

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 31 July 2009 at 10.00 am**

**Present:** Councillor PM Morgan (Chairman)  
Councillor AT Oliver (Vice Chairman)

Councillors: WU Attfield, PGH Cutter, MJ Fishley, RC Hunt, G Lucas, GA Powell and AP Taylor

**In attendance:** Councillors PA Andrews, LO Barnett, WLS Bowen and PJ Edwards

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Brigadier P Jones and A Seldon. Apologies were also received from Mr J Wilkinson of the Local Involvement Network.

**2. NAMED SUBSTITUTES**

There were no named substitutes.

**3. DECLARATIONS OF INTEREST**

Councillor RC Hunt declared a personal interest in agenda item 6: Health and Social Care ICT linkages because a family member worked for the National Health Service on ICT.

**4. MINUTES**

**RESOLVED: That the Minutes of the meeting held on 27 March 2009 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. HEALTH AND SOCIAL CARE ICT LINKAGES**

The Committee considered a progress report on health and social care ICT linkages.

Stephanie Colborne, ICT Programme Manager and Simon Collings Associate Director of Information NHS Herefordshire gave a presentation, a copy of which was appended. This discussed ICT linkages and benefits, current and planned linkages and the importance of ensuring robust governance arrangements were in place for sharing information. The conclusion was that information exchange across organisations was a national issue, ultimately for resolution at national level. However, there were a number of local interim processes being developed to address short-term requirements. The issues were not all technical with consideration also needing to be given to information governance.

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

- S Colborne commented on work being carried out on the feasibility of using mobile ICT devices. However, nationally provided NHS systems did not currently allow off-line working. She acknowledged that improved Broadband coverage, with the accompanying ability to use wireless technology, would be beneficial.
- S Collings commented further on information governance and the need for robust information sharing arrangements to be in place to enable the health and social care ICT linkages to operate.
- Clarification was provided on the right of access to individual records under the Freedom of Information Act and the Data Protection Act, what information could be released under each Act and the potential exemptions from release.
- Members commented on the importance of this work being progressed swiftly. It was agreed to provide Members with a timetable for progressing integration.

Noting the potential overlap on this issue with the Adult Social Care and Strategic Housing Scrutiny Committee the Chairman agreed to discuss with her counterpart how best to arrange for future updates to be reported.

## **7. HEREFORD HOSPITALS NHS TRUST UPDATE**

The Committee considered an update on the operational and financial performance of the Trust to the end of June 2009 together with a summary briefing on key developmental issues.

Mr Woodford, Chief Executive, presented the update, commenting briefly on the report. He highlighted a significant overall increase in patients requiring admission, above planned levels, and the financial implications this would have. He expressed disappointment with some of the findings of the in-patient survey, part of the national survey programme, which were at variance with the hospital's own view, but emphasised that an action plan had been agreed to address those areas where patients clearly felt performance was below average. He also drew attention to the challenging financial situation. He informed the Committee of the Trust's response to the Healthcare Commission's report on mid-Staffordshire NHS Foundation Trust reporting that an action plan was in place to look systematically at mortality rates to ensure that the Trust had taken the correct steps in each case.

In addition he updated the Committee on progress in the development of the new Cancer Unit reporting that work was due to commence on site in the New Year and also the planned provision of radiotherapy services now scheduled for 2012.

He reported that the Trust was prepared to respond to the Swine Flu pandemic and had contingency plans in place.

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

- In response to a question about the increase in patient numbers it was stated that this experience was shared across the West Midlands and there did not appear to be any single condition responsible for the increase.
- Asked about the risk adjusted mortality rate Mr Woodford noted that there were various ways of calculating this figure. The Trust's performance compared well with peer groups. However, the key was to look at performance of individual specialisms, which the Trust was doing.

- In reply to questions about delayed patient discharges from the hospital Mr Woodford said that there was good co-operation with the Primary Care Trust. However, the assessment was that 20-25 beds at any one time were occupied by patients who need not be there. He commented on improved arrangements to ensure discharges were not delayed by the need for patients to wait for medication before they left hospital, adding that a complete redesign of the discharge process was underway on which he would report back. The Director of Integrated Commissioning added that there were pressures on the community hospitals in addition to the acute hospital that needed to be borne in mind.
- In relation to finances Mr Woodford replied that £4.5 million of savings needed to be found before the year end against a budget of £107 million. The Trust was behind target in delivering its savings plan. One of the reasons was pressure on medical staffing budgets caused by sickness and recruitment problems, a national issue, which had necessitated the appointment of more expensive locum staff. The focus in seeking to deliver the savings plan was on achieving savings without reducing the quality of service.

