were homeless, albeit this duty did not apply to the police; and increased rights for clients to seek reviews of the council's decisions.

In response to a question, the team leader housing solutions clarified that anyone who presented to a local authority who was at risk of homelessness would need to be provided with temporary accommodation and the local authority would have to meet the financial burden; previously a local connection had to be demonstrated.

- c. The duty to provide continued temporary accommodation protection for families had been extended from 28 days to 56 days, increasing the financial burden and placing pressures on the available temporary accommodation; the council had recently increased its provision from 41 to 45 places. This additional burden was also reflected in increased use of bed and breakfast accommodation in Herefordshire; there had been five successive months of double figure placements in the period before Christmas 2018. The housing solutions team were working with local landlords and with the housing strategy lead to secure additional accommodation and a wider range of housing types.

In response to questions, the team leader housing solutions advised: temporary accommodation provision was mainly in Hereford but there were units in Leominster and Ross, with some bed and breakfast accommodation was used in the market towns; and, if the authority had a statutory duty, 56 days was a minimum and clients would continue in temporary accommodation until suitable permanent accommodation could be found.

- d. The HRA had increased workload for the housing solutions teams, metrics included: the average allocation of cases had increased to over 20 per day; footfall into the service had increased by 59%; there had been 9884 presentations in the last twelve months; and the current caseload was 562 people.
- e. The rough sleeping outreach service currently identified 12 rough sleepers, mostly in Hereford but also in Ross and in other rural areas. The service continued to provide support to 50 people, who had been rough sleeping previously, to help them sustain the accommodation secured and to access other services and financial support. It was reported that there had been a successful bid for funding to support winter shelter provision and elements of the outreach service in 2019/20.

In response to questions about places for rough sleepers, it was reported that: on average eight rough sleepers used the St Peter's winter shelter per night but other people also accessed that service; some landlords would accept people who had

been rough sleeping subject to the outreach service being in place; and some people were referred to hostels or were accommodated out of county.

- f. Associated with the increased statutory duties, there were new reporting procedures to the Ministry of Housing, Communities and Local Government (MHCLG) for local authorities. It was anticipated that benchmark information may become available from June 2019.

In response to questions, the team leader housing solutions advised: the authority often became aware of people who were living in overcrowded accommodation or were 'sofa surfing' once they registered for social housing or through third parties; and the authority had specialist officers to support the accommodation needs of victims of domestic abuse.

Universal Credit

- g. Universal Credit replaced six previous benefits and had been implemented fully in Herefordshire from June 2018 for all new claimants.

In response to a question, the team leader housing solutions confirmed that recipients could still request the housing element to be paid directly to the landlord but this had to be supported by a business case.

- h. The risks for housing providers were outlined, such as delays in payment, and this had resulted in some risk adverse landlords refusing to take benefit claimants and registered social landlords requesting full affordability assessments and up-front rent payments.

In response to questions, it was reported that: the trailblazer authorities had identified that the HRA would result in additional demands and burdens; and the council had received additional funding, of £155k over three years, but there was no indication that this would continue beyond March 2020.

Mental health

- i. It was stated that people with poor mental health were more susceptible to factors that can lead homelessness such as poverty, disaffiliation and personal vulnerability; Herefordshire's draft homeless link health needs audit showed that 76% of respondents reported a mental health problem / behaviour condition.
- j. An overview was provided of the current specialist targeted provision for homeless people with mental health needs and provision in the development pipeline.

Vulnerable groups

- k. It was emphasised that vulnerable groups included a wide range of people. In particular, it was noted that an operational protocol had been developed for care leavers.

In response to questions, the committee was advised that: not everyone perceived by the public to be part of the street community was homeless; the outreach service had not been made aware that any of the current rough sleepers in Herefordshire had an armed forces background; and the Ministry of Defence did not notify the local authority of leavers who were at risk of homelessness. A committee member felt that the mental health needs of former armed services personnel and of farmers needed greater attention.

Jade Brooks made a number of points, including: the CCG and the local authority maintained a register of all those in secure hospital provision and were involved in discharge planning; she was disappointed with some of the terminology used and assumptions made in the slide on mental health; and, whilst there were significant mental ill-health issues in the county, many homeless people were receiving ongoing support from the assertive outreach team and further measures were being implemented to remove barriers to healthcare.

The head of prevention and support said that a critical point was that the provision of accommodation had to be sustainable, as losing accommodation not only had an impact on the tenants' prospects but also on the attitudes of landlords.

The team leader housing solutions said that, whilst the HRA had resulted in significant additional burden, a recent audit by the MHCLG had recognised the positive outcomes being achieved by the authority, including higher levels of prevention and reduced numbers of homelessness; the final report was awaited.

In response to a question, the team leader housing solutions said that the rough sleeping outreach service visited every market town regularly and discussed issues with local partners. The challenges for those people at risk of homelessness in rural areas were recognised and the team worked with landlords to extend provision until appropriate accommodation could be found. The head of prevention and support noted that there was a mismatch between demand and supply in terms of social housing in different parts of the county.

In response to a question from the chairperson about the potential cessation of the additional funding in March 2020, the head of prevention and support said that the service had to be structured appropriately and would continue to be proactive in seeking grant funding for different types of homelessness prevention.

The director of public health said that the complexity of this area of work should not be underestimated and that partner agencies needed to keep working together to address inequalities.

The chairperson welcomed the report and invited officers to provide a briefing paper on the benchmark information once it became available.

Resolved: That

- a. **The report be noted; and**
- b. **A briefing paper on benchmark information in relation to the prevention and relief of homelessness be circulated to committee members in due course.**

60. COMMITTEE WORK PROGRAMME

The chairperson introduced the item and the committee discussed the following items for potential inclusion in the work programme.

- a. A committee member suggested that the committee could examine the role of police community support officers in identifying and reducing vulnerability, and building community resilience.
- b. The chairperson proposed that the first item for the new council term should be the NHS Long Term Plan, system leadership, and integration.

- c. In response to a question from the chairperson about NHS England's report on Continuing Health Care (CHC), Jade Brooks confirmed that the report had just been received by the CCG, it would be shared with the director of adults and communities, and endorsed this being featured in the work programme.
- d. A committee member suggested that the issue of 'digital in the NHS' be included in the work programme.

The chairperson noted that it would be for the committee to finalise its work programme for 2019/20 in the new council term.

Resolved:

That the potential work programme items for 2019/20 be noted.

61. DATE OF NEXT MEETING

The provisional date of the next meeting was Monday 24 June 2019.

At the conclusion of the meeting, the chairperson and vice-chairperson thanked members and officers for their hard work in making this an effective scrutiny committee during the last four years.

The meeting ended at 12.40 pm

Chairperson



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	24 June 2019
Title of report:	The future of the Herefordshire and Worcestershire NHS Clinical Commission Groups (CCG) consultation.
Report by:	Democratic services manager

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To consider the proposals, by Herefordshire and Worcestershire CCG to merge the existing four NHS CCGs (in Herefordshire, Redditch and Bromsgrove, South Worcestershire and Wyre Forest) to form a single CCG footprint for the whole of Herefordshire and Worcestershire by April 2021, with the (preferred) option to undertake this change earlier, by April 2020.

Recommendation(s)

That:

- (a) **the Adults and Wellbeing Scrutiny Committee review the CCG Consultation documents (Appendix 1 and Appendix 2) to determine any recommendations it wishes to make to the Herefordshire and Worcestershire NHS CCGs**

Alternative options

1. Having reviewed the documents and sought clarification of any issues from the Herefordshire and Worcestershire CCGs officers the committee may, having regard to the principles of good decision making either:
 - Determine to support the proposed merger; or

- Determine recommendations to the Herefordshire and Worcestershire CCG to consider specific additional information or actions to inform their decision making.

Key considerations

2. The CCG has stated that *'There is an expectation that by April 2021 every Integrated Care System will have more streamlined commissioning arrangements to enable a single set of commissioning decisions at the Integrated Care System level. For Herefordshire and Worcestershire this will involve moving from four CCGs to a leaner, more strategic single CCG for Herefordshire and Worcestershire'*.
3. In achieving this there will be a change to the role of the CCG itself, shifting from commissioning to having a greater focus on strategic commissioning on a bigger geographical footprint making shared decisions with providers on how to best use resources, design services and improve population health. The CCG will also have a role in supporting providers to partner with local government and other community organisations at county or 'place' level, and in ensuring that GPs and community services are supported to deliver at their local level.
4. In Herefordshire and Worcestershire this will also include a shift of clinical leadership resources, realigning them into roles where they will be better able to influence service delivery through developing Primary Care Networks and the new investment being aligned to these groups.
5. All CCGs are required to reduce their running costs by 20% by 31 March 2020, which means finding a saving of nearly £2 million across Herefordshire and Worcestershire. By creating one single CCG, instead of the current four, the CCG estimates a saving of £2 million.
6. The adults and wellbeing scrutiny committee has statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services (not reserved to the children and young people scrutiny committee) affecting the area and to make reports and recommendations on these matters.

Community impact

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. Effective financial management, risk management and internal control are important components of this performance management system.
8. Within the NHS, there has been increasing emphasis on the need to understand and respond to the views of patients and the public about health and health services: the NHS Constitution, the Government's Mandate to NHS England and the NHS Operating Framework together provide a strong set of principles underpinning the NHS's accountability to the people it serves. Responding positively to health scrutiny is one way for the NHS to be accountable to local communities.

Equality duty

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

Further information on the subject of this report is available from
Tim Brown Tel: 01432 260382, email: tbrown@herefordshire.gov.uk

- 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.
10. 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. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

11. The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

Legal implications

12. Section 9FA of and Schedule A1 to the Local Government Act 2000, Regulations 5 and 11 of the Local Authorities (committee system) (England) Regulations 2012 and Regulation 30 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 make provision for local scrutiny functions to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.
13. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in paragraph 2.6.5 of the constitution. The council is required to deliver a scrutiny function.

