

**Minutes of the meeting of Adults and wellbeing scrutiny committee held in Herefordshire Council Offices, Plough Lane, Hereford HR4 0LE on Monday 7 March 2022 at 2.30 pm**

**Board members present in person, voting:**

Councillor Carole Gandy  
Councillor Trish Marsh  
(Vice-Chairperson)  
Councillor Tim Price  
Councillor David Summers  
Councillor Elissa  
Swinglehurst (Chairperson)  
Councillor Kevin Tillett

**Board members in attendance remotely, non-voting:**

*Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.*

Others present in person:

Mandy Appleby	Service Director - Social Care Delivery	Herefordshire Council
Susie Binns	Team manager (welfare and financial assessments)	Herefordshire Council
Sarah Buffrey	Democratic services officer	Herefordshire Council
Simon Cann	Democratic services officer	Herefordshire Council
Kate Coughtrie	Head of Law and Business Partner (Adults)	Herefordshire Council
Charmaine Hawker	Associate Director, Primary Care	Herefordshire and Worcestershire CCG
Dr Mike Hearne	Managing Director of Taurus Healthcare representing Herefordshire General Practice	Herefordshire General Practice
Dr Jonathon Leach	General Practitioner Davenal House Surgery Bromsgrove	Davenal House Surgery Bromsgrove
Jane Lodwig	Associate Director of Nursing Interim Service Director - All Ages Commissioning	Herefordshire and Worcestershire CCG
Paul Smith		Herefordshire Council

Others in attendance remotely:

Chris Franks	Operations Manager	Turning Point
Councillor David Hitchiner	Leader of the Council	Herefordshire Council
Rebecca Howell-Jones	Consultant in Public Health	Acting director of public health
Lisa Levy	Chief Nursing Officer	Herefordshire and Worcestershire CCG
Kevin McNamara	Senior Quality Assurance Advisor	Turning Point
Kayte Thompson-Dixon	Senior Commissioning Manager	Herefordshire Council

**44. APOLOGIES FOR ABSENCE**

Apologies for absence had been received from Board Members: Cllr Pauline Crockett  
Cabinet Member for Health and Wellbeing.

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

There were no substitutes. A substitute was still to be arranged for Cllr Seldon.

**46. DECLARATIONS OF INTEREST**

No declarations of interest were made.

**47. MINUTES**

The minutes of the previous meeting were received. The chair outlined an accuracy correction, the second bullet point on page 11 should read HVOSS (Herefordshire Voluntary Organisations Support Service) and not HBOS.

**Resolved: That the minutes of the meeting held on Monday 10 January 2022 be approved and be signed by the chairperson.**

**48. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions had been received from members of the public.

**49. QUESTIONS FROM MEMBERS OF THE COUNCIL**

No questions had been received from councillors.

**50. EXCLUSION OF PUBLIC AND PRESS**

The Committee was asked to consider whether it should go into private session for item 8 because of the appendix. The Chair had discussed this with members prior to the meeting and felt the committee could avoid the need to do this by not referring to the statistics given in the appendix and talking in general terms only.

**Resolved: The committee agreed to proceed with the meeting in public.**

**51. SUBSTANCE USE SERVICES IN HEREFORDSHIRE**

Before the item was presented, the committee enquired if a glossary of terms expanding on abbreviations and acronyms used in reports and recorded in the pre-scrutiny committee meeting (01/03/22) as an action had been produced and circulated. The Acting Director for Adults and Communities, explained that it had not had been actioned and that any abbreviations or acronyms coming up during the meeting could be explained. The committee expressed frustration at this and pointed out that heavy use of abbreviations often made it difficult and time consuming to understand reports. The Acting Director for Adults and Communities gave an assurance that a glossary would be produced and the chair recommended that the committee proceed with items on the agenda.

The committee received a report focusing on Substance Use Services, which was presented by Chris Franks (Operations Manager, Turning Point Herefordshire) and Kevin McNamara (Senior Quality Assurance Advisor, Turning Point).

The committee congratulated the Turning Point attendees on the improved performance the service had made in relatively short period of time.

The committee enquired about the pathway for referring to community based aftercare and whether Turning Point worked with AA (Alcoholics Anonymous), NA (Narcotics Anonymous) and existing support groups.

