

Adults and wellbeing scrutiny committee, schedule of recommendations and responses

13 January 2020		
Item	Recommendations	Responses
Minor injury units (MIUs)	<p>In view of the recurring temporary closures of the Minor Injury Units in Leominster and Ross-on-Wye, that the Clinical Commissioning Group be recommended to undertake a full options appraisal, with a more relevant set of statistical information (to include the total number of MIUs in the country and how many have closed during winter periods) and an evidence base obtained from healthcare providers and system partners, on future options for the Minor Injury Units to include an appraisal of the future of the community hospitals.</p> <p>That the Clinical Commissioning Group and Herefordshire Council officers develop a joint protocol or memorandum of understanding (to be produced by the end of April), about how the parties will reach a view as to whether or not any changes in the provision of health services constitute 'substantial development' or 'substantial variation' in relation to the duty on relevant NHS bodies and health service providers to involve and consult the public, including the relevant scrutiny committee(s).</p> <p>That the Clinical Commissioning Group review the approach to consultation and engagement generally where there is a likely to be an impact on communities and service providers.</p> <p>Joined up communications in GP surgeries, pharmacies and other healthcare services to highlight where people need to go to access appropriate healthcare relative to the health conditions they present with.</p>	<p>NHS Herefordshire and Worcestershire Clinical Commissioning Group will undertake the options appraisal of all minor injury units in the county. This will be in response to the repeated winter plans that have led to the closure of Leominster & Ross MIUs. This will include statistical information. Investigation has shown that information on other MIUs temporary closures in England is not available. The options appraisal will include an evidence base. This is underway.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group is required to operate to NHS England guidance on service change including what constitutes substantial service development or service change. The CCG is developing an engagement framework.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group has a statutory duty to consult and engage as part of its core function. This includes the engagement work that it directly undertakes and that undertaken in conjunction with other agencies. From April 2020, NHS Herefordshire and Worcestershire CCG has recognised this core function with a Lay member lead for Patient Public Involvement as part of its Governing Body, and a dedicated team for communication and engagement. The team will link to other service providers through the One Herefordshire Communication and Engagement Group, of which the Council is also a member. The CCG will also continue with its established links with Healthwatch Herefordshire, both to inform and to deliver engagement.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group has undertaken this through the work of the One Herefordshire Communication and Engagement Group. Campaigns include localised amplification of the national 'Help Us Help You' campaign. This is supported by all partners which includes messaging for where to go for help ie local pharmacy, 111/GP services along with rolling seasonal messaging around Flu, Summer safety/allergies.</p>

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2 March 2020		
Item	Recommendations	Responses
<p>Briefing paper on NHS Continuing Healthcare (NHS CHC)</p>	<p>In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group:</p> <p>To provide a rationale, with data (in numbers), as to why Herefordshire is not achieving the expected levels of NHS Continuing Healthcare when compared with other clinical commissioning group and local authority comparator areas.</p> <p>To follow up the request from the adults and wellbeing scrutiny committee on the commitment to provide responses to the recommendations set out in the jointly commissioned Parry report.</p> <p>To provide details on the numbers of NHS Continuing Healthcare appeals and the number of successful appeals before and since 2016.</p> <p>To explain how the various discharge pathways are able to pick up the patients where NHS Continuing Healthcare is deemed, or not deemed, to apply and how further assessments of NHS Continuing Healthcare are triggered.</p> <p>Where there are changes to services that are likely to impact on the wider system, that partners are engaged in conversations at the earliest opportunity.</p>	<p>NHS Herefordshire and Worcestershire Clinical Commissioning Group CHC teams have been deployed to support the level 4 national response. The CHC process has also been suspended during the response phase with restart date / process yet to be defined.</p> <p>Once the CHC team are released from the level 4 response responsibilities, an updated position report covering all the CHC recommendations will be developed with presentation at the July meeting of the Adults and Wellbeing Scrutiny Committee. This response will be completed in full collaboration with the relevant teams in Herefordshire council.</p>

