AGENDA

# Health Scrutiny Committee

| | |
|---|---|
| Date: | **Thursday, 7th December, 2006** |
| Time: | **10.00 a.m.** |
| Place: | **The Council Chamber, Brockington, 35 Hafod Road, Hereford** |
| Notes: | Please note the **time, date** and **venue** of the meeting. |

*For any further information please contact:*

*Tim Brown, Members' Services, Tel 01432 260239*

***E-Mail: tbrown@herefordshire.gov.uk***

## County of Herefordshire District Council

HEREFORDSHIRE COUNCIL

# AGENDA

## for the Meeting of the Health Scrutiny Committee

**To: Councillor W.J.S. Thomas (Chairman)**
**Councillor T.M. James (Vice-Chairman)**

**Councillors Mrs. W.U. Attfield, Mrs. E.M. Bew, G.W. Davis, J.G. Jarvis, Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams**

| | | Pages |
|---|---|---|
| **1.** | **APOLOGIES FOR ABSENCE** | |
| | To receive apologies for absence. | |
| **2.** | **NAMED SUBSTITUTES (IF ANY)** | |
| | To receive details of any Member nominated to attend the meeting in place of a Member of the Committee. | |
| **3.** | **DECLARATIONS OF INTEREST** | |
| | To receive any declarations of interest by Members in respect of items on this agenda. | |
| **4.** | **MINUTES** | 1 - 6 |
| | To approve and sign the Minutes of the meeting held on 12th October, 2006. | |
| **5.** | **SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY** | |
| | To consider suggestions from members of the public on issues the Committee could scrutinise in the future. | |
| **6.** | **SPECIALIST CHILDREN'S SERVICES DEVELOPMENT** | 7 - 14 |
| | To consider a response to consultation proposals by the Primary Care Trust. | |
| **7.** | **UPDATE ON THE DEVELOPMENT OF STROKE SERVICES IN HEREFORDSHIRE** | 15 - 24 |
| | To consider an update on the development of stroke services within the County. | |
| **8.** | **PALLIATIVE CARE** | 25 - 34 |
| | To receive a briefing paper on palliative care. | |
| **9.** | **PUBLIC SERVICE TRUST (TO FOLLOW)** | |
| | To receive a report on the development of proposals for the establishment of a Public Service Trust for Herefordshire. | |

**10. WORK PROGRAMME** | 35 - 38

To consider the Committee’s work programme.

# PUBLIC INFORMATION

## HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

# PUBLIC INFORMATION

## Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committees to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

### 1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

### 2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

**Remits of Herefordshire Council's Scrutiny Committees**

**Adult Social Care and Strategic Housing**

*Statutory functions for adult social services including:*
*Learning Disabilities*
*Strategic Housing*
*Supporting People*
*Public Health*

**Children's Services**

*Provision of services relating to the well-being of children including education, health and social care.*

**Community Services Scrutiny Committee**

*Libraries*
*Cultural Services including heritage and tourism*
*Leisure Services*
*Parks and Countryside*
*Community Safety*
*Economic Development*
*Youth Services*

**Health**

*Planning, provision and operation of health services affecting the area*
*Health Improvement*
*Services provided by the NHS*

**Environment**

*Environmental Issues*
*Highways and Transportation*

**Strategic Monitoring Committee**
*Corporate Strategy and Finance*
*Resources*
*Corporate and Customer Services*
***Human Resources***

## The Public's Rights to Information and Attendance at Meetings

## YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

## Please Note:

Agenda and individual reports can be made available in large print. Please contact the officer named on the front cover of this agenda **in advance** of the meeting who will be pleased to deal with your request.

The Council Chamber where the meeting will be held is accessible for visitors in wheelchairs, for whom toilets are also available.

A public telephone is available in the reception area.

## Public Transport Links

- Public transport access can be gained to Brockington via the service runs approximately every half hour from the 'Hopper' bus station at the Tesco store in Bewell Street (next to the roundabout junction of Blueschool Street / Victoria Street / Edgar Street).
- The nearest bus stop to Brockington is located in Old Eign Hill near to its junction with Hafod Road. The return journey can be made from the same bus stop.

If you have any questions about this agenda, how the Council works or would like more information or wish to exercise your rights to access the information described above, you may do so either by telephoning the officer named on the front cover of this agenda or by visiting in person during office hours (8.45 a.m. - 5.00 p.m. Monday - Thursday and 8.45 a.m. - 4.45 p.m. Friday) at the Council Offices, Brockington, 35 Hafod Road, Hereford.

Where possible this agenda is printed on paper made from 100% Post-Consumer waste. De-inked without bleaching and free from optical brightening agents (OBA). Awarded the Nordic Swan for low emissions during production and the Blue Angel environmental label.

## COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

### BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

## FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to Assembly Point J which is located at the southern entrance to the car park. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

# MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 12th October, 2006 at 11.00 a.m.

**Present:** **Councillor W.J.S. Thomas (Chairman)**

**Councillors: G.W. Davis, J.G. Jarvis, Brig. P. Jones CBE, G. Lucas and R. Mills**

**In attendance:** **Councillors Mrs. L.O. Barnett, P.J. Edwards, Mrs. J.P. French, R.J. Phillips, D.W. Rule MBE and R.M. Wilson**

## 67. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Mrs W.U. Attfield, Mrs E.M. Bew, T.M. James and Ms G.A. Powell.

## 68. NAMED SUBSTITUTES

There were no named substitutes.

## 69. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 70. MINUTES

RESOLVED: **That the Minutes of the meeting held on 5th September, 2006 be confirmed as a correct record and signed by the Chairman.**

## 71. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions.

## 72. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2006

The Committee received a presentation from Dr Frances Howie, Associate Director of Health Improvement, on the Annual Report of the Director of Public Health 2006.

The presentation contained a health profile of the county, progress against priorities in the “Choosing Health” White Paper and Health protection activity. The main points made in the presentation are summarised below.

### Health Profile

It was reported that people in Herefordshire are generally healthy and see themselves as healthy. However, the following areas for concern were listed:

- Whilst overall mortality rates dealt with small numbers, so caution were needed, there was remarkable consistency over recent years. Standard Mortality Ratios (SMRs) were higher than expected for: malignant melanoma of skin; Stroke

(especially female); and land transport accidents among men.

- Poor dental health.
- Health inequalities between different areas, depending on levels of social deprivation.
- Life expectancy differences at ward level.
- SMRs are highest in the most deprived areas.
- Hospital admissions are highest in the most deprived areas.
- Differences between socio-economic groups within different categories of admissions: eg. injury and alcohol related admissions.

**Recommendations**

The recommendations to address these concerns were:

- Development of a sun safe health promotion programme with focus on men
- A scoping study on falls prevention
- Work with partners to improve cycling safety
- Increased provision of primary health services in South Wye
- Working with partners to identify health needs of ethnic minorities

**CHOOSING HEALTH**

Priorities were sexual health, smoking, sensible drinking, and obesity. It was noted that investment had not been ringfenced and the financial pressures in the NHS had led to a reduction in the budget for these initiatives.

