

MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber - Brockington on Friday 4 April 2014 at 10.30 am

Present: Councillor JG Jarvis (Chairman)
Councillor WLS Bowen (Vice Chairman)

Councillors: PL Bettington, MJK Cooper, MD Lloyd-Hayes, CA North, AJW Powers, SJ Robertson and J Stone

In attendance: Councillors ACR Chappell, C Nicholls and Mr P Deneen

Officers: J Davidson (Director for Children's Wellbeing), G Dean (Scrutiny Officer), G Hughes (Director for Economy, Communities and Corporate) and DJ Penrose (Governance Services)

109. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PA Andrews, KS Guthrie, Brig P Jones CBE, JLV Kenyon and GA Vaughan-Powell.

110. NAMED SUBSTITUTES (IF ANY)

Councillor A Powers for Councillor JLV Kenyon.

111. DECLARATIONS OF INTEREST

There were no declarations.

112. MINUTES

The Minutes of the meeting held on the 13th January and the 14th February 2014 were approved and signed as a correct record.

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

There were no suggestions.

114. QUESTIONS FROM THE PUBLIC

There were no suggestions.

115. PUBLIC ACCOUNTABILITY SESSION: NEW HEALTH BODIES - 12 MONTHS ON

Mr D Williams, Director of Operations and Delivery, NHS England and Dr A Talbot-Smith, Consultant in Public Health Herefordshire Clinical Commissioning Group (HCCG) provided a presentation.

During the presentation, the following areas were highlighted:

- That NHS England was responsible for commissioning primary care and specialist services across the country, and that the Arden, Herefordshire and Worcestershire

Area Team was responsible for seven CCGs across its area and worked to ensure that they were fulfilling their duties correctly.

- That together with the HCCG, the Local Area Team worked with social care and the local authority. The Trust Development Authority and the Wye Valley Trust were both directly accountable to it.

Dr Talbot-Smith, the Consultant in Public Health from HCCG, highlighted the following areas:

- That the Herefordshire Clinical Commissioning Group had been in operation for a year. The Group commissions secondary care services for the population of Herefordshire, with a focus on clinical leadership
- The HCCG has undertaken a large amount of engagement with both patients and the and public, and thanked Healthwatch for their support with this
- That a complete stroke pathway had been committed to in the County, which would involve the HCCG and the County Hospital. This includes an emphasis on stroke prevention and patient and public awareness of the issues, as well as up skilling of nursing and therapy staff at the County Hospital.
- That a system wide dementia strategy was in place, and that progress was being made toward making Herefordshire a dementia friendly County. There was a need to raise awareness over the importance of seeking help for the condition, and a community facing memory service had been put in place, with specialist nurses in primary care and development of links with third sector organisations.
- That engagement events had made it clear that the public wanted access to GPs over the weekends in order to ensure that continuity of care was in place, and that this would be added to the commissioning services. Urgent care services currently provided by Prime Care would be recommissioned in a different way, with a focus on the outcomes that patients, the public and clinicians have identified as important. Budgets would be considered in their entirety, and the pathway as a whole would be commissioned in an outcome based manner.
- That it was difficult to recruit specialists locally, and alternative telemedicine models of care using electronic methods such as Skype to share results would have to be considered.
- That the Village Warden scheme had initially been put in place to fund wardens who would build a network of local volunteers. Notice had been given to the Red Cross that funding would be phased out, and they had found additional sources of funding to keep the scheme going. Pembridge and Colwall had chosen to do this through their Parish Councils.
- That all GP practices were on the same IT system and that it was expected that patient records would be shared across all 24 practices as part of the local successful bid for the prime Ministers Challenge Fund. Joint care planning and sharing of data would also be a requirement within the Better Care Fund system. There were business continuity plans in place to ensure that IT systems were robust, and scenarios were modelled in around power outages.

