Herefordshire Council

# Minutes of the meeting of Adults and wellbeing scrutiny committee held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Wednesday 16 May 2018 at 2.00 pm

**Present:** **Councillor PA Andrews (Chairman)**
**Councillor J Stone (Vice-Chairman)**

**Councillors: MJK Cooper, PE Crockett, CA Gandy, AW Johnson and D Summers**

**In attendance:** **Councillor P Rone (Cabinet Member)**
**Herefordshire Council officers: J Coleman, R Vickers, S Vickers**
**Wye Valley NHS Trust officer: D Farnsworth**
**Healthwatch Herefordshire: I Stead**

## 1. APOLOGIES FOR ABSENCE

Apologies were received from Councillor SD Williams.

## 2. NAMED SUBSTITUTES (IF ANY)

Councillor AW Johnson attended as a substitute for Councillor SD Williams.

## 3. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 4. MINUTES

**RESOLVED:**

**That the minutes of the meeting held on 27 March 2018 be confirmed as a correct record and signed by the chairman.**

## 5. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

## 6. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

## 7. ADULT SOCIAL CARE LOCAL ACCOUNT 2017 - DRAFT

The Interim director for adults and wellbeing introduced the draft local account, which, although it was no longer a requirement to produce, was believed to be best practice to do so. In his accompanying presentation the director also provided an update on the adult social care pathway, and made the following points:

- The local account was a draft for consideration, plus a broader set of performance information focusing on the past year from January 2017
- Phase 2 of the adult social care pathway project had now closed; the development of the pathway involved providers and the voluntary sector to look at the call handling and responses to calls to the front door at the assessment and referral team (ART).
- A new strengths-based route explored why someone has contacted the front door and explored what outcomes they were looking for, identified the risks and supported someone to be as independent as possible. 60% of callers were offered information, advice and signposting, with the remaining callers being offered additional support.
- The pathway involved a community broker function; the council tax precept had been used to develop community connectors in order to map community resources across the county and identify trusted providers through the third sector, which led to the introduction of the community broker function as a team of seven, 2 of which were funded through a grant from the MOD for supporting service personnel. The brokers were organised so that there was always one at the front door to provide information for the call handlers so that the offer was of high quality and took into account someone's wider wellbeing.
- The new arrangements made it possible for callers to be responded to quickly and ensure that they knew when their appointments were and who their practitioner was. Support was now allocated immediately and this was felt to be a great achievement.
- The community brokers were soft market testing the roll-out of Talk Community across the market towns and the city where they would be available for drop-in contact.
- The pathway works with a strengths based approach to look at what people can achieve and do for themselves, what risks were attached, and what the neighbourhood and community could do. Community brokers were experts in the communities, being at the front door and throughout the discharge process.
- In terms of delayed transfers of care, there were known pressures in the system and most delays were not as a result of waiting for assessment. There was more robust monitoring of performance data and making changes to the flow of transfers to increase speed of transfer.
- Reablement and rapid response services were being brought together into the home first social care offer. Adult social care and Wye Valley NHS Trust were working together to continue to integrate health and social care but it was important to make the distinction between the different pathways for clinical health input and the council home first service.
- Planning for the home first programme started last summer before the closure of Hillside was known.
- The Associate director of transformation, Wye Valley NHS Trust (WVT) added that the bed based service continued where someone has a clear reablement or palliative care need. It was recognised that there were up to 45% people who were medically fit for discharge referred through services who were waiting for services. It had been long recognised that people were not best served by waiting in a bed when they could be supported in the community by district nurses and hospital at home functions. Home First sought to maximise and bring these services together with increased community capacity including physiotherapists and nursing support to move patients into the community and to

provide opportunity to move away from reliance on bed based care, but it was important to continue investment. There were further plans to integrate and develop complex discharge teams and maximise the offer.

Members asked a number of questions in relation to the points raised.
A member commented that people wouldn't know what to expect as they would not know about Home First, and that this was causing some anxiety. He asked whether service users were getting a hard copy of what they need to know about their care before going home, the director confirmed that there was an information leaflet for people who took that pathway and that work was happening to ensure the system flow was right. The associate director, WVT, added that the objective was to streamline the information that went to patients and could include more information in a health update to committee later in the year.