Risk management

14. None in relation to this report; scrutiny is a key element of accountable decision making and may make recommendations to certain NHS bodies with a view to strengthening mitigation of any risks associated with the proposed decisions. Make reports and recommendations to certain NHS bodies and expect a response within 28 days.

Consultees

15. A workshop was held on 13 June 2019 in order for members to contribute to the development of an annual work programme. At that workshop, the proposed merger of the CCG was identified as an item that the committee wishes to scrutinise
16. Members of the public are also able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

Appendices

Appendix 1 The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups

Appendix 2 The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups Consultation Survey

Background papers

None identified.

The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups



Consultation Document

1st - 30th June 2019

Produced on behalf of:

NHS Herefordshire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

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Introduction

This consultation asks for your views on options for changing the way NHS commissioning is arranged in Herefordshire and Worcestershire.

Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals and GP practices. It is an ongoing process.

NHS Clinical Commissioning Groups (CCGs) took over responsibility for commissioning local health services in April 2013. They are organisations combining the expertise of local family doctors (GPs) and NHS managers; putting local doctors and nurses at the very heart of deciding what health services to provide, where and how.

CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population and measured by how much they improve outcomes.

The four CCG organisations in Herefordshire and Worcestershire are:

- NHS Herefordshire CCG
- NHS Redditch and Bromsgrove CCG
- NHS South Worcestershire CCG
- NHS Wyre Forest CCG

Each one is a legal body, with its own separate Governing Body (Board), although there are currently combined governance and decision-making arrangements in place across the four CCGs, and a single Accountable Officer whose responsibility it is for the management of all issues within each of the four organisations.

Herefordshire and Worcestershire have a total population of almost 800,000 people. Both have areas of affluence and areas of significant deprivation.

How long will the consultation run for?

The consultation will run from 1st June to 30th June 2019.

What is not included in this consultation?

This consultation is specifically about the future of NHS commissioning arrangements in Herefordshire and Worcestershire. It is not a consultation regarding any other NHS organisation (or NHS-funded health) services and does not affect hospital or primary care (GP) services.

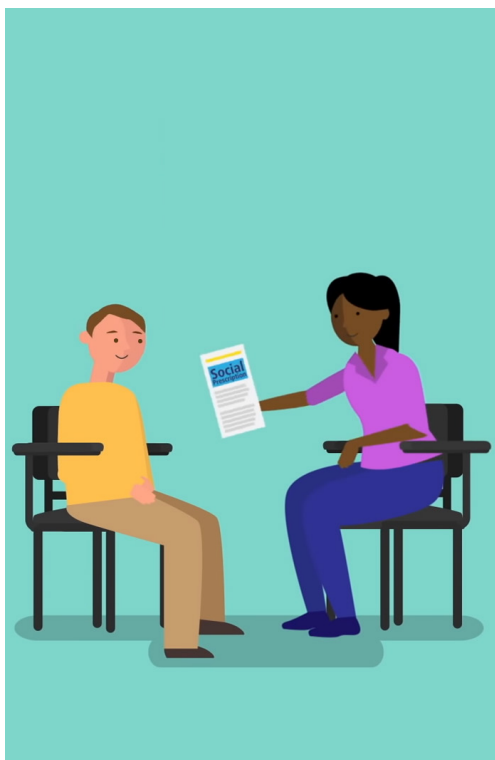
Background

The NHS Long Term Plan

In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS for each of the next five years. In return, the NHS was asked to come together to develop a long-term plan for the future of the service, detailing its ambitions for improvement over the next decade, as well as the plans to meet them over the five years of the funding settlement.

This plan – the NHS Long Term Plan - has now been published, and Sustainability and Transformation Partnerships (STPs) now need to develop and implement their own strategies for the next five years.

Locally across Herefordshire and Worcestershire this strategy will set out how partners intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of local communities – building on the work that has already taken place.



Integrated Care Systems

As part of the plan, Integrated Care Systems are planned to grow out of the existing STPs. An Integrated Care System is a way of working collaboratively between a range of health and social care organisations to help improve people's health.

The Herefordshire and Worcestershire Integrated Care System will allow various organisations to work together in a shared way; sharing budgets, staff and resources where appropriate to best meet people's needs. In reality, this will mean GPs, district nurses, physiotherapists, social workers, the voluntary and community sector and other professions coming together to jointly take responsibility for ensuring that care is tailored for the needs of local communities across the two Counties.

By working collaboratively with a range of organisations, the Herefordshire and Worcestershire Integrated Care System will help people to stay healthy and tackle the causes of illness, as well as wider factors that affect health such as education and housing. Commissioners and providers of acute hospital and community services, primary care, mental health and social care will increasingly work in partnership to plan, finance and run services in the interest of local patients.

Integrated Care Systems are not a new concept. Integration of care is something that we in Herefordshire and Worcestershire have been providing for some years and means that we are really well prepared to take forward these ambitions. The local integrated care infrastructure is becoming quite well established and the joint commissioning arrangements are already in place across the Herefordshire and Worcestershire CCGs.

So, an Integrated Care System builds on the solid progress that has already been established.

Changes to Commissioning

The NHS Long Term Plan presents the opportunity for all NHS organisations to radically change the way in which they work both internally and in partnership with one another to help support the development of Integrated Care Systems.



For CCGs, there is an expectation that by April 2021 every Integrated Care System will have more streamlined commissioning arrangements to enable a single set of commissioning decisions at the Integrated Care System level. For Herefordshire and Worcestershire this will involve moving from four CCGs to a leaner, more strategic single CCG for Herefordshire and Worcestershire.

In achieving this there will be a change to the role of the CCG itself, shifting from the traditional model of commissioning to one with a greater focus on strategic commissioning on a bigger geographical footprint and making shared decisions with providers on how to best use resources, design services and improve population health. The CCG will also have a role in supporting providers to partner with local government and other community organisations at county or 'place' level, and in ensuring that GPs and community services are supported to deliver at their local level.

In Herefordshire and Worcestershire this will also include a shift of valuable clinical leadership resources, realigning them into roles where they will be better able to influence service delivery through developing Primary Care Networks and the new investment being aligned to these groups.

Why do we want to make changes?

Although the NHS Long Term Plan makes it very clear that a single CCG should be created across Herefordshire and Worcestershire, it is important to highlight that there are many advantages associated with merging the Herefordshire and Worcestershire CCGs. They are as follows:

Benefits for Patients



- A single commissioning organisation would mean single commissioning policies across the STP, putting an end to 'postcode lotteries' for services and treatments across Herefordshire and Worcestershire
- Less fragmentation of NHS commissioning organisations, allowing us to work together as 'one NHS' and reduce confusion over multiple commissioning organisations
- Would support the move toward becoming an Integrated Care System, which in the long term will help us to focus on supporting people to stay healthy and tackle the causes of illness as well as the wider factors that affect health such as education and housing
- Although moving towards a larger geographical footprint, decisions made about individual patient care would still be taken at a local level by the clinicians who are responsible for looking after them

Benefits for Staff



- Becoming a larger organisation would provide us with much greater resilience
- Working together as one organisation rather than four organisations would generate economies of scale and reduce duplication, creating opportunities for involvement in new areas of work to support career progression and freeing up capacity
- Would allow us to work in a new way, making best use of new technology to work smarter and in turn improve staff work-life balance
- Creating a single Executive Leadership Team across Herefordshire and Worcestershire would provide more consistent leadership and direction for staff working across the STP footprint

Benefits for Partners



- Provides a single, strong and consistent vision and voice to partners
- Would support the move towards an Integrated Care System and working in partnership with providers
- Staff would have greater capacity to support partners as duplication of roles would be removed across the system
- Although moving towards a larger geographical footprint, there are well developed partnerships which share boundaries with the Herefordshire and Worcestershire Local Authorities which we value greatly and which we would be able to provide more focus on
- More integrated working with partners across Herefordshire and Worcestershire would allow various organisations to work together in a shared way; sharing budgets, staff and resources where appropriate to best meet people's needs. This would also mean designing more innovative contracts which will provide more power and flexibility to providers while reducing the bureaucracy and inefficiency associated with multiple separate contracts

Financial factors, and the potential for cost-savings through economies of scale have also been identified as a benefit from a potential merger.

All CCGs are required to reduce their running costs by 20% by 31 March 2020, which means finding a saving of nearly £2 million across Herefordshire and Worcestershire. By creating one single CCG, instead of the current four, we estimate that we could save the required £2 million.

What have we learnt so far?

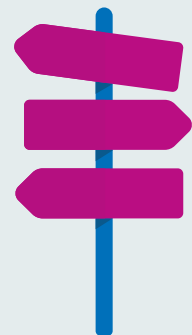
Throughout our recent pre-consultation engagement with staff and key partners across Herefordshire and Worcestershire, we have consistently learnt that the following objectives are important to them:

Herefordshire and Worcestershire are made up of many different natural communities; a key consideration will be about how any new organisation can ensure it retains local focus and can respond to the different challenges across the two counties and that the respective local identities are not lost as part of a larger geographical footprint.



Consistency of commissioning, planning and access to services and treatments across Herefordshire and Worcestershire.

Ensuring that governance arrangements provide appropriate layers of accountability and decision-making, as well as making provision to enable membership involvement at smaller, more local footprints.



Maximising the potential benefits of the existing relationships that the four CCGs currently have with various partners and key stakeholders.

Support for increased focus and resources for the development of the Integrated Care System, including the development of Primary Care Networks.



For staff, clarity of how a merger would affect their individual roles including whether they would be expected to travel more as part of a larger CCG.

What are the options?

We have identified two options for the future.

These options have been refined from an original list of possibilities which also included the option to not merge at all and instead simply continue with alignment of roles and functions where it would be possible to do so. However, in light of the NHS Long Term Plan making it very clear that a single CCG should be created across Herefordshire and Worcestershire by April 2021, we have removed this as we do not believe that it is a realistic option.

