

AGENDA

Health Scrutiny Committee

Date: **Monday 29 March 2010**

Time: **10.00 am**

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:

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Agenda for the Meeting of the Health Scrutiny Committee

Membership

Chairman	Councillor PM Morgan
Vice-Chairman	Councillor AT Oliver
	Councillor WU Attfield
	Councillor PGH Cutter
	Councillor MJ Fishley
	Councillor RC Hunt
	Councillor P Jones CBE
	Councillor G Lucas
	Councillor GA Powell
	Councillor A Seldon
	Councillor AP Taylor

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AGENDA

	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 the Agenda.	
4. MINUTES To approve and sign the Minutes of the meeting held on 1 March 2010.	1 - 6
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. REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST To consider an update on the response to the efficiency review of the West Midlands Ambulance Service NHS Trust and the response to the findings of the Committee's scrutiny review of the ambulance service in the light of the Lightfoot Review.	7 - 26
7. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE To receive an update from the Trust.	27 - 30
8. POPULATION HEALTH To receive a presentation on housing and the health of the population.	
9. WORLD CLASS COMMISSIONING STRATEGY To brief the Committee on the World Class Commissioning Strategy.	31 - 44
10. WORK PROGRAMME To consider the Committee's Work Programme.	45 - 50

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Children's Services, Community Services, Environment, and Health. An Overview and Scrutiny 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

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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.

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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*

Overview and Scrutiny Committee

*Corporate Strategy and Finance
Resources
Corporate and Customer Services
Human Resources*

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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 1 March 2010 at 10.00 am

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

Councillors: WU Attfield, PGH Cutter, KG Grumbley, Brig P Jones CBE,
GA Powell and A Seldon

In attendance: Councillors WLS Bowen and PJ Edwards. Mr J Wilkinson, Chairman of the Local Involvement Network, was also present.

20. APOLOGIES FOR ABSENCE

Apologies were Received from Councillor RC Hunt, G Lucas and AP Taylor.

NB J Wilkinson present

21. NAMED SUBSTITUTES

Councillor KG Grumbley substituted for Councillor RC Hunt.

22. DECLARATIONS OF INTEREST

There were none.

23. MINUTES

RESOLVED: That the Minutes of the meeting held on 30 November 2009 be confirmed as a correct record and signed by the Chairman, subject to the amendments that Councillor WU Attfield had not attended and had sent her apologies and that Mr J Wilkinson Chairman of the Local Involvement Network, had been in attendance.

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

There were none.

25. SCRUTINY REVIEW OF GENERAL PRACTITIONERS (GP) SERVICES

The Committee considered the report of the scrutiny review of General Practitioners (GP) Services.

The Chairman of the Review Group presented the report. He highlighted in particular the Group's findings on the importance of continuity of care; ensuring personal contact for patients throughout their pathway along the health and social care system; and the role of GPs as community gatekeepers.

He also proposed that the report should be referred direct to NHS Herefordshire for response.

In discussion the following principal points were made:

- The Herefordshire Place Survey 2008 had found that 17% of respondents found it difficult to access GP Services. However, the survey did not ask why they found access difficult. It was suggested that this needed further investigation.
- Clarification was sought on the numbers of GPs providing care out of hours.
- The Director of Public Health, representing the Chief Executive of Herefordshire Council/NHS Herefordshire at the meeting, commented on the extended access available through the Equitable Access Centre and an increase in the number of GPs providing services at weekends and offering extended opening hours during the week. A Transition Board was working to improve access, care pathways and continuity of care.
- Noting that statistics showed 24% of those in Hereford City and South of the river had responded that they found it difficult to access GP services, it was requested that consideration be given to retaining the temporary equitable access provision at South Wye when the permanent Centre at the hospital site was open.

The Director of Public Health acknowledged that it would be worth exploring the pattern of use of the temporary provision and other health facilities.

- The importance of the link between carers and GPs was emphasised. The Director of Quality and Clinical Leadership commented that the views of Herefordshire Carers Support were taken into account as part of the commissioning process.

RESOLVED:

That (a) the findings of the scrutiny review of GP Services be approved and referred to NHS Herefordshire for a formal response to be reported back to the Committee; and

(b) the response to the review be reported to the first available meeting of the Committee;

(c) consideration be given at that meeting to the need for any further reports to be made; and

(d) the principal points made in discussion be noted and addressed.

26. QUALITY ASSURANCE FRAMEWORK

The Committee received an update on the Quality Assurance Framework and the processes and systems in place to ensure quality services were being commissioned and directly provided.

The Director of Quality and Clinical Leadership (DQCL) gave a presentation highlighting aspects of the report in the agenda papers. This included the importance of ensuring the patient experience was accurately captured and used to generate service improvement.

The Committee also received a demonstration on work being undertaken to collate data and allow it to be explored to identify themes which could in turn then be further analysed.

It was also noted that the Committee would need to consider what role it wished to play in commenting on the “quality accounts”, reports that all providers of NHS services were now to be required to publish on the quality of health care services they were delivering.

In the ensuing discussion the following principal points were made:

- The communication of information and the difficulty in targeting information without the danger of information overload was discussed. The DCQL acknowledged the complexities but said consideration was given to how best to ensure effective communication, referring to both the Communications Strategy and the Customer Services Strategy.
- The DCQL commented on the way in which providers were being encouraged to respond to concerns expressed by patients immediately, on the spot, where it was easily practicable to make a change to address that concern, rather than directing concerns through a formal complaints type process. Demonstrating that changes would be made promptly, encouraged patients to express their views.
- The DCQL confirmed that targets were not seen as an end in themselves. The focus was on the quality of services.
- Asked if arrangements were in place to audit the systems in place the DCQL replied that there were monthly clinical review meetings, with additional meetings called if a provider was not performing to the standard required. She commented on the way in which anecdotal evidence about services, of which providers had previously been wary, was now being used to improve services, mindful that what patients told others about the service could often be more open and revealing.
- It was asked if there was a risk that a rigid quality framework would stifle innovation. The DCQL said that many providers were innovative and the focus on continuous service improvement encouraged innovation, as did the need to respond to financial pressures.
- A concern was expressed that the monitoring arrangements outlined at section 7 of the report were too onerous, involved duplication and were taking the place of effective management arrangements. The Director of Public Health commented that he considered the structure in place in Herefordshire to be quite streamlined compared with other Primary Care Trusts.
- In the light of the significant failings identified in the findings of the independent inquiry into mid-Staffordshire NHS Foundation Trust assurance was sought that recommendations on clinical safety were being acted upon and that the Hereford Hospitals Trust was compliant.