*The operations manager explained that Turning Point worked with local GPs to enhance pre-interventions and structured pre-interventions. In addition to working with local GPs, Turning point was also linked up with the probation services and social services. Aftercare was a key area of focus and there was an emphasis on a mindfulness based approach, which helped people understand triggers and how to prevent risk of relapse. It was explained that Turning Point did have existing links with recovery communities including AA and NA and would be looking to strengthen them in the future via post-Covid face-to-face activity. The operations manager also discussed SMART (Self-management and Recovery Training) recovery and described how it was a cognitive behavioural therapy based, peer-led intervention. It was emphasised that there was a choice of ways for people to access suitable aftercare in the community.*

The committee asked the operations manager how the figures in the report were produced, where Turning Point was located, who its mental health partners were and how much work had been started with the schools.

*The operations manager explained that the performance figures from data analysts were reported through a national data system then from an on-site case data management system which fed into a national database. Kayte Thompson-Dixon expanded that other drug services have to report their data onto a NDTMS (National Drug and Alcohol Data Treatment Monitoring System) and that this is fed through to UKHSA (UK Health Security Agency). The data is two-pronged with local data and the data that is compiled by UKHSA.*

*It was explained that Turning Point was located at multiple sites around the county, with off street access available in Hereford, as well as remote access via telephone.*

*In relation to mental health, Turning Point had established strong links with Wye Valley Trust, healthy living and healthy minds trainers, and other referral groups. Mental health services have Turning Point's details, as do the police and other services. Communications about Turning point are sent out across the county and it has a mental health trust in its weekly meetings. It works closely with partner agencies and plans to strengthen these links..*

*Regarding work done with schools, the operations manager pointed out that Turning Point had been holding interventions with local schools and received positive feedback on workshops and interventions. Plans were in place to develop this further, but it was noted that Covid had hampered access over the last two years.*

The committee asked about the purchase of a mobile outreach vehicle and what it would be used for?

*The operations manager explained that Turning Point had purchased an old ambulance, the vehicle was being rebranded and within the next few months a*

*local mechanic would be working on it to make it roadworthy and useable. It was anticipated that the vehicle would be especially useful in reaching individuals and communities in rural areas of the county.*

The committee noted the inherited poor performance and asked about where the service saw itself in the future.

*The operations manager state that the ambition in the coming months and years was to be in the top quartile in all measurable areas.*

The recommendations below were proposed and seconded and carried unanimously.

**RESOLVED:**

**The Committee recommended that:**

- a) The report be noted**
  
- b) Information on how to contact or make referrals to the service be shared with councillors'**

*Contact Details Provided:*

[www.turning-point.co.uk/services/herefordshire](http://www.turning-point.co.uk/services/herefordshire)

*@TPHerefordshire on Twitter*

**52. GP ACCESS**

The committee received a report regarding GP Access within Herefordshire, which was presented by Charmaine Hawker (Herefordshire & Worcestershire Clinical Commissioning Group Associate Director, Primary Care), Dr Jonathan Leach (OBE, NHS England Medical Director for COVID-19 Immunisation, NHS England Associate Medical Director for Armed Forces & Veterans Health and General Practitioner Davenal House Surgery Bromsgrove) and Dr Mike Hearne (Managing Director of Taurus Healthcare representing Herefordshire General Practice).

An outline of changes to how primary care during the Covid-19 period was restructured and delivered was given to the committee along with an overview of the data and information contained within the report. A number of key points were expanded on including: workforce issues (especially in terms frontline recruitment), the pros and cons of face-to-face and remote appointments and the increased use of wider healthcare professionals. It was suggested that people needed to consider whether it was the GP or GP team that couldn't be accessed and that there was a need for greater awareness about the wider GP team and the changing role of GPs. The presentation also highlighted the desire among GPs and the GP teams for greater flexibility in the hours they were expected to work

The committee congratulated those involved in the vaccine rollout within the county, for being efficient and quick. The vital role volunteers played was also noted. The teams in Herefordshire had achieved the second highest level of Covid vaccination in the country.

The committee made a number of comments:

- It questioned whether public opinions on GP access were based on perception or reality?

- It noted that there was a multiplicity of ways to access the service and that changes within the service were happening at pace.
- It questioned how successfully changes to the service were being communicated to the public.
- It noted the need to raise public awareness in relation to the different ways of accessing services.
- The committee welcomed the idea of GP teams with a wide range of skills and expertise, but questioned who ultimately makes the decisions about which GP team member should deal with certain individuals and cases?

*It was explained to the committee by the report presenters that the GPs along with trained care navigators make those decisions. The role of the GP was likened to a conductor of an orchestra.*

The committee noted that within the county rural areas sometimes benefitted from better access than those in the city, call waiting times in city practices were cited as being notably lengthy and problematic.