The two options are:

Option One: Creation of a single CCG for Herefordshire and Worcestershire by April 2020

This is our preferred option.

This option would give us a single CCG, with one Management Team, one Governing Body and one set of statutory duties for the whole of Herefordshire and Worcestershire by 1 April 2020.

An internal appraisal process of this option highlighted the following advantages and disadvantages:

Advantages	Disadvantages
<ul style="list-style-type: none">Early merger will enable a two-step change, with 2020/21 then being focused on developing the new organisation into operating more effectively as a strategic system managerMinimises the period of change and disruptionEarly clarity for stakeholders and staffOptimises resources and reduces duplicationThis option will contribute most to delivery of required running cost savingsAligns with the expectations set out in NHS Long Term Plan	<ul style="list-style-type: none">Complex assurance process which is likely to distract staff from 'business as usual'Tight time-scales to meet NHS England deadlines

Option Two: Creation of a single CCG for Herefordshire and Worcestershire by April 2021

This option would give us a single CCG, with one Management Team, one Governing Body and one set of statutory duties for the whole of Herefordshire and Worcestershire by 1 April 2021.

An internal appraisal process of this option highlighted the following advantages and disadvantages:

Advantages	Disadvantages
<ul style="list-style-type: none">Enough time to plan and design the future structure and align this closely with the function of a new strategic system managerOpportunity to learn from other CCGs who have completed the process in 2019/20Aligns with the expectations set out in NHS Long Term PlanClear direction of travel for stakeholders	<ul style="list-style-type: none">Risk of signalling a major change but taking two years to complete – likely to impact on staff productivity and retentionComplex governance processes will still need to be introduced in the interim period while working towards full merger arrangementsRequired financial savings may not be delivered through this approach

Have your say

What are we consulting on?

We are running a consultation to ask for views on:

- Changes to the NHS commissioning organisations in Herefordshire and Worcestershire; and
- Specifically, two options, including a preferred option.

How can I have my say?

We want to hear from anyone who wishes to share their views on the proposals set out in this document.

To give us your views please complete our online survey at: bit.ly/HWmerge

Alternatively, to request a hard copy of the survey please write to:

Freepost Plus RTCU-KZKZ-EJZZ
NHS South Worcestershire CCG
The Coach House
John Comyn Drive
WORCESTER
WR3 7NS

Consultation drop-in events

We are also holding free 2 hour drop-in public events in Herefordshire and Worcestershire so that local people can come along at any time to discuss the proposals, ask questions and give comments, ideas and suggestions. We will also be holding specific events for CCG staff and for GPs.

Area	Location	Date & Time
Hereford	Committee Room 2, Hereford Town Hall	15:00 - 17:00 - 05/06/19
Worcester	Meeting Room 2, The Hive, Worcester	17:00 - 19:00 - 12/06/19
Redditch	Committee Room 2, Redditch Town Hall	11:00 - 13:00 - 13/06/19
Wyre Forest	Stourport & Bewdley Rooms, WF District Council	14:00 - 16:00 - 14/06/19
North Herefordshire	Conference Room, Leominster Library	11:00 - 13:00 - 20/06/19
South Herefordshire	Dennis Potter Room, Ross-on-Wye Library	13:00 - 15:00 - 21/06/19

There is no need to book to attend any of the drop-in sessions. Simply if you have any questions or concerns you want to raise with us just come along during the advertised times and we will be there for you to talk to.

What happens next?

When the consultation closes on 30 June 2019 the consultation report, including all of the feedback that we have received, will be finalised. This will then be considered by the CCGs and NHS England, in order to help NHS England make a final decision regarding the future of the Herefordshire and Worcestershire CCGs later this year.

The final decision will then be publicly announced at the next Governing Body Meeting of each CCG.

Frequently Asked Questions

Why are you consulting about this and why can't you just do it?

While not formally required to consult, we believe that following this process provides us with the best opportunity to hear from our people, communities and stakeholders and for them to meaningfully be able to help shape our proposal.

Has this happened anywhere else?

Yes. Across the country there are currently 70 CCGs considering proposals to merge into a total of 16 CCGs by April 2020. Locally this includes three CCGs across Coventry and Warwickshire as well as two CCGs across Shropshire and Telford and Wrekin. A few years ago, the three CCGs in Birmingham and Solihull also agreed to merge following a public consultation process.

Why is option one your preference?

Option one (to merge by April 2020) is the best way to deliver future commissioning across the combined Herefordshire and Worcestershire STP area. It may be disruptive in the short term, but it would allow us to fairly quickly move towards less bureaucracy and more capacity, leading to services that are consistent, fair and high quality; offering consistency for patients and reducing health inequalities.

Will this change the CCGs' commissioning intentions?

No. We are already working to a system wide plan; having a single commissioning voice will make it easier for us to achieve our objectives and commission consistently for patients.

Can you provide assurance that one area doesn't lose out to the other?

A single commissioning organisation will ensure that we are able to work more consistently and make our resources go further; delivering fair and equitable outcomes for patients.

We understand that there may be some concerns that local 'grass roots' engagement and relationships would be sacrificed. We would need to ensure that a consistent approach, based on best practice, was quickly implemented to ensure that this doesn't happen.

There are also some excellent joint working initiatives already taking place across the all four current CCGs, which reflect the needs of local populations.

What about seldom heard groups?

The CCGs have a legal duty, under the Equality Act 2010, to remove or minimise any disadvantages suffered by people due to their protected characteristics e.g. people from Black, Asian and minority ethnic backgrounds (BAME), disabled people and people from the lesbian, gay, bisexual and trans (LGBT) community. We work hard to fulfil our duty and this will continue to happen.

What is an 'Integrated Care System'?

Integrated care systems (ICSs) bring together local NHS organisations, often in partnership with social care services and the voluntary sector. They build on the learning from and early results of NHS England's new care model 'vanguards', which are showing benefits such as slowing emergency hospitalisations growth by up to two thirds compared with other less integrated parts of the country.

How would a single CCG fit within an Integrated Care System?

A single commissioning organisation would provide a consistent view across both Herefordshire and Worcestershire, regarding the principles and development of new models of care. The CCGs would become a more strategic and stronger commissioner, speaking with one voice, in line with the development of integrated care systems.

How will the new governance arrangements work for a single CCG?

A single commissioning organisation would have one Accountable Officer, one Chair, a Governing Body and a single Management Team. All statutory obligations, committees and functions would be retained.

Have you made your decision already?

No, not at all. Whilst we have a preferred option, we have been engaging with a wide range of people to get their views on this and the other options. We need this feedback to ensure that we're making the right choices and using their feedback to inform our thinking; it's important that people tell us what they think about our plans.

If the preferred option goes ahead, what will happen to staff?

If the preferred option is to merge the four CCGs by April 2020 this would mean reducing four Governing Bodies and the Executive Management Teams into one; there will naturally be some senior staff affected by this. However, it's too early to comment on this, as the decision hasn't been made on the future of the CCGs.

What we can say is that we would make every effort to avoid any redundancies as part of the process, and instead manage this through natural turnover and in some cases looking at opportunities for staff to change roles.

If the preferred option goes ahead, where will the new CCG be based?

It's too early to comment on this, as the decision hasn't been made on the future of the CCGs. However, there are currently three main office bases being used by the four CCGs (one in Bromsgrove, one in Hereford and one in Worcester) and we do not imagine that would change over the next few years at least.

If you would like a copy of this document in a different format or have any questions about the consultation please contact the Herefordshire and Worcestershire CCG Engagement Team at hw.engage@nhs.net

Produced on behalf of:

NHS Herefordshire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

The future of the Herefordshire and Worcestershire CCGs



Thank you for your interest in our CCG merger consultation.

We are currently seeking views on a proposal to form one NHS Clinical Commissioning Group (CCG) for Herefordshire and Worcestershire to replace the four current CCGs (NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG).

This consultation is specifically about the future of NHS commissioning arrangements in Herefordshire and Worcestershire. It is not a consultation regarding any other NHS organisation, or NHS funded health services, and does not affect hospital or primary care (GP) services.

These proposals are set out in the consultation document that can be found on each of the four CCGs' websites. If you wish to request a hard copy of the consultation document please write to:

Freepost Plus RTCU-KZKZ-EJZZ,
NHS South Worcestershire CCG,
The Coach House,
John Comyn Drive,
Worcester,
WR3 7NS

Produced on behalf of:

NHS Herefordshire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

Option One: Creation of a single CCG for Herefordshire and Worcestershire by April 2020

(This is our preferred option.)

1) Please tell us how much you would, or would not, support option one:

- | | |
|--|---|
| <input type="checkbox"/> I would strongly support it | <input type="checkbox"/> I would not support it |
| <input type="checkbox"/> I would support it, but with reservations | <input type="checkbox"/> I would strongly oppose it |
| <input type="checkbox"/> I would neither support nor oppose it | |

2) Please provide any comments about Option 1 below:

Option Two: Creation of a single CCG for Herefordshire and Worcestershire by April 2021

3) Please tell us how much you would, or would not, support option two:

- | | |
|--|---|
| <input type="checkbox"/> I would strongly support it | <input type="checkbox"/> I would not support it |
| <input type="checkbox"/> I would support it, but with reservations | <input type="checkbox"/> I would strongly oppose it |
| <input type="checkbox"/> I would neither support nor oppose it | |

4) Please provide any comments about Option Two below:

5) A key issue for a newly merged CCG would be to find the right balance between being able to respond to the needs of our local communities (e.g. towns and districts) while also commissioning on a much larger geographical footprint (i.e. across two counties).

Do you have any ideas or suggestions on how this could work most effectively?

Any other comments:

6) Please use this space to share with us any other views that you have about this consultation, or anything else that you believe should be considered as part of the future merger process.

About you:

Please tell us about yourself. We are asking for this information to help ensure we are seeking representative views of our local population.

