

## Health Scrutiny Committee

<b>Subject:</b>	<b>HEALTH &amp; SOCIAL CARE UPDATE</b>
<b>Presented By:</b>	<b>Chris Bull, Chief Executive</b>

### **PURPOSE OF THE REPORT:**

To update the Health Scrutiny Committee on the following health and related social care issues across Herefordshire :

- A. Key Operational Issues
- B. New Regulations and Policies
- C. Feedback from External Regulators, Staff, Public and Service Users

### **HEALTH & SOCIAL CARE UPDATE REPORT**

#### **A. KEY OPERATIONAL ISSUES**

##### **a. Protecting the Health of Herefordshire Population**

###### **Swine Flu Update and Mass Vaccination Programme**

On 2 July the DH announced the move from a containment strategy to a treatment strategy, which focused the NHS' efforts on treating those who have the virus and its complications.

In practical terms, the key issues for the PCT, Council and the community at large remain to be about safety, acceptance of swine flu as a threat, the uptake of vaccination and the added pressure on health and social care systems.

However, the HSC should note that despite these pressures NHS Herefordshire is still broadly achieving its targets and are confident, as far as is reasonably possible, that Herefordians will remain protected if a pandemic hits.

It is anticipated that the National Swine Flu Vaccination Programme will be launched by Mid-October 2009 which will be focused towards vulnerable groups.

###### **Chlamydia Screening**

The national target has been increased to 25% or 4950 young adults for 2009/10. Public health professionals, in collaboration with commissioners and provider services have been developing long-term sustainable initiatives to meet this challenging target. The prime focus of the plan will involve the launch of a Social Marketing campaign to influence attitude and behaviour towards sexually transmitted disease, with a particular focus on parents and schools.

###### **Bowel Cancer Screening**

A new screening service focusing on bowel cancer is shortly to be launched and HSC members are asked to lend their support in promoting this initiative that has the potential to save lives. The programme will begin by inviting men and women aged 60 – 69 every two years using a faecal occult blood test (FOBT). Following the Cancer Reform Strategy December 2008 the age range will be extended up to 75 from 2010.

- The local bowel cancer screening programme has been launched on 7<sup>th</sup> September 2009. It is jointly commissioned service with Worcestershire PCT with Rugby as programme hub.

- Campaign launch to inform eligible population that bowel cancer screening is available in Herefordshire is underway. This includes focus advertising in target locations, distribution of promotional materials in key areas, and raising awareness and understanding of the screening programme within the NHS.
- The launch plan will need to be reviewed and its effectiveness monitored by the Herefordshire and Worcestershire Bowel Screening Board.

### **Promoting a Healthy Lifestyle for the People of Herefordshire**

The Herefordshire Primary Care Trust (PCT) has prioritised a number of key issues for action and is developing a comprehensive social marketing programme and purchasing new services to increase access and range of activities. Specifically these programmes are targeted towards the following areas:

- **Promoting the sensible drinking of alcohol**
- **Access to Primary Care dentistry**
- **Breastfeeding at 6-8 weeks**
- **4-Week smoking quitters**
- **Teenage conceptions**

The Public Health Directorate, in collaboration with wider stakeholder has been developing a multi-faceted co-ordinated social marketing “Healthy Herefordshire” campaign. Under this overarching strategy a number of tactical initiatives will be developed.

For example, at the end of the year, under the slogan “New Year, New You”, a campaign will be launched to encourage and assist smokers to quit as a New Year resolution and to set the goal of celebrating their success on No Smoking Day in March. This campaign will be heavily publicised through local media and events, and through NHS Herefordshire and Herefordshire Council services and premises.

It is opportune at this point to highlight how the integrated systems across the Council and PCT can and need to work together to enhance and increase our health outcomes.