The DCQL replied that the monthly Clinical Quality Forum ensured that recommendations on clinical safety were being acted upon by providers both within the County and by those outside the County from whom services were commissioned.

- Mr Woodford, Chief Executive of the Hospitals Trust, reported that national patient safety alerts were acted on and monitored. Some alerts were complex to respond to and needed time to implement.

RESOLVED:

That (a) the work to ensure quality assurance be welcomed;

(b) a seminar be arranged on Quality Accounts;

(c) a further report be made when timely, within six months, reviewing quality performance and highlighting any areas of concern.

27. PROVIDER SERVICES INTEGRATION - PRE-CONSULTATION

The Committee considered a report on progress on the Provider Services integration project and was invited to comment as part of the pre-consultation process.

Mr Woodford, Chief Executive of the Hospitals Trust and lead executive for the project, and the interim Managing Director of Provider Services gave a presentation highlighting aspects of the report in the agenda papers and providing information on the early outputs from work on care pathways.

The project involved the integration of health and social care services across the County, potentially involving the creation of a single integrated NHS organisation for providing these services for the county. It was considered that significant sustainable improvements in quality and efficiency could be gained from the closer integration of services.

The main themes of the review were a focus on self management, screening for chronic diseases, case management for those at most risk, a concept of instant care, hospital for those who needed it, significant investment in therapies to speed up rehabilitation, generic roles that crossed health and social care and integrated care records.

A formal consultation exercise was proposed to commence in June 2010 with a view to delivery in shadow form from October 2010.

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

- The plans were broadly welcomed. Mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted.
- It was suggested that it was important that the consultation documentation should make plain what the service arrangements would look like if the proposals were implemented.
- The Interim Managing Director stated that there was no intention to reduce the level of services locally. Options for service delivery arrangements and providers would be set out in the consultation paper.
- That it was important in discussing care pathways to remember that the project was concerned with care for people.
- The importance of integrated ICT services was acknowledged.
- In response to a concern about the cost of reducing care at hospital and providing care in the community instead, Mr Woodford said that pilot models across the country were suggesting that care in the community could be more cost effective than care at hospital.

- The Interim Managing Director commented on the intention in looking at care pathways to take localities into account in order to provide services that were appropriate for the local area.

RESOLVED:

- That (a) **the work undertaken to date on the integration of provider services be welcomed and supported;**
- (b) **mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted; and**
- (c) **the importance of ensuring services were tailored to localities be emphasised.**

28. MENTAL HEALTH PROCUREMENT PROJECT

The Committee considered an update on the Mental Health Procurement project being undertaken by NHS Herefordshire and the Council.

The Interim Managing Director of Provider Services presented the report. He commented that the current service was largely a good service, but as a relatively small service in a specialist field it faced a number of challenges. The view had been taken that mental health services would be best provided by a specialist provider. NHS Herefordshire required these services to reflect Herefordshire's rural environment and be a local service. He explained the procurement process being followed and reported that account had been taken of a report produced by the Mental Health Reference Group on the views of service users and carers. He added that clinicians were supportive.

In response to a question the Interim Managing Director confirmed that account was being taken of the need for mental health services to be integrated with other services.

RESOLVED: That a further progress report be made to the Committee.

29. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee considered the update from Hereford Hospitals NHS Trust.

Mr Woodford, Chief Executive of the Trust, presented the report. He drew attention to pressure as result of increased emergency admissions; continued good performance in managing healthcare associated infections; the financial position of the Trust; efforts to improve stroke services; and work to capture patient experiences and respond to any concerns.

He also commented on the response to the findings of the Annual Hospital Guide produced by the Dr Foster organisation on which the Committee had requested to be updated at its last meeting. The Trust had received assurance visits from NHS Herefordshire and the West Midlands Strategic Health Authority (SHA) and the report summarised areas the had been or needed to be addressed as a consequence. Mr Woodford added that the SHA had commented on nurse staffing levels. This was a significant piece of work to undertake.

He commented that the Board would also be considering the recommendations of the report on mid-Staffordshire NHS Hospitals Trust most of which were generic in nature.

In discussion the following principal points were made:

- It was noted that severe winter weather had led to higher than normal cancellations of surgery. This was due to a combination of a significant number of patients being unable to attend appointments and staff facing difficulty in getting to work.
- It was requested that a more user friendly name be used for the Equitable Access Centre.
- In relation to Hospital standardised mortality ratios it was requested that a briefing note be circulated setting out actual numbers of cases to enable the Committee to put the ratios in context.

30. NHS HEREFORDSHIRE PERFORMANCE REPORT

The Committee received an update on performance against targets.

The Associate Director of Integrated Commissioning circulated a chart showing performance against the national indicators for healthier communities and older people. She commented on some complications caused by data collection and the varying interpretations of the indicators across the country.

It was acknowledged that the Committee's role was not one of performance management. Future reporting on relevant indicators in the corporate plan for would, however, ensure the Committee had a perception of overall performance and could identify any trends and issues of concern.

RESOLVED: That the full updates to the Committee scheduled in the work programme incorporate performance against all relevant indicators in the corporate plan

31. WORK PROGRAMME

The Committee considered its work programme.

A Member sought assurance that appropriate support was being provided to those serving in the armed forces. The Director of Public Health said that work to meet needs was ongoing.

RESOLVED: That the work programme be approved and reported to the Overview and Scrutiny Committee.

The meeting ended at 12.30 pm

CHAIRMAN



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	29 MARCH 2010
TITLE OF REPORT:	REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider an update on the response to the efficiency review of the West Midlands Ambulance Service NHS Trust and the response to the findings of the Committee's scrutiny review of the ambulance service in the light of the Lightfoot Review.