7/8) Are you:

- Responding as a member of the public
- Responding as a CCG staff member
- Responding as a GP
- Responding as any other health professional
- Responding as a Political figure, either as an elected representative or a member of a political group.
If so, please state:
- Responding on behalf of an organisation or group.
If so, please state:
- None of the above

9) Please tell us the first part of your postcode: (e.g. WR3)

10) Please tell us your age (in years)

11) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot
- Yes, limited a little
- No

12) Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

- Physical disability
- Sensory disability eg Deaf, hard of hearing, Blind, visually impaired
- Mental health need
- Learning disability or difficulty
- Long term illness
- Other, please describe
- Prefer not to say

13) What is your relationship status?

- Married
- Civil Partnership
- Single
- Divorced
- Lives with Partner
- Separated
- Widowed
- Other
- Prefer not to say

14) Are you pregnant at this time?

- Yes
- No
- Prefer not to say

15) Have you recently given birth? (within the last 26 week period)

- Yes
- No
- Prefer not to say

16) What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background, please describe:

Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- Indian
- Pakistani

- Bangladeshi
- Chinese
- Any other Asian background, please describe

Black/ African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe

Other ethnic group

- Arab
- Any other ethnic group, please describe

17) What is your religion?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please describe:

18) Do you identify as:

- Male
- Female
- Transgender
- Other
- Prefer not to say

19) What is your sexual orientation?

- Heterosexual (people of the opposite sex)
- Lesbian (both female)
- Gay (both men)
- Bisexual (people of any sex)
- Other
- Prefer not to say

20) Do you care for someone? (Tick as many as appropriate)

- Yes - Care for young person(s) aged younger than 24 years of age
- Yes - Care for adult(s) aged 25 to 49 years of age
- Yes - Care for older person(s) aged over 50 years of age
- No
- Prefer not to say

21) Have you ever served in the armed services?

- Yes
- No
- Prefer not to say

Please return your completed survey to:

Freepost Plus RTCU-KZKZ-EJZZ,
NHS South Worcestershire CCG,
The Coach House,
John Comyn Drive,
Worcester,
WR3 7NS



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Monday 24 June 2019
Title of report:	One Herefordshire and Integration Briefing
Report by:	Director of adults and communities Director of Transformation for One Herefordshire

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To provide an updated overview of the Sustainability and Transformation Programme (STP), One Herefordshire and Integration agenda for health and social care. The report and presentation seeks the views of the scrutiny committee on the programmes and the role of the committee on the future of these programmes.

Recommendation(s)

That:

- (a) **performance and plans be reviewed and the committee determine any recommendations it wishes to make to the executive and/or relevant health bodies to secure improvement; and**
- (b) **the committee identify any items for inclusion in its future work-programme.**

Alternative options

1. There are no alternative options to the recommendations as it is a function of the committee to review and scrutinise any matter relating to the planning, provision and

Further information on the subject of this report is available from
Amy Pitt, Tel: 01432 383758, email: apitt@herefordshire.gov.uk

operation of the health service within its area. The committee also has the function to make recommendations to a responsible person on any matter it has reviewed or scrutinised; and to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive.

2. As the integration agenda continues to progress across the Herefordshire and Worcestershire STP footprint and with the future merger of the Clinical Commissioning Groups (CCG) an option to explore joint scrutiny work across Worcestershire could be considered by the committee on key health and social care agendas.

Key considerations

3. This paper and the attached background presentation provides an overview of the current plans for the Herefordshire and Worcestershire STP, One Herefordshire and the Integration plan delivered by the Better Care Fund Plan (BCF). More information on STPs, Herefordshire and Worcestershire STP, One Herefordshire and the BCF can be found on the following links:

<https://www.england.nhs.uk/integratedcare/stps/faqs/>

<https://www.england.nhs.uk/integratedcare/stps/view-stps/herefordshire-and-worcestershire/>

<https://www.herefordshireccg.nhs.uk/who-we-are/publications/strategies-and-plans/sustainability-and-transformation-plan>

<https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

4. The evolving landscape of STPs and Integration has been cemented in the recently published NHS Long Term Plan (<https://www.england.nhs.uk/long-term-plan/>) where the key five themes include:
 - A new service model for the 21st Century
 - People will get more control over their own health and personalised care when they need it
 - Local NHS organisations will increasingly focus on population health and fulfilling their duties in reducing health inequalities whilst, moving to Integrated Care Systems everywhere
 - Digitally-enabled primary and outpatient care will go mainstream across the NHS
 - Reducing pressure on emergency hospital services
5. The new service model for the 21st Century describes a change for General Practice, moving to Primary Care Networks (PCNs) to deliver care to a population of 30-50k. In Herefordshire this would be 5 PCNs across 4 localities (2 PCNs in Hereford city) . The plan commits funding to the networks for additional resources to support the vision to improve population health, support self-care and reduce the length of stay in hospitals by providing more support in locality areas.
6. STPs have been evolving over the past few years, and developed across Herefordshire and Worcestershire based on an NHS footprint. The next step is STPs transitioning into

Further information on the subject of this report is available from
Amy Pitt, Tel: 01432 383758, email: apitt@herefordshire.gov.uk

Integrated Care Systems (ICS) across the country by April 2021. This will involve a shift of decision making to a partnership approach across commissioners and providers, to drive integrated care delivery, better utilise resources, improve population health and reduce inequalities.

7. Key changes are also emerging for CCGs, to streamline commissioning arrangements which could typically involve a single CCG for each ICS/STP area. CCGs will become leaner and more strategic, and will support providers to partner with local authorities and other organisation on population health, inequalities and service redesign.
8. The priorities in the NHS Long Term Plan are areas we are already working, both within the Herefordshire and Worcestershire STP and the work of One Herefordshire.
9. During 2019/20 the Herefordshire and Worcestershire STP will be transitioning into the new ways of working, and developing to absorb NHSE/NHSI responsibilities as these are devolved. This includes developing partnership forums – that enable us to work through a partnership approach whilst recognising that accountability and responsibility of individual organisations won't change.
10. As part of the development of STPs into ICSs the local 'place' will need to be developed, as the NHS seeks to engage in a meaningful manner with the council and local communities to address wider wellbeing, population outcomes and inequalities. This concept of 'place' is best described as being co-terminous with Health and WellBeing Board boundaries, making One Herefordshire our local vehicle to drive this forward. This will include supporting the development of PCNs at more local level, as well as working with the council and local communities to address wider wellbeing .
11. One Herefordshire is our place based partnership, and we are currently developing our five year "integration" plan. Our vision is for Herefordshire to be a county of healthy individuals living within healthy communities:
 - Herefordshire residents will be supported and enabled to keep themselves well at home.
 - When needed they will have joined up care and support, underpinned by specialist expertise, delivered in the best place by the most appropriate people.
 - Our services will be clinically and financially sustainable, working in partnership to make best use of the 'Herefordshire pound' within the Herefordshire and Worcestershire Integrated Care System (ICS).
12. There are a number of priority areas that are being developed within One Herefordshire for the next two years and these are:

Year 1 Priorities

- Community resilience
- Integrated Primary, Community and Mental Health services
- Urgent Care, including Frailty, Dementia and End of Life
- Elective Care: musculoskeletal, Ophthalmology, Dermatology and Outpatient redesign
- Digital and population health management

Year 2 Priorities

Further information on the subject of this report is available from
Amy Pitt, Tel: 01432 383758, email: apitt@herefordshire.gov.uk

- Prevention
 - Psychological interventions
 - Complex mental health needs
 - Back office and infrastructure
 - Estates
13. The Better Care Fund and Integration plan is an integral part to the delivery of the One Herefordshire programme. The plan was refreshed last year to provide an overview of the key areas of focus for partners. The 2019/20 national guidance is yet to be published, however the national framework is available for the BCF which explains that 2019/20 will be a transition year where the BCF will be reviewed and full details expected for 2020 and beyond later in the year.
14. The quarterly performance report for BCF shows that delayed transfers of care (DToC) and the urgent care system remains a challenge for health and social care, this includes providing the appropriate level of support to keep people at home and admissions into care homes, which is an area the committee could consider in the future work plan.

Community impact

15. The changes described are aligned and integral to delivering the NHS Long Term Plan and by providing services at a locality level also supports the local authorities corporate objective to ‘enable residents to live safe, healthy and independent lives.’
16. The plans are intended to move our health and social care system to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal care setting will support communities to remain within their own homes and reduce the need for hospitalisation and long term care. This will support our objectives of building community resilience and tackling health inequalities.
17. One Herefordshire recognises ‘Talk Community’, the community plan that the Adults and Communities Directorate, as a critical underpinning component of One Herefordshire and its 5 year strategy. It will support One Herefordshire partners in improving wider wellbeing and population outcomes, as well as addressing their statutory duties around health inequalities. Citizens have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.”

Equality duty

18. 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.
19. 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. The STP is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality impact assessment across Herefordshire and Worcestershire.
20. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account.
21. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
22. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

Resource implications

23. The One Herefordshire 5 year 'integration' plan is currently in development, and will demonstrate how we will work to collectively use our resources more efficiently.
24. The BCF is considered within this programme of work however the guidance has yet to be published for 2019/20 and the BCF has clear national conditions and metrics on the funding and allocations of the budget.
25. Additional funding has been committed by the Department of Health to support the development of the PCN's, increasing resources across the networks for a number of professional roles.

Legal implications

26. Article 6 of the council's constitution provides that the role of the scrutiny committees is to help develop policy, to carry out reviews of council and other local services, and to hold decision makers to account for their actions and decisions.
27. There are no specific legal implications in the recommendations of the report.

Risk management

28. There are a number of risks associated with the changes described and these will be managed through the One Herefordshire Executive body (the One Herefordshire Health

and Care Partnership), the Integrated Care Alliance Board and within the council via the directorate and/or corporate risk register.

29.

