Herefordshire Council

Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 19 May 2025 at 2.00 pm

Committee members present in person and voting:	**Councillors: Pauline Crockett (Chairperson), Dave Davies, Mark Dykes, Louis Stark, Richard Thomas and Rebecca Tully**

Others in attendance:

J Burgess	Commissioning Manager	Herefordshire Council
Z Clifford	Director of Public Health	Herefordshire Council
Councillor C Gandy	Cabinet Member Adults, Health and Wellbeing	Herefordshire Council
M Hall	Chief Operating Officer	Herefordshire and Worcestershire Health and Care NHS Trust
S Harris	Director of Strategy and Partnerships	Herefordshire and Worcestershire Health and Care NHS Trust
M Jhawar-Gill	Head of Service, Living Well	Herefordshire Council
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
S Nicholls	Chair, Carers' Partnership Group	Carers' Partnership Group
D Thornton	Democratic Services Support Officer	Herefordshire Council
D Webb	Statutory Scrutiny Officer	Herefordshire Council

53. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Polly Andrews, Cllr Jenny Bartlett, and Cllr Simeon Cole.

54. NAMED SUBSTITUTES

Cllr Louis Stark was present as the named substitute for Cllr Polly Andrews, and Cllr Rebecca Tully was present as the named substitute for Cllr Jenny Bartlett.

55. DECLARATIONS OF INTEREST

No declarations of interest were made.

56. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 31 March 2025 be confirmed as a correct record.

57. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

58. QUESTIONS FROM MEMBERS OF THE COUNCIL

No questions had been received from councillors.

59. ADULT MENTAL HEALTH INPATIENT AND REHABILITATION SERVICES REDESIGN

The Chairperson invited representatives from the Herefordshire and Worcestershire Health and Care NHS Trust (the trust) to update the committee on Adult Mental Health Inpatient and Rehabilitation Services Redesign.

The principal points of the discussion are summarised below:

1. The Chief Operating Officer referred to two related schemes as referenced in the report: 1. Quality improvement scheme that is focused on the improvement of patient pathways on acute mental health wards with the outcome of eliminating inappropriate out-of-area placements. It was noted that this scheme is coming to an end and does not have an immediate bearing on services provided in Herefordshire. 2. Longer-term piece of redesign work for mental health rehabilitation.

    a. It was added that Mental health services are provided to around 20,000 people across the two counties of Herefordshire and Worcestershire each year. Every year around 450 people are admitted to a specialist in-patient bed and of those only 30-40 require a rehabilitation bed.

    b. There are currently about 50 acute beds with one ward at Stonebow and two at Elgar supplemented by a 9-patient intensive care unit.

    c. The complete refurbishment of Stonebow has recently been finished so all three wards have now been completely rebuilt to modern standards.

    d. It was noted that admission to acute care is something that is considered when community care cannot be safely provided and a patient would likely be in there for 25-30 days. For rehabilitation units, this is for patients with persistent challenging conditions or are highly disabled by their mental health condition and admission is for a year or longer. In Herefordshire, there are ten beds at Oak House.

    e. Following a review of rehabilitation provision across the two counties, the adoption of the Getting It Right First Time (GIRFT) methodology which is supported by the Royal College of Psychiatrists and the NHS England commissioning guidance has been used to look at rehabilitation mental health services to compare those to national standards for mental health rehabilitation. In the review, it has been realised that local rehabilitation services are not the best fit for the needs of the current population.

    f. All the units across the two counties are often not of the right design or to the right specification to provide care for the more challenging patients that require rehabilitation in both counties. The implication for that is that patients are placed out of area and currently there are 9 placed out of area. Additionally, out of the 50 acute inpatient beds, there are 17 who have been in acute hospital for more than 60 days and many of those would benefit from rehabilitation, however, there is not the right profile of beds across the two counties.

g. Another factor considered in the redesign is Oak House which is a ten-bed unit based in a Georgian house. There is a lease on it which ends in 2027. The building has considerable limitations including line of sight, accessibility problems, and it cannot be fully de-risked.

h. The redesign programme started in January 2023 and has followed the major change process with emphasis on continuous consultation and codesign.

i. On the completion of the options appraisal, it will be taken to Clinical Senate, who will give a viewpoint on whether it can proceed or needs further refinement. Public consultation will follow that and changes to service provision from late 2026 will happen following public consultation.

j. There are three options which are being worked up as an options appraisal. All involve the closure of Cromwell House in Worcestershire. All reduce the number of beds in current rehabilitation units and all use the resource of closed units to reinvest in level one rehab, including supporting supported housing. All options also propose the conversion of the Hill Crest unit in Redditch.

k. Since the writing of the paper, Hill Crest will not be used as a level two unit. A feasibility assessment has been undertaken highlighting that Hill Crest is not fit for purpose and the cost of the capital works is prohibitive.

2. The Cabinet Member for Adults, Health and Wellbeing welcomed the improvements at Stonebow and inquired about any potential future uses for Hill Crest.

3. The Chief Operating Officer responded to note that there are two main challenges with the Hill Crest building; the first is that it is not big enough to provide en-suite accommodation and; second, the building's carbon footprint is non-compliant with modern building standards.

