

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Thursday 7 February 2013 at 7.00 pm

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

Councillors: PA Andrews, WLS Bowen, JG Lester, MD Lloyd-Hayes, GA Powell and J Stone

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

Officers: J Jones (Head of Governance), G Dean (Scrutiny Officer), J Rzezniczek (Interim Head of Improvement), DJ Penrose (Governance Services), C Wichbold MBE (Grants and Partnership Officer)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors P Bettington, KS Guthrie, JLV Kenyon, MJK Cooper and PJ Watts.

2. NAMED SUBSTITUTES (IF ANY)

There were no named substitutes.

3. DECLARATIONS OF INTEREST

None.

4. MINUTES

The Minutes of the Meeting of the 11 January 2013 were approved, subject to noting that Councillor MD Lloyd-Hayes had submitted her apologies.

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

There were no suggestions from the public.

6. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

7. HEALTH & WELLBEING BOARD - GOVERNANCE AND OPERATION

The Committee received a presentation on the Health and Wellbeing Board. During her presentation, the Cabinet Member (Health & Wellbeing) highlighted the following issues:

- That the Board was brought into being by the Health and Social Care Act 2012, which would become a statutory Committee of the Council's on 1 April 2013. It had been meeting in shadow form on a monthly basis since 2011.
- The Membership of the Board.

- That the Governance and membership was being finalised through a small working group with support from the Local Government Association (LGA). The guidance and regulations for the Board was still awaited from the Department of Health.
- The vision and guiding principles for the Board, which had been put together as a result of a series of a series of workshops.
- The Strategy for the Board, which would have an impact on the health and wellbeing outcomes for the County's population. The Strategy linked to other key strategies for Herefordshire and would involve a range of partners and partnerships for the delivery the three priorities for the Board which were the Sustainability of the Health and Social Care System, Demand Management and Crisis Prevention. Three Lead Board members had been identified for each of these priority areas.
- The opportunities for the Health and Wellbeing Board and the future outlook for the County as a result of key issues that had been identified in the 2012 Understanding Herefordshire Report.

In the ensuing discussion, the following points were raised:

- That whilst there was no representation on the Board from the educational community, it was not practicable to have membership from all stakeholders and partners. The Board currently had thirteen members. Rather than adding to the number of members, the Cabinet Member believed that it was more important to ensure that there was appropriate interaction at an operational level by the Board in areas such as education.

In reply to a question from a Member, the Cabinet Member said that whilst the voluntary sector was under pressure, it was capable of delivering what was expected of it at Board level. Claire Keech, who represented the sector, was a very able member and also received support in her work from the Council.

In answer to a Member's question, the Grants and Partnership Officer said that whilst organisations such as St Michael's Hospice might not be represented on the Board, one of the care pathways that the Herefordshire Clinical Commissioning Group (HCCG) was working on was that of End of Life, and issues would be picked up through their involvement with the Board. In reply to a further question, she went on to say that funding from the Community Safety Partnership was allowing positive work to be undertaken concerning alcohol abuse. There was a whole system approach to alcohol abuse that ensured that as many partners as possible were involved in addressing the issue by way of a ladder of intervention. The Bottle Top Programme, for example, which had been aimed at older students, had now been tasked with parental education, as well as alcohol awareness for 12 to 13 year old pupils.

In reply to a further question, the Cabinet Member said that attendance at Board meetings had been good. There had been a great deal of need to learn how the partner organisations worked, and what their priorities were. She believed that as a result of this process, the progress that the Health and Wellbeing Board had made was on par with other Boards in the region.

- That there was a great deal of variation in the approach that Health and Wellbeing Boards had taken to websites, and that work was progressing on providing one for Herefordshire's Board.

In reply to a Member's question as to whether there would be a monitoring role for the Board, the Cabinet Member reiterated that guidance for the Board had not yet been

provided by the Department for Health. It would be necessary, however, to deal with the different approaches between Commissioners and Providers.

A Member asked whether there were different strategies to deal with the different life expectancies and health issues of different socio-economic groups within the County. The Cabinet Member replied that it was up to the three Leads for the three priority areas within the strategy as to how the detailed work would be undertaken. The next iteration of the Understanding Herefordshire Report would be brought to the Board. The Board had provided direction to the Joint Strategic Assessment team, and had asked them to focus on domestic abuse.

In reply to a question as to how the Board would ensure that the changes it required were implemented by the Boards of partner organisations, the Cabinet Member said that whilst this was not an issue that had arisen as one of the strengths of the Board was its ability to work together. As the HCCG Commissioning Plans had to be approved by the Board, issues of that nature could be addressed at this juncture.