**Sexual health**

In terms of sexual health it was reported that the 2008 target of a 48-hour wait for genitor-urinary medicine services would be challenging, as would the 2007 target for Chlamydia screening. Teenage pregnancy was low so it would be hard to reduce this to meet targets.

**Smoking**

The PCT service met targets. However, the health equity audit showed lower quit rates in the most deprived areas. The Regional Lifestyles Survey (RLS) showed the highest smoking rate to be among 35-44 years and significantly above the regional average. The PCT had joined with the Council to form a Smoke-Free Herefordshire Group. The aim was to bring together partners from across the County to co-ordinate and develop a programme of work to reduce smoking and meet the requirements of forthcoming legislation.

**Sensible Drinking**

Statistics were presented on the percentage of people drinking more than the recommended level, and on binge drinking. It was noted that there had been a steady rise in alcohol related emergency admissions. A multi-agency group was in place which linked to the national alcohol strategy.

**Obesity**

The effects of obesity on health and the current position in Herefordshire were set out, noting that as a consequence this would be the first generation whose life expectancy would be shorter than their parents. A number of initiatives being taken to reduce obesity were described.

**Recommendations**

The recommendations to address these issues were:

- Introduce NAAT system of testing for Chlamydia.
- Encourage brief interventions around sensible alcohol consumption.
- Encourage the use of brief interventions around smoking.
- Develop dedicated capacity for work programme to challenge obesity.

**HEALTH PROTECTION**

**Screening**

Statistics were presented showing good coverage for cervical screening, with a huge improvement in the length of time people had to wait for results. There was also good coverage for breast screening and again an improvement in the length of time waited for results.

**Immunisation**

The uptake of the MMR vaccine showed a slight improvement but was still only 81.5%, well below the required 95% level. A new childhood immunisation programme vaccine was to be introduced in September adding a pneumococcal vaccination for babies, together with a catch-up programme for all children up to the age of two. There was some concern about its impact and that MMR uptake rates may begin to fall again because of parents becoming anxious about the number of vaccinations being given and the difficulties of attending more clinic appointments.

There was no longer a universal school-based vaccination programme for Tuberculosis. Herefordshire had the lowest rate of notification in the West Midlands and the policy of withdrawing routine vaccination was therefore appropriate. Screening systems were in place to identify high risk people who would then be offered vaccination.

The uptake of the Flu vaccine was above the national target.

The uptake of the Pneumococcal vaccine, targeted at those aged under 2 and over 65, was just above the national average for those aged over 65. Vaccination was being introduced for babies together with a catch-up programme for those aged under 2.

**Recommendations**

The recommendations on health protection were:

- Focus attention and activity on increasing uptake of flu and pneumococcal immunisations
- Maintain other programmes of work on MMR and screening.

In summary the annual report concluded that Herefordshire was healthier than other places but that health could be significantly improved in key areas. This could only be achieved with continued new investment and a wider shift of NHS resources into prevention. There was a need to accept short-term investment for a long-term gain. Improvement could only be achieved with the support of partners.

Dr Howie then responded to a number of questions as summarised below.

- In relation to fluoridation Dr Howie assured the Committee that she would continue to monitor progress by the Strategic Health Authority on the matter and again thanked the Committee for its support for a feasibility study.

- Asked about investment in the South Wye area to reduce health inequalities, Dr Howie said that investment did not come from the public health budget alone. The public health team was small and sought to draw attention to the inequalities and influence others to prioritise this issue. Her expectation was that there would be increased allocations from both mainstream budgets and the public health budget to reduce inequalities in the area. She gave a number of examples of initiatives that were underway and commented on health promotion publicity.

- It was noted that whilst statistics on alcohol consumption by people below the age of 18 were not currently available, work was in hand to gather the information for the current year and future years.

- Dr Howie reported that no difficulties with supplies of flu vaccine were expected in the County at this point.

- Clarification was provided on the action being taken to improve Chlamydia screening.

- Dr Howie commented on the continuing efforts to improve uptake of the MMR vaccine but advised that the issue continued to be of concern.

- The number of cycling accidents resulting in hospital admissions and the need for improved road safety was discussed.

The Chairman thanked Dr Howie for her presentation.

## 73. HEREFORD HOSPITALS NHS TRUST - FOUNDATION TRUST STATUS (TO FOLLOW)

The Committee considered a response to the public consultation inviting views on the Hospitals Trust seeking Foundation Trust status.

The Trust's Chief Executive had briefed the Committee in June on the consideration being given to an application for Foundation Trust. He had followed this with a detailed presentation to the Committee in September.

The Committee had had an informal discussion in September on how the Committee might respond to the consultation. The report set out the specific questions in the consultation document, the emerging thoughts expressed by Members and a proposed response.

It was noted that it was proposed that the Committee should submit a joint response with the Council's Executive.

The Acting Chief Executive of the Hospitals Trust commented that securing Foundation Trust status was seen as a means of retaining local control and independence. There were safeguards which would govern both the range and quality of services which would be provided and the financial soundness of the Trust if Foundation Trust status were obtained.

The Committee's intention to undertake further research to gain a clear understanding of the Trust's Business Plan and the financial considerations and implications associated with Foundation Trust status was reiterated.

**RESOLVED: That the Director of Adult and Community Services be authorised following consultation with the Chairman to finalise a joint response to the public consultation exercise on the Hospitals Trust seeking Foundation Trust status, based on the responses set out in the report.**

## 74. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

The Committee considered its work programme.

**RESOLVED: That the Committee's work programme be approved and reported to the Strategic Monitoring Committee.**

## 75. (URGENT ITEM) POLICY ON RELATIVELY LOW PRIORITY TREATMENTS

*(In accordance with Section 100B 4(b) of the Local Government Act 1972 the Chairman agreed to allow consideration of this item of business in order to allow the Primary Care Trust Board to give timely consideration to the issue at its scheduled meeting the following week.)*

The Committee considered a report from the Primary Care Trust, which was circulated at the meeting, outlining a policy for low priority treatments.

A schedule listing treatments which it was proposed should no longer be undertaken, subject to certain exceptional circumstances, was appended to the report. A number of other general points forming part of the policy were set out in the report.

The Committee was informed that some 200-300 patients would be affected and the expected saving was £200,000 pa.

The Committee considered that to delay action now would only result in stronger measures at a later date and that the proposal should not therefore be made subject to a formal consultation exercise.

**RESOLVED: That the proposed policy on relatively low priority treatments be noted and not made subject to a formal consultation exercise.**

## 76. (URGENT ITEM) MANAGEMENT OF ELECTIVE SURGICAL CARE AT MAJOR PROVIDERS IN 2006/07

*(In accordance with Section 100B 4(b) of the Local Government Act 1972 the Chairman agreed to allow consideration of this item of business in order to allow the Primary Care Trust Board to give timely consideration to the issue at its scheduled meeting the following week.)*

The Committee considered a report from the Primary Care Trust, which was circulated at the meeting, setting out proposals to manage elective surgical activity in the remainder of the 2006/07 financial year while ensuring that national waiting targets continued to be met.

It was noted that a number of cost saving schemes had already been implemented in Commissioning, but it was clear that more needed to be done if financial balance for 2006/07 was to be achieved.

The Committee was informed that it was expected that the proposals could affect 500-1,000 patients, generating a saving of £1.5-£2million in 2006/07.