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<p>Performance monitoring – NHS Herefordshire Clinical Commissioning Group</p>	<p>In collaboration with Herefordshire Council, where appropriate, it be recommended to the clinical commissioning group:</p> <p>That a consistent set of system figures are used - going forward - (e.g. Delayed Transfers of Care), including comparative data for Herefordshire and Worcestershire.</p> <p>That it ensure that the new integrated dashboard moves away from the current RAG rating system and moves to the wider statistical narrative provided in the Worcestershire performance dashboard, with Herefordshire based performance commentaries provided.</p> <p>The outcomes of the cohort of residents being treated under the Welsh system be included in the dashboard figures.</p>	<p>NHS Herefordshire and Worcestershire Clinical Commissioning Group formally merged on 1st April 2020. In relation to performance reporting:</p> <ul style="list-style-type: none"> • Reporting is moving to the single CCG from the previous 4. • A single performance report is in development which will provide comparative data for Herefordshire and Worcestershire (at county level and regional / national as appropriate) • A single approach to reporting DToC will be agreed with both Herefordshire and Worcestershire local authorities. Due to focus on the level 4 COVID response this has not yet happened but will once capacity in all teams allows. <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group is developing a new performance report which will report to the Governing Body for the first time in June. This is fully compliant with the recommendations for Herefordshire Adults and Wellbeing Scrutiny Committee and will be shared, respecting the relevant governance timelines.</p> <p>NHS Herefordshire and Worcestershire Clinical Commissioning Group and Wye Valley Trust both report on the Welsh cohort as appropriate. For example, Powys Health Board are currently joining the level 4 incident silver and gold calls. The Powys demand around COVID is fully visible and considered in the demand and capacity modelling and onward flow processes.</p>

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21 September 2020		
Item	Recommendations	Responses
Suicide prevention strategy implementation	<p>That the committee recommends to the executive:</p> <p>(a) That the updated suicide prevention action plan is circulated to the committee with clear organisational leads identified against specific actions within the plan, including the role and responsibilities of the Mental Health Partnership Board; where it is possible and appropriate to do so, to include the relevant Key Performance Indicators (KPIs) of where progress is expected to be made.</p> <p>Noting the resource implications for monitoring the suicide prevention action plan, focus should be given to allocating resource from the Wave 3 funding to ensure that data and trends can be presented and reported on.</p> <p>(b) Consideration is given to a re-prioritisation of our more vulnerable at risk groups as we enter into a more financially and emotionally challenging period.</p> <p>(c) The committee is provided with the updated suicide data for 2019 once the new figures are available.</p> <p>(d) That parish councils, faith groups and other local community points of contact are given information to share and are placed as central stakeholders in assisting the communication/signposting of information and advice about suicide prevention, sources of support and assistance.</p> <p>(e) Consideration is given to comparing Herefordshire's suicide data with other comparable local authority area data to ascertain whether any patterns or trends can be identified that might strengthen our knowledge and targeted interventions in preventing suicides.</p>	<p>The updated action plan will be provided and circulated, as requested.</p> <p>The wave three funding is held by Worcestershire and Herefordshire CCG and has been committed to a project team, which will be largely focused upon direct prevention and awareness work in the community. The team will contribute to implementation of the strategy and performance reporting on those elements. It will not be possible to direct the funding towards wider data collection or reporting.</p> <p>This will be considered in discussion with partner organisations, taking account of the potential to actually identify or reach people at risk and the resources available to support this.</p> <p>The latest suicide data for Herefordshire will be provided as soon as it is received. This will include the year 2019.</p> <p>This can be considered for incorporation in the action plan and some key weblinks and signposting around mental wellbeing and suicide prevention can be provided to parishes and networks through HVOSS and the Diocese and other faith organisations. Opportunities will also be explored through the Parish Summits and other events.</p> <p>This comparative analysis will be undertaken and shared but it is likely that only headline data will be available for other areas. Caution is advised around the statistical significance of headline data on suicides, owing to the very small numbers involved.</p>

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<p>(f) Consideration is given to working with bereaved families and friends to gather soft data and intelligence to strengthen our knowledge of risks and factors that lead to suicide or attempted suicides.</p> <p>(g) Due consideration be given to the LGBT+ communities in relation to assessing the support and interventions provided in supporting individuals and groups at risk.</p> <p>(h) The new GP and patient relationship is changing and there is a need to work with the new Primary Care Networks on suicide prevention.</p>	<p>Whilst this may be very difficult to do retrospectively, it will become more practicable and appropriate once real time reporting of suicides is operational. New operating arrangements can include an invitation to bereaved families to share their experiences at the appropriate time.</p> <p>This will be considered in relation to opportunities to work with local and national groups to identify people at risk and take learning from any initiatives elsewhere. It should be noted that whether someone was LGBTQ+ cannot be identified from suicide data.</p> <p>Engagement is already taking place with PCNs around suicide prevention. It is also proposed that the Director for Adults and Communities raise with PCN Clinical Directors the implications of primary care changes in this area.</p>
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