### **Developing Safeguarding in Herefordshire**

The Adult Safeguarding Board has been re-launched with a clear remit to build strong partnerships across Herefordshire. These partnerships will be responsible for providing the strategic direction and leadership, necessary to ensure robust Safeguarding arrangements are in place, supported by increased awareness of Adult Safeguarding in communities across the county as well as implementing preventative strategies to reduce incidents of abuse.

The new priorities include a review of the multi agency framework for Policy, Practice and Procedures, development of a multi-agency training strategy and introduction of an outcome based performance / quality assurance model, which will inform future practice and service development. A programme of strategy development has commenced with active engagement of carers, practitioners, senior officers and elected members.

The Safeguarding process has also been re-designed and will be introduced in the autumn alongside the new one point of access arrangements for Safeguarding referrals. Consideration is given to how best to engage service users in the Safeguarding agenda and is regarded as one of the Board’s priorities.

## **b. Targets & Achievements of Currently Commissioned Services**

### **2.1 Operational Performance and Improving Access**

#### **Audiology Services and Inpatient Waits**

Commissioners are liaising with provider services regarding the achievement of access target. In particular, audiology services and inpatient admissions are currently being investigated for breaches of target. While minimal numbers are involved, all efforts are being made to ensure this is not systemic.

#### **Other Areas of Current Concern**

There are a number of other challenging areas that have had a recent dip in performance, namely:

- **% seen within 48 hours in GUM clinic**
- **Cancer waits – 2 week maximum wait from urgent GP referral**
- **Breast Cancer Symptom 2 week waits - Symptomatic**
- **Delayed Transfers of Care**
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However, progress is being made in these areas and an update will be given to the next HSC in November.

#### **Herefordshire Ambulance Response Times**

A draft version has been received of an independent report looking at WMAS. The final version of the report will be presented to the Board at a later stage. There are two particularly salient points for Herefordshire arising from the early review:

- That the funding formula for WMAS should be rebased to reflect population and utilisation. This supports the position taken by Herefordshire PCT and, over time should enable HPCT commissioners to invest further to meet standards
- That further investment is made in Community First Responders (CFRs) and, if appropriate additional ESPs to enable improvement in response times and to provide additional cover in highly rural areas while seeking to ensure best value from the investments already made in these areas. This echoes the recommendations of the Herefordshire Health Overview Scrutiny Committee review of WMAS current service.

#### **Stroke Care**

A CQUIN incentive has been offered to Hereford Hospitals Trust (HHT) as a financial incentive to meet the DH set target. The Improving Stroke Services Project Group (NHS and HHT) meets monthly to discuss performance which is showing signs of initial improvement subject to recent information being validated.

The month of July showed an improvement to 55%. However, current year to date information in TIA performance has dipped primarily due to the revised data recording methods introduced by the Department of Health.

