HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 12 April 2013 at 10.00 am

Present: **Councillor JW Millar (Chairman)**
Councillor SJ Robertson (Vice Chairman)

Councillors: PL Bettington, WLS Bowen, JLV Kenyon, MD Lloyd-Hayes, J Stone and PJ Watts

In attendance: **Councillor PM Morgan (Cabinet Member, Health & Wellbeing)**

Officers: **J Davidson (Director For People's Services), G Dean (Scrutiny Officer), H Coombes (Assistant Director, People's Services) and DJ Penrose (Governance Services)**

21. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors PA Andrews, KS Guthrie and GA Vaughan-Powell

22. NAMED SUBSTITUTES (IF ANY)

None.

23. DECLARATIONS OF INTEREST

Councillor P Bettington declared a non-pecuniary interest as a Member of the Wye Valley NHS Trust.

24. MINUTES

The Minutes for the Meeting held on the 22 March 2013 were approved.

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

There were no suggestions from the public.

26. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

27. PRESENTATION FROM THE NATIONAL COMMISSIONING BOARD, ARDEN, HEREFORDSHIRE AND WORCESTERSHIRE

The Committee received a presentation from Mrs Sue Doheny, Director of Nursing, Arden, Herefordshire and Worcestershire Area Team, NHS England and Ms Marcia Pert, Head of Finance. During Mrs Doheny's presentation, the following areas were highlighted:

- That the Herefordshire Clinical Commissioning Group (CCG) had been authorised, but with directions that would ensure that additional support would be provided by NHS England to support CCG development. The CCG's self-assessment had been

considered robust, but the authorisation process had identified that the CCG would benefit from support in developing their integrated plan and their oversight and management of their Quality, Innovation, Productivity and Prevention plan (QIPP).

- A programme of support had been agreed and it was expected that this would continue over a period of approximately 6 months, after which time it was expected that the CCG would be fully authorised

- That system wide services would be commissioned locally on the basis of what was being undertaken nationally in order to provide full end to end integration of care. Services would be patient and carer focused locally using small numbers of patients in order to ensure that they received the right outcomes. Specialist needs would be dealt with on a regional basis.

- The Primary Care Pathology Review would be considered in order to ensure that it was both financially and clinically sustainable. Local CCGs across the region would be involved in this work, and where services were required locally, they would be kept locally.

- That the Area Team was responsible as the Convener of the healthcare system across the Worcester Joint Services Review, the Wye Valley and George Eliot Trusts. It would convene the Quality Surveillance Group (QSG) which would act as a forum to allow concerns to be discussed across the Area.

- The Area Team was member of the Strategic Oversight Board with the National Trust Development Authority in support of local stakeholders who were developing a sustainable solution for Wye Valley Trust.

Ms Marcia Pert, Head of Finance, Arden, Herefordshire and Worcestershire Area Team reported that the Herefordshire Clinical Commissioning Group (HCCG) was well placed in terms of its financial position. It was required to comply with national planning requirements and would start out by planning for a surplus, and would include contingencies and change reserve funds. The Area Team's role was to coach, develop and hold the HCCG to account. The assurance role of the LAT was overseen by NHS England.

She went on to say that, to the HCCG's advantage, there was well developed partnership working in the County. The financial position for 2013/14 was challenging, but the HCCG's Quality, Innovation, Productivity and Prevention plan (QIPP) programme was comparable to that of 2012/13, when it had been possible to exceed savings. The Transformational savings Programme that had been submitted was both robust and challenging, but the HCCG was not alone in their financial position across the region as a whole.

In reply to a Member, Ms Pert said that the focus was very much on the position in 2013/14, but the reversion to 1 year funding allocations meant that it was important that a surplus should be planned for and contingencies set aside. A return to three year funding allocations would make this form of annual planning unnecessary. She went on to say that the Wye Valley Trust had received £9.5m funding in 2012/13, and that there were plans to provide an additional £10m in 2013/14. There were currently no plans for financial support after this point.

The Chairman agreed with a Member's comments that the total cost of the abolition of the old organisations and the setting up of the new structures should be considered by the Committee, and it was agreed that the matter would be considered at a meeting later in the year.