Risk / opportunity	Mitigation
STP and NHS undertaking timely and appropriate engagement with stakeholders and key partners on key issues. Often due to conflicting priorities this can result in limited time for consultation/engagement on key issues.	Where possible the local transformational programme and timescales is being carefully scoped to ensure full engagement/consultation is undertaken.
The STP focusses on a Herefordshire and Worcestershire integrated care system model rather than placed based solutions.	Development of the place based model through One Herefordshire will ensure that local people continue to receive the appropriate level of care. It will also ensure care is more joined up for service users, and that we are supporting prevention and wider wellbeing .
Unable to recruit to the planned posts to deliver the PCN model, in the context of local and national workforce challenges.	Recruitment campaign is underway and this will continue until posts are filled. Portfolio careers and shared roles across organisations will support recruitment.
Planning guidance for the BCF is delayed further resulting in lack of assurance of future funding and uncertainty of the future programme and funding for BCF	Council officers continue to work with local health partners to develop a local health and social care integration plan to mitigate where possible.

Consultees

30. There is a national requirement to engage with the public and stakeholders on the NHS Long Term Plan. The engagement process is set out to seek views and comments on the local priority areas in the LTP. Engagement activity, face-to-face and through online survey is ongoing and is being undertaken by Healthwatch Herefordshire (on behalf of Healthwatch Herefordshire and Worcestershire) and STP engagement teams. See appendix two for details of engagement activity to 30 April 2019. All feedback will be published on the STP website in July/August 2019 and scrutiny is asked to consider how they would like to use the information to inform their work

31. There has not been a need to undertake consultation on this paper as there are no specific service change proposals to be consulted on. Any changes resulting from implementation of specific areas of the presentation will be consulted on fully with the Council and other key stakeholders.

Appendices

Appendix one – Scrutiny committee presentation

Appendix two – STP-LTP engagement summary

Background papers

None



The NHS Long Term Plan Integrated Care Systems and One Herefordshire

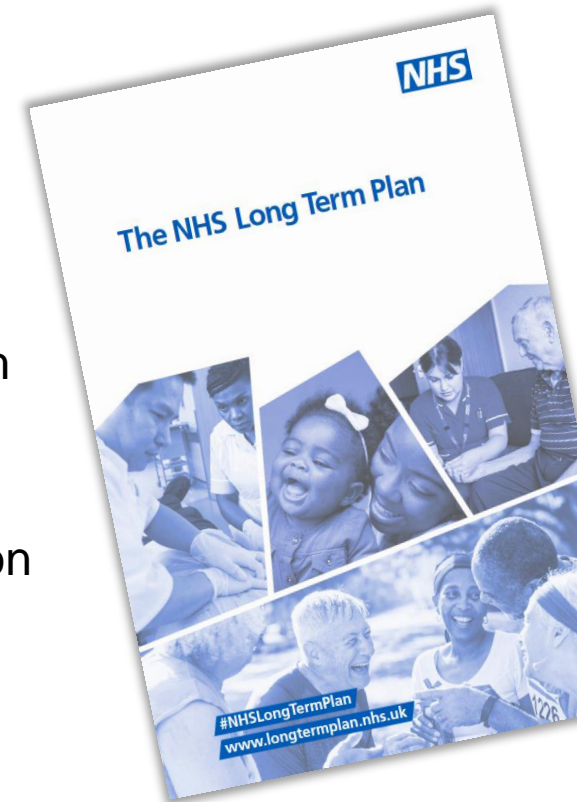
Adults and Wellbeing Scrutiny Committee
24th June 2019

The NHS Long Term Plan



The NHS Long Term Plan

- Five main themes -
 1. 'A new service model for the 21st Century'
 2. 'People will get more control over their own health and personalised care when they need it'
 3. 'Local NHS organisations will increasingly focus on population health and reduction of inequalities, moving to Integrated Care Systems everywhere'
 4. 'Digitally-enabled primary and outpatient care will go mainstream across the NHS'
 5. 'Reducing pressure on emergency hospital services'



'A New Service Model for the 21st Century'

- Changes for General Practice - Primary Care Networks (PCNs)
 - 30-50k population – working at locality level
 - Shift of clinical leadership focus
 - Additional funding for non GP Practice staff – social prescribers, physios etc , aligned to PCNs
 - Join up GP and urgent care services
- Same Day Emergency Care - Using diagnostics and treatments to spend just hours in hospital rather than being admitted to a ward
- 'We will develop a standard model of delivery in smaller acute hospitals who serve rural populations'
- Avoid a third of face to face outpatient appointments within 5 years

Integrated Care Systems (ICSs)

- Evolution of STPs - ICSs to cover the whole country by April 2021
 - ‘Commissioners will make shared decisions with providers on how to use resources, design services and improve population health’
- Streamlined commissioning arrangements:
 - ‘typically involving a single CCG for each ICS/STP area’
 - ‘CCGs will become leaner, more strategic organisation’
 - CCGs will support providers to partner with local government and other organisations on population health, inequalities and service redesign
- ‘Funding flows and contract reform will support the move to ICSs’
 - Local alliance contracts or giving one provider lead responsibility
 - ‘we expect [these] contracts would be held by public statutory bodies’
- Full review of the Better Care Fund concluding in early 2019

NHS Action on Prevention

- 'the NHS will provide a targeted support offer and access to weight management services in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+'
- New targeted NHS funded smoking cessation offer
- 'hospitals with the highest rate of alcohol dependence-related admissions will be supported to establish Alcohol Care Teams'
- Reduce the NHS carbon footprint by 20% with less travelling
- Mental health ambulance transport vehicles that reduce inappropriate conveyance

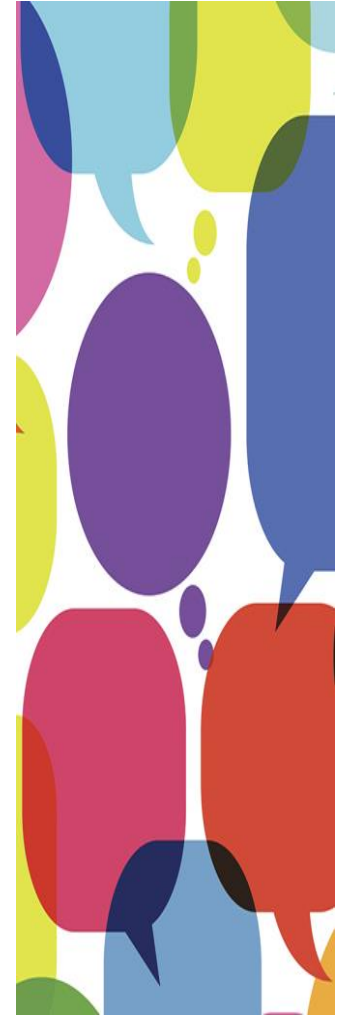


Local Translation

- Many of the key areas are already being developed by our local Sustainability and Transformation Partnership (STP)
- The STP priorities are consistent with themes outlined in the Long Term Plan, including:
 - Improving outcomes in areas such as cancer and stroke
 - Greater focus on mental health and learning disability services
 - Providing more care and treatment at home to reduce unnecessary admissions to traditional acute hospital services – ‘own bed is best’
 - Putting real emphasis on prevention where individuals are better equipped to manage more aspects of their long-term conditions themselves, and where communities are supported to live healthier and active lives.

Stakeholder engagement

- Long Term Plan presents opportunity for wider staff and stakeholder engagement on our local priorities
- Activity will build upon engagement carried out in 2016 which informed the development of the Herefordshire and Worcestershire STP plan
- Focus on system-wide interpretation of Long Term Plan across our local health and care systems and what it might mean for residents
- Working very closely with Healthwatch who will support this engagement by targeting 'hard to reach' areas of our communities to ensure voices are heard at all levels
- Views will inform the development of our local Long Term Plan for Herefordshire and Worcestershire



Questions?

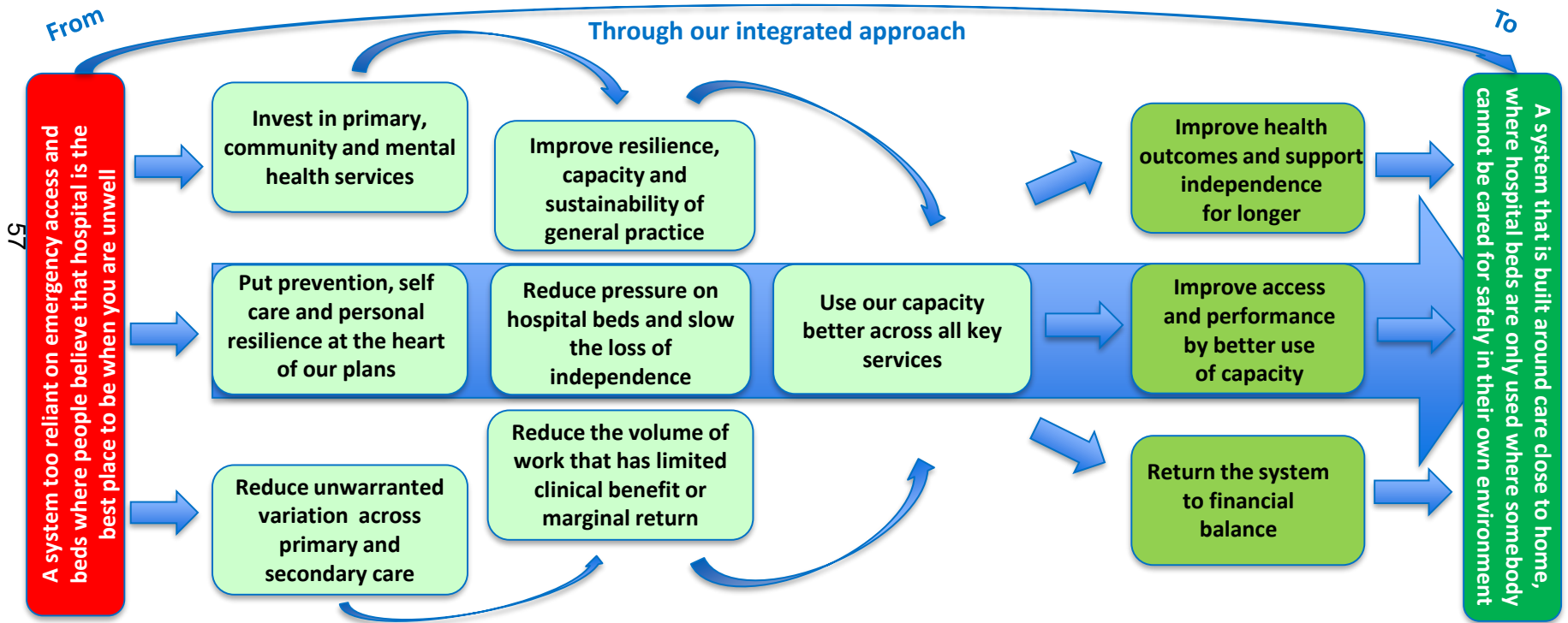
HEREFORDSHIRE AND WORCESTERSHIRE INTEGRATED CARE SYSTEM (ICS) DEVELOPMENT

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H&W STP Vision

“Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people”



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Building on our ICS Commitment Statement

STP partner organisations signed our ICS Commitment statement during 2018, this provides a platform for us to build on whilst developing our shadow ICS, key principles included in this are ;

We recognise that strong system leadership including the active involvement of our clinical leaders is crucial to our success.

