

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at The Committee Room, Shire Hall, Hereford on Monday 19 January 2015 at 10.00 am**

**Present:** Councillor CNH Attwood (Chairman)  
Councillor MD Lloyd-Hayes (Vice Chairman)

Councillors: PA Andrews, JM Bartlett, PL Bettington, KS Guthrie, Brig P Jones CBE, JLV Kenyon, CA North, SJ Robertson, GA Vaughan-Powell and DB Wilcox

**In attendance:** Councillor C Nicholls

**Officers:** P Deneen (Independent Chairman, Healthwatch Herefordshire), G Hughes (Director for Economy, Communities and Corporate), B Norman (Assistant Director, Governance), R Vickers (Assistant Director Homes and Community Services) and DJ Penrose (Governance Services)

**51. APOLOGIES FOR ABSENCE**

None.

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

None.

**53. DECLARATIONS OF INTEREST**

None.

**54. MINUTES**

The Minutes of the Meeting held on the 3 December 2014 were approved and signed as a correct record.

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

There were no suggestions from members of the public.

**56. QUESTIONS FROM THE PUBLIC**

There were no questions from members of the public.

**57. ACCOUNTABILITY SESSION**

The Committee received a presentation on the work of the Herefordshire Clinical Commissioning Group (HCCG) from the Director of Operations. During the ensuing discussion the following issues were raised:

- That work was underway with the NHS Local Area Team (LAT) to undertake co-commissioning work in specialist areas. The HCCG would shadow the LAT from April 2015, with a shadow transfer of a small number of specialist services.

- That the budget before the Committee included both work with the third sector and preventative healthcare within the funds spent on community medicine.
- That the system change for mental health services would allow patients to self-refer. There had been significant investment in the service during the year, and work was underway with the 2gether NHS Foundation Trust to ensure that the capacity within the service was taken up.
- That 'Virtual Wards' were a concept that had worked well in other parts of the country, and additional staff and community teams were working with parish councils in order to support the most vulnerable patients. The pilot was only running in Hereford, but additional work was being undertaken in order to decide what model worked best in different communities.
- That the Hospital at Home provided for care at home. Whilst beds could be provided at nursing homes in the County, this did not necessarily relieve the pressure on A&E or provide the best solution for patients. The Hospital at Home allowed for planned medical interventions if required, and had the support of the West Midlands Ambulance Service.
- That simplified access systems were needed, together with more education for patients as to what the appropriate service was that they should use. It was an uphill struggle to redirect people.
- Patient engagement was led by both theme and communities, and was a constant process. There was active involvement with Healthwatch in this area.
- That there had been no surprises for the HCCG in the CQC report into the Wye Valley NHS Trust, and that there was work for all of the partners in the health and social care arena to do. The Trust had provided additional access to their Oversight Boards for the HCCG and there were issues around the recruitment of permanent staff.
- There were pressures on the urgent care system, and the Multi-Agency System Resilience Group was now in place to help address these.
- That there was a regular daily phone call across the system in order to provide a condition check on the Trust. It should be borne in mind that as the Wye Valley NHS Trust was the smallest acute Trust in the country that there was a collective responsibility within the County to support its operation.

In reply to a question from a Member, the Director of Operations said that if there were to be a major incident in the County, then additional help would be sought as part of the major incident plan. It was important that long term resilience be built into the system, and a solution to this problem would need to be found as planned care suffered when operations had to be cancelled. More planned operations were currently being cancelled than in the past. Additional short term capacity had been provided by way of a portable day care unit. Non-recurring funding had been awarded in order to recruit more staff and provide more beds, but the County was heavily reliant on expensive agency staff.

The Independent Chairman of Healthwatch concurred, and added that the Trust had undertaken work which indicated that in order to future proof its operation it would require 250 beds. It was operating with 208 at the moment.

In reply to a question, the Chairman of Taurus Healthcare said that the company was well placed to be involved in the new systems of integrated health and social care and

new models of care. It had been involved in a pilot project as part of the Prime Minister's Challenge Fund to trial seven day a week GP provision.

The Director of Operations went on to report on the structural changes that were taking place within NHS England, which were designed to make it more focused on its core purpose and to build new capabilities within the organisation.

The Chairman thanked her for the presentation.

## **58. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP: INTEGRATED URGENT CARE PATHWAY PROJECT**

The Committee received a report on the Herefordshire Clinical Commissioning Group's (HCCG) Integrated Urgent Care Pathway Project. The following points were highlighted:

- An outcomes approach to commissioning and contracting had been introduced which would shift the emphasis from the services a provider offers, to the outcomes achieved for patients. Factors such as patient experience and the quality and safety of services would thereby be built into future contracts.
- The NHS 111 service would be included the HCCGs commissioned functions, but would be procured at a national level and then delivered at a regional one. It was intended that there should be a triage process by clinicians as part of the process, but it was not clear that it would be possible to deliver this aspect to the level that the HCCG would like to achieve.

In the ensuing discussion the following points were made:

The Chairman of Taurus Healthcare said that GPs had been asked to deliver additional services with no additional funding. A pilot project to deliver greater access to primary care was working to keep surgeries open until 8pm. There was an important secondary role for pharmacies to provide help to patients, and this should be encouraged.

There was a major problem with missed appointments. The aim of commissioning a group of services together was that the management of those services could be improved.

The Independent Chairman of Healthwatch said that three major contracts were up for review this year: Out of Hours, Mental Health and the Minor Injuries Unit. Taking all these together could provide for a Herefordshire wide solution.

- That the urgent care pathway model had been shown to work well for patients, but that it was important that the GPs should be fully involved.
- That the services that were being commissioned as part of the lead provider model were being developed through dialogue with the Wye Valley Trust, and efficient partnership working would be central to this. There would be a number of key performance indicators that the Trust would have to meet.
- That the Prime Minister's Challenge Fund monies would only be available until June, but additional funding had been secured for the urgent care pathway work.
- That data sharing for GPs was still an issue, but had been overcome in the city, where the practices worked in a hub.

After further discussion, the Director of Operations undertook to provide the Committee with a briefing note on the Major Incident Plan and a further note on the monitoring of the key performance indicators that would be used as part of the commissioning process.

**Resolved: That the report be noted**

#### **59. HEREFORDSHIRE HEALTHWATCH**

The Committee noted a report from Healthwatch Herefordshire. The Independent Chairman highlighted the following areas:

- That an 'enter and view' inspection had been undertaken of both Leominster and Ross community hospitals
- That there would be a Healthwatch question time event on the 10<sup>th</sup> of February at the Kindle Centre at which the Chief Executives of the Wye Valley NHS Trust and the 2gether NHS Foundation Trust would be present.
- That Healthwatch had met with the Community Pharmacies, and that this was an area that was important to keep under review

**Resolved: That the report be noted.**

#### **60. WORK PROGRAMME**

The Committee noted its work programme.

**Resolved: That the report be noted.**

The meeting ended at 12.00 pm

**CHAIRMAN**