The committee gave a number of examples (from both personal experience and constituents) of instances where the time taken to get through (via telephone) to the merged practice in Hereford HMG (Hereford Medical Group) was unacceptably long. People had reported waiting in a queue of 50 and in some instances, having endured a lengthy wait, they were cut off before being able to speak with anybody. It was suggested by the committee that some of the fears of people who had been sceptical about the merging of the practices had been fulfilled.

The committee felt there shouldn't be a two-tier standard between city and rural. It was noted that the City and South Wye felt disenfranchised and that the loss of the drop in centre near ASDA had been profoundly felt and the committee felt that the service which had replaced it was viewed by residents as a 2<sup>nd</sup> class option.

*The Clinical Commissioning Group Associate Director, informed the committee that the HMG acknowledged the problem of long telephone waiting times and was concerned that receptionists were leaving the sector because of the pressure and abuse they receiving from irate patients. It was noted that the HMG had made a pledge, that by the end of March 2022, no patient would wait longer than 10 minutes on the phone before being spoken with.*

It was pointed out that the City and South Wye areas felt disenfranchised and the loss of the drop in centre located by ASDA was profoundly felt. The committee asked the report presenters about how the virtual hub worked?

*It was explained that the virtual hub was being run in conjunction with the winter access funding and was intended to support access to general practice. It was currently being trialled in three locations within the county. A care navigator asks the patient if it would be suitable/acceptable to have their care delivered by phone or video and then takes them down*

*that path. One advantage of the hub is that it provides general practice with greater resilience to cover sickness and other absence. GPs from remote national and international locations know the local area and have access to the system and records so that they can provide an informed consultation. It was noted that sustaining and expanding this service would be key to building additional resilience and supporting 111.*

The committee heard about the Covid management service and how community teams and social care were providing a two-hour response, which was designed to keep people out of hospital and support urgent needs in the community.

The committee enquired if it was possible to triage telephone calls during heavy use time and redirect towards email/online contact?

*It was explained that in addition to the expanded peripheral general practice website a new internet based telephone system would allow for online consultation using a triage set of questions to determine the urgency of a case.*

The committee welcomed these new approaches, but felt there was a real need to promote and raise awareness of the virtual hub and other means of access as a legitimate alternative to main surgeries. It was suggested that Talk Community might be a good platform to communicate the new mixed model of access. It was noted that society is accepting that doing things online can be quicker, easier and more efficient than doing them by phone and in person, but good communications would be needed to turn around the 75-year-old culture of physically going to see your doctor.

The committee noted that it was important that feedback from patient engagement continued to be monitored and that Healthwatch supported and challenged these new systems.

*As a closing comment the report presenters suggested that if the committee was going to return to the issue of access to general practice, looking at access to health and social care services as a collective might prove more informative than just focusing on individual providers, as that only gave one part of the story.*

The committee agreed that focusing on the various points of interface would be sensible approach for future discussion.

The recommendations below were proposed and seconded and carried unanimously.

**RESOLVED:**

**The Committee recommended that:**

- a) **The measures being taken to improve patient access to GP services be noted.**
- b) **Information be shared with the Committee on how avenues for contacting healthcare providers are communicated to the public, and the Executive consider the role of Talk Community in promoting these avenues.**

The committee received a briefing from Mandy Appleby (Assistant Director Adult Social Care Operations) and Jane Ludwig (Associate Director of Nursing and Quality, NHS Herefordshire and Worcestershire CCG). The Assistant Director gave a background to the paper and pointed out that she felt a point had been reached where there was now a joined up strategy, policy procedures and training schedule that would provide the basis and opportunity for meeting the needs of the Herefordshire citizens in meeting statutory duties towards the continuing healthcare framework. The Assistant Director pointed out that the report covered off most of the historical questions raised by the committee, other than those relating to the minor injuries unit, which would be addressed separately by the clinical commissioning group.

The committee noted that a dynamic system change was in operation and that in many ways the questions being asked over a year ago were now almost irrelevant, but that once the change was complete they could go back to review it.

The committee heard that work was still ongoing regarding discharge to assess and that funding decisions still needed to be made. The Acting Director for Adults and Communities pointed out that the council and its partners were working on a new model for discharge to assess and that when finalised it would go through governance in order to be embedded and that scrutiny could look at that model as required.

The committee felt the report had suitably covered off everything for the time being, but reserved the right to return to the subject at a point in the future should any concerns be raised.

The committee thanked those responsible for the report.

The recommendations below were proposed and seconded and carried unanimously.

**RESOLVED:**

**The Committee recommended that:**

- a) **The updated briefing paper be noted.**
- b) **The Committee is sighted on the review plans that come forward and reserve the right to return to the item in 12 months.**

**54. CARE AND SUPPORT CHARGING POLICY**

The committee received an introduction and presentation on the care and support charging policy from officers Susie Binns (Welfare and Financial Assistant Team Leader) and Lee Davis (Head of Prevention and Support).