We will adopt a unitary approach to seeing through difficult decisions once we have collectively agreed them.

It is recognised that the changes above will impact on the current partner organisations. We are however committed to putting local people before organisations.

Our shadow ICS Board whereby the local health and care system will work collaboratively to plan and deliver needs assessed, health and social care for our population.

We will be ambitious in our timelines to progress this agenda in accordance with national requirements. We will work together at pace to challenge ourselves and each other to deliver our aims.

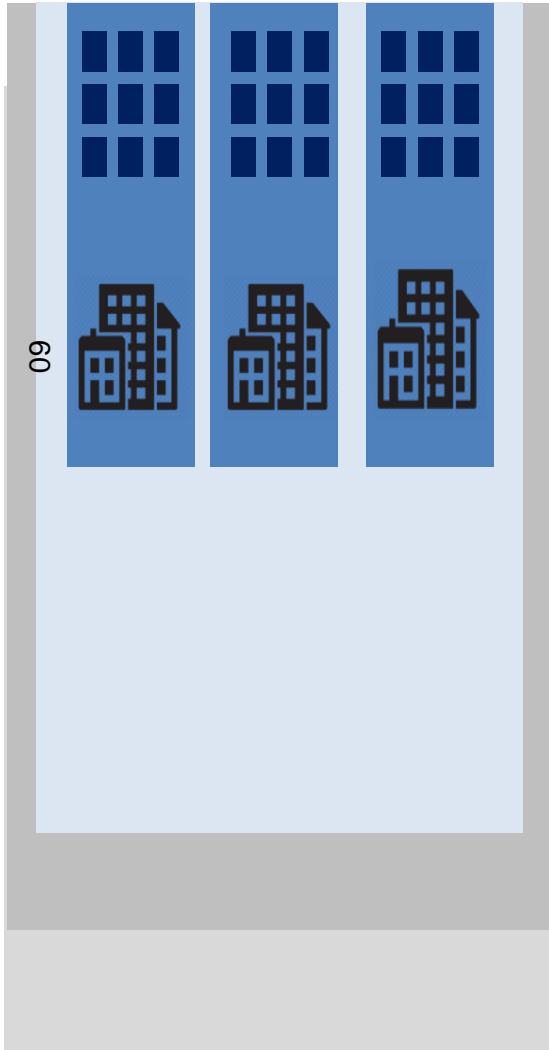


Integrated Care Systems (ICS)

- What is an ICS:
 - Commissioners and Providers making shared decisions
 - Optimising resource use to redesign services around service users (integrated care)
 - Working in partnership with Local Authorities and other key partners
 - Focusing on improvements in population health and wider wellbeing, and the reduction of inequalities

(Work In Progress)

The Tiers in an ICS



Neighbourhood (PCN)

~50k

- Integrated multi-disciplinary teams
- Strengthened primary care through PCNs – working across practices and health and social care
- Proactive role in population health and prevention
- Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams).

Place

~250k

- Typically council/borough level
- Integration of hospital, council and primary care teams / services
- Develop new provider models for ‘anticipatory’ care
- Models for out of hospital care around specialties and for hospital discharge and admission avoidance

System-wide

~1m

- System strategy & planning
- Develop governance and accountability arrangements across system
- Implement strategic change
- Manage performance and collective financial resources
- Identify and share best practice across the system; to reduce unwarranted variation in care / outcomes

Hereford and Worcestershire STP/Emerging ICS 19/20 As a Transition Year

- 2019/20 will be a transitional year
- STP and ICS infrastructure will be developed to absorb NHSE/NHSI responsibilities as these are devolved
- Developing partnership forums – but the accountability and responsibility of individuals won't change
- Developing place
- Developing PCNs with system partners
- This is a journey, not all areas of the operating model will go live in April 2019

Emerging ICS Operating Model

Partnership

ICS Partnership Board
Forum for joint discussions, partnership work & consensus building

Decision making

4 CCGs Joint Commissioning Committee in Common
Strategic commissioning/system management decision making

ICS Executive
Executive decision making and oversight group

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Managing the business

ICS Financial Leadership Forum
System wide financial recovery and cost out/ delivery of system control total as per MOU

Clinical Strategy Group
leads clinical strategy

ICS Quality Forum
System wide quality monitoring, merging existing CCG & Trust quality monitoring groups

ICS System Performance Forum
Proactively monitors & reports system performance issues



'PLACE'

ONE HEREFORDSHIRE INTEGRATION

One Herefordshire

- Our 'Place Based' Integration Plan – within the Herefordshire and Worcestershire ICS
- 'Whole System Plan'
- 'Functional Integration':
 - Integrating at the point of delivery
 - Looking for shared efficiencies
 - Not about Shifting Risk
- This is a 5 Year Plan

One Herefordshire: Our Vision

Our vision is for Herefordshire to be a county of healthy individuals living within healthy communities:

- Herefordshire residents will be supported and enabled to keep themselves well at home.
- When needed they will have joined up care, underpinned by specialist expertise, delivered in the best place by the most appropriate people.
- Our services will be clinically and financially sustainable, working in partnership to make best use of the 'Herefordshire pound' within the Herefordshire and Worcestershire Integrated Care System (ICS).

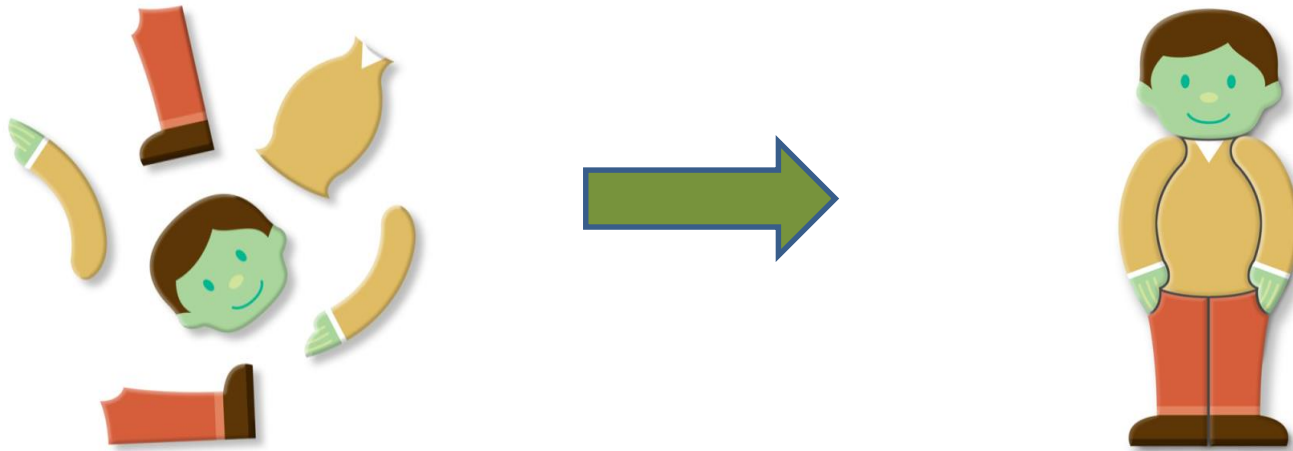
Place: Why Is It Important

- National Attention on ICSs and PCNs
 - Place - The 'Bit in the Middle'
- The 'Delivery Mechanism' for ICSs
 - Links with Local Authorities and wider wellbeing
 - Mechanism for engaging with local government and local politicians
 - Delivery of Integrated Care across organisations
 - Critical enabler for PCN delivery
- The Aim of Place:
 - Prevention and population health – improving outcomes and reducing inequalities
 - Improved quality and performance
 - Financial efficiency

A (DRAFT) Working Definition of 'Place'

