

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Wednesday, 18 June 2008 at 10.00 a.m.

Present: Councillor JK Swinburne (Chairman)
Councillor AT Oliver (Vice Chairman)

Councillors: PA Andrews, WLS Bowen, PGH Cutter, MJ Fishley, B Hunt, P Jones CBE, G Lucas and AP Taylor

In attendance: Councillors LO Barnett (Cabinet Member - Social Care Adults) and PJ Edwards

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors W.U. Attfield, G Powell, A Seldon and P. Watts.

2. NAMED SUBSTITUTES

Councillor PA Andrews substituted for WU Attfield, W.L.S. Bowen for G. Powell and B.Hunt for A. Seldon.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 3 April 2008 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from Members of the Public.

6. PUBLIC HEALTH ISSUES - STROKE SERVICES

The Committee considered an overview of the burden of disease and mortality from stroke, the range of services in Herefordshire for the prevention of stroke and the treatment and care of people who have had a stroke.

The Committee had requested a report in greater depth on Stroke Services following its consideration in December 2007 of the Director of Public Health's Annual Report 2007.

Dr Akeem Ali, Director of Public Health, referred to his report on stroke services included with the agenda papers and gave a presentation highlighting key issues.

Whilst deaths from heart disease and stroke were lower than the national average

stroke remained the leading cause of death in Herefordshire. Factors included old age and lifestyle issues. It was clear that more could be done within the County to reduce deaths.

He highlighted the need in particular for preventative action through measures such as lifestyle advice. It was estimated that 80% of strokes could be prevented. The PCT was one of the few PCTs spending a reasonable amount on such measures and he suggested this provided scope for practitioners to do more.

He also remarked on the need for improved clinical support, noting that many stroke patients required long term care outside the hospital environment. This required an integrated approach from a range of organisations.

There was a tension in that the pressure to meet targets created an incentive to invest in acute services rather than preventative measures. The development of a prevention plan was needed to address this and ensure that services worked together.

In the ensuing discussion the following principal points were made:

- Treatment of stroke within three hours of the onset of stroke symptoms was required to improve outcomes. It was asked whether this was achievable in the County. In reply it was said that work was being done to seek to improve the position but the three hour standard was not being achieved at the moment. It was noted that the Ambulance Trust was also working on the problem, for example considering the use of an air ambulance in the more rural areas.
- Asked about the scope for improvement Dr Ali reiterated that although there was currently a better outcome than the West Midlands average more needed to be done. Long term plans needed to be put in place. He had asked GPs to look into risk areas and he intended to develop a quality risk framework. Joint working was taking place with social care on a single assessment process.
- Questions were asked about limits on capacity, including resources. Dr Ali replied that rurality was an issue but the development of practice based commissioning could contribute to meeting that challenge. There was also a clinical governance issue to be addressed. A critical mass of patients was needed to ensure that specialisms could be maintained to the required standard. The Stroke Network was considering this issue to seek to avoid inequality of care.
- It was acknowledged that there was scope to increase involvement with the Voluntary Sector.
- The Head of Adult Social Care added that the more progress made to develop multi-disciplinary teams the greater the chance would be of providing the complete support people required. She added that the emphasis was on reducing time spent in hospital, replacing that with greater community support. The development of personalised budgets was an important element of this process and an area the Service had identified as one of its priorities.
- It was asked whether GPs would be expected to be proactive in seeking to encourage those registered with them to take preventative measures. Dr Ali said that this was a complex issue and there was also a question of investment but he did consider that there were avenues that GPs could proactively explore in relation to prevention that would make a difference.

RESOLVED: That progress in development of Stroke services be kept under review.

7. PUBLIC HEALTH ISSUES - SEXUAL HEALTH

The Committee considered an overview of Sexual Health Service provision in Herefordshire, an illustration of the successes of the department, and the challenges and medium term work plan for Herefordshire within the remit of Sexual Health.