The Committee considered that to delay action now would only result in stronger measures at a later date and that the proposals should not therefore be made subject to a formal consultation exercise.

**RESOLVED: That the proposals to manage elective surgical activity in the remainder of the 2006/07 financial year be noted and not made subject to a formal consultation exercise.**

The meeting ended at 12.40 p.m. **CHAIRMAN**

# SPECIALIST CHILDREN'S SERVICES DEVELOPMENT

**Report By: Director of Adult and Community Services**

## Wards Affected

County-wide

## Purpose

1. To consider a response to consultation proposals by the Primary Care Trust (PCT).

## Financial implications

2. As set out in the consultation document. The financial implications of the consultation are properly within the resources held by the Primary Care Trust.

## Background

3. On 5th September the Committee considered a draft consultation document on the possibility of developing a central building for specialist community services for children with developmental problems/disabilities. The Committee commented on the draft and endorsed the proposed timescale for consultation.

4. The published consultation document on the development of a new centre for children's community based specialist services in the County is enclosed separately for members of the Committee.

**Progress**

5. A report by the Director of Children's Services suggesting important themes for consideration by the Committee is attached at appendix 1.

6. A report by the PCT's Director of Corporate Development summarising the responses to consultation received by the PCT to date is attached as appendix 2.

7. A detailed feedback questionnaire is also included in the consultation document itself.

**Issues**

8. The Committee's views in response to the consultation are invited.

9. It will be noted that the Director of Children's Services has highlighted that in terms of the options presented in the consultation document, the development of a new children's services building at a different central site is the preferred one in relation to the Children & Young People's Plan for Herefordshire and that this should be pursued as a priority. It is proposed that the Committee supports this approach and that the themes identified by the Director are incorporated into the Committee's response.

---

Further information on the subject of this report is available from
Sue Fiennes, Director of Children's Services on 01432 260039

10. In order to respond to the more detailed points in the feedback questionnaire and to allow the Committee's response to take account of any major issues raised by key stakeholders between the meeting and the end of the consultation period it is proposed that authority be granted to submit a detailed final response after the meeting.

## RECOMMENDATION

**THAT (a) subject to any comments the Committee wishes to make, a response to the consultation proposals be submitted on the basis that the development of a new children's services building at a different central site is the preferred one which should be pursued as a priority and that the themes identified in appendix 1 to the report are incorporated into the final response;**

**and**

**(b) authority be granted for the final response to be submitted by the Director of Adult and Community Services following consultation with the Chairman.**

**BACKGROUND PAPERS**

- None

Further information on the subject of this report is available from
Sue Fiennes, Director of Children's Services on 01432 260039

**Appendix 1**

# Important Themes Identified for the Health Scrutiny Committee's consideration by the Director of Children's Services

## Purpose

1. To advise Health Scrutiny on key themes in Children's Services in Herefordshire relevant to the consultation.

## Considerations

2. The outcomes as described in the report are clearly about fit for purpose buildings and a joined-up approach to co-locate some designated provision. This should be supported in principle.

3. An opportunity should be taken to consider further integrated working options and co-location beyond the proposal and to highlight this with more purpose in the vision. This should include consideration of how the principle of a "one stop shop" for children with additional needs could be expanded and also linked to the customer service arrangements which are part of Herefordshire Connects in the Council.

4. The Children & Young People's Directorate in the Council has a new structure which builds integration so there are more professionals able to contribute than "former education and social care staff". In addition, the Council has invested in re-designing 2 senior posts to include the development of integrated working across the partnership and this adds capacity for designing together the arrangements which would include consideration of existing workplace/assets across both organisations.

5. There is an opportunity to link to Children's Centre developments which will be critical to support to children and families to prevent additional needs developing.

6. The redevelopment of the services currently provided at the Kite Centre, Ledbury should also include the re-modelling of the "respite service" to link clearly to the Support for Families Strategy supported by the Children & Young People's Partnership Board. This would release service capacity to increase access and modernise the service.

7. In terms of the options presented the 4th option is the preferred one in relation to the Children & Young People's Plan for Herefordshire.

## Conclusions

- The business case for re-location and the re-design is regarded as sound.
- the development of a new children's services building at a different central site is the preferred one in relation to the Children & Young People's Plan for Herefordshire and that this should be pursued as a priority.

Further information on the subject of this report is available from
Sue Fiennes, Director of Children's Services on 01432 260039

Appendix 2

**HEREFORDSHIRE PRIMARY CARE TRUST**

**CONSULTATION ON SPECIALIST SERVICES FOR CHILDREN WITH ADDITIONAL NEEDS**

**REPORT FOR OVERVIEW AND SCRUTINY COMMITTEE BY THE PRIMARY CARE TRUST**

## 1. Introduction

Herefordshire PCT is currently out to public consultation on the best way to develop specialist services for children with additional needs in Herefordshire. The full and summary consultation documents are available separately to members of the Overview and Scrutiny Committee. In essence, the consultation is about:

- The future service model for children and young people with additional needs eg with disabilities or developmental needs.
- The consultation covers services in the community, not hospital services or those out of the county.
- Health, education and social care services are involved, because they work together with many of this group of children and young people.
- Specifically, the consultation asks for peoples' views on proposals to develop a new "one stop shop" centre for the county for these services. There would still be outreached services to children's' schools and homes and using more local buildings on a sessional basis, but the services and professionals now scattered across a variety of buildings would come together under one new roof.

This paper summarises the responses to consultation received by the PCT so far.

## 2. The Consultation

The consultation runs from 25 September to 22 December 2006. The consultation process has included:

- Sending 350 copies of the full document and 400 summary leaflets to interested organisations and individuals.
- Consultation displays at PCT sites providing children's' services.
- Press release leading to Hereford Times article.
- Consultation document invited anyone interested to contact the PCT if they would like to meet for a discussion, or for a PCT speaker to come to their group.
- Meeting with parents of children at special schools (12 attended).
- Meeting with head teachers of special schools.
- Meetings still to take place include Patient and Public Involvement Forum on 5 December and Herefordshire Alliance on 12 December.

Further information on the subject of this report is available from
Sue Fiennes, Director of Children's Services on 01432 260039

## 3. Consultation Responses

Written consultations received to date include:

- Response from the Patient and Public Involvement Forum (attached) in support of a new central building.
- Six long consultation questionnaires returned.
- 17 short consultation questionnaires returned.

People returning questionnaires are not required to say who they are, and the responses suggest parents/family members, other organisations linked to children's' care and some staff responses.

Key points from the 23 questionnaires:

Which option:

- 19 favoured a new central building.
- Three favoured refurbishment of current buildings, and providing a new limited assessment centre.
- One favoured leaving the arrangements as now (the "do nothing" option).