Recommendation(s)

THAT

- a) **the report be noted, subject to any comments the Committee wishes to make; and**
- b) **the Committee considers whether it requires any further report on this matter.**

Introduction and Background

1. In March 2009 this Committee approved the findings of its Scrutiny Review of the West Midlands Ambulance Service (WMAS) in Herefordshire.
2. The Committee was informed that two further reviews of ambulance provision were underway. It was reported that WMAS was undertaking its own review of provision in the County. In addition the Regional Specialised Commissioning Team, responsible for commissioning the ambulance service on behalf of the 17 Primary Care Trusts (PCTs) in the West Midlands Strategic Health Authority area, had commissioned an independent review looking at the operational and financial effectiveness of the ambulance service across the region.
3. The Committee agreed that the written responses to the findings of the review of the West Midlands Ambulance Service in Herefordshire be noted, on the basis that the further explanation provided in response to the concerns expressed by Members at the meeting provided reassurance that the scrutiny review findings and

Further information on the subject of this report is available from Debbie Small (WMAS), Divisional Manager on 01432268353 or Paul Ryan (PCT) Head of Contracting on Tel: 01432 344344 or Martin Woodford Chief Executive (HHT) on 01432 364000

recommendations were being given serious consideration; and that on conclusion of the two separate reviews of the ambulance service led by WMAS and the PCT respectively their findings should both be reported to the Committee, together with a report on progress in response to the recommendations in the scrutiny review, at which time consideration would then be given to the need for any further reports to be made.

4. The findings of the efficiency review undertaken by Lightfoot Solutions (the Lightfoot Review) were published on 30 September 2009. A summary and analysis by NHS Herefordshire was reported to the Committee in November 2009.
5. Representatives of WMAS presented the efficiency review's findings to the Committee on 30 November. The Committee agreed a report be made to the next meeting setting out progress in response to the findings of the Lightfoot Review, performance against targets in Herefordshire, the cost implications for the NHS as a whole of the improvements proposed in the Lightfoot review and the projected outcomes; and that the report should also include commentary on action in response to the findings of the Committee's review of the ambulance service in the light of the Lightfoot Review;
6. An update is appended.
7. WMAS performance against targets in Herefordshire is set out in the separate update report.

Appendices

Appendix 1 - Update on action in response to the findings of Reviews of the ambulance service.

Background Papers

- None identified.

RESPONSE TO SCRUTINY REVIEW OF THE WEST MIDLANDS AMBULANCE SERVICE IN HEREFORDSHIRE

Scrutiny Review Recommendation	PCT/WMAS Joint Response (March 09)	PCT update (March 2010)	WMAS update
Resources			
Recommendation			
1. That the need for resources be regularly assessed, at least every two years, to take account of factors such as increasing population and changing demographic profile.	WMAS regularly reviews resources allocated to localities within the regional structure. The achievement of performance standards and maintenance of appropriate resource Unit Hour Utilisation are the drivers for resource level determination. The Independent Review that has been commissioned jointly with the West Midlands Primary Care Trusts is intended to identify the resource level needed to service the Model of Care agreed by the regional ambulance service commissioning group.	Resources dedicated to the provision of emergency ambulance services have again been reviewed by the Lightfoot report (Autumn 2009) and as part of the annual contract round for 2010/11	<p>WMAS regularly reviews its demand profile to accurately match its resource provision in order to meet changing demand patterns and demographic profiles.</p> <p>This information is reviewed on a daily, weekly, monthly and yearly basis, and is the subject of discussion at regular management reviews.</p> <p>The information is produced from the Trust's dedicated Performance Cell team, which comprises the specialities of statisticians, information analysts and operations/resourcing managers.</p> <p>This information is then used to match resource to demand, taking into account the information presented and seasonal demands etc.</p>
2. That, if Malvern is	The Malvern and Ledbury	The emergency	The WMAS Emergency Operations

<p>at higher risk of needing ambulances, resources to cover this potential need should come from Worcestershire, not Herefordshire.</p>	<p>stations offer mutual support in times of high demand for service as part of the region wide arrangements for support. In terms of ambulance resource, the West Midlands PCTs are collectively requesting WMAS to act as a Regional resource to ensure resilience given peaks in demand. The ambulance resource to meet a call could effectively be deployed from anywhere. In other words there is no specific geographical “ring fence” as this would not be in the best interests of flexible response.</p>	<p>ambulance service continues to operate a regional response for deployment to cope with periods of high demand. This response has been strengthened by the provision of a capacity management service across the WMAS area.</p>	<p>Centre (EOC) splits the resources in Herefordshire and Worcestershire into discrete sectors.</p> <p>Each sector has dedicated teams which dynamically manage the resources allocated.</p> <p>Malvern is under the Worcestershire sector and under normal operating conditions; Herefordshire resources will not provide cover in Malvern. However, when demand is high, an element of cross cover may take place to ensure that patient care delivery is not compromised in spikes of high demand in a particular area,</p> <p>Needless to say, when Herefordshire experiences similar spikes in demand, a Worcestershire resource(s) may assist in a similar Manner.</p>
<p>3. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings will be supported - that additional ambulances</p>	<p>Ledbury currently has cover on station as follows:</p> <p>Ambulance: 08.30 – 18.30 hours</p> <p>Car: 09.00 – 21.00 hours</p> <p>WMAS have agreed to model</p>	<p>Further discussions regarding cover for the east and south of the county are continuing via the Hereford and Worcestershire locality group following the findings of the Lightfoot</p>	<p>WMAS would be able to accommodate a 24 hour vehicle at Ledbury, but would be unable to provide this out of existing resources. A 24 hour vehicle at Ledbury would need to be commissioned for the service.</p>