In reply to a question regarding the stroke services, the Director of Nursing said that the Local Area Teams had been set up in order to provide services that were appropriate to the area. Provision of services would differ between Birmingham and more rural areas. It would not be possible to resource a service in Herefordshire that would be at the cutting edge, but it was important to have effective clinicians on hand who were experts in their fields. If the volume of work was not present, then the service would be networked out across the region.

The Chairman thanks the Director of Nursing and the Deputy Director of Finance for their presentation.

28. WYE VALLEY NHS TRUST

The Committee received a presentation from Mr Derek Smith, Chief Executive of the Wye Valley NHS Trust. During his presentation, he highlighted the following areas:

- That the Accident and Emergency 4 hour target had been 94.49% in 2012/13, when it should have reached 100%. Since Christmas, there had been more demand for the service, which, combined with longer stay patients blocking beds, meant that targets had not been met.

- Access targets for cancer patients had been met, apart from in the case of breast cancer, where patients had all been offered appointments, but not all had taken these up.

- That the Commissioning for Quality and Innovation (CQUIN) target of 100% had been met.

- That the Hospital Standardised Mortality Ratios *(*HSMR) was higher than expected. This was an indication of the expected number of patients who would die in the hospital. This was a complex statistical measure, and the Trust was above the national average, but inside expected national levels.

- That the hospital was performing better than its peers on day case surgery rates, and the readmission rates for patients were also lower.

- That changes to the urgent care pathway were required, as well as an improvement to both efficiency and performance.

- The underlying financial pressures for 2013/14. The financial position had been stabilized, but as support of £9.7m would be required in the current year, it had not improved.

- That it was unlikely that the Trust could achieve Foundation Status on its own, and a number of options were being considered.

The Chairman said that he had attended the stakeholder events that had been staged to consider options for a way forward for the Trust and pointed out that were another organisation to consider merging with the Trust, it would expect additional funding. He asked from where this funding would be forthcoming. Mr Smith said that any additional funds would have to come from NHS England, and would be scrutinised by both the Treasury and the NHS. Both bodies would prefer any such deal not to include a financial cost to the public purse.

In reply to a question from a Member about the payment received by the Trust for patient care, the Chief Executive said that A&E patients were paid for at a national tariffs which

were adjusted for market rates. This meant that London hospitals were paid at a higher rate. Larger A&E Departments, with throughputs of 150,000 patients were able to cover their costs. The Trust had only 40,000 people through the door. The out of hour's service was provided by Prime Care at the moment, although the contract would be retendered this year. Commissioners would be considering this contract in the autumn.

That servicing the PFI contract represented 10% of the hospital's turnover. There was a contract in place with the provider to ensure that the building was kept in good order.

Members questioned the waiting levels in A&E. Mr Smith said that the situation would improve over the summer, as the cold weather did affect patients. Most of the change in the demand was driven by the system, however, not the population. There was something wrong with the system in England, where there was a much higher propensity to admit patients than there was in Scotland, for example.

In reply to a question from a Member, Mr Smith said that whilst he would like to see the Wye Valley Trust configured as a standalone Foundation Trust, but that there were real difficulties associated with such an outcome.

The Chairman thanked Mr Smith for his presentation.

29. 2GETHER NHS FOUNDATION TRUST

The Committee received a presentation from Mr Shaun Clee, Chief Executive of the 2gether NHS Foundation Trust. In his presentation, Mr Clee highlighted the following areas:

- That the key national quality priority was that health outcomes mattered to patients and the public. Measuring and publishing information on health outcomes was important for encouraging improvements in quality.

- That within the primary quality domain there were three areas that would help people be prevented from dying early, and these included cardiovascular, obesity and suicide. For every 1% rise in the unemployment rate, there was a 0.97% rise in suicides. There were early indications that despite this, the suicide rates had been reduced in Herefordshire.

- That 95% of patients discharged from in patient units received a follow up within 48 hours, which was better than the national targets.

- That as part of the quality of life priorities was that the Trust would receive feedback as to whether the service had improved their quality of life through the use of standardised outcome tools. The target was that 90% of people in contact with services would describe the impact of interventions on their discharge. This would allow the service to know whether it had made a difference.