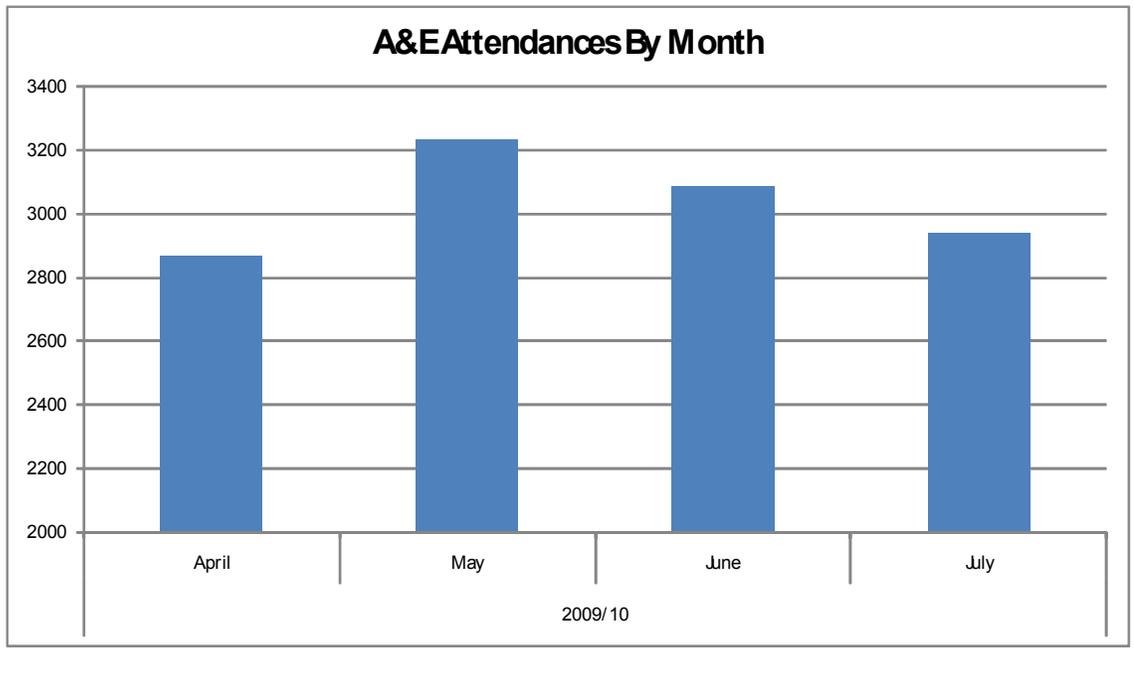
### c. Current Financial Performance & Challenges

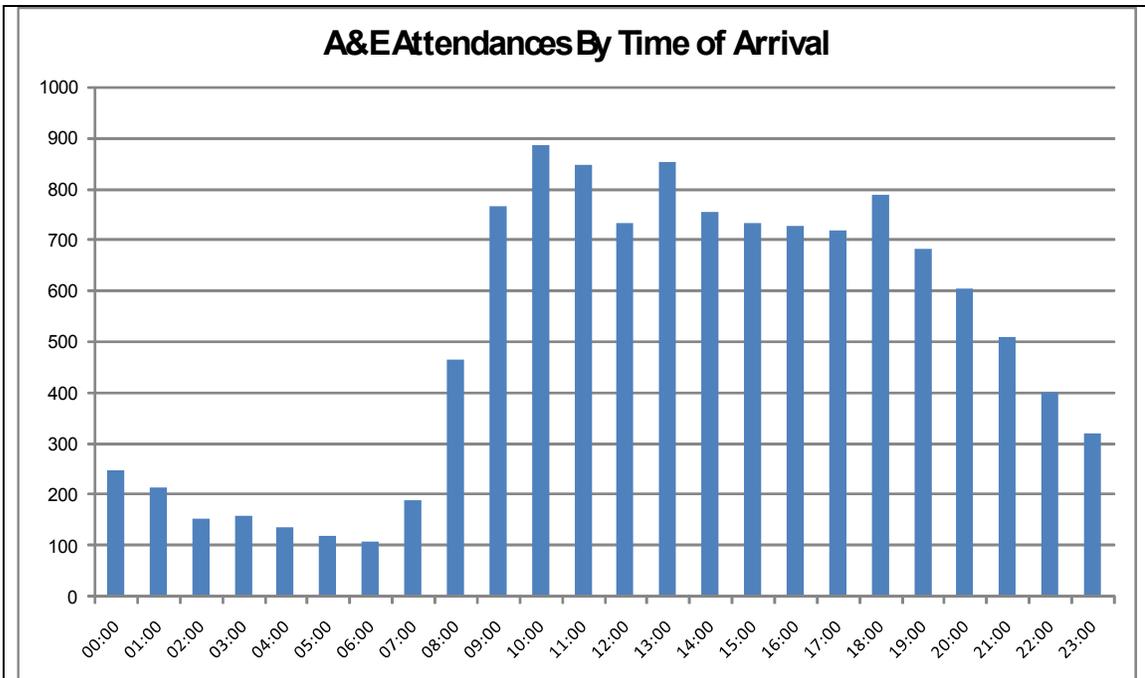
Herefordshire PCT is currently forecasting that it will achieve financial targets set by the Strategic Health Authority (a £770k surplus) and as well as those required statutorily. However there is increased activity emerging at Hereford Hospital based on the first four months of activity data.