<p>are required, and that at least one is allocated to Herefordshire which should be based in Ledbury where a station with a wide network coverage already exists, and as the only station which does not currently have 24-hour coverage.</p>	<p>how these hours may be altered to provide additional cover, however it is unlikely that a 24 hour resource could be re modelled from the current resources in Ledbury or indeed transferred from other areas within the county.</p> <p>The Independent Review may identify more appropriate locations for any extra resource identified but this would be dependent on the response model and integral rostering and System Status Management rules.</p>	<p>report.</p>	
<p>4. That commissioners agree enough funding to enable WMAS to properly fulfil its duty of care towards Community First Responders, and to equip and reimburse them according to volunteering best practice guidelines without having to rely</p>	<p>WMAS currently provide (via contract funding) training, drugs, some protective clothing and basic kit to Community First Responders (CFR). WMAS have agreed to review what further support may be offered.</p>	<p>The Lightfoot report identified that Herefordshire PCT has consistently funded WMAS to a more than adequate level. Commissioners will continue to work with WMAS to strengthen the CFR service within the county</p>	<p>WMAS will work with commissioners to review what additional support may be offered to benefit the CFR schemes.</p> <p>It is to be noted that the CFR schemes are significantly funded by charitable arrangements; however it is recognised that such arrangements create a strong feeling of ownership and community spirit in each CFR zone, which assists greatly in the</p>

on charity.			delivery and success of the Community Response Schemes.
5. That CFRs could make an even more effective contribution to the service if they were more supportively managed and effectively deployed. However, their contribution should not be a substitute for meeting targets through normal resources, but for achieving added value. The health scrutiny committee looks forward to scrutinising the contribution of the new CFR organiser towards achieving these goals.	WMAS are currently advertising for a CFR manager to lead on support and training and recruitment of CFRs in Herefordshire, where previously the CFR manager provided support for both Herefordshire and Worcestershire. The CFR scheme overall is managed and directed at a regional level.	The CRM for Herefordshire has now been appointed. Please see WMAS response for further detail.	WMAS has appointed a dedicated Community Response Manager (CRM) for Herefordshire. The Herefordshire CRM has produced an action plan to build upon the success of the existing scheme and enhance the reach and coverage of the scheme. The aim is to greatly assist the contribution in terms of added value for patient care and operational performance.
6. That a concerted campaign at all levels	Both NHS Herefordshire and WMAS are in agreement with the	This issue was addressed as part of the	

<p>is conducted to demonstrate the need for “rural-proofing”, and that costs of service provision are equitably shared between localities in the West Midlands region.</p>	<p>recommendations. The issue will be addressed as part of the Independent Review.</p>	<p>Lightfoot report and the contract for 2010/11 is to be rebased to more equitably reflect the costs of service provision.</p>	
<p>7. That scrutiny of the commissioning process for the ambulance service, and the Patient Transport Service (PTS), be conducted. The review group recommends a separate review of the PTS, possibly in collaboration with the Herefordshire LINK (Local Involvement Network).</p>	<p>The PTS service for Herefordshire has recently been subject to a tendering process with the contract now awarded to an independent contractor, Patient First. Further details of the tendering process and the new contract are available on request. The new provider will be providing the service from 1st May 2009. Herefordshire LINK is aware of this development and will receive a full briefing on the new service from commissioners shortly.</p>	<p>The PTS service continues to be provided under the new tender by Patient First. Regular monitoring of the effectiveness of this contract is undertaken.</p>	<p>WMAS no longer hold the PTS contract</p>

Pressures on the service			
<p>1. That effective measures are implemented to ensure all emergency ambulance arrivals are accommodated safely in the hospital within 30 minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented.</p>	<p>The ambulance delay target against which this is measured is 15 minutes rather than 30 minutes as stated in the report. WMAS and the commissioners have agreed to keep this matter under review but current data suggests that this is less of an issue in Herefordshire than in other parts of the West Midlands, although clearly any delay is of concern.</p>	<p>The 15 minute target for ambulance delay is now monitored on a daily basis with issues arising regularly discussed between WMAS, HHT and commissioners. A new clinical handover policy has been produced and will be implemented for 2010/11. A copy of this is available on request.</p>	<p>WMAS works in a close and collaborative way with HHT and commissioners to address this issue.</p> <p>Information and data is produced to relevant parties to monitor and review handover times and is subject to regular review and discussions.</p> <p>Wherever possible, and when available, WMAS utilises alternative care pathways for patients which may result in a patient not requiring attendance in the HHT Emergency Department.</p> <p>The decision on the use of alternative care pathways is made by WMAS clinicians at the point a call is received and triaged in the EOC, or when an ambulance has arrived on scene and a patient assessment made.</p> <p>The use of alternative pathways is designed to improve the patient experience; rather than routinely transport a patient to hospital which</p>

			may not be an appropriate course of action for their needs.
2. That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures.	NHS Herefordshire is in agreement with this recommendation. WMAS will work with HHT and the out of hours provider (Primecare) to review procedures and agree enhanced arrangements for the handling of category C calls.	Commissioners, WMAS and HHT continue to work together to improve ambulance clearing times. A new hospital handover protocol; has been agreed on a regional basis as part of the 2010/11 contract	WMAS enjoy an excellent working relationship with HHT. Online access to the WMAS Command and Control system has been made available to HHT, which gives accurate real time data regards patient handovers and patient flows. Please see point 1 regards the use of alternative care pathways and patient triage.
3. That information on collaboration with Wales be sought by the Independent Review, including provision by sister services in Wales of data on the amount and nature of cross-border work.	NHS Herefordshire is in agreement with this recommendation and will press for this issue to be considered as part of the independent review. WMAS will work with the Welsh Ambulance Service to better understand present cross-border flows.	Work is ongoing between WMAS and the Welsh Ambulance service is this regard. Herefordshire Commissioners will continue to monitor cross-border flows.	WMAS has requested data on the previous 12 months of incidents where WMAS has helped the Welsh Ambulance Service, in particular the Monmouth area. Both Trust's will then work together to agree a process to manage cross border flows.
4. That the health scrutiny committee request a report on	NHS Herefordshire will provide the requested information on the out of hours service but it would	This information has been provided.	