Which services to include in a new building:

We divided the possible services into four main groups:

1. Assessment, diagnosis and therapies for children/young people with developmental problems/disabilities
2. Teams and services for specific conditions – for example, autistic spectrum disorders or visual impairment
3. Extra services like child and adolescent mental health services, audiology and nursery provision.
4. Some acute hospital (eg County Hospital) services, like outpatient clinics and x-ray

- Seven respondents wanted to see all the first three groups included, but not acute hospital services. Some people wrote the latter would be unnecessary duplication.
- Five respondents wanted to see all four groups of services included.
- Two respondents wanted to see just the first group of services included.
- One respondent wanted to see all services except the second group.
- One respondent wanted to see just the first two groups of services included.
- One respondent did not want to see any services in a new building, and felt strongly that services "should be geared to the needs of children in the community rather than the needs of the professionals. We are not convinced by arguments about the need for central clinic facilities."

Should any specific services be provided nearer children's' own homes and not in a central building?

Comments included:

- Diagnosis and hearing tests.
- Yes (but unspecified)
- Relief care for learning disabilities

- Staff need to travel to children's' homes and schools
- Hearing, speech, ENT
- Services at community hospitals and special schools after initial full assessment
- Outreach – home care workers
- Everything should be out in the community except perhaps audiology
- Follow up and feeding needs to happen where children usually are, home and school.
- Health visitors and hearing tests
- Outreach family support

What would make a good location for a central building?

We asked people to choose from:

| | Chosen by these respondents |
|---|---|
| Parking nearby | 18 |
| Good public transport | 14 |
| Easy drop off spaces | 8 |
| In Hereford City | 13 |

Other comments included:

- Should be South of the river
- Doesn't have to be Hereford but must be central with good bus access
- Good to have a play area
- We should be working as locally as possible. Families already complain about having to come into Hereford. A central site is not what families want.

Other comments

Other comments show support for a new single centre but want to ensure that outreached services to children at home and in school will continue.

A selection of comments from questionnaires and made at meetings:

- It makes sense to have all these services under one roof, which would help families know what is there and get information.
- Centralised services weights them in favour of middle class families with flexible work arrangements and transport.
- Helpful if it makes it easier to contact professionals.
- Concern that the priority must be more staff not a plush building; staff and speed with which you get an appointment are more important.
- Recreational and play facilities for disabled children would be good to include.
- A centre would be useful in providing sibling support, peer support.
- Childrens' medical tests would be less frightening here than in hospital.

## Conclusion

The PCT will take stock of all the comments received after consultation ends on 22 December.

If a centre is supported, the PCT will then need to work up a business case, in partnership with the Council's Children's' Services Directorate.

The PCT will be happy to answer the Overview and Scrutiny Committee's questions at its meeting. The file of consultation responses is available to see on request.

**Julie Thornby**
**Director of Corporate Development**
**Herefordshire Primary Care Trust**

**November 2006**

## SPECIALIST CHILDRENS SERVICES

## HEREFORDSHIRE PCT PPI FORUM RESPONSE

Having discussed the consultation document, the Forum would like to make the following observations.

The current centres are unable to offer the best facilities and the best answer is to develop a new, central building, offering a complete range of services. These should include assessment, diagnosis and a range of therapies for young people from a very early age.

There should also be teams and services for specific needs, together with some outpatient provision for things like x-ray and dental care.

Extra services such as audiology and nursery facilities would be ideal.

Of particular importance would be the provision of adolescent mental health services.

If a new central building were to be developed, particular attention should be paid to its location and ability to provide adequate free parking on site, together with good public transport.

With these considerations in mind, a site within the Edgar Street grid might be suitable.

With regard to facilities being provided near or at children's homes, the Forum suggest that mobility equipment is important, together with physiotherapy and feeding support, so that both children and their carers get the best service available.

# UPDATE ON THE DEVELOPMENT OF STROKE SERVICES IN HEREFORDSHIRE

**Report By: Director of Adult and Community Services**

## Wards Affected

County-wide

## Purpose

1. To consider an update on the development of stroke services within the County.

## Financial implications

2. None identified.

## Background

3. On 23rd March the Committee was informed of the outcome of a review of stroke service provision and invited to consider proposals that had been developed on potential ways of improving stroke services within current resources.

4. The Committee was told how the proposals had been developed, the proposed future measures for stroke prevention, acute stroke care, stroke rehabilitation and long term support. In relation to stroke rehabilitation it was noted that the proposal was that this all took place at one intermediate care unit: Hillside in Hereford. The impact on current activity at Hillside was outlined to the Committee.

5. The Committee's principal concern about the proposals related to the implications of for some patients from Hereford City and Golden Valley requiring general intermediate care, but not specialist stroke rehabilitation, who would need to be treated in other Intermediate Care/Community Hospital Units.

6. The Committee was advised that the intention was that any impact would be mitigated by full use of all 22 beds at Hillside, access to community hospital beds and a review of access arrangements to the 126 community hospital/intermediate care beds, with proposals for using them differently. It was noted that a new Unit might be more ideal but that was not a practical option. If progress were to be made an incremental approach was the best way forward. It was emphasised that whilst a bed at Hillside might no longer be available to some patients those patients would still receive the care they required.

7. The Committee acknowledged the importance of making some progress in developing stroke services and that the proposals should accordingly be supported. However, it was requested that the implementation of the proposals should be carefully monitored.

8. An update on the development of stroke services within the County is appended upon which the Committee is invited to comment.

**BACKGROUND PAPERS**

- None

Further information on the subject of this report is available from
Stepahanie Canham, Head of Adult Social Care on 01432 260320

# UPDATE ON STROKE SERVICES IN HEREFORDSHIRE

## 1. INTRODUCTION

1.1 Stroke has a major impact on people's lives. It starts as an acute medical emergency, presents complex care needs, may result in long-term disability and can lead to admission to long-term care.

1.2 Each year 130,000 people in England and Wales have their first stroke, and 30,000 people go on to have further strokes; at any one time there are approximately 250,000 people who have had a stroke. It is the single biggest cause of severe disability and the third most common cause of death in the UK and other developed countries[1].

1.3 In Herefordshire, the care of people with stroke was reviewed during 2005, and a number of proposals were consulted upon and then implemented.

1.4 This paper provides an update on the work that has taken place since March 2006.

## 2. PREVENTION

*'The prevention of stroke depends on reducing risk factors across the whole population as well as in those at relatively greater risk of stroke'[2].*

2.1 Number of deaths from Stroke (ICD 10 160 – 169)

Previous data had shown a higher level of mortality from stroke in Herefordshire compared to other areas.