The Committee had requested a report in greater depth on Sexual Health Services following its consideration in December 2007 of the Director of Public Health's Annual Report 2007.

Dr Akeem Ali, Director of Public Health, referred to the report included with the agenda papers and gave a presentation highlighting key issues.

He said that, as with Stroke Services, there was clear scope for improvement. For example the Herefordshire was not meeting the Department of Health requirement for screening for Chlamydia, a major sexual health issue in the County. There was a clear need to increase provision beyond Hereford City, to destigmatise sexual health services and to think more broadly of reproductive health.

It was noted that the support of the National Support Team had been invited to review and advise on service delivery to achieve improvement.

In the ensuing discussion the following principal points were made:

- In discussing the issue of destigmatising sexual health services, the work on providing choice to people as to where they were treated and the integration of sexual health services with mainstream provision was noted. The majority of local people now sought treatment within the County. The role social care services, independent providers and school nursing services had to play was acknowledged.
- The effectiveness of providing screening services at pubs and nightclubs was discussed. The reply was that in the previous year the Service had failed to meet the screening target for 15-24 year olds. This had been addressed and in the current year performance against this target was above average. The screening service at pubs and clubs alongside the delivery of broader sexual health messages was proving successful, although more males used the service than females.
- It was added that services aimed at young people were also provided at local festivals. It was acknowledged that the PCT was financing services to many people who would be from out of the County but residents of Herefordshire travelling to other festivals would benefit equally from services provided by other PCTs. It was requested that the focus on local youth provision should not be overlooked. Dr Ali assured the Committee that he paid keen attention to the effectiveness of investment in services.
- The importance of the role of schools and support afforded by facilities such as the South Wye Learning Centre in engaging communities was acknowledged.
- In response to a question Dr Ali confirmed that the PCT was engaging with migrant workers in the County and their employers.

RESOLVED: That the involvement of the National Support Team in reviewing service delivery be welcomed and a report be made to the Committee on the outcome of the review and the proposed action in response to it.

8. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - RESPONSE TIMES

The Committee considered the Trust's performance in meeting targets for response times.

At the Committee's request additional information had been provided showing response times by postal code area. Mr Nick Harris, Divisional Commander – Worcestershire, and Mr Lee Hutchinson (Group Station Manager – Hereford), attended to present the report and answer questions.

Mr Harris reported that since 1 April 2008 a new standardised performance reporting system (Call Connect) had been introduced across the ambulance service. Response times were now calculated from the time the call was received rather than from the time the message was passed to the control room. Previously time had been allowed to collect details from the caller. The effect of this was that in the context of an 8 Minute response, on average some 90 seconds had now been lost requiring a quite significant improvement in performance if the target was to be met.

He added that the Trust had to be selective in deploying its resources. These were concentrated where assistance could be provided to the larger centres of population. The Community First Responders Scheme was used to provide an initial response in the more outlying areas with additional support being provided as soon as practicable.

In response to the Call Connects initiative extra funding had been provided by the Primary Care Trusts to increase provision in control rooms, buy additional vehicles and recruit additional operational staff.

In the ensuing discussion the following principal points were made:

- NH confirmed that if a Community First Responder attended an incident with a defibrillator and Oxygen this would qualify as a response against the target.
- Attention was drawn to response times in HR8 and HR9 which respectively included the Towns of Ledbury and Ross-on-Wye and their surrounds. NH confirmed that it would be possible to provide a further breakdown of the data to examine response times to incidents in the Towns themselves where the Ambulance Stations were, compared with the surrounding areas. However, the key point was that, for example with one ambulance only in Ross, if that vehicle was on call transporting a patient to Hereford hospital and another call was received this clearly presented a challenge. The Trust did seek to deploy its vehicles strategically to provide cover in Ross as elsewhere.
- It was observed that performance in the Market Towns as a whole against the 8 Minute target was not good and it was asked at what point the Trust decided that additional resources were needed.