<p>the out-of-hours (OOH) service provision in the county.</p>	<p>be helpful to agree with the review group the precise requirement.</p>		
<p>5. That the OOH provider conduct a comprehensive publicity campaign on the out of hours telephone number.</p>	<p>A new telephone number for the out of hours service has been agreed and will be widely publicised across the county in the coming weeks.</p>	<p>Action completed. It was communicated via:</p> <ul style="list-style-type: none"> • Press release • Radio stations • Poster campaign on the back of buses • Article in Hereford Matters distributed to all households in Herefordshire • First Press – newsletter to all Hereford PCT and Council employed staff • Posters in all independent contractor premises plus business cards in all premises plus 	

		A&E department at HHT	
6. That improvement in collaboration and co-location of blue light services be encouraged.	Significant progress has already been made on greater collaboration with the other emergency services within the locality as a whole. Shropshire have arrangements to share all Fire Services stations to enhance strategic standby and are also working with the police on a similar basis. In Herefordshire good progress has been made with Hereford fire station being utilised for standby and Herefordshire police using a shared facility for vehicle maintenance and repairs. As the Ambulance service currently provides station facilities in all large conurbations within the county, further progress will be planned through the long term estates strategy for the County.	Collaboration is ongoing and effective – please see WMAS comments for further detail.	<p>The blue light services already work well together. The Fire Service carry AED's on some of their vehicles.</p> <p>The Fire station in Hereford is used for a standby point and there are on going talks with the Police to use their station in Belmont.</p> <p>All three services collaborate well and come together at the Road Safety meetings</p>
7. That regular and immediate progress reports on EOC reconfiguration be	WMAS have agreed to provide this information. There is currently no evidence to suggest that there is any resource drift	WMAS have provided this information which continues to suggest that there is no	Data has been requested from the WMAS Performance Cell which will highlight resource drift and response performance.

<p>supplied for scrutiny by Herefordshire's health scrutiny committee, especially regarding resource drift – away from the county, and overall - and response performance.</p>	<p>from the locality to other parts of the West Midlands.</p>	<p>significant resource drift form the locality to other parts of the West Midlands.</p> <p>Further data will be provided to the committee by WMAS.</p>	<p>The committee will be updated with the findings.</p>
<p>Data and information</p>			
<p>1. That commissioners, SHA and DoH measure ambulance service performance by outcome-based indicators as well as response times, for example, by measuring the progress of patients from when an ambulance is called to when they are 'handed over' to a hospital.</p>	<p>Some outcome measures (e.g.: thrombolysis, Return of Spontaneous Circulation (ROSC) and FAST (stroke) tests) are already available. The development of Models of Care will deliver further quality measures as part of the 2009/10 regional contract. A copy of the contract will be supplied when finalised.</p>	<p>Key performance indicators are reported on a monthly basis and will be included in the 2010/11 contract along with quality incentive schemes (CQUINS). Once finalised, a copy of the 2010/11 contract will be available on request.</p>	<p>A range of Key Performance Indicators and Clinical Performance Indicators are measured on a local and national basis.</p> <p>This data includes hospital handovers, response standards, activity and job cycle times.</p> <p>This information is distributed and shared as appropriate.</p>

2. That all ambulance service response time data be available disaggregated by post code for all localities within WMAS.	WMAS will provide this data.	This information is supplied.	This information is routinely supplied as requested.
3. That targets for rural Herefordshire be considered. These should be realistic without risking diminished performance.	All targets are defined by the Department of Health (DoH) and stipulated within a national mandated contract. It is not possible to agree further targets for Herefordshire without DoH agreement which is unlikely to be forthcoming.	The Lightfoot report considered this issue. It remains the case that it is not possible to agree further targets for Herefordshire without DoH agreement which is unlikely to be forthcoming. Although response times are given on a county basis, WMAS continues to be judged on its performance as a service.	WMAS reports on WMAS regional targets to the SHA, DoH and commissioners as set down by local and national requirements. Variation in targets will require a change to the national contract.
4. That public education on EOC technology (when it is functioning effectively), and about why local knowledge	A new computer aided dispatch (CAD) system is being introduced shortly into the Ambulance control centre at Millennium Point. The Herefordshire locality has been	Please see WMAS comments.	WMAS would like to invite members of the committee to visit the EOC at Brierley Hill Dudley to fully view the CAD and understand its functionality.

<p>is not needed, be conducted.</p>	<p>chosen to introduce these changes first due the experience of the current staff on a similar system which was used at Bransford. If helpful WMAS have suggested Health Scrutiny Committee members could view these changes once fully installed to enable a further understanding of the system and technology available.</p>		
<p>5. That public education on life-saving techniques be undertaken within the community, with particular emphasis on schools.</p>	<p>NHS Herefordshire will take forward this campaign via the Public Health team. Funding has already been provided to the 'Heart Start' campaign.</p>	<p>The Heart Start campaign continues and further educational projects are under consideration.</p>	<p>WMAS Community Response Manager works with the public and involves The British Heart Foundation and Heart Start.</p> <p>A schools education programme is currently being considered as a project for WMAS.</p>
<p>6. That the Patient Report Form and other paperwork where possible be computerised and simplified as a matter of urgency.</p>	<p>Computerised patient report forms have been introduced in the Coventry and Warwickshire locality. The system is currently being evaluated and a roll out of this system is likely in the near future.</p>	<p>This project is ongoing and has been funded by commissioners through the contract with WMAS</p>	<p>The replacement of paper Patient Report Forms is and ongoing project, with a 'computerisation' project currently under evaluation in WMAS.</p> <p>The computerisation seeks to streamline and simplify patient detail recording processes and improve</p>

<p>7. That data collection by, and dissemination from, WMAS – especially relating to patient outcomes - be greatly improved, as it is currently difficult to obtain a full, reliable picture.</p>	<p>Please see 1 and 2 above. With the introduction of electronic patient records the capturing of clinical outcomes should be considerably more comprehensive and provide swifter and more reliable data than current methods.</p>	<p>The ongoing implementation of electronic records will greatly assist in the collection and provision of this data. It should also be noted that the 2010/11 contract will further incentivise quality measures and improvements in outcomes via CQUINs</p>	<p>reporting mechanisms.</p> <p>Information is routinely collated and distributed as part of a regular monthly process.</p> <p>The computerisation of data will greatly assist in the availability and reporting of live data and patient outcomes and clinical performance.</p>
<p>8. That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOCs, or crews on first seeing a patient) and followed up by further triaging at hospital by senior clinical decision-makers, be implemented as a matter of urgency.</p>	<p>These recommendations will be taken forward in discussion with WMAS and HHT</p>	<p>Additional triage measures have been implemented with A&E at Hereford Hospitals Trust including the placement of experienced General Practitioners in A&E during peak times on a weekly basis.</p>	<p>All emergency calls receive triage and prioritisation upon receipt of the call within the EOC. An appropriate response is then allocated.</p> <p>Category C Calls (those calls with a lower priority) are passed to a Clinical Support Desk, with approximately 70% of the calls being diverted to a more appropriate care pathway.</p> <p>This triage also takes place on scene following a face to face assessment by ambulance staff.</p>