In reply to a question from a Member, the Director for People's Services said that the problem with preventing mental ill health was that many people did not present themselves to the service early enough. There was a full root cause analysis undertaken of every premature death in order to understand where the service had not performed as it should have had. Mr Clee added that it was important that people knew that the mental health services existed, and that every effort was made to de-stigmatise mental health conditions.

The Director for People's Services said that Herefordshire had a history and a projected challenge in relation to mental health suicides. There was an employment pattern locally that leant itself to a higher than average suicide rate, and there were a high number of

military and ex-military personnel in the County. Mr Clee said that both Shropshire and Staffordshire were commissioning services in the area of veteran mental health, and that the impact of failure in this area was understated.

He went on to say that the general Improving Access to Psychological Therapies (IAPT) programme was a nationally prescribed programme in relation to an evidence based model. The service was designed for life transitional psychological issues, and not for critical needs. Investment in IAPT was not sufficient, and further efficiencies would have to be found or services would have to be realigned into IAPT services. The waiting and recovery times for the service were better than the national average.

In reply to a further question, Mr Clee said that the Trust liaised with the police regarding those with mental health issues who were in custody, and there was a suite at the Stonebow Unit which acted as an alternative pace of safety for those in custody. There were approximately two referrals a week to the unit

The Chairman thanked Mr Clee for his presentation.

30. STRATEGIC PLAN FOR DELIVERING ADULT SERVICES

The Committee received a presentation on the Strategic Plan for delivering Adult Services from the Director of People's Services. In her presentation, the Director highlighted the following areas:

- That savings within adult social care had been delivered in previous years through better contracting, applying eligibility, and managing down the costs of providers. However, to deliver further savings a more radical approach was required that relied on a system wide transformation programme with key partners. This will need to focus on large scale prevention and early intervention.
- Transformational change included managing the demand for formal social care intervention: helping people to remain independent for as long as possible; building the capacity of communities to support people; prioritising the development of services that support people's recovery after an accident or episode of ill-health; ensuring that personalisation works for those with on-going needs to enable them to plan and direct their own support and have a choice of cost effective solutions.
- The overarching risk to delivery was the scope, breadth and depth of savings required and speed of change necessary given the demands in the service. A zero growth budget has been assumed, with savings to be delivered from demand management. There was a risk that initially placements would continue to increase until new approaches were in place across the service. Essential to achieving this were an efficient and effective reablement service, a clear and effective signposting service to prevent potential customers becoming service users and an effective review service which managed clients out of the system in a safe and controlled manner. That there were limited resources in the system should not be underestimated.

In reply to a question from a Member, the Assistant Director People's Services Commissioning said that there were a number of areas of contract re-engineering underway, and negotiations were in hand with providers such as Shaw Healthcare. The vast majority were spot contracts, and block contracts regarding day care other than Shaw Healthcare would be discussed at a meeting with domiciliary care providers in order to help provide viable solutions, as it was in the interests of both parties to find a way forward.

In reply to a question from a Member, the Director went on to say that a variety of ways of streamlining processes were being used. In the practice areas there was a need to change the culture of the service, and lean systems were not being used for this aspect of the change process.

The Cabinet Member (Health and Wellbeing) added that clarity for the clients for services should be provided so that a more targeted service could be provided for those who needed it.

In reply to a question as to whether it would be clear that the costs of two social care placements had been saved by these initiatives and that the transformation plan was in hand. The Assistant Director People's Services Commissioning replied that at the end of the current month it was intended that there would be a system in place that would identify whether the Service had met its profile. The improved reporting structure would allow all parts of the system to provide greater reassurance.

RESOLVED:

THAT:

a) **The Committee note the development of a system wide approach to integrated commissioning as part of the Health and Wellbeing Board governance structures; and;**

b) **The Committee was assured as far as it could be that the Adult Social Care 2013/14 savings and transformation plans and the governance structure to monitor delivery were in place.**

31. WORK PROGRAMME

The Committee noted its work programme.

During the discussion the following points were made:

- That the Local Area Team should be invited to attend the meeting in October.
- That the Quality Accounts for Social Care should be included in the Work Programme
- That the Chairman was in discussion with the Centre for Public Scrutiny to include the Committee in the Centre's pilot partnership working with the Care Quality Commission.

The meeting ended at 1.20 pm **CHAIRMAN**