The Committee noted the position and the issues upon which further information would be provided in the next update.

## **8. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

The Committee considered an update from the West Midlands Ambulance Service (WMAS) NHS Trust.

Mr Malcolm Price, Divisional Commander, Herefordshire Council presented his report that had been issued after the publication of the agenda papers.

In the ensuing discussion the following principal points were made.

- Mr Price was questioned about ambulance response times. He explained a number of measures being undertaken within the Ledbury area including provision of defibrillators. However, he conceded that performance in responding to Category A calls was a matter of concern.
- He attributed the level of performance principally to the increase in demand for the service, as described in his report. He added that this reflected the experience nationally. Locally, non-essential leave and training had been cancelled to enable more vehicles to be deployed. Members noted that this could only be a temporary measure and did not address the apparent need for additional resource recommended by the Committee in its recent review of the service.
- The Director of Integrated Commissioning commented that the Commissioners had a significant degree of concern about the situation. The independent review of WMAS resourcing and performance levels instigated by the Primary Care Trusts in the Region was due to report in August. A report on the findings of that review and an update on the response to the Committee's own review would be made to the Committee in September.
- Asked about the operation of the new Emergency Operations Centre at Brierley Hill, Mr Price commented that there had been many advantages as a result of the move, in particular increased resilience. However, it was acknowledged that there had been some difficulties that the service was working to overcome. These had included an initial lack of appreciation on the part of urban staff of the distances to be travelled in the County. There had been further training and induction and

personnel who had worked at the former centres at Bransford and Shrewsbury had a role in supervision and duty management for calls within the County.

- The Cabinet Member (Social Care Adults) suggested that it was unrealistic to expect additional resource to be allocated to the area and suggested initiatives underway to encourage first responders, first aiders and volunteers should be developed.

The consensus, in conclusion, was that the County was not receiving the service it should. It was recognised that there was pressure on resources and innovative solutions might be required.

The Committee noted that a report on findings of the independent review commissioned by Primary Care Trusts in the Region and an update on the response to the Committee's own review of the ambulance service in Herefordshire would be made to the Committee in September.

## **9. PROVISION OF SERVICES BY PRIMECARE**

The Committee received an update on the provision of the out of hours service and the development of the GP led walk-in health centre.

Angela Maile, General Manager of Primecare, presented the report. She highlighted that the service had experienced a rise in the volume of calls but this had now declined since the national flu line had been established.

In the following discussion the following principal points were made:

- A question was asked about publicity for the availability of GP services for short periods at weekends in Leominster, Kington and Ross on Wye. It was acknowledged that there was not a large take up of the service.
- It was noted that negotiations over a site for premises for the GP led walk in health centre were ongoing. The Director of Integrated Commissioning commented that it was essential to focus on implementing agreed measures to reduce the pressure on the accident and emergency unit.
- In response to a question on Primecare's response times it was stated that these were generally good but the service always aimed to improve. It was agreed that detail would be circulated to Members.

In receiving a presentation from Primecare in March the Committee had agreed to invite Primecare to provide a regular update to each scheduled meeting. It was proposed instead that the Primary Care Trust be requested to report on provision of services by Primecare as part of its update report with a representative of Primecare being invited to attend if circumstances warranted.

**RESOLVED: That the Primary Care Trust be requested to report on provision of services by Primecare as part of its update report with a representative of Primecare being invited to attend if circumstances warranted.**

## **10. NHS HEREFORDSHIRE - UPDATE**

The Committee received an update from the Primary Care Trust.

The Director of Integrated Commissioning highlighted the following issues.

### **Swine Flu**

He updated the Committee on the approach being taken nationally and locally to tackle swine flu.

He cautioned that there were quite a lot of flu like illnesses currently prevalent and because swabs were no longer being taken from every individual it was not possible to be certain quite how prevalent swine flu itself was. Three practices continued to test patients as part of the national monitoring system but were not observing a large increase in swine flu cases.