HHT's phased profiling indicates the Trust is forecasting an over-performance of circa £3m of which the primary drivers are Emergency and A&E activity. A meeting took place on the 7<sup>th</sup> September between HHT Executives and PCT Executives regarding the need to work together across the whole health economy including General Practitioners around demand management and understanding of care pathways. Discussions also took place re current levels of forecast activity being unaffordable to the PCT and that they could prejudice the PCT's ability to achieve financial targets. However within PBR rules all appropriate validated activity delivered will clearly be paid for.

It is currently expected that this over-performance will be mitigated by demand management actions.

PCT analysis of activity by attendance to A&E suggests that 43.8% of patients presenting to A&E did not require any follow up treatment, 22.4% were admitted to a hospital bed and 14.3% were referred to other outpatient clinics. The following graphs show A&E attendances by month and by time of arrival. It has always been envisaged that the Equitable Access Centre would result in reduced footfall to A&E. it is hoped that an interim solution which will be in place by December 2009 will have an in year impact.





#### **d. New Service Developments & Changes to Current Services**

##### **Mental Health Changes**

As reported to the last Health Scrutiny Committee it has been agreed that a procurement exercise should be undertaken for mental health services, currently provided by NHS Herefordshire's Provider Arm, supported by Herefordshire County Council. Whilst the services provided are satisfactory the advantages of economies of scale offered by large specialist mental health providers are unavailable. This process has started with an advert being placed in the Journal of the European Union on 11 September 2009. Regular updates will be brought to the Scrutiny Committee.

##### **Integrated Health and Social Care**

The new service involves the integration of the STARRS Team, Hospital re-ablement Team and the PCT Outreach Team into a county wide Intermediate Care Service that is available 365 days year, 7 days a week. The model of practice developed includes a training programme and a Care pathway that it links the new service into the current Health provision network in Herefordshire.

We are very near appointing a Team Leader and are soon to start a series of road shows to discuss the progress of the new service with the existing staff and to start the formal consultation programme.

##### **GP led Health Centre**

NHS Herefordshire is working closely with Hereford Hospitals Trust as the preferred site for the new GP-led Health Centre for walk-in patients, which would give the maximum benefit from the new service and relieve pressure on existing A&E services. As a contingency, the PCT is seeking planning approval for an alternative site, utilising part of the grounds of the existing Stonebow unit, near to the Hereford Hospital site. However, the PCT recognises the concerns raised by staff and user groups regarding the Stonebow proposal, and is making every effort to ensure that the preferred solution of coterminosity with the Hereford Hospitals A&E unit is secured.

## **B. NEW REGULATIONS AND POLICIES**

### **a. World Class Commissioning**

World Class Commissioning is the new performance regime for local NHS organisations. This year, the programme launch is on the 16<sup>th</sup> of September with final performance panel review in April last year. We are working locally to ensure that NHS Herefordshire come out with a better score this year compared to last year.

NHS Herefordshire chose the under-listed outcomes during last year's round as indicators of our ability to achieve system goals. We anticipate that there would be minimal changes to the list of outcomes.