4. The Director of Strategy and Partnerships added that Hill Crest is not empty and it is currently providing community services out of the front.

5. In response to a question about why investment in suitable buildings had not occurred earlier, the Chief Operating Officer explained that national capital funding had been limited. The types of schemes that enabled the rebuilding of the Elgar Unit and Stonebow had exhausted the available capital limits, requiring the Trust to wait for new national funding opportunities. Regarding rehabilitation services, the Trust was prompted to act following the publication of new national guidance, as well as insights from its own benchmarking.

6. The Chief Operating Officer noted that in terms of overall strategic outcomes they are about preventing long-term disability for people with severe mental health problems. The people that are brought through rehabilitation, if they do not receive the right type of support, they end up with far worse outcomes than the general population and end up in residential and nursing care. A successful rehabilitation programme can help people back down to supported housing and often into their own tenancy with community support.

7. The Chief Operating Officer explained that, in relation to benchmarking, the GIRFT programme establishes various benchmarks, examining aspects such as the nature of local service provision, the number of people placed out of area, and whether those individuals should be brought back into local services. In

some cases, the findings indicate that local provision does not align with the needs profile of the community. National guidance on commissioning mental health inpatient services defines what should be available at each level, revealing existing deficits. One such deficit is the lack of community-based rehabilitation services, as funds that might otherwise support community services are instead tied up in inpatient unit beds. Another significant gap identified is that individuals requiring intensive support often have to travel considerable distances to access it.

8. In response to a request for the trust providing access to GIRFT pre-consultation engagement reports and other relevant reports, the Chief Operating Officer confirmed that this could be provided.

9. In response to a question about which option is the best, the Director of Strategy and Partnerships noted that the three options are being developed before going to Clinical Senate and the more feedback that can be received will be helpful to be included as part of the process.

10. In response to a question about which option would be best, the Director of Strategy and Partnerships explained that all three options are still being developed and will be presented to the Clinical Senate. It was emphasized that gathering as much feedback as possible is valuable for informing the process.

11. In response to a question about the possibility of constructing a purpose-built facility on the Herefordshire-Worcestershire border to prevent patients from needing to travel out of county, the Chief Operating Officer confirmed that the Trust had undergone an extensive consultation process. As part of this, they explored whether a new facility could be built or whether an existing building or site could accommodate a large new structure or adaptations. However, factors such as the time required for land acquisition and planning, along with the significant capital costs involved, meant that this option was limited in feasibility.

12. In response to a question about whether it is realistic to expect to deal with every patient in every degree of mental health in the trust itself, the Director of Strategy and Partnerships confirmed that the trust does have similar arrangements in mental health. For example, the trust does not have eating disorder beds, but they sit in the regional portfolio and the trust has to work well with providers of those beds.

13. The Chief Operating Officer added that there are usually at least fifteen patients who are requiring level two rehab but cannot have it locally.

14. In response to a question about how prevalent external providers are in providing level two rehab, the Chief Operating Officer confirmed that there are a good range of providers that provide level two rehab. There is a variability in the cost, quality, and outcomes. The trust is entering into an exploration of which providers are local enough and are willing to have a conversation about consolidating block-contracting and to meet the standards required for a rehabilitation unit.

15. In response to a question about whether Stonebow is classified as level one or level two, the Chief Operating Officer explained that Stonebow comprises three wards, and the clinical decision was to rebuild them as modern wards. One ward serves older adults with functional mental illness, another cares for older adults with organic conditions, and the third accommodates working-age adults in Herefordshire experiencing acute mental illness.

16. In response to a question about whether any analysis has been conducted to understand the reasons for patient admissions, the Director of Strategy and Partnerships stated that several case studies have been utilized in developing the available options.

17. In response to a question about how the changes will enhance patient outcomes, the Chief Operating Officer explained that community rehabilitation services are currently underdeveloped in the two counties. By reducing inpatient beds through the closure of Cromwell and the reduction or closure of Oak House, staffing resources can be redeployed into the community to deliver community-based rehabilitation, creating a step-down pathway from acute care.

18. In response to a question about how patients with mental health issues in rural areas are supported, the Chief Operating Officer explained that the proposed options primarily focus on individuals already known to the trust, many of whom have experienced multiple acute episodes and repeated admissions to the Stonebow unit and require extended support. Regarding community accessibility, there has been significant investment from central government over the past five years to enhance community services, and considerable collaboration with GPs aims to keep access as open as possible, with 97% of referrals from GPs being accepted. It was also noted that the previous government set a target for a one-third increase in the number of people receiving mental health care in the community, a goal that has been surpassed in both counties.

19. The Director of Strategy and Partnerships added that she chairs the Better Adult Mental Health Partnership, where valuable discussions take place about key priorities and areas of focus.

20. In response to a question about the level of involvement of the Primary Care Network, the Chief Operating Officer confirmed that they have been closely engaged throughout the entire process.

21. In response to a question about which specific key performance indicators (KPIs) will measure the success of the redesign and how they will be monitored over time, the Chief Operating Officer explained that the trust established overall objectives at the outset of the programme, serving as primary lead indicators. Once the level one and level two model is finalised, a secondary set of KPIs will be defined, encompassing various social outcome measures such as overall length of stay and successful securing of tenancy, among others.