In reply to a question on prevention, it was noted that the budget for public health resided with the Local Authority, and that the HCCG did not hold a separate budget for prevention. However the HCCG has a number of initiatives underway to address specific prevention issues, such as stroke prevention in primary care through

management of hypertension and atrial fibrillation and ensuring that patients took their medication. The virtual wards are also a key preventative intervention, to identify those at high risk of future admission and ensuring that preventative measures were in place. The HCCG were also working with public health to map out the alcohol harm pathway and ensure that there were no gaps in the service.

In reply to a question from a Member regarding the Minor Injuries Units, the Consultant in Public Health said that the HCCG was committed to the concept of care closer to home, to allow patients to access care systems as quickly as possible. The Chairman of Healthwatch added that the engagement with the public showed they wanted access to GPs, not necessarily MIUs. This reflected the value and functions of the MIU service, not where it was located.

- That there were areas that could be enhanced across the county. As yet, there was no falls group that encompassed those who had fallen but did not need hospitalisation. This was being examined through a system wide falls group in order to identify co-ordinated services.

The Director of Operations and Delivery, NHS England added that the Better Care Fund and the Health and Wellbeing Boards would help to bring together the health and social needs of people across the country in order to work towards reducing the numbers who would need to be admitted to hospital.

The Consultant in Public Health from the HCCG concurred with a comment that respite care for both children and adults should be included in the Operational Plan. She added that Section 256 monies paid to the Council were used to commission respite care for carers and to provide care breaks. This would continue under the Better Care Fund.

- That the issues around recruiting GPs had eased a little, and that discussions were in hand with Primary Care as to how the role of the GP could be changed, starting with their involvement in virtual wards and other HCCG initiatives. Conversations were also underway as to how pharmacists could take a greater front line role, but it would be necessary to ensure that the appropriate skill sets were in place.

In reply to a question as to what was meant by a risk stratification tool on the slide outlining areas that had yet to be achieved, she said that this was a method of taking data from primary and secondary care and identifying those at highest risk of emergency admission. It allowed practitioners to decide which cohort to target to improve health and to prevent crises. It allowed work to be undertaken with those lower down the register in order to prevent them moving up the tiers.

In reply to a question from the Chairman as to how the working relationship was between the Local Area Team, the HCCG and the Health and Wellbeing Board, the Director of Operations and Delivery, NHS England said that it was one of the best in the area, and that there was a great deal of engagement from the HCCG. That the Council was leading the Health & Wellbeing Board had been a positive step to ensure that all those involved were working for a collective way forward.

He went on to say that he had worked with the Wye Valley Trust for several years, and there were a number of challenges that the Trust had still to face. It was coming to terms with its sustainability issues, but all concerned were working hard to ensure appropriate efficiencies were in place.

The Consultant in Public Health from the HCCG was asked directly by the chairman for her views, and added that in a system with Herefordshire's challenges good relationships were critical. She described strong linkages at all levels the health and

social care system within the County, from strategic level through the Health and Wellbeing Board through to operational levels through the work of officers. The Cabinet Member (Health and Wellbeing) concurred, and pointed out that the peer review of the first submission of the Better Care Fund had been good, and had compared well to others in the area. He went on to say that it would also be unrealistic to assume that there would not be some tensions between organisations striving to deliver services whilst suffering from Government cuts. The Health and Wellbeing Board had been in place for a year, and there was a need for partners to be more collaborative. The Board was reviewing its constitution and terms of reference to this end.

In reply to a Member, the Consultant in Public Health from the CCG said that there were plans to expand the hospital at home programme over the next three months. This would require recruitment, but it was not unrealistic to assume that it could be rolled out within six months. Work would be undertaken with staff to roll out the service over a larger geographical area than had originally been planned as soon as possible.

The Chairman thanks them for their presentations.

Resolved: That the report be noted.

116. WORK PROGRAMME

The Committee considered its Work Programme.

The meeting ended at 1.00 pm

CHAIRMAN