- **Health Inequalities score Index of Multiple Deprivation:** this is a long term measure. Public Health, in collaboration with stakeholders has launched a range of health improvement programmes to improve health and reduce inequalities for those who are deprived and are least likely to access health and social care services.
- **Life Expectancy – male / female:** this is a long term measure and life expectancy in Herefordshire is higher than the west Midlands average.
- **%Year 6 Child Obesity:** this is challenging as currently 25% of Herefordshire children in year 6 are either overweight or obese
- **Cancers under 75:** Cancer screening uptake is on target in Herefordshire; Bowel cancer Screening Programme has been launched that will further reduce the morbidity and mortality from cancers.
- **MMR uptake by 5<sup>th</sup> birthday:** MMR Catch-up campaign was launched last autumn and recent data show 7% increase in the MMR Uptake at 5<sup>th</sup> birthday. Our MMR Catch up Campaign (call/recall) is being enhanced by the development of a proactive social marketing initiative by October 2009 as part of the Healthy Herefordshire programme to improve the MMR uptake in 2010.
- **Smoking quitters:** catch up on quitters making progress following relocation and introduction of text and on line referral
- **Stroke deaths within 30 days:** ongoing work on stroke pathways, percentage of time spent on specialist acute unit and Blood pressure monitoring in primary care.
- **Alcohol related hospital admissions:** Alcohol Harm Reduction strategy is being developed in collaboration with wider stakeholders.
- **Suicides:** Suicide prevention strategy is being developed in collaboration with wider stakeholders
- **CHD deaths all ages:** There is already a downward trend but a Vascular Check Programme is being developed and will be rolled out across the county by the April 2010.

### **b. Regulation of Health and Adult Social Care Services from April 2010**

New registration standards for all health and adult social care providers are being introduced from April 2010 and will apply to NHS Trusts for the first time. Standards for Better Health for the NHS are being replaced by new system of Registration, introducing essentially common quality standards across the care sector.

2009/10 is a transitional year for NHS trusts, between the previous system of the Annual Health Check and the Care Quality Commission's new system of Registration and periodic review.

In 2009/10, the assessment of NHS trusts and Primary Care Trusts as providers will have three components:

- Compliance with core standards
- Performance against the Government's national priorities and existing commitments
- Quality of financial management

## **C. FEEDBACK FROM EXTERNAL INSPECTORS, STAFF PUBLIC AND SERVICE USERS**

### **a. Care Quality Commission Annual Health Check 2008/09 Results**

The Care Quality Commission will publish NHS Trusts performance against the Annual Health Check in mid October. The Annual Health Check measures performance against the following;

- Quality of services – consisting of our declaration against the core standards and our performance against existing and national priorities.
- Quality of Financial Management – the Use of Resources assessment carried out by the Audit Commission.
- Assessment of Services & Topics – specific independent reviews carried out by the Care Quality Commission.

The detailed timetable for 2008/09 Health Check is as follows;

#### **Tuesday 13 October 2009**

Trusts receive secure access, under embargo, to their individual 2008/09 annual health check ratings

#### **Wednesday 14 October 2009**

All 2008/09 annual health check ratings available, under embargo, to trusts, SHAs and the media

#### **Thursday 15 October 2009**

General publication of the 2008/09 annual health check ratings

The Health Scrutiny Committee will receive a report on the outcome of the PCT Annual Health Check at its 30<sup>th</sup> November meeting.

### **b. Boorman Review on Issues Affecting the Health and Well Being of Staff**

The Boorman Review has now published its Interim Report, setting out emerging findings and initial recommendations on NHS staff health and well-being. The Interim Report lays out the business case for change and makes recommendations for

improvement in provision. Its findings are based on evidence gathered from across the NHS and its stakeholders; with over 200 responses from experts and Trusts to the Call for Evidence, and 11,000 staff completing the staff perception survey; through engagement with staff and managers at workshops and meetings across the country, and information on best practice drawn from a comprehensive literature review.

The Interim Report is designed to enable staff and stakeholders, within the Service and beyond, to seize this opportunity to affect how DH and the NHS will address this critical issue and influence the final outcomes of the Review later this year.

The Staff Partnership Board and Improving Working Lives Group will be considering the early summary and recommendations in the Interim Report and will provide feedback to the relevant Boards.

**RECOMMENDATION:**

**The Committee Members are asked to note the issues highlighted in the Chief Executive's briefing.**