Although it is too early to determine any statistical significant changes, early data demonstrates some positive early trends in the number of deaths occurring from stroke every year.

| 2002 | 2003 | 2004 | 2002-04 baseline | 3 yr Averages | 2005 | 2006(to May 06) |
|---|---|---|---|---|---|---|
| 180 | 182 | 161 | 523 | **174** | **131** | **53** |

2.2 Actions to reduce the risk factors for stroke

Actions to reduce the risk factors for stroke in the population are being actively addressed in Herefordshire, and have been assisted through the implementation of the new GMS Contract. The improvement in most of the Quality & Outcomes Framework (QOF) results for 2004/05 and 2005/06 demonstrate this:

[1] Stroke Association (2004)
[2] Department of Health (2001) NSF For Older People

| Indicator | Q 4 2004/05 March 05 | Exclusion % as at March 05 | Q 4 2005/06 March 06 | Exclusion % as at March 06 |
|---|---|---|---|---|
| **Diabetes** | | | | |
| The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less. | **65%** | 8.7% | **71%** | 7.5% |
| The percentage of patients with diabetes, whose last measured total cholesterol within previous 15 months is 5 mmol/l or less. | **72%** | 10.7% | **81%** | 9.1% |
| **Coronary Heart Disease** | | | | |
| The percentage of patients with coronary heart disease, in whom the last blood pressure reading (measured in the last 15 months) is 150/90 or less. | **84%** | 5.1% | **86%** | 3.7% |
| The percentage of patients with coronary heart disease, whose last measured total cholesterol (measured in last 15 months) is 5 mmol/l or less. | **73%** | 12.1% | **79%** | 9.0% |
| **Stroke** | | | | |
| The percentage of patients with a history of TIA or stroke, in whom the last blood pressure reading (measured in last 15 months) is 150/90 or less. | **97%** | 9.8% | **83%** | 6.5% |
| The percentage of patients with a stroke shown to be nonhaemorrhagic, or a history of TIA, who have a record that aspirin, an alternative antiplatelet therapy, or an anti-coagulant is being taken (unless a contraindication or side effects are recorded). | **63%** | 34.7% | **95%** | 25.4% |

2.3 Other areas of recommended action included:

*Transient Ischaemic Attack Clinics*
There was action to determine the GPs current referral patterns and whether the access was satisfactory. Some work has been attempted to look at referral rates by practice, but the current information systems make this difficult.

The access to the service is now by 'Payment by Results' which means if there is an increase in need, then Hereford Hospitals Trust will be paid according to referrals.

## 3. IMMEDIATE CARE, INCLUDING CARE FROM A SPECIALIST STROKE TEAM

3.1 *'All patients who may have had a stroke will usually require urgent hospital admission. They should be treated by specialist stroke teams within designated stroke units*[3]*.*

Within the County Hospital, there continues to be 10 beds dedicated to acute stroke care on Frome Ward. This service commenced at the beginning of August 2005 and has a dedicated stroke team. A nursing team work across the wider ward area.

3.2 During May and June 2005, a Listening Exercise was completed by the Involving People Team to determine the experiences of stroke survivors. A total of 30 people (stroke victims and carers) participated and a further six who do not attend meetings were visited individually at home. One of the topic areas discussed was their initial treatment. There was mixed feedback, with some patients stating that their care was good, where as others felt that they had to wait too long for Consultant assessment and investigations.

Although some people said their initial rehabilitation and therapy had been good, others had been on wards where little was available and thought more therapeutic staff were needed.

3.3 <u>Progress on implementation of recommendations</u>

a) Access to CT/MRI out of normal office hours has been reviewed with Dr Peter Wilson and access is available if requested.

b) Nurses in the hospital have had training offered on assessment of dysphagia.

c) A standard information pack has been developed for patients and carers.

d) Vision assessments for stroke patients was discussed at the county Ophthalmology Stakeholder Day and awareness raised in terms of the importance of vision assessments for these patients.

## 4. EARLY & CONTINUING REHABILITATION

4.1 *'The evidence indicates that early, expert and intensive rehabilitation in a hospital stroke unit improves the long-term outcome for patients*[4]*.*

4.2 <u>In-patient Rehabilitation at Hillside Intermediate Care Unit:</u>

[3] Department of Health (2001) NSF For Older People

[4] Lincoln, NB (2000) Five year follow up of a randomised controlled trial of a stroke rehabilitation unit, BMJ, 320p359 (Category: B1)

It was recommended and agreed in March 2006, that specific beds would be allocated for acute stroke rehabilitation with Hillside Intermediate Care Unit. Other patients requiring longer term rehabilitation would continue to be admitted to community hospitals across the county, and transferred back to Hillside if required.

A detailed implementation plan was actioned during April to June, to ensure that staff had the required training, clear pathways of transfer between the County Hospital and the unit were in place and the required equipment was available.

The unit commenced taking stroke patients on 3rd July 2006. At any one time there are approximately 5-6 patients who have had a stroke on the unit. There have been 16 stroke patients admitted to the unit between July and the end of September 2006. The average length of stay for 14/16 has been less than six weeks (one patient stayed 41 days and another 53 days).

The review of the stroke care at the monthly Hillside Management Group has been positive.

4.3 Bed Occupancy

There were concerns initially that allocating beds to acute stroke rehabilitation at Hillside would reduce the available beds for other local people who needed admission for intermediate care. This has been closely monitored, and excluding the 11 days when the unit was closed due to an outbreak of diarrhoea and vomiting during August, the occupancy has been 93% with available beds for admission. Detailed bed availability information is contained in Appendix 1.

## 5. LONGER TERM SUPPORT

*5.1 'Recovery from stroke can continue over a long time, and rehabilitation should continue until it is clear that maximum recovery has been achieved. Some patients will need ongoing support, possibly for many years. Following a stroke, any patient reporting a significant disability at six months should be re-assessed and offered further targeted rehabilitation if this can help them to recover further function'[5].*

5.2 Work completed

A significant amount of work has been completed on the longer term support available for people who have survived a stroke. Peter Sowerby (IMPACT Officer) has led this work in partnership with other colleagues. The following has been achieved:

- Stroke Survey to determine needs for longer term support: 305 people responded. Full report available.
- Listening exercise conducted by IMPACT.
- District Nursing service providing formal follow-up for stroke patients using the Single Assessment Process.
- Consultation paper written on future developments in longer term support, and feedback collated.

[5] Werner, R. A. & Kessler, S. (1996) Effectiveness of an intensive outpatient rehabilitation program for postacute Stroke patients. American Journal of Physical Medicine and Rehabilitation; 75: 114- 120 (Category: B1)

- Action Plan and draft investment plan (See Appendix 2).

## 6. CONCLUSION

6.1 Significant progress has been made over the last six months to improve the prevention of strokes, but also the treatment and rehabilitation within the county. There is now a clear plan which has been informed by people who had a stroke on the longer term support they require.

There is obviously much more that needs to be done, but we feel that the work completed to date can be actively built upon.