The member asked about the extent of involvement of loneliness charities in the development of Home First, and commented on the vital support that such groups provided such as by collecting prescriptions. The Director explained that there was a preventive approach where commissioners were working with such groups within communities to learn from and support.
The Cabinet member for health and wellbeing explained that such groups were established by a driving force and that they were good at what they did and were skilled in asking for help if they needed it, and as such they were concentrated on specific areas and roles so it was important to support them if requested without interfering in their work. A member concurred with this and commented on the success of a good neighbour scheme in her area that was working well. Members commented further that it was important to raise awareness of their existence, and a solution could be to contact the groups to commend their work and to let them know that support was available.

A member asked for clarification regarding the performance chart provided in the presentation and asked what was meant by disputes. The director clarified that this was about where the responsibility lay for a delay in the transfer of care. The associate director, WVT, added that there were regular reviews but these focused on identifying who was responsible at the end of the process so as not to impact on the patient. The member commented that the data suggested that there had been a deterioration in the council's performance although it had been indicated that performance was good and there were no hold-ups in service provision. It was also noted that the figures included winter months where there would be a natural rise in demand, however this was prolonged because of the cold spring and so pressures would continue. The Chair asked whether this was due to operating a 5-day service, to which the response was that it was a challenge to work across 7 days due to the complexity of the processes and ensuring that everything was readily available at the weekend.

The chair asked about what had been done to address performance in Powys which had affected transfer of care. The associate director, WVT explained that the social care offer in Powys was limited because of workforce issues, but this was mitigated by the Powys Local Health Board to enable transfer to a bed based system to relieve discharges in Herefordshire and there was ongoing dialogue with Powys.

Discussion took place regarding the public's perception of Home First that it was not an adequate replacement for Hillside and members commented on the need to ensure the public had more information on the pathways to raise awareness. The role of Healthwatch in this was noted.
A member asked about changes to the contracting, in particular in relation to Kemble Care and whether this had impact on the development of Home First. The Director explained that any depletion of resource would have impact but the services was working with other providers to ensure the market was strong. The service was being developed and a review had been brought forward to provide assurance and facilitate

transformational work. He added that a safe service was provided although there were issues regarding efficiency and coming to terms with new ways of working such as reablement.

In response for a question from the chair regarding consistency in service such as familiar faces providing care, officers explained that the aim had been to bring services together to build a critical mass and be more consistent and efficient. The review was comprehensive and the challenges related to bringing components and workforces together to maximise the potential to bring people home. Critical changes around working practices were identified and it was necessary to address this and to build additional capacity to provide a 7-day service, which would be supported by a newly procured e-rostering system. Home First complemented other services, offering 3 tiers depending on need. There was a development plan with milestones and escalating attention to any slippage, and ensuring that the system was utilising capacity and capability.

Responding to a question from the vice-chairman regarding feedback from service users, officers reported that it was felt that people received a reasonably good service, and the challenge was that they may be over-supported rather than enable progression through the service, which in turn restricted the number who could enter the system. The distinction was made between a reablement service promoting independence compared with a traditional occupational therapy service looking at medium to long term goals.

In terms of numbers of service users a member asked about residential care numbers, noting that the average cost of service provision amounted to £650 per week per person. The Director commented that where possible it was in people's interest to be supported at home and that for residential care, people would be in receipt of low level medical care rather than round the clock nursing care so people would be encouraged to make the right choices about whether this care would be better provided at home, subject to quality assurance.
He added that there were around 800 self-funders, for whom in some instances the cost of care was taken over by the council, and this could determine where someone lived.
Discussion took place regarding alternatives including social housing and whether there was sufficient supply of warden-controlled accommodation. The Cabinet member reported that the possibility of social housing providers offering day visitor arrangements was being explored.
A member noted that the proportion of self-funders was high which meant that care home providers were less dependent on the local authority for income.
In response to these points, the Director highlighted the need for more strategic planning on accommodation for vulnerable people to support better management of the market.