NH replied that demand analysis was ongoing and there were quarterly reviews to allow trends in demand to be identified. Resources were finite and with six staff required to man a car for 24 days a week, 7 days a year and 11 staff for an ambulance the Service had to provide evidence to justify further investment.

A performance review plan was required to be produced to demonstrate that local need was being met. There were also areas targeted for the number of Community First Responders to be recruited, trained and deployed.

RESOLVED: That a monthly breakdown of performance be provided for circulation to Members of the Committee and a formal report requested if any issues of concern were identified either by Members or by the Trust.

9. GP-LED WALK-IN HEALTH CENTRE DEVELOPMENT

The Committee considered the development of a GP-led walk in Health Centre for Herefordshire.

Mr Euan McPherson (EM) and Charmaine Hawker (CH), Programme Managers, gave a presentation on the proposed development.

EM said that the national model would not suit Herefordshire's needs. The Government had provided £800,000 for the developments in the base budgets of all Trusts although this sum was not ring-fenced. Finance for the proposed Herefordshire model was therefore not easily identifiable, but it was considered that the proposal would be cost effective, sustainable and meet local needs.

He noted the need to retender for the provision of the out of hours service (6.30 pm to 8.00 am Monday to Friday and weekends) and the potential cost effectiveness and benefits for patients that a single procurement exercise for this service and the Health Centre could deliver.

A national timescale had been prescribed for the development of the Centres across the Country. However, the PCT had considered that the Darzi model was more suited to urban areas and, notwithstanding the time pressure, had undertaken a local needs analysis.

The key findings were: Herefordshire is currently well provided with GPs and GP services; 87% of local people are happy with existing GP opening times; access to GPs is very good in Herefordshire. The 2007 patient survey about GP access showed that 92% of patients could make an appointment with a GP within 48 hours (86% nationally) and 80% of patients could book an appointment with a GP two or more days in advance (75% nationally); population growth forecasts showed that the existing GP base should be able to accommodate this increase; there are a substantial number of people who commute into Hereford City each day, any new development should be based in Hereford City as a result of the demographics of the county, commuter travel flows and existing service delivery models; and a Hereford City based service would have the potential to alleviate inappropriate attendances at A&E and provide more appropriate services to some patients.

The County's demographics suggested the Walk-in Centre should be located in Hereford City, but consideration could be given to the development of satellite facilities and outreach work.

The potential service model envisaged a single point of contact from which patients would be directed to the appropriate service whether it be A&E, GP, Dental Care, Social Care (out of hours), or District Nurse (out of hours).

He explained that the views of 270 individuals, organisations and groups had been

sought and reported the key findings of the feedback from this engagement: the Herefordshire PCT Model was seen as innovative and rational; the response was generally supportive across all stakeholders; there were concerns about destabilising existing services; respondents were keen to see links and/or referral routes into other Primary Care and Social Care services; and there was a need to address potential risks that could arise from lack of continuity of care and poor communication. He sought the Committee's views on whether this obviated the need for a formal 12 week public consultation process.

He concluded by reporting that the Herefordshire model envisaged the walk in centre providing essential general services without undermining the County's good base of primary care. However, whilst the Strategic Health Authority and Department of Health had approved a number of local flexibilities to allow the model to be developed the Centre was required, contrary to the PCT's request, to have the ability to register patients.