Resolved:

1. **That the Herefordshire and Worcestershire Health and Care NHS Trust should set out the pros and cons of each of the three redesign options against the six “and we” criteria in the NHS Commissioner Guidance for adult mental health rehabilitation inpatient services.**

60. ALL-AGE CARERS' STRATEGY ACTION PLAN - RECOMMENDATIONS OF THE WORKING GROUP

The committee considered a report on the All-age carers’ strategy action plan – recommendations of the working group. The Chairperson introduced the officers to present the report.

The Statutory Scrutiny Officer introduced the report and explained that the committee had decided to examine this action plan last year, at a time when the plan had yet to be

developed. Wanting to carry out more detailed work with the officers, the committee chose to undertake this in a less formal working group setting. As a result, the meeting was productive, allowing the committee to make suggestions for refining the action plan before it was brought forward for discussion at the full committee meeting.
The principal points of the discussion are summarised below:

1. In response to a question about the need for council-supported forums where carers can informally share issues, advice, or concerns with one another, the Commissioning Manager acknowledged the challenges in encouraging individuals with lived experience to participate in committees. It was noted that there are ongoing discussions about how to better engage carers through larger forums, which would enable feedback to be gathered and reported on activities undertaken.

2. The Cabinet Member for Adults, Health and Wellbeing thanked the scrutiny committee for its efforts as part of the working group and acknowledged its recognition of the significance of the all-age carers' strategy and the vital role of carers, including those who may not identify themselves as carers.

3. The Chair of the Carers Partnership Group added that a significant challenge in getting carers to attend board meetings or events is that they cannot step away from their responsibilities unless someone else is available to temporarily take over their caregiving role, making it difficult for them to participate.

4. The Head of Service Living Well added that there have been discussions about creating forums and potentially replicating the young carers sub-group of the Carers Partnership Board, which meets at times convenient for young people. She also noted that consideration has been given to strategies for recruiting members to the partnership boards.

5. The Cabinet Member for Adults, Health and Wellbeing also emphasized the importance of acknowledging both the quality of life and the needs of those who provide care and what respite they are receiving.

It was noted, as part of the report recommendations, the committee would receive an update in due course on implementing the All-age carers strategy action plan.

The Chairperson thanked the officers and the Chair of the Carers Partnership Group for attending.

Resolved that:

1. **The committee note the report;**

2. **The committee endorse the findings of the working group's report; and**

3. **The committee receives an update in due course on implementing the All-age carers strategy action plan.**

61. WORK PROGRAMME 2024/5

The Statutory Scrutiny Officer noted the draft work programme for the Health, Care, and Wellbeing Scrutiny Committee for the municipal year 2024/25.

The principal points of the discussion are summarised below:

1. It was noted that as part of the scrutiny review was an exploration of different ways of working away from the committee-based system. There are a couple of issues that were recognised that the committee may want to consider.

    a. Firstly, the Statutory Scrutiny Officer suggested that a task and finish group be created to consider the topic of adult social care demand. If the committee felt that this was a topic of interest, a terms of reference could be brought to the subsequent committee meeting to carry out that piece of work over the course of the year.

    b. Secondly, the reconfiguration of Integrated Care Boards (ICBs) was cited as another topic of interest to the committee. The ICB deals with and manages a lot of health provision across Herefordshire for which the local authority has a stake in and any of those changes to the reconfiguration of the ICB would have an impact on the council and the services it provides. This is a developing piece of work but it was suggested that the committee should consider how it will respond to that.

2. The Cabinet Member for Adults, Health and Wellbeing expressed concern, from the directorate's perspective, about the potential notification of a CQC visit and emphasised that staff should not be diverted from preparing for the inspection to take part in a task and finish group focused on adult social care demand. She noted that while no date for the visit has been confirmed, it could occur soon. It was therefore suggested that the committee postpone starting the task and finish group until after the CQC visit has taken place.

3. The Director of Public Health added that it might be beneficial to wait for the CQC inspection to take place before initiating the task and finish group.

4. The Statutory Scrutiny Officer responded that he did not foresee any conflict between the CQC inspection and the work of the task and finish group. He explained that, with a task and finish group, terms of reference would be presented to the committee in July, followed by the development of a detailed scope and work programme to explore the topic further.

5. In response to a question about when the report from the CQC would be received, the Cabinet Member for Adults, Health and Wellbeing explained that, to her understanding, the CQC provides a verbal report at the end of their visit week, with the written report following fairly soon afterward.

Resolved that:

1. **The committee agree the draft work programme for Health, Care and Wellbeing Scrutiny Committee contained in the work programme report attached as appendix 1, which will be subject to monthly review, as the basis of their primary focus for the remainder of the municipal year.**

2. **The committee note the work programme for the other scrutiny committees, and identify any opportunities for collaboration or alignment of work.**

62. DATE OF THE NEXT MEETING

The date of the next meeting is Monday 28 July 2025, 2.00 pm.

The meeting ended at 3.47 pm **Chairperson**