Three principal recommendations were relevant to Hereford Hospitals NHS Trust:

- (Resources 1) That effective measures are implemented to ensure all emergency ambulance arrivals are accommodated safely in the hospital within 30 minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented
- (Resources 2) That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures
- (Data and Information 8) That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOC's or crews on first seeing a patient) and followed up by further triaging at hospital by senior clinical decision makers, be implemented as a matter of urgency

Appendix 1

The Trust broke down its response as follows:

**Hereford Hospitals NHS Trust
Action plan in response to Health Scrutiny Committee Review Report**

Area / Recommendation	Actions	Progress / Implementation Date	Update
The need to improve advance communication between the ambulance service and the hospital as an aid to improved patient triage and diagnosis (page 23 & 24)	<ul style="list-style-type: none"> • Trust / WMAS to develop improved mechanisms for advance communication and triage 	<ul style="list-style-type: none"> • 31st May 2009 	<ul style="list-style-type: none"> • CAD introduction Jan/Feb 2010 • Triage nurse supplied by the Trust to allow handover and expedite turnaround • Improved daily performance reports from WMAS
Limitations in the non emergency (PTS) transport service, resulting in delayed patient discharges and potentially bed shortages (page 23)	<ul style="list-style-type: none"> • Competitive tendering exercise undertaken for Patient Transport Service (non emergency) – contract let to external service 	<ul style="list-style-type: none"> • 1st May 2009 	<ul style="list-style-type: none"> • HHT engaging in renegotiation of non emergency transport contract to provide out of hours transport

	provider		
Lack of clarity as to responsibility for ambulance crew clearance and turnaround (page 23 & 24)	<ul style="list-style-type: none"> • Handover protocol revised and enforced • Escalation procedure introduced for patient stretcher waits • Revised escalation procedure for A&E waits at 2 hours and early alert system for patients needing admission • Regular reporting and review of handover performance • Formal Executive level review of progress against action plan with WMAS 	<ul style="list-style-type: none"> • Complete • Complete • Complete • Ongoing • Quarterly from 30th June 2009 	<ul style="list-style-type: none"> • Discussed at Trust Operational Board where performance and actions reviewed
<ul style="list-style-type: none"> • Bed shortages at the County Hospital impacting negatively on the ability of the Trust to receive patients in a timely manner (page 24) 	<ul style="list-style-type: none"> • Additional substantive beds (16) opened on Kenwater Ward and built into re-provision plans • Review of flow of emergency patients through the hospital from admission to discharge • Development of a Clinical Decisions Unit with senior front door decision making resource 	<ul style="list-style-type: none"> • Complete • Commenced Feb 2009 • Commenced July 2008 for completion December 2010 	<ul style="list-style-type: none"> • Reprovision of 16 additional beds in HHT main building to support closure of Kenwater to build MRU • Discharge flow being addressed to free up capacity for emergency admission growth of 8% 09/10 • Allocation of capital to build facility

<ul style="list-style-type: none"> • A lack of resilience in the A&E service to cope with peaks of demand as experienced in December 2008 (page 24 	<ul style="list-style-type: none"> • Implementation of revised shift patterns in A&E, matching staffing to peak demand • Recruitment of 3rd A&E consultant 	<ul style="list-style-type: none"> • Complete • Complete 	
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Scrutiny Review Recommendation	HHT Response	HHT update
	Competitive tendering exercise undertaken for Patient Transport Service (non emergency) – contract let to external service provider	



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	29 MARCH 2010
TITLE OF REPORT:	WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE
REPORT BY:	Divisional Commander (Herefordshire)

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To receive an update from the Trust.

Introduction and Background

1. Health Trusts are asked to provide regular reports to update the Committee on key issues. A report is attached.

Background Papers

- None identified.

West Midlands Ambulance Service NHS Trust Herefordshire Division

Lightfoot Report

At the last HOSC review, Peter Murtagh gave an overview of the Lightfoot report.

Our commissioning team is working very closely with the Ambulance Commissioners with regards to the recommendations to the Lightfoot Report. As a result negotiations are still continuing and are not expected to be concluded until the end of this month.

Therefore as an action point from the LFR WMAS is continuing its negotiations and will provide an update as such decisions have been concluded.

Local Review

A separate report regarding this matter has been forwarded to the committee.

Local Pressures

The inclement weather added pressures to the service. In particular the snow and ice that hit the county in January and February was particularly harsh at times. This was mitigated by several factors including the use of voluntarily aided services. These agencies not only assisted in responding to calls in appropriate vehicles but helped to get members of staff into and out of work. The provision and distribution of “snow socks” on to ambulances also helped in adverse road conditions.

Performance for 2009/2010

	A8		A19		B19		C	
	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS
Dec	68.9%	71.6%	92.0%	97.7%	91.2%	93.9%	96.3%	98.1%
Jan	69.8%	75.3%	91.8%	97.7%	92.1%	95.4%	97.3%	98.1%
Feb	71.6%	78.5%	95.8%	98.2%	92.8%	96.4%	96.8%	99.0%

Financial Position

The Division is operating within its budget.

Other Matters

1. Stand By Facilities – A new Stand By facility is being utilised at “Cargills” in the North West area of the city. This enables us to hit areas that we were previously unable to achieve.

The Stand By facility at a location in Belmont, Hereford has not been particularly well received by either party. In view of this it is hoped that a new facility will be utilised in the very near future.

2. There is a current drive by the Community Response Manager and his team to recruit more CFRs in areas that need them. There is also a constant focus to ensure that CFRs are utilised to their full potential and dispatched accordingly by members of staff within EOC.



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	29 MARCH 2010
TITLE OF REPORT:	WORLD CLASS COMMISSIONING STRATEGY
REPORT BY:	DIRECTOR OF PUBLIC HEALTH

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To brief the Committee on the World Class Commissioning Strategy.