In the course of discussion the following principal points were made:

- The benefit to the City and the wider County of reduced referrals to A&E was noted.
- That in addition to the benefit of the increased access to care provided by the Walk-in Centre, the separate national requirement that at least 50% of GP practices had extended opening hours would provide an enhanced service in rural areas.
- A question was asked about the cost implications of the number of commuters into Hereford City from out of the County on services (estimated at 6,000 per day out of the total of 22,000). EM advised that, given that residents of the County would also be commuting to neighbouring Counties, the net impact was considered favourable to the PCT.
- That patients clearly wanted increased access, in particular the opportunity to see GPs on Saturday mornings and the provision of open sessions that could be attended without having to make an appointment.
- The issue of the clinical governance arrangements for the Centre was raised. EM acknowledged that there would be practical issues to be addressed but in a sense a similar situation existed, as it always had done, with out of hours provision where patients were seen by a GP from outside their registered practice. He emphasised that the Centre was intended to provide essential care only, with patients with long-term conditions being referred back to their GPs.
- It was asked how feasible it would be to recruit the additional GPs required to staff the new Centre. EM said recruitment was a national issue. There would be pressures and it would be important to ensure that quality of care was maintained. To an extent the solution was dependent on the nature of the bids received to provide the walk-in service.
- Clarification was sought on the funding for the Walk-in Centre and the implications for other budgets. CH replied that the single procurement exercise for the Centre and the Out of Hours Service would help to offset some of the cost. Although the Government had allocated funding of £800,000 it was expected that the cost of providing the Centre would exceed that sum. The PCT would need to plan for this additional expenditure but the financial commitment could be managed.

- It was noted that some Wards in the South Wye area, constituting one of the largest population groupings in the County, were not served by a Doctor's Surgery. CH commented that the PCT had no evidence that there was insufficient primary care available to residents of these wards, adding that that part of the population would benefit from the Walk-in Centre.
- In relation to the location of a Centre the PCT view was that it needed to be aligned to A&E but it was envisaged outreach services would be developed. It was noted that many of the people self-referring to A&E were from the South Wye Area and the proposal in seeking to reduce such admissions would target services for that community.
- It was suggested that the PCT should give further consideration to enhanced local provision in the South Wye area having regard to the development taking place in the area.
- It was asked whether enhanced investment in capacity in existing local practices and facilities might not be preferable to investment in a new central facility. The reply was that extended opening hours and greater use of existing facilities would enhance local provision. The Centre in Hereford would be most accessible to the most people. The commuting pattern indicated that people from the Market Towns would also benefit from the Centre.
- The work on the local needs analysis and the evidence it provided in support of the Herefordshire model was commended.
- The single point of contact and the integration with social care was welcomed.
- The fact that social care out of hours was provided from Worcester was discussed. It was noted that the current contract had been approved for one year only and would therefore allow for the provision of the service to be incorporated into the proposed Herefordshire model.
- The potential impact on local GPs was raised. In reply it was said that there was a potential risk if a large number of patients chose to register with the Centre. However, because the County was well provided with primary care services it was planned that the Centre would be restricted to providing essential services only. This would minimise the risk to local practices and avoid undermining the existing arrangements which were of a high quality as demonstrated by the patients surveys and the quality and outcomes framework.
- There was consensus that the PCT had consulted extensively and had taken account of the responses it had received in developing its proposals. No formal public consultation exercise was therefore recommended.

RESOLVED:

- That (a) the proposals for extended access to GP Services in Hereford City be welcomed recognising that they are demonstrably based on local need and the proposed Herefordshire Model for equitable access to Primary Medical Care Services therefore be supported;**
- (b) a single provider of out of hours care and the service required to be provided between 8am and 8pm seven days a week would be**

- beneficial to the local population;
- (c) the additional benefit of reducing inappropriate A&E attendances be noted;
 - (d) the Primary Care Trust be urged to ensure continued engagement with GPs throughout the County to ensure their co-operation;
 - (e) a communication programme be instigated by the Primary Care Trust to ensure the public know how and when to access the appropriate medical care;
 - (f) the public consultation particularly with patient groups has ensured an appropriate level of engagement in the process;
 - (g) the aim of ensuring there is access to GPs across the County on Saturday be supported; and
 - (h) that the future integration of out of hours social care services in the new facility be encouraged.

10. CANCER SERVICES

The Committee considered an update on the proposed expansion of local radiotherapy services by the 3 Counties Cancer Network (3CCN).