A member made a general comment on the figures in the report which were expressed as percentages rather than actual numbers, such as the 20% increase in the use of WISH, which was not felt to be informative. The Director noted this and offered to provide numbers to allow performance to be better understood.

**RESOLVED**
**That**

a) **the performance of adult social care services be noted; and**
b) **the Cabinet member for health and wellbeing investigate the potential of using the council's development partner, Keepmoat, to develop more supported accommodation for those who need it.**

## 8. HEALTHWATCH HEREFORDSHIRE ANNUAL REPORT 2017-18

The Chair of Healthwatch Herefordshire presented the annual report for 2017-18. In his opening remarks he thanked those members who attended the Healthwatch annual showcase event held that morning. It had been a big year for Healthwatch Herefordshire as a standalone company. This was a big achievement, where a lot had been learned from the relationship with Healthwatch Worcestershire, which continues with collaborative work. The day to day operation of the organisation continued thanks to the appointment of the chief officer, and it was a vote of confidence to have the contract to provide the Healthwatch service extended to 2020.

In summarising the annual report and the work of Healthwatch during 2017-18, he described work undertaken on major projects to properly influence change within the county, which included:

- GP access – 313 people spoken to about access to GP services. Two thirds were happy with their services, and the findings were being used to make improvements, such as increasing understanding of what different GPs offer and managing reasonable adjustments. A number of recommendations were made and used for a number of projects to realign primary care services around the market towns. The work also informed a quality review of end of life by the Clinical Commissioning Group.
- Public health and children's mental health – there are plans to work with the new director of public health on further work.
- Children's dental health – there was in-depth work on this, involving 537 people, with lots of information gathered, concluding that people needed to know more about what is on offer for dental health.
- Walk-in centre – work would continue to monitor the impact of the closure of the walk-in centre to see what alternative provision people presented at instead.
- Hillside - there had been useful meetings with WVT and adult social care around the development of community health and social services. There were improvements but more needed to be done. The key was how the different parts were co-ordinated and moving people away from having too many carers.
- Complex and multiple conditions – work was nearing completion around the co-ordination of all the components of care where people have dual diagnoses. Healthwatch was engaging with special interest groups to find out more about the issues faced.
- There had been a lot of contact with people to give information and advice and Healthwatch had moved to visiting existing groups rather than holding general events. Healthwatch had visited 101 groups which had increased engagement and allowed for richer information to be gathered.
- There was contact with patient participation groups where Healthwatch involvement had positive impact. A good example of engagement with Ledbury health interest group over concerns about the impact of significant housing development led to the issue being raised with the Clinical Commissioning Group. There was also engagement in Kington and Leominster looking at providing more comprehensive services, and there would be an open public meeting to look at proposals for Leominster.
- The mental health working group was reinstated, with regular meetings with users, inviting speakers and influencing how services would be delivered.

Work planned for the coming year included care in community, dementia care and children and young people's mental health.

Healthwatch had also recently launched an online feedback centre where people could submit reviews of services which, subject to moderation, would be displayed and would be fed back to the provider.

The chair commented that the public would have to accept that services needed to change, given changes in the available workforce and recruitment issues, which would affect how they accessed a GP. The Healthwatch chair responded that there were workforce shortages in the county but Herefordshire was doing comparatively well. Practices needed to rethink how they delivered services and accept that someone with a long term condition should be seen by the same GP.

Members thanked Healthwatch for its accomplishments, noting that the organisation seemed more dynamic and that the policy of going out to people was an improvement.

The Interim director for adults and wellbeing added that the new arrangement was welcomed and that Healthwatch maintained a healthy professional relationship whilst holding the council to account, and this would be supported.
In response to a question from a member, the Healthwatch chair confirmed that the council was listening to Healthwatch feedback on service delivery.

A member added thanks for the report and commented on the extent to which a GP could save time overall by taking a bit more time with patients in consultations to provide reassurance, but some needed to be convinced of this. The Healthwatch chair replied that GPs were under pressure but some were willing to take on ideas, although when under pressure, rather than look to the service user for ideas, they looked for their own solutions such as restricted opening times.

**RESOLVED**
**That Healthwatch Herefordshire performance for 2017-18 be noted.**

The meeting ended at 4.33 pm **Chairman**