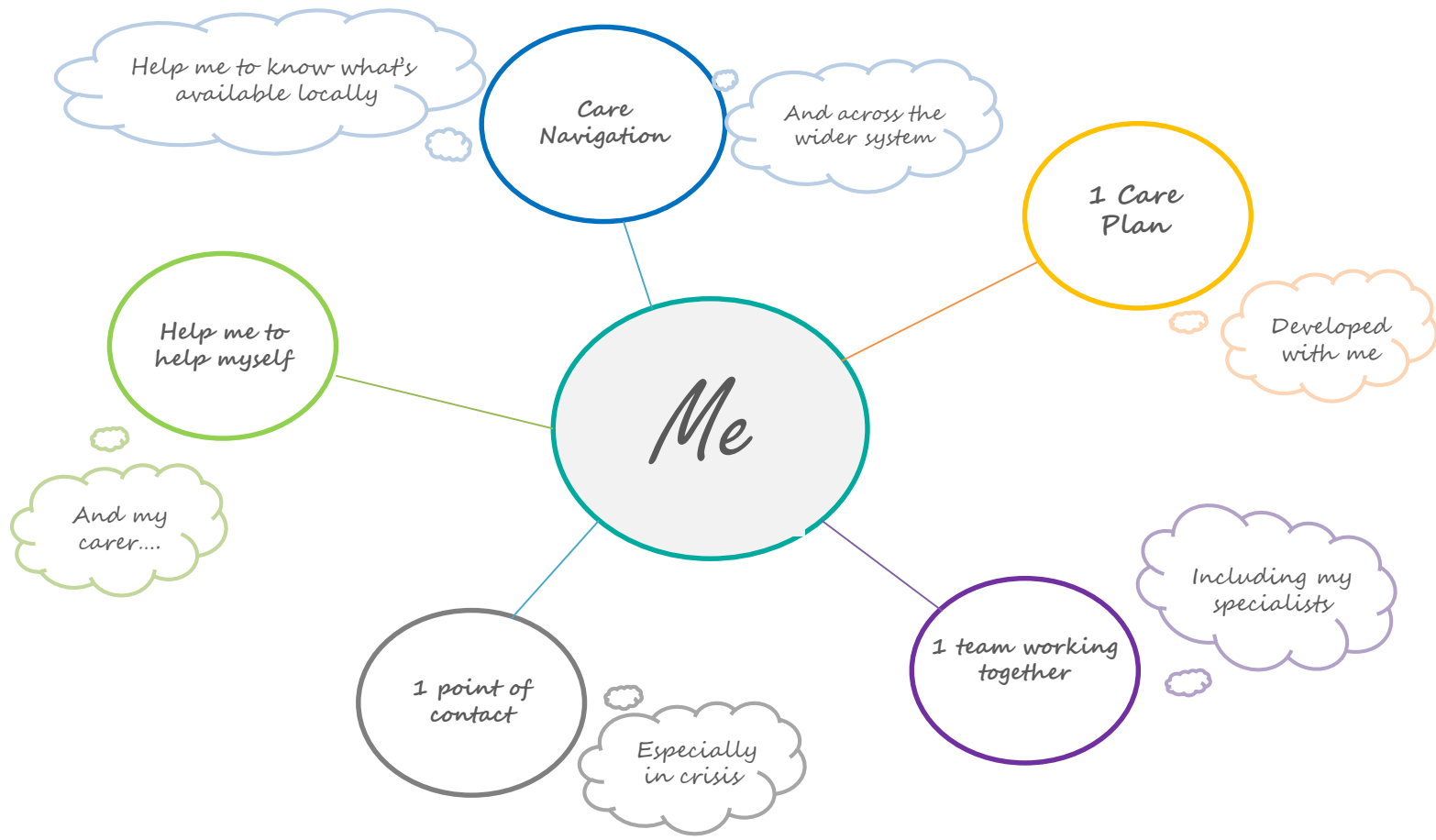
- The concept of 'Place' is about a move away from operating as individual organisations, to convening around a defined population.
- This is about behaving as a system, and being able to engage meaningfully with local authorities and other partners around integration and wider wellbeing for a defined population.
- It does need to recognise LA level identity, in order to address the wider wellbeing and prevention agendas, but also to be able to demonstrate alignment to local accountability through local authorities – in some areas district but in others borough level. (it may straddle STP boundaries).
- At the heart of place is the operational delivery of integrated care models, across PCNs, community (health and mental health) and acute services, integrating with local authority and even wider public sector services.

Integration at Place



Building on Engagement

What Local People Have Told Us About Integrated Care



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Our Strategy – Delivering Our Vision

- We will embed prevention into all our work:
 - Providing a ‘healthy environment’; linking with public sector and wider partners on policy and planning for housing, transport, education, economic regeneration etc to shape a ‘healthy place’
 - Ensuring our locality/emerging primary care networks are focused on prevention, through proactive anticipatory care and a strengths based approach to support self-management, as well as targeted health improvement activities
 - Re-energising ‘making every contact count’ (MECC), to systematically address lifestyle behaviours
 - Integrating community resilience into our models, as well as working with the voluntary and community sector around key priorities
- We will deliver the NHS ‘Triple Integration’, of health and mental health; primary and specialist care; and health and social care:
 - Developing locality working based around PCNs and ‘whole pathways of care’
 - Redesigning our governance and operating models, driving seamless working across organisational boundaries
 - Creating ‘joined up services’ for patients, at the same time reducing duplication and improving system efficiency

Our Strategy – Delivering Our Vision

- We will redesign our clinical and operating models to:
 - Support people to live well at home, on the principle that ‘own bed is best’
 - Support the local delivery of acute (health and mental health) services as close to home as possible, working with neighbouring providers to develop sustainable collaborative services
- We will redesign our infrastructure to support our care models:
 - Integrating our back office and support functions to provide economies of scale
 - Utilising technological innovations to deliver improved care and efficiencies
 - Becoming an ‘intelligence led system’ – developing our strategy, care models and services on population need and evidence of best practice through a population health management approach
- We will embed the STP People’s Strategy – valuing and developing our workforce to provide clinical and social care sustainability as well as improving financial efficiency:
 - Improving recruitment and retention
 - Embracing the multidisciplinary team approach and developing new roles across specialties and professions



Wye Valley NHS Trust • 2gether NHS FT

PUBLIC AND PATIENT ENGAGEMENT

Herefordshire Clinical Commissioning Group

Our Priority Areas

Year 1 Priorities

Community Resilience

Integrated Primary, Community and Mental Health Services

Urgent Care, including Frailty, Dementia and End of Life

Elective Care: MSK, Ophthalmology, Dermatology and Outpatient Redesign

Digital and Population Health Management

Year 2 Priorities

Prevention

Psychological Interventions

Complex Mental Health Needs

Back Office and Infrastructure

Estates

The Better Care Fund

- BCF and Integration plan 2019/20 approved and refreshed last year
- Awaiting guidance for 2019/20 – expected mid June – July, with this being a transition/review year
- Could be changes for 2020/21 depending on review
- Key deliverables and schemes:
 - Integrated hospital function
 - Alignment of Homefirst and Hospital at Home
 - Integrated care home quality team
 - Digital solution for integrated working
 - Increased funding in urgent care and care home market

Questions?

Herefordshire STP/LTP engagement activity update January-April 2019

Engagement activity is currently ongoing and being undertaken by Healthwatch Herefordshire (on behalf of Healthwatch Herefordshire and Worcestershire) and STP engagement teams. Engagement will be completed and reports submitted to STP Boards in July. Below is the activity update to April 2019.

1. Online Survey

An online survey was launched in March at www.yourconversationhw.nhs.uk across both counties to gather feedback on eight topics as outlined in the LTP. It is being promoted by all STP partners online, and at face to face community groups and events until the end of May 2019. Responses to survey as at 30 April 2019: 236

2. Face to face engagement

Face to face engagement March-30 April 2019:

Stakeholders	Audience	Number of people	Dates
Partner staff events (HCCG, 2g, WVT)	All NHS partners	All through regular face to face briefings and electronic bulletins	Jan 2019
Wye Valley Trust Stakeholder Forum	Wye Valley NHS Trust	18	28.03.19
*Children's wellbeing networking event	Professionals who work with children across a range of statutory, private and voluntary and community sectors	45	26.03.19
*Ledbury community health event	Older people, PPG members, councillors and community volunteers	28	26.03.19
*Carers in Mind	Carers of people with mental health conditions	10	06.03.19
*Mental health forum	Mental health service users & Carers of people with mental health conditions	11	02.04.19
*Yarpole community	Over 65's	15	19.03.18
*Deaf Direct	Hearing impaired service users	13	03.04.19
*Our news our views	Learning disability service users	5	28.03.19
*Tea potters Moreton on Lugg March	Over 65's	10	27.03.19

*Undertaken by Herefordshire Healthwatch



Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	24 June 2019
Title of report:	Committee work programme 2019-20
Report by:	Democratic services officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose and summary

To consider the committee's work programme for 2019-20.

Recommendation(s)

That:

- (a) the draft work programme (appendix 1) be approved, subject to any amendments the committee wishes to make;
- (b) the committee determines the appropriate approach taken to the scrutiny of topics in the work programme;
- (c) the scrutiny committee review the forward plan to determine whether to carry out pre-decision call-in on any of those scheduled executive decisions; and
- (d) the committee determines whether there is any matter for which it wishes to exercise its powers of co-option; and

Alternative options

1. It is for the committee to determine its work programme to reflect the priorities facing Herefordshire. The committee needs to be selective and ensure that the work programme is focused, realistic and deliverable within existing resources.

Key considerations

Work programme updates

2. The work programme needs to focus on the key issues of concern and be manageable. It must also be ready to accommodate urgent items or matters that have been called-in.
3. A draft work programme is attached at appendix 1. A prioritisation flow chart (appendix 2) is provided to assess which items should be included in the work programme. Consideration should be given to the type of scrutiny to apply to work programme items, such as undertaking pre-decision call-in, establishing a task and finish group or spotlight review, identifying a topic for a scrutiny members' workshop, or requesting a briefing note.
4. The work programme will remain under regular review during the year to allow the committee to respond to particular circumstances.
5. Should committee members become aware of additional issues for scrutiny during the year they are invited to discuss the matter with the chairperson and the statutory scrutiny officer.