In March 2008 the Committee had affirmed its support for the Hereford County Hospital option for extra radiotherapy services provided on a satellite basis and asked the Three Counties Cancer Network to consult on this preferred option, taking account of the National Cancer Strategy recommendation that no patient should have to travel more than 45 minutes for cancer treatment and supporting the development of a treatment facility at Worcester **as the next** subsequent phase of development after that recommended at Hereford.

A letter from the 3CCN dated 4 June 2008 had been circulated to Members. This enclosed a pre-consultation paper inviting comment on the proposed decision making and consultation processes.

Mr Antony Walsh, Service Improvement Lead at the 3CCN, gave a presentation. This described radiotherapy, reminded the Committee of the current provision in the 3CCN and the options for expansion. Decisions to date were that a linked service would be managed by the Oncology Centre at Cheltenham and would utilise the same clinicians (and some other specialists); it would comprise 2 linacs to provide cover (although a single linac might be an interim solution); the 3CCN Board could not make a decision which impacted on other Networks and patients would not be made to travel to improve the cost effectiveness of an option.

Factors to be considered included cost effectiveness, although it was noted that each PCT had agreed to underwrite its preferred option; clinical and radiation safety; and access – noting national guidance that a maximum journey time of 45 minutes should be seen as best practice. Some patients (c. 20-30%) would still need to travel to the Centre for more specialised treatment (including some of the sickest patients). Recruitment to radiotherapy posts had been difficult.

Nine criteria had been weighted by the Network Board, PCTs and patients and carers. The top three were: patient access, patient safety and cost effectiveness.

He outlined the next steps which envisaged the 3CCN identifying a preferred option in July for consultation in July, with a final decision in December 2008

In the course of discussion the following principal points were made:

- The Committee reaffirmed its support for the proposed extra provision to be located at Hereford County Hospital as set out in its decision of 5 March 2008.
- Herefordshire PCT's view that there was a need for a radiotherapy service to be provided locally was also reaffirmed. It was added that the PCT had made financial provision for the Service to be provided. It was noted that the Gloucestershire PCT was neutral on the proposal given that it would benefit from increased local capacity whichever option was chosen. The Chief Executives of the Trusts therefore had to decide whether provision was to be at Hereford or at Worcester.
- In response to a further question on funding it was reiterated that the PCT had made provision for revenue funding. Further consideration would be given to precisely how the capital funding requirement to be met, if it were agreed the service would be sited in Hereford.
- It was noted that the enhanced provision had been under consideration since 2005 and implementation was now planned to take place in two years time. Mr Walsh commented on the developments during this period in the thinking about the proposal, including clinical issues. Members expressed unhappiness at the delay in reaching a decision noting in particular the weight of public expectation.

RESOLVED:

- That (a) the Committee's resolution of 5 March 2008 be reaffirmed; and**
- (b) that a response by the Chairman to the 3CCN Consultation document be authorised following consultation with Members of the Committee.**

11. INTERMEDIATE CARE SERVICES

The Committee considered an update on the development of intermediate care services, as requested following consideration of the Local Delivery Plan in March 2008.

Mr Paul Edwards, the Primary Care Trust's (PCT's) Director of Commissioning and Strategy, gave a presentation describing the service, a typical case study, the national policy context and models of intermediate care.

He gave an overview of Herefordshire Services and current developments, concluding by saying that many people benefited from the current service arrangements to reduce their hospital stays and remain independent in their own homes. The range of services was in transition towards a single countywide service being developed by the PCT, the Council and the Hospitals Trust. Intermediate care was part of a wider pattern of services to promote independence and deliver care closer to home.

The Head of Adult Social Care said that the potential for integrating services was good but more work remained to be done. This was one of her key priorities for the year. Asked about the cost implications of the proposal to provide six weeks free intermediate care she said that the proposal was based on the benefit to the individual and the reduced level of service they would then need following that care.