However, past experience suggested that viruses of this type came in waves. The Country may have reached the cusp of the first wave but statistically a more virulent second phase was to be expected, perhaps in the Autumn when schools reopened.

He reported that the experience to date had highlighted the need to strengthen business continuity plans. The worst case scenario was 30% of staff absent and partnership working would be important to facilitate redeployment of staff to critical services.

It was being advised at national level that a vaccine would be available on a phased basis from the end of August 2009.

He added that the establishment of the National Flu line had seen a reduction in the number of calls to the out of hours GP service.

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

- In response to comment that mixed messages were being given to people concerned they might have the disease about the action they needed to take, the Director replied that the advice through the national flu line had been refined and should be consistent.
- The position regarding the number of pharmacies authorised to distribute Tamiflu was also discussed. The Director said that there were six pharmacies across the County stocking Tamiflu. Asked if this was a sufficient number given the geography of the County he said that the number was determined in accordance with national guidelines. Resilience was the key. In the event of pressures on staffing the plan was to move to fewer but larger centres, the provision of critical services being a higher priority than geographical access. However, it had been recognised that provision in Hereford City, with one outlet, needed to be bolstered by providing extra staff.
- Asked about the extent of local discretion in the measures being taken he said that the response was being driven nationally but there was some scope for local flexibility, the negotiated authorisation to use six pharmacies referred to above being one example.
- Asked if the service was appropriately prepared he said the reopening of schools in the Autumn would be the test of that. He added that the national and local response to the potential threat had been proportionate.
- The potential for there to be extreme pressure on frontline services to the extent of even emergency cases having to be prioritised and the need for clinical decisions to be taken to provide sub-optimal care to patients was noted. There were, for

example, 6 intensive care beds in Hereford Hospital. Whilst there were plans to expand provision services would have to be shared with neighbouring authorities.

### **Provider Services Review**

The Director reported that work was continuing to divest the PCT of its provider role. There was strong support for integrating community services and hospital services. There were risks in the PCT providing mental health services in terms of retention, recruitment, governance and resilience. The PCT Board had agreed to enter into a procurement process to secure a partner with expertise and resources to run the mental health service within the County.

### **Finance**

The Director reported that there were a number of financial pressures, with the costs of continuing health care and specialist placements, learning disabilities and mental health increasing. He commented on the importance of the funding available for health in the County across organisations being viewed as a whole.

### **Head and Neck Cancer Services**

The Director reported on consideration being given by the Three Counties Cancer Network to consolidating Head and Neck Cancer Services, currently provided at Gloucester and Worcester, onto one site. The Review Panel had concluded that Gloucester was the preferred site. However, because the decision had been so finely balanced national advice was being sought on whether a solution involving provision at both locations was feasible.

The Committee noted that an update would be made to it in September.

## **11. LOCAL INVOLVEMENT NETWORK UPDATE**

The Committee considered an update on the development of the Local Involvement Network (LINK).

Mr Richard Gallagher, LINK Herefordshire Team Leader, presented his report commenting on work undertaken to establish the LINK in its first year of operation and plans to promote the LINK and develop its Work Programme in its second year.

In the ensuing discussion the following principal points were made:

- Mr Gallagher commented on the difficulty in recruiting Members to the LINK and outlined some of the measures being taken to seek to increase recruitment.
- The Committee's wish to work with the LINK and be informed by its work was emphasised and concern expressed about the absence of detail in the report on the LINK's work programme. Mr Gallagher commented that he had reported on the work of the host organisation established to facilitate the work of the LINK which fell within his remit. The LINK itself was responsible for agreeing its work programme. He added that the experience across the Country was that establishing LINKs had proved challenging.

The Committee noted that a report on the LINK's work programme would be made to the next meeting.

## 12. WORK PROGRAMME

The Committee considered its work programme.

The following additions to the work programme were noted:

- Report on the Local Involvement Network work programme (September).
- Possible report on health and social care ICT linkages (subject to outcome of discussion between Chairman of Committee and Chairman of Adult Social Care and Strategic Housing Scrutiny Committee (January).
- Provision of Mental Health Services (September).

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

The meeting ended at 12.25 pm

**CHAIRMAN**