The Chairman asked what support the Health and Wellbeing Board would like from this Committee as a result of the recommendations from the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry by Robert Francis QC. The Cabinet Member said that the challenge offered by the Committee was beneficial to the work of the Board, and that she would expect to be in a better position to answer the question after the Board had been operational.

In reply to a question regarding how the outcomes from the Boards actions could be measured, the Grants and Partnership Officer said that the Department of Health had provided frameworks within the areas of the Health Service, Public Health and Adult Social Care with performance indicators against which the performance of the Board could be measured.

RESOLVED: That a report on the progress of the Health and Wellbeing Board should be provided to the Committee in July 2013.

8. HEALTH WATCH

The Committee received a presentation on Healthwatch from the Interim Independent Chairman, Mr Paul Bates. During his presentation, Mr Bates highlighted the following areas:

- That Healthwatch in Herefordshire would be under the aegis of, but not responsible to, Healthwatch England, which would provide national leadership, guidance and support to local Healthwatch organisations. Healthwatch England was a statutory committee of the Care Quality Commission. Healthwatch was represented on the Health and Wellbeing Board, its operational work undertaken work was to ensure access and signposting for health and social care across the County. Healthwatch would, in the first instance, be accountable to the people of Herefordshire.
- That this week was a crucial one for the procurement process for the Healthwatch provider, as contracts had been exchanged and were being considered. How Healthwatch would be constituted, perhaps as a body corporate, a charity or a social enterprise company, would be a matter for the appointed provider.
- That there was a certain amount of confusion as to what the changes were between the existing LINKs and the proposed Healthwatch. Whilst the work and

commitment of the volunteers involved with the LINK in Herefordshire had been effective, nationally, LINKs had not been seen as being successful.

- That whilst Healthwatch would have a right of entry into the premises of providers within the County, this was not the reason that it had been created. It was important that Healthwatch should be seen to be working with every organisation within the health and social care system in the County in a constructive manner, and not being confrontational.
- That soft intelligence should be used as part of the alert system when considering the performance of health providers, as much as statistical evidence.

In the ensuing discussion, the following points were made:

- That it was not appropriate to consider Healthwatch as a mere extension of LINK. There would be places for those who had been involved in LINK if they were comfortable with the way that Healthwatch would have to work. The structure and work of Healthwatch would have to be more formal, as there would be greater accountability. Volunteers would need to be trained and accredited in some manner.
- That if a situation similar to the one that had arisen around the change of opening hours of the Minor Injury Units in Ross and Leominster were to arise again, then the public would expect Healthwatch to be effectively involved.
- That staff working for Herefordshire LINK would be moved to Healthwatch under Transfer of Undertakings (Protection of Employment) Regulations (TUPE).
- That the Committee would expect to work closely with Healthwatch once it was operational.

The Chairman thanked Mr Bates for his presentation.

9. EXECUTIVE RESPONSE TO THE OVERVIEW AND SCRUTINY TASK AND FINISH GROUP ON CHILDREN'S SAFEGUARDING IN HEREFORDSHIRE

The Interim Head of Improvement presented a report on the Executive's response to the Task & Finish Review of children's safeguarding in Herefordshire. In the ensuing discussion, the following points were made:

- That the Executive were not in a position to make the planned series of Members Seminar on safeguarding mandatory for all Members. Dates for the seminars would be provided as soon as possible.
- That the Herefordshire Safeguarding Children's Board had put together a Contract of Expectation with accommodation providers based in Herefordshire which asked them to notify the Council when all out of County placements were made with providers. This would be more reliable than obtaining information from the placing authorities and pre-empted pending Government action which would require accommodation providers to notify local authorities in a similar way.

The Interim Head of Improvement concurred with a Member's comments that it was important that training should be in place to address the IT issues associated with the concerns with Frameworki. The situation had arisen as a result of the high turnover of staff. Recent focus had been on stabilising the situation, and additional IT training was in hand.

Resolved:

That:

- (a) **The contents of the action plan be noted and that the Committee support the overall response.**
- (b) **That the Committee confirm that, given the overlap, updates for progress on actions in the Plan are subsumed in the progress reports for the Children's Improvement Plan.**

10. WORK PROGRAMME

The Committee noted its Work Programme.

Resolved: That the work programme be noted.

The meeting ended at 9.10 pm

CHAIRMAN