Constitutional Matters

Task and Finish Groups

6. A scrutiny committee may appoint a task and finish group for any scrutiny activity within the committee's agreed work programme. A committee may determine to undertake a task and finish activity itself as a spotlight review where such an activity may be undertaken in a single session; the procedure rules relating to task and finish groups will apply in these circumstances.
7. The relevant scrutiny committee will approve the scope of the activity to be undertaken, the membership, chairperson, timeframe, desired outcomes and what will not be included in the work. A task and finish group will be composed of a least 2 members of the committee, other councillors (nominees to be sought from group leaders with un-affiliated members also invited to express their interest in sitting on the group) and may include, as appropriate, co-opted people with specialist knowledge or expertise to support the task. In appointing a chairperson of a task and finish group the committee will also determine, having regard to the advice of the council's monitoring officer and statutory scrutiny officer, whether the scope of the activity is such as to attract a special responsibility allowance.
8. The committee is asked to determine any matters relating to the appointment of a task and finish group, the chairperson and any special responsibility allowance, or undertaking a spotlight review including co-option (see below).

Co-option

9. A scrutiny committee may co-opt a maximum of two non-voting people as and when required, for example for a particular meeting or to join a task and finish group. Any such co-optees will be agreed by the committee having reference to the agreed work programme and / or task and finish group membership.
10. The committee is asked to consider whether it wishes to exercise this power in respect of any matters in the work programme.

Forward plan

11. The constitution states that scrutiny committees should consider the forward plan as the chief source of information regarding forthcoming key decisions. Forthcoming decisions can be viewed under the forthcoming decisions link on the council's website:

<http://councillors.herefordshire.gov.uk/mgdelegateddecisions.aspx?XXR=0&DAYS=28&RP=0&K=0&DM=0&HD=0&DS=1&META=mgdelegateddecisions&V=0>

Meeting dates for 2019/20

12. The following meeting dates for 2019/20 have been scheduled:

Monday 9th September 2019, 2.30pm

Monday 18th November 2019, 10.30am

Monday 13th January 2020, 2.30pm

Monday 2nd March 2020, 2.30pm

Monday 11th May 2020, 2.30pm

Community impact

13. 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. Effective financial management, risk management and internal control are important components of this performance management system. Herefordshire 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.

Equality duty

14. 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.

15. 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. All Herefordshire Council members are trained and aware of their Public Sector Equality Duty and Equality considerations are taken into account when serving on committees.

Resource implications

16. The costs of the work of the committee will have to be met within existing resources. It should be noted the costs of running scrutiny will be subject to an assessment to support appropriate processes.

Legal implications

17. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in paragraph 2.6.5 of the constitution.
18. The council is required to deliver a scrutiny function.

Risk management

19. There is a reputational risk to the council if the scrutiny function does not operate effectively. The arrangements for the development and review of the work programme should help mitigate this risk.

Consultees

20. A workshop was held on 13 June 2019 in order for members to contribute to the development of an annual work programme.
21. Members of the public are also able to influence the scrutiny work programme by suggesting a topic for scrutiny or by asking a question at a public meeting, for further details, please see the 'get involved' section of the council's website:

www.herefordshire.gov.uk/getinvolved

Appendices

Appendix 1 Updated draft committee work programme for 2019-20

Appendix 2 Scrutiny work programme prioritisation aid

Background papers

None identified.

Monday 24 June 2019, 2:30 PM		
Adults and wellbeing scrutiny committee (meeting in public)		
Item	Purpose	Contributors
The future of the Herefordshire and Worcestershire NHS Clinical Commissioning Groups (CCG) consultation	<ul style="list-style-type: none"> Examining the scope of the current consultation and the potential impact of this proposed change in Hereford Seeking assurances on how the centralisation of commissioning will give Herefordshire 'fair' levels of service within the county. <p>[Children and young people scrutiny committee members to be invited to session]</p>	NHS Herefordshire Clinical Commissioning Group
One Herefordshire and Integration Briefing	To provide an updated overview of the Sustainability and Transformation Programme (STP), One Herefordshire and Integration agenda for health and social care.	Director for adults and communities NHS Herefordshire Clinical Commissioning Group
Potential work programme items 2019/20		
Activity	Purpose	Contributors
Agenda item (2019/20): Continuing health care (CHC)	<ul style="list-style-type: none"> Follow up around the recommendations made by the adults and wellbeing scrutiny committee – what actions have been taken and what is changing as a result? Exploration as to whether residents of Herefordshire are gaining the appropriate levels of CHC provision? NHS England review of local practice – to be shared with the committee (as was promised at the previous scrutiny committee). 	NHS Herefordshire Clinical Commissioning Group Director for adults and communities
Agenda item (2019/20): Minor injuries units (MIUs) - potential closures	<p>Following a question by a member of the public, the adults and wellbeing scrutiny committee (29 January 2019) agreed to consider this item for its work programme in 2019/20; to include emergency and urgent care, including the Minor Injury Units, and the broader performance of Wye Valley NHS Trust.</p> <ul style="list-style-type: none"> Invite WVT in to understand the scope and nature of their consultation on the continuing role of the MIUs. Need to understand if this is an engagement exercise or whether this is a consultation. Committee would like to see the current evidence of need for the MIUs, including any data gathered during their closure. If closure is being proposed – what provisions will be put in place to off-set their closure? Exploration of cost related consequences – if the MIUs close, savings may be achieved by the CCG, but does this have knock on cost implications for the Council? 	NHS Herefordshire Clinical Commissioning Group Wye Valley NHS Trust

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<p>Agenda item (2019/20): Delayed transfers of care (DToC)</p>	<p>Arising from a suggestion by the audit and governance committee (23 January 2019), the adults and wellbeing scrutiny committee (29 January 2019) agreed to consider this item for its work programme in 2019/20.</p>	<p>Director for adults and communities NHS Herefordshire Clinical Commissioning Group Wye Valley NHS Trust</p>
<p>Agenda item (2019/20): Care home ratings</p>	<p>Arising from a suggestion by the audit and governance committee (23 January 2019), the adults and wellbeing scrutiny committee (29 January 2019) agreed to consider this item for its work programme in 2019/20.</p>	<p>Director for adults and communities</p>
<p>Agenda item (2019/20): Talk community and talk community hubs</p>	<p>Arising from a suggestion by the general scrutiny committee (6 March 2019), the adults and wellbeing scrutiny committee has been recommended to consider this item for its work programme in 2019/20.</p> <ul style="list-style-type: none"> • Examining the concept of Herefordshire becoming a public health authority. • Digital and pop-up platforms – the role they can play in distributing information to communities on wellbeing. • Investments in assets in the community – what scale and what results might look like. 	<p>Director for adults and communities</p>
<p>Agenda item (2019/20): Digital market position statement and accommodation needs assessment</p>	<ul style="list-style-type: none"> • Understanding the current market position • Outlining the work that is currently underway • Looking at the work that needs to be done in the future • How does the LA need to change its commissioning in the future. 	<p>Director for adults and communities</p>
<p>Agenda item (2019/20): Enabling technology strategy</p>	<p>[Potential joint scrutiny activity with children and young people scrutiny committee]</p>	<p>Director for adults and communities</p>
<p>Agenda item (2019/20): Digital in the NHS</p>	<p>Arising from a councillor suggestion at the 5 March 2019 meeting, the adults and wellbeing scrutiny committee agreed to consider this item for its work programme in 2019/20.</p>	<p>NHS Herefordshire Clinical Commissioning Group</p>
<p>Agenda item (2019/20): The role of police community support officers in identifying and reducing vulnerability, and building community resilience</p>	<p>Arising from a councillor suggestion at the 5 March 2019 meeting, the adults and wellbeing scrutiny committee agreed to consider this item for its work programme in 2019/20.</p>	
<p>Agenda item (2019/20, c. March 2020): Domestic abuse strategy 2019-2022 update</p>	<p>Update on the strategy considered by the adults and wellbeing scrutiny committee (29 January 2019); scheduled for March 2020 to allow time for the domestic abuse delivery group to develop and commence implementation of annual plans.</p>	<p>Director for adults and communities</p>

<p>Briefing note: GP capacity</p>	<p>To update members on the national NHS recruitment and retention strategy for general practice and the local arrangements for increasing capacity for Herefordshire in order to identify any future items for inclusion in the work programme. Also to identify how efficiently resources are used and an analysis of waiting times.</p>	<p>NHS Herefordshire Clinical Commissioning Group</p>
<p>Briefing note: Benchmark information in relation to the prevention and relief of homelessness</p>	<p>Associated with the item on 'the delivery of the Homelessness Reduction Act and the impact of mental health and universal credit on homelessness' considered at the 5 March 2019 meeting, it was noted that there were new reporting procedures to the Ministry of Housing, Communities and Local Government for local authorities and benchmark information may become available from June 2019.</p>	<p>Head of prevention and support</p>
<p>Briefing note: Ambulance services</p>	<ul style="list-style-type: none"> • Number of conveyance and response times • Payment by results – how is this working? • Gathering benchmarking data – A+E board to supply regional statistics. 	<p>West Midlands Ambulance Service</p>
<p>Provisional meeting dates 2019/20</p>		
<p>Monday 09 September 2019, 2:30 PM</p>	<p>Adults and wellbeing scrutiny committee (meeting in public)</p>	
<p>Monday 18 November 2019, 10:30 AM</p>	<p>Adults and wellbeing scrutiny committee (meeting in public)</p>	
<p>Monday 13 January 2020, 2:30 PM</p>	<p>Adults and wellbeing scrutiny committee (meeting in public)</p>	
<p>Monday 02 March 2020, 2:30 PM</p>	<p>Adults and wellbeing scrutiny committee (meeting in public)</p>	
<p>Monday 11 May 2020, 2:30 PM</p>	<p>Adults and wellbeing scrutiny committee (meeting in public)</p>	

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Potential work programme items 2020/21		
Activity	Purpose	Contributors
Agenda item (2020/21, c. September 2020): Suicide prevention strategy / action plan	<ul style="list-style-type: none"> • Not seeking to review the strategy in detail. • Would like to consider the action plan and how this is delivering any change in suicide rates/support. 	Director for adults and communities

Appendix 2: SCRUTINY WORK PLAN PRIORITISATION AID