Introduction and Background

1. All Primary Care Trusts are required to World Class Commissioning Strategy.
2. A summary of NHS Herefordshire's World Class Commissioning Strategic Plan 2010 is attached at appendix 1. A copy of the full Strategy is available on request.
3. A commentary on the impact of the new strategy on the workforce is attached at appendix 2.
4. Presentations on the Strategy will be made at the meeting.

Background Papers

- None identified.

World Class Commissioning - Strategic Plan 2010 - 2014

Executive Summary



To make Herefordshire the healthiest place to live and work. A place where health and care services reduce inequalities and meet people's needs; where everyone is encouraged and supported to take personal responsibility for their own health, and where by working together, we promote better health, and provide access to excellent services when they are needed.

The challenge and our response

NHS Herefordshire has a better understanding than ever before about the health and wellbeing needs of local people. We know more about their views and wishes, including those of disadvantaged and minority groups. While the population is comparatively healthy and long-lived overall, nearly one in eight people are multiply deprived, with poorer life-chances, quality of life and health and wellbeing.

The fundamental challenge is to address the underlying causes of ill health, particularly among young people. There is a wide range of mainly deep-rooted factors: upbringing, poverty, education, skills, employment, housing and lifestyle issues, which range from smoking, drinking and what people eat, to sexual behaviour and taking physical exercise.

NHS Herefordshire can and will influence some of these - but cannot do it alone. Nor can we address alone the challenge of providing better, more cost-effective care to an increasingly ageing population, half of which lives in sparsely populated rural areas. This is as we experience much tighter restrictions on NHS funding. Some of our public sector partners, not least Herefordshire Council, may face even more demanding financial constraints.

We need to achieve more, for more people, with fewer resources. So we have embarked upon a radical approach to the commissioning and delivery of services. We are streamlining our overheads and processes, so that they are as slick and customer-friendly as they can be, and consume as little as possible of the spending power available to us. In this way, we will devote the maximum to better quality, front-line services, to provide a better experience for our customers and patients, and, above all, better outcomes for the people who need them most.

This strategy sets out the vision, aims, values and strategic priorities that will drive these changes; the areas most in need of urgent improvement and how we will measure our progress in tackling them; the foundations for future success we have laid already; and how we will deliver the strategy by reshaping provision, commissioning services, managing demand, stimulating the market, the effective management of our financial and other resources; a wide-ranging programme of organisational development and the rigorous management of risk and performance.

Our vision and aims

Our starting point is the shared vision of the Herefordshire Partnership that:

'Herefordshire will be a place where people, organisations and businesses, working together within an outstanding natural environment, will bring about sustainable prosperity and well-being for all.'

To which we add the shared aims of our uniquely close partnership with Herefordshire Council, which are:

Working together to:

- **Improve outcomes for local people**
- **Ensure excellence in service delivery**
- **Improve customers' and patients' experience**
- **Be efficient and deliver value for money**

Our shared values with the council inform all we do. They are:

People - treating people fairly, with compassion, respect and dignity

Excellence - striving for excellence and the highest quality of service, care and life

Openness - being open, transparent and accountable for the decisions we make

Partnership - working together in partnership and with all our diverse communities

Listening - actively listening to, understanding and taking into account people's views and needs

Environment - protecting and promoting our outstanding natural environment and heritage for the benefit of all. Identifying and understanding people's needs and wishes

People's needs and wishes are described in the Herefordshire Joint Strategic Needs Assessment 2009. It confirms that most people are relatively healthy and live longer than average for England and Wales. It identifies the major issues to be addressed, which are:

- To co-ordinate how we tackle multiple deprivation, including poorer health and well-being and premature death in some communities, especially parts of Hereford, Leominster, Bromyard and, newly identified this year, in small rural pockets
- To address the major causes of death - cancer, circulatory diseases, transport accidents and suicide - which are responsible for three-quarters of all years of life lost prematurely in the county, and affect disproportionately those living in areas of multiple deprivation, where more people smoke, drink excessively and generally have unhealthy lifestyles
- To address increased demand for health and social care, including needs associated with dementia, as numbers of people over 85 are forecast to double by 2026
- To improve services for children and young people, the numbers of which are forecast to fall until 2016, in order to reduce levels of obesity, excessive alcohol consumption, smoking, risky sexual behaviour and bullying.
- To improve access to services within local communities, including in sparsely populated rural areas, so that care and support can be provided at or close to home

Other important issues that need to be reflected in our priorities for commissioning are:

- To encourage healthier lifestyles to reduce the numbers of people who will develop long-term conditions, and effectively manage those conditions.
- To maximise people's independence by giving them more choice and control over their care, including better re-ablement services for older people
- To prevent accidents, including older people falling, and deaths and serious injuries on the roads
- To reduce the number of suicides
- To cut travel times and the expense of out-of-county referral and treatment
- To help those with mental health problems to continue to live in the community

And the following additional issues that have been highlighted from our extensive engagement with local residents:

- Improving access to NHS dental care
- Removing perceived barriers to care for the 4,500 migrant workers estimated to be in the county at any one time; for the 800-900 Gypsies and Travellers whose health is relatively poor; and for ethnic minorities with distinctive needs, such as the higher levels of diabetes and hypertension amongst those of Asian origin
- Nearly nine in ten people are satisfied with their GP, but about one in five want to see improvements in opening hours and in being able to book an appointment in advance with a specific GP
- Nearly one in four people are dissatisfied with their local hospital
- About three people in ten are dissatisfied with their dentist

Our strategic priorities and cross cutting objectives

In the light of these needs, views and wishes, our five strategic priorities are to:

- 1 **Promote life-styles that underpin health and well-being**
- 2 **Maximise mental health and well-being**
- 3 **Reduce health inequalities between localities and groups**
- 4 **Maximise independence, especially for older people**
- 5 **Secure good health and well-being for children and young people**

These are underpinned by four cross cutting objectives:

- 1 **Delivering through high quality care**
- 2 **Giving patients choice and control of their health**
- 3 **Protecting the most vulnerable of all ages**
- 4 **Ensuring local people shape their services**