Members extolled the benefits of integration and concluded that there was evidence of the service improving but that the degree of improvement should continue to be monitored.

12. CHANGES IN THE MANGAGEMENT OF MENTAL HEALTH SERVICES

The Committee received an update on the development of mental health services in the last 18 months.

Mr Mark Hemming, Directorate Manager of Herefordshire Mental Health Services, described a number of developments that had taken place.

The Committee welcomed the changes in response to local needs.

13. AUDIOLOGY SERVICES

The Committee considered presentations from Herefordshire Primary Care Trust (PCT) and Hereford Hospitals NHS Trust (HHT) on audiology services in Herefordshire.

In considering its work programme in April the Committee had noted concerns had been expressed about HHT's audiology service. Reassurance had been provided to the Committee at the meeting by the Chief Executive of HHT and the PCT's Director of Commissioning and Strategy. The Committee had requested a written update confirming the position.

Marcia Perry, PCT Directorate Manager Children's Services gave a presentation on Paediatric Audiology Services in Herefordshire. She described the current establishment, the numbers of children seen by the service and the services provided.

She said strengths of the current service included that the service was a child focussed local service, combining education and PCT provision in a seamless service. The Children's Hearing Services Implementation Group had been commended in a new born hearing screening programme (NHSP) review. The Service was well regarded by many families. There was easy access for parents when there were problems with hearing aids etc. There were many positives from the external review of NHSP. There were skills in testing complex cases and close links with HHT.

Challenges included workforce and recruitment, Premises, NHSP inspection Autumn 2007 and action plan to address issues, a low critical mass issues for maintaining competence and skills, the target for an 18 week wait, meeting targets for assessment, the possibility the NHSP would move to regional commissioning and organisational change and reorganisation.

Future Developments included choose and book, an external review of the service by the National hearing Services Modernisation Team to commence July 08 to inform future development, the need to develop networks, skill mix, and the

countywide review of provider services.

Representatives of the Hospitals Trust gave a presentation on the audiology services at the County Hospital. This described the demand for the service, the hospital audiology team and the range of services. He detailed a number of improvements in the service highlighting the reduction in waiting time for digital hearing aid assessment and fitting from over 3 years to 10 weeks.

Future developments included the implementation of the choose and book direct booking system, decentralisation of services to community settings, increasing the skill base, and development of a hearing therapy service.

Members welcomed the improvements made and expressed support for the extension of the planned decentralisation of services. It was suggested an update should be provided following the outcome of the external review of the paediatric audiology service.

RESOLVED:

- That**
- (a) progress made in improving the audiology service for adults including the reduction in waiting times and the transition to digital technology be welcomed;**
 - (b) an update on paediatric audiology service should be provided following the outcome of the external review of the service: and**
 - (c) the update should include a report on progress in decenralising adult audiology services and plans for extending the programme.**

14. WORK PROGRAMME

The Committee considered its work programme.

The Chairman commented on the range of health issues the Committee would need to consider in the coming months. She said that it was highly likely that additional formal meetings would be required. In addition she thought some informal meetings would also be necessary.

The Committee agreed that provision should be made for their next two scheduled meetings to be extended into the afternoon to ensure that they could give proper consideration to issues before them and to make more efficient use of the time of visiting presenters.

It was proposed to add consideration of access to appropriate Healthcare in the South Wye area to the work programme given the lower health outcomes for this area and the expanding population.

RESOLVED:

- That**
- (a) it be formally requested that an additional two meetings for the Health Scrutiny Committee be scheduled when the 2009/10 Council diary is prepared and that the Strategic Monitoring Committee give consideration to requesting that the same provision be made for the other Scrutiny Committees; and**

- (b) the work programme, as amended, be approved and reported to the Strategic Monitoring Committee

The meeting ended at 2.17 p.m.
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CHAIRMAN