**Dr Colin Jenkins**
**Consultant Geriatrician**
**Hereford Hospitals Trust**

**Trish Jay**
**Director of Clinical Development -**
**Lead Executive Nurse**
**Herefordshire PCT**

**October 2006**

**AVAILABLE BEDS AT HILLSIDE 1.7.07 – 30.9.06** **Appendix 1**

| Date | Beds available | Date | Beds available | Date | Beds available |
|---|---|---|---|---|---|
| | | 01.08.06 | 0 | 02.09.06 | 8 |
| 01.07.06 | 0 | 02.08.06 | 0 | 03.09.06 | 6 |
| 02.07.06 | 0 | 03.08.06 | 0 | 04.09.06 | 4 |
| 03.07.06 | 0 | 04.08.06 | 0 | 05.09.06 | 3 |
| 04.07.06 | 0 | 05.08.06 | 1 | 06.09.06 | 3 |
| 05.07.06 | 0 | 06.08.06 | 0 | 07.09.06 | 1 |
| 06.07.06 | 0 | 07.08.06 | 1 | 08.09.06 | 3 |
| 07.07.06 | 0 | 08.08.06 | 2 | 09.09.06 | 1 |
| 08.07.06 | 0 | 09.08.06 | 1 possible | 10.09.06 | 1 |
| 09.07.06 | 0 | 10.08.06 | 1 | 11.09.06 | 2 |
| 10.07.06 | 1 | 11.08.06 | 0 | 12.09.06 | 0 |
| 11.07.06 | 2 | 12.08.06 | 2 | 13.09.06 | 2 |
| 12.07.06 | 1 | 13.08.06 | 3 | 14.09.06 | 2 |
| 13.07.06 | 1 | 14.08.06 | 2 | 15.09.06 | 4 |
| 14.07.06 | 0 | 15.08.06 | 2 | 16.09.06 | 3 |
| 15.07.06 | 0 | 16.08.06 | 2 | 17.09.06 | 4 |
| 16.07.06 | 0 | 17.08.06 | 1 | 18.09.06 | 4 |
| 17.07.06 | 1 | 18.08.06 | 1 | 19.09.06 | 4 |
| 18.07.06 | 1 | 19.08.06 | 1 | 20.09.06 | 2 |
| 19.07.06 | 3 | 20.08.06 | 0 | 21.09.06 | 1 |
| 20.07.06 | 3 | 21.08.06 | 0 | 22.09.06 | 0 |
| 21.07.06 | 4 | 22.08.06 | 2 - D&V Closed to admission | 23.09.08 | 0 |
| 22.07.06 | 5 | 23.08.06 | 2 - D&V Closed to admission | 24.09.06 | 0 |
| 23.07.06 | 3 | 24.08.06 | 4 - D&V Closed to admission | 25.09.06 | 1 |
| 24.07.06 | 2 | 25.08.06 | 5 - D&V Closed to admission | 26.09.06 | 2 |
| 25.07.06 | 3 | 26.08.06 | 5 - D&V Closed to admission | 27.09.06 | 2 |
| 26.07.06 | 5 | 27.08.06 | 6 - D&V Closed to admission | 28.09.06 | 2 |
| 27.07.06 | 4 | 28.08.06 | 6 - D&V Closed to admission | 29.09.06 | 1 |
| 28.07.06 | 0 | 29.08.06 | 7 - D&V Closed to admission | 30.09.06 | 2 |
| 29.07.06 | 1 | 30.08.06 | 8 - D&V Closed to admission | | |
| 30.07.06 | 1 | 31.08.06 | 8 - D&V Closed to admission | | |
| 31.07.06 | 1 | 01.09.06 | 10 - D&V Closed to admission | | |

**Appendix 2**

# Longer Term Stroke Support – Action Plan completed August 2006

| | What | Who | Why | Timescale |
|---|---|---|---|---|
| | Within existing resources | | | |
| 1. | Establish link nurses and 6 month reviews using SAP and Signposting forms | District nurses | Provide first step of systematic review and co-ordination post discharge | Initiated by July 2006 |
| 2. | Prepare patient information pack for discharge | Jenny Powell/involving people | Systematise info given at point of hospital discharge. | Work initiated by July 2006; to complete by September 2006 |
| 3. | Develop PCT stroke intranet section to link together all information | Colin Jenkins/ Peter Sowerby | Give accessible info resource to all professionals to support better info giving, referral and signposting. | To complete by March 2007 |
| 4. | Publish and communicate consultation results to raise awareness of issues | Pete Sowerby | Prompt better awareness and practice | September 2006 |
| 5. | Explore with GP practices how their regular contacts with stroke patients can address patient needs through signposting and referral and input to practice nurses | Peter Sowerby/ Trish Jay | Fuller advantage will be taken of the contacts with practices to meet needs of estimated 1000 existing stroke patients in the community | September-December 2006 |
| 6. | Explore funding for Family Support with voluntary sector eg small grants scheme | PS + ? | Address isolation and signposting issues | |
| 7. | Joint Benefits team to target stroke club members and Headway members to offer full benefits review and signpost to other services within the signposting scheme. | Sue Wilce – Joint Benefits Team<br><br>Stroke clubs/Joint Team/ Headway | Address financial issues/ signposting at least for those easily identifiable stroke patients. | Visit each group by 1 March 2007 |
| 8. | Repeat survey in 18 months with people who survived a stroke within that period | Link nurses/involving people | Will monitor impact of service developments of link nurses/Hillside, using 2006 survey as a baseline. | February 2008 |
| 9. | Encourage use of the ongoing Expert Patient's Programme by (a) including information about it in discharge information pack (point 2 above) and for link nurses to use as part of 6 month review; (b) continuing to raise staff awareness. | | More patients to be more confident and better informed about likely issues. | Starting at once and ongoing. |
| | Investment priorities | | | |
| | Prepare specific, costed proposals to improve services and input to Programme Board, PCT and | Peter Sowerby (with input from PCT and social | Establish a strong specific case for investment in stroke | Initial proposals by November 2006; process complete by |

| | What | Who | Why | Timescale |
|---|---|---|---|---|
| | council commissioning processes | care colleagues such as Trish Jay, Paul Ryan) | services | March 2007 |
| | Priorities for above are:-<br>1. Therapists (might include specialist support workers eg dysphasia)<br>2. Family support<br>3. Psychology | | | |

O:\Director\Chronic Disease Man\Clinical Networks\stroke\Update on Stroke services Oct 06 (2).doc

# PALLIATIVE CARE

## Report By: Director of Adult and Community Services

## Wards Affected

County-wide

## Purpose

1. To receive a briefing paper on palliative care.

## Financial implications

2. None identified.

## Background

3. A briefing paper is attached for the Committee's consideration.

**BACKGROUND PAPERS**

- None

Further information on the subject of this report is available from
Stepahanie Canham, Head of Adult Social Care on 01432 260320

# PALLIATIVE CARE IN HEREFORDSHIRE

## Briefing Paper for the Herefordshire Health Scrutiny Committee

Sally Mirando
Macmillan Nurse Consultant in Palliative Care
Herefordshire PCT

## 1. INTRODUCTION

Palliative care is:

"… the active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments." (WHO, 2002)

Palliative care is based on two core principles:

1. *It is the right of every person with a progressive life-threatening illness to receive palliative care wherever they are*
2. *It is the responsibility of all health and social care professionals to practice the principles of palliative care as an integral component of practice and to refer to specialist palliative care when needed.* (National Council for Palliative Care Services 1999).

## 2. WHO PROVIDES PALLIATIVE CARE IN HEREFORDSHIRE?

The professionals providing palliative care fall into two distinct categories:

1. Those providing the day-to-day care to patients and carers (general palliative care, eg GP's District Nurses, hospital medical and nursing teams, social workers, allied health professionals, private and voluntary organizations, NICE, 2004.
2. Those who specialise in palliative care (e.g. consultants in palliative medicine, nurse consultants and clinical nurse specialists in palliative care, some of whom are accredited specialists).