Our World Class Commissioning outcomes

In the light of these areas most in need of urgent improvement, we have identified the following World Class Commissioning outcomes and targets:

- **Reducing health inequalities**
- **Reducing premature deaths from cancer**
- **Reducing deaths from coronary heart disease**
- **Improving life expectancy**
- **Reducing childhood obesity**
- **Increasing MMR vaccine up-take**
- **Increasing the number of people who quit smoking**
- **Reducing deaths from stroke**
- **Reducing deaths from road traffic accidents**
- **Reducing alcohol-related hospital admissions**

Areas for rapid improvement

To achieve our strategic priorities, we have identified the following **nine programme budget areas as being most in need of urgent improvement:**

<p>1. Cancer and Tumours</p>	<p>Herefordshire has the highest mortality rates within the Three Counties Cancer Network, and is only just below the national average (including for lung, breast, colo-rectal and prostate cancer). In addition:</p> <ul style="list-style-type: none"> ■ The rate of improvement in outcomes is slower than the national and ONS cluster average ■ Prevalence is likely to increase as the population structure continues to age and as a result of life-style risks, including smoking
<p>2. Circulatory</p>	<p>Whilst we have good outcomes for circulatory conditions relative to our peers and nationally:</p> <ul style="list-style-type: none"> ■ The ageing of the population will continue to increase prevalence ■ Problems of circulation account for 20% of lives lost prematurely ■ Equitable access to care needs to be secured by improving our out of hours service, improving rehabilitation and moving care closer to home
<p>3. Gastro-intestinal</p>	<p>Although Herefordshire achieves fair outcomes compared to its comparator group, key areas of concern include:</p> <ul style="list-style-type: none"> ■ Increasing trends in mortality from chronic liver disease, and the high rate of admission in people younger than 18 ■ High levels of chronic liver disease amongst males ■ Significant differences in admission rates between people living in areas of higher and lower social deprivation
<p>4. Musculo-skeletal</p>	<p>Our outcomes are poor. Key concerns are:</p> <ul style="list-style-type: none"> ■ Too many older people are not protected from falls and many fracture limbs ■ We need to do more to re-able people quickly back to independence ■ Lower back pain, the care pathway for which is under review as part of the Transition Board work
<p>5. Neurological</p>	<p>Although outcomes are not felt to be poor:</p> <ul style="list-style-type: none"> ■ Better value for money could be achieved at the same time as improving outcomes ■ There is a particular need to improve care for those with long term neurological conditions, enabling them to receive care closer to home and to receive support to live independently
<p>6. Social care (including community services)</p>	<p>Too many people are supported in residential care and out of county, so:</p> <ul style="list-style-type: none"> ■ There are a small number of very high cost pathways ■ Levels of user satisfaction are poor ■ Better targeting of high risk groups is needed, including increasingly seamless provision with health services to promote independent living.
<p>7. Respiratory</p>	<p>Outcomes are better than both peer and national benchmarks, and it takes up a lower proportion of our total expenditure. Even so, we need to:</p> <ul style="list-style-type: none"> ■ decrease length of stay for some respiratory conditions ■ focus on young children with childhood infections and increasingly prevalent asthma ■ do more to prevent older people (the group most at risk), as well as those with conditions associated with smoking, from getting chest infections, and to enable them to manage the conditions well at home
<p>8. Mental health, for all ages</p>	<p>Our spend per head on mental health services is well above that of our peers, but we do not appear to be achieving improvements in outcomes as a result. We spend highly on secure and high dependency residential and nursing home care, especially on out-of-county placements, and less than comparators on supporting people at home and carers. We need to:</p> <ul style="list-style-type: none"> ■ Move care closer to home and support people to become independent ■ Focus on the most at risk groups: teenagers, older working-age groups, and older people, including those with dementia
<p>9. Endocrine</p>	<p>Although outcomes, particularly in respect of diabetes, are better than the national average:</p> <ul style="list-style-type: none"> ■ Diabetes is an increasing problem ■ As is childhood obesity ■ Diabetes is one of the top five diseases with links to deprivation, one of the top five most prevalent diseases, and a risk factor for other conditions like CHD

The foundations we've laid

We have already established many of the foundations needed to deliver the strategy successfully; and we have already made progress towards achieving our target outcomes.

We have taken to heart the feedback from our WCC assessment last year. In particular, we have:

- Translated our long-term strategy into achievable, measurable goals and priorities
- Gained commitment to these within NHS Herefordshire, with Herefordshire Council and with our providers and the wider Herefordshire Partnership
- Reflected this in a prioritised programme and a more targeted use of financial resources
- Completed our comprehensive review of provider services, establishing a Transition Board to develop the sustainable, effective services of the future
- Put in place with the council an integrated commissioning directorate for health and social care, with a joint commissioning strategy and plans being developed to drive service reconfiguration and improvement
- Developed a joint customer strategy and put in place a joint customer insight unit
- Begun already to deliver more appropriate, better value for money patterns of services
- Identified cost-ineffective treatments as the basis for disinvestment in order to release funds to achieve our priorities

Delivering the strategy

We have a comprehensive transformation programme to ensure that the strategy is fulfilled. The key components are:

The key areas for action:

- **Defining standards and quality**
- **Shaping the market to deliver these**
- **Investing in the right way to drive delivery**

Underpinned by:

- **Strong leadership and governance**
- **A strong and capable team**
- **Strong information and intelligence**
- **Cross cutting enabling programmes**
- **Lifestyle and information**
- **Improving access**
- **Reconfiguration**
- **Devolved responsibility**
- **A clear route map**

The impact of the new strategy on workforce

Organisational development

The separation of Commissioning and Provider functions is a fundamental change to the way in which Primary Care Trusts operate and is supported by a large scale Organisational Development Plan, in order to drive commissioning performance levels to excellent standards. Alongside this, the overall Organisational Development Plan supports partnership working between Herefordshire Council and NHS Herefordshire, taking it to a new level whereby the maximum possible advantage can be created; this is in terms of maximising skills and resources for the benefits of patients and service users, but also in creating an attractive career proposition to attract talent from elsewhere.

The emphasis on service transformation creates an imperative to ensure that there are appropriate steps taken around workforce transformation, including changing roles and responsibilities, skills