The key points were given in summary:

- The proposals would cost the council £596K and put money back in the pockets for the majority of service users.
- If all the proposals went ahead it was expected 73% (822) of people affected by them would have a reduction in charges, 8% (90) of those people would no longer have to pay for care, and 27% (308) may have an increase in charges.
- It was estimated those with increased charges would pay on average £6.03 a week more, there were 28 working age people whose charges

could increase by £23 a week, these people would be offered a full review.

- The aim was to implement the changes on 11<sup>th</sup> April 2022 when benefits change to save duplicating work and confusion for service users.

*Paul Smith (Acting Director for Adults and Communities, Herefordshire Council) pointed out that a significant amount of work had been done on the consultation, every single person in the system had been contacted in writing, but there had been a disappointingly low response.*

The committee noted and commended the depth of the consultation.

The committee raised concerns about the small group of people being impacted adversely, especially those with no capital reserve. The committee felt it would be important to reach out to these individuals and possibly arrange face-to-face meetings with them to discuss the changes.

The committee anticipated that it was likely to hear disproportionately from the 28 individuals paying more and that the option should be available for them to have a face-to-face before they have to pay.

The committee felt the proposals made sense and would benefit most people, but early engagement with those impacted would be vital

The policy needed to be well publicised, with clear communications highlighting the fact that many people would benefit from the changes.

The committee asked about measures to account for rapidly rising inflation and whether there was a safety net for to accommodate for rising prices and fuel costs.

*It was explained that those with income above the minimum benefits will have a small percentage taken back in charges. People of pensionable age who have a savings element to their pension may get a savings credit of approximately £10 a week depending on circumstance.*

The committee questioned the mixed use of percentages and statistics throughout the report and suggested using numbers of people (on a consistent basis) instead of percentages, to avoid any ambiguity and confusion.

The committee questioned timescale of letters going out to people and potential anxiety, uncertainty and worry the changes might cause.

*The Welfare and Financial Assistant Team Leader explained people would be contacted in April so they are aware of changes before being billed at the end of May. The letters would be personalised and illustrate how much better/worse off the individual would be. The team intended to provide much more information about what the charges are, what they will mean for individuals and offer them the chance to ask for a review and contact a helpline.*

The committee noted that many of the consultation responses were well thought out and contained interesting insights. It was felt that it would be useful to capture some of those fuller consultation responses and explanations and take them away to learn

from, especially those where peoples' experience was that there was no incentive to be independent.

The committee felt the responses highlighted public feeling that there was secrecy about what can be disregarded with DRE (Disability Related Expenditure) and that people needed to be able to make informed decisions and be empowered to make those decisions.

*The Welfare and Financial Assistant Team Leader acknowledged that historically not enough information had been given about DRE as should have been. However, the relevant web pages were being updated with more information and future invites for financial assessments would tell people up front what was considered to be a disability related expense.*

The committee felt that in relation to information being given to people there was a need for jargon busting and much plainer English.

*The Acting Director for Adults and Communities, told the committee that the team has accepted an offer to work with the 'Making it Real' board to develop and improve the guidance and information and make it much more accessible than it is at the moment. The Making it Real board was becoming much more of a force for co-production, it helped in rewriting some of the consultation and would be used in future projects. Making it Real would have a voice and would be embedded in the integrated care system as a recognised group*

A conversation took place between the committee and the Acting Director for Adults and Communities about the evolving relationship between the council and self-funders. The Acting Director suggested that this might be best treated as a separate item. If the Adult Social Care Reform Act becomes legislation it would have a significant impact on the council's approach and support to self-funders.

The committee suggested a briefing workshop should be held to discuss this further.

The recommendations below were proposed and seconded and carried unanimously.

#### **RESOLVED:**

**The Committee recommended that:**

- a) A briefing/workshop should be held to look at the evolution of the relationship between the Council and self-funders.**
- b) The author of the proposals will return to the Committee with two or three scenarios illustrating how the changes will impact the working poor and other individuals within the county.**
- c) Future reports published should avoid potentially ambiguous use of percentages.**
- d) The feedback/comments on the consultation be used as a learning tool.**

#### **55. WORK PROGRAMME REVIEW**

The item was timed out and the committee agreed that a work programme session would be held on the earliest convenient date.

**56. DATE OF NEXT MEETING**

The next scheduled meeting was to be confirmed at the work programme session.

The meeting ended at Time Not Specified

**Chairperson**