## 2.1 EXISTING PALLIATIVE CARE RESOURCES IN HEREFORDSHIRE

Services within Acute Hospitals including:

- Hospital Palliative Care Team - One Macmillan Palliative Care Nurse Specialist and sessions from the Medical Consultant in Palliative Medicine
- Lead Cancer Nurse
- Two Breast Care Nurses Specialists
- One Urology Nurse Specialist
- Psychology services
- Age care services
- Oncology Services
- Haematology Services

Services within the community including:

- St Michael's Hospice
- Macmillan Nurse Consultant
- Macmillan Community Palliative Nursing Service
- Marie Curie Nursing Service
- Palliative care psychology service
- Lymphoedema Service
- Primary Health Care Teams
- Bereavement co-ordinator and trainer
- Community pharmacy scheme
- Community hospitals and PCT in patient units
- Care Homes
- ICCP project
- Voluntary and private providers including Carers Action Carers and Pathways scheme

## 2.2 CORE COMPONENTS OF SPECIALIST PALLIATIVE CARE

The core components of specialist palliative care services as set out by NICE (2004) are:

- Specialist in-patient facilities (such as hospice beds) for patients with complex problems which cannot be managed in other settings.
- Multi-professional specialist palliative care teams providing assessment, advice and care for patients in all locations (ie community and hospital teams)
- Hospice at home services
- Day therapy / Day Hospice
- Out-patients
- Bereavement services.
- Education and training in palliative care.

The majority of these are available in the county. Set out below is a brief description of each specialist service:

### 2.2.1 Herefordshire Specialist Palliative Care Services

The Specialist Palliative Care Services in the county comprise of:

- St Michael's Hospice
- The Macmillan Community Palliative Nursing Service
- Hereford Hospital NHS Trust Palliative Care Team

Patients and carers are likely to need specialist palliative care if there are:

- Unresolved symptoms
- Complex end of life issues
- Complex bereavement issues
- Complex psychosocial issues (NICE, 2004)

### 2.2.2 St Michael's Hospice

St Michael's Hospice was established by the Freda Pearce Foundation and opened in 1984. The continuing aim is to provide holistic care to people who have a life limiting illness and to support their families, friends and carers. No charge is made for Hospice services. Last year it cost over of £2.5m to provide all Hospice care and as a registered charity it relies entirely on voluntary giving for more than 80% of its income.

The Hospice supports adults aged 16 years and above from Herefordshire and the surrounding areas. It has 16 beds with a county-wide medical on-call service 24 hours a day / 7 days a week, and accepts admissions for symptom control, emergency respite care, assessment, and care of the dying. 14 day care places are available Tuesday – Friday and there is a dedicated social care team and bereavement service. Limited accommodation is available on site for visitors who have traveled from outside the area.

The Hospice also provides Lymphoedema care and operates a variety of outpatient sessions including medical, social care, psychology, spiritual care and complementary therapies. During 2005 / 2006 the 24 hour telephone advice service (not including bereavement) answered a large number of calls from professional staff, carers and patients. Activity for 2005 / 2006 is detailed in the table below.

Activity for 2005/2006

| | |
|---|---|
| Admissions | 335 |
| Average length of stay | 13 days |
| Number of deaths | 182 |
| Day Hospice attendance | 1109 |
| Lymphoedema attendance | 178 |
| Domiciliary visits<br>• Medical<br>• Occupational therapist<br>• Social worker | <br>26<br>149<br>5 |
| Telephone advise provided by the following staff at St Michael's<br>• Medical<br>• Nursing<br>• Social Worker | <br><br>475<br>1861<br>261 |

Of the 335 admissions in 2005/06, 94% were Herefordshire residents and 3.5% from - Shropshire, Worcestershire, Gloucestershire and Monmouthshire with 2.5% from Powys.

St Michael's is the major provider of palliative care education and training within Herefordshire. It holds a programme of courses in the Education Centre at the Hospice and offers bespoke training to organisations off site.

St Michael's is a charity governed by a Board of Trustees whose members live in the community it serves. It is supported by just under 600 committed volunteers who work in all aspect of the organisation, either in Hospice supporting staff, or in the community in the 12 support groups or 13 charity shops. It is estimated that these volunteers save the Hospice around £450,000 per annum.

### 2.2.3 Community Macmillan Palliative Nursing Service

The Macmillan Community Palliative Nursing service provides specialist palliative nursing to patients with life threatening illnesses and their families. The service is complementary to services already available to patients and their families. Macmillan Palliative Care Nurse Specialists are first-level registered nurses who have undertaken specific clinical and educational preparation to practice as specialists in palliative care.

The team is based at St Michael's Hospice. Patients are seen in their own homes, Community Hospitals and Nursing Homes. The team works closely with all members of the specialist palliative care service at St Michael's Hospice and Hereford Hospital Palliative Care Team to support the transfer of care between settings.

The service is available Monday – Friday 9-5 pm. There is 1 full time Nurse Consultant and 3.8 WTE Nurse Specialists. The Nurse Specialists work in two teams, Herefordshire North and South. Each team works with designated practices. The nurse consultant manages the Macmillan Team and works two clinical days a week largely in the Community Hospitals to support the development of palliative care in this arena.

Referrals are accepted from any health or social care professional, patient or family member and are appropriate for any patient with a progressive life threatening illness registered with a Herefordshire GP. The GP is always informed of the referral and the case regularly discussed with relevant members of the Primary Health Care Team involved in the patient's care. A weekly multi disciplinary meeting with the hospital palliative care team, the consultant clinical psychologist and staff at St Michael's takes place to enhance care.

The nurses have responsibility for a caseload, provide specialist assessment, clinical advice, information and support to patients and families, participate in discharge planning, provide bereavement care, regularly audit, and evaluate standards of care and provide education.

Activity for 2005/2006

| | |
|---|---|
| Total number of patients referred | 346 |
| Face to face contacts | 2521 |
| Telephone contacts | 5026 |

### 2.2.4 Hereford Hospital NHS Trust Hospital Palliative Care Team

The Hospital Palliative Care Team consists of 1 Medical Consultant and 1 WTE Macmillan Palliative Care Nurse Specialist. Duties and responsibilities of the Medical Consultant post include sessions in Hereford Hospitals NHS Trust including a monthly outpatient clinic in Builth Wells, designated beds in St Michael's Hospice, and duties associated with Herefordshire PCT, which includes advice to the Community Macmillan Team, PCT inpatient units and development of appropriate new services.

Activity for the Hospital Team 2005/6:

| | |
|---|---|
| Total number of patients referred | 312 (new patients = 278)<br>218 with malignant diagnoses. 56 with |

| | non-malignant diagnoses (i.e. 20%) |
|---|---|
| Total no. of inpatient patient contacts | 975 |
| Mean length of hospital support care | 7.86 days |
| Number of patients who died whilst under the care of Hospital Palliative Care Team | 70 |
| Total number of outpatient attendances | 155 |

## 3. STRATEGIC DEVELOPMENT OF PALLIATIVE CARE AND INVESTMENT

Herefordshire forms part of the 3 Counties Cancer Network (3 CCN). Cancer Networks are the organisational model to implement the Cancer Plan (2000) and Supportive and Palliative Care Guidance for Adults with Cancer (NICE 2004). The 3 Counties Cancer Network Palliative Care group reports to the Network board and key individuals from Herefordshire participate at this group. All 3 counties participate at network level and work is in place to establish increased working as a network.

Along with the 3 CCN the strategic development of palliative care is the responsibility of The Herefordshire Supportive and Palliative Care Directorate (SPCD). The Directorate is serviced by the PCT IMPACT team and the current Chair is the Lead Cancer Nurse who has a PCT and HHT role. At the present time the SPCD has limited direct commissioning role.

The SPCD has made significant headway in developing palliative services through implementation of "*Setting the Strategic Direction for Palliative Care in Herefordshire 2002 – 2005".* This review of the first Palliative Care Strategy (1999) and publication of the Herefordshire Palliative Care Needs Assessment (2004) was led by a Lead Nurse at Herefordshire Health Authority – a project post funded by Macmillan Cancer Relief.

### Investment

Implementation of major components of the Strategy was achieved though 5 specific working groups. During this period the Government and the PCT also invested in specialist palliative care resulting in the following developments:

- Psychology posts (strategic and clinical sessions)
- Community Palliative Care Nurse Specialist Post (One full time)
- Nurse Consultant (one full time – pump prime funding for 3 years from Macmillan)
- Secretary to the Nurse Consultant
- Specialist Registrar post (contribution to training costs)
- Community pharmacy scheme
- Improved funding to St Michael's Hospice
- IT developments for St Michael's Hospice
- Education and training

Slippage funds from this investment were invested in the following projects:

- Bereavement coordinator and trainer for Cruse Bereavement Care

- Home Care support (a 2 year joint project with Marie Curie and the PCT)
- Education and training in Care Homes, Social Services and Hereford Hospitals NHS Trust
- Education and training in the use of syringe driver infusion pumps
- Support to the new Lymphoedema service
- Purchase of symptom control guidelines
- Non-recurrent support to St Michael's Hospice

Additional projects that have been delivered within the last 18 months include:

- Project Manager fixed term post to implement the Gold Standards Framework in Primary Health Care Teams in Herefordshire
- Implementation of the Care Pathway for the Dying in the PCT inpatient units
- Coordinator to implement the Care Pathway for the Dying in Hereford Hospitals NHS Trust
- Strategy post to review the 2002 -2005 strategy (fixed term funding from Macmillan)
- Macmillan Lymphoedema Service (pump prime funding from Macmillan for 3 years)

### Future investment:

The LDP finances are not yet determined however, investment will be prioritised for developing hospice at home services.

## Revised Strategy (2006-2009)

A revised Strategy was published this year (Palliative Care Strategy (adults) 2006 – 2009). This work was led by IMPACT with support from Macmillan Cancer Relief. The new Strategy sets the challenge for Herefordshire Primary Care Trust (PCT) to ensure seamless care is provided for individuals diagnosed with a palliative condition (i.e. cancer and non-malignant conditions) throughout all stages of their care pathway.

The strategy has been developed by evaluation of palliative care services in Herefordshire against the NICE guidance and other NSFs eg chronic and long term conditions, diabetes, renal services, coronary heart disease and older people. The emphasis being that the provision of palliative care should be based on patient need rather than limited to those with a cancer diagnosis.

At a minimum, palliative care that is provided in Herefordshire must encompass the 13 topics/chapters highlighted in the NICE *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults With Cancer* (2004) and evidence from the Needs Assessment.

The strategy highlighted the following key issues:

- Growing elderly population
- Rural geography
- Availability of carers
- The role of allied health professionals in palliative care
- The health and social care interface
- Extending palliative care for those with non-cancer diagnoses
- Extending community hospital provision
- Care in the home and hospital environment – user perspective
- Enabling choice – in particular - palliative care home care (hospice at home) to enable more to stay at home for longer and to die at home if this is their choice

Work is underway to implement the strategy. In particular the Directorate is working on understanding and improving the health and social care interface and the development of home care services.

## 4. NATIONAL POLICY CONTEXT

The immediate context for the development of palliative care is encompassed in a number of government initiatives including:

- Development of an End of Life Strategy (due 2007)
- The White Paper: "Our Health, Our Care, Our Say". This emphasised the government's commitment to end of life care and to promoting choice at the end of life. It heralded a shift of care from acute hospitals to the community and specifically highlighted -
  - End of Life Care Networks
  - Hospice at Home Services
  - Extension of current initiatives to skill up generalists (eg Gold Standards Framework, Liverpool Care Pathway and Care Planning)
- The Government's programme on Dignity in Care for older people.
- Improved funding for hospices
- Investing in the future of community hospitals (July 2006).

Previous and current policy influencing palliative care includes:

- The NHS Cancer Plan (2000), which committed an extra £50m per annum for specialist palliative care (Herefordshire received £158,000 and the investment is outlined on p.6)
- National Service Frameworks - covering coronary heart disease, older people and long-term conditions, renal, diabetes.
- NICE Guidance on Supportive and Palliative Care for Adults with Cancer (2004).
- Building on the best (2003) End of Life Programme. This has helped to spread the use of:
  - The Gold Standards Framework (now being used in approximately 75% of general practices in Herefordshire).
  - The Liverpool Care Pathway for the dying, which is now being used in community hospitals and is currently being implemented in HHT.
  - The Preferred Place of Care: A tool being used in primary care for eliciting and documenting patients' preferences around end of life care.
- Adaptation of tools for use in care homes.
- The new GMS contract – QOF includes palliative care outcomes.
- The Mental Capacity Act (2005) which sets out provisions for making advance decisions and appointing Lasting Powers of Attorney (LPAs) for healthcare decisions.

# HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

## Report By: Chairman, Health Scrutiny Committee

## Wards Affected

County-wide

## Purpose

1 To consider the Committee's work programme.

## Financial Implications

2 None

## Background

3 In accordance with the Scrutiny Improvement Plan a report on the Committee's current work programme will be made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the current work programme, last considered by the Committee in October, 2006 is attached at appendix 1.

4 The programme has been modified in response to changing circumstances.

5 Should any urgent, prominent or high profile issue arise, as Chairman I may consider calling an additional meeting to consider that issue.

6 Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact me to log the issue so that it may be taken in to consideration when planning future agendas or when revising the work programme.

## RECOMMENDATION

**THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.**

**BACKGROUND PAPERS**

- None identified.

Further information on the subject of this report is available from
Tim Brown, Committee manager (Scrutiny) on 01432 260460

**Health Scrutiny Committee Work Programme 2006/07**

<table>
<tr><th colspan="2">March 2007</th></tr>
<tr><td></td><td>• Local Development Plan update<br>• Ear Nose and Throat Service Update<br>• Response to Communication Review<br>• Response to GP Out of Hours Services Review<br>• Emergency Planning Update<br>• Update on National Service Framework</td></tr>
<tr><td>Scrutiny Reviews</td><td>• Access to Health (Buses/hospital parking etc)</td></tr>
<tr><th colspan="2">Other issues to be Progressed</th></tr>
<tr><td colspan="2">PUBLIC HEALTH<br>• Scrutiny Review of Key Public Health issues including inequalities in the South Wye Area<br>• Delivery of the Priorities in the Choosing Health White Paper – How effectively Partners are Working Together<br>• Councillors' potential role in managing public expectation within their constituencies</td></tr>
<tr><td colspan="2">• Cancer Services</td></tr>
</table>

**Further additions to the work programme will be made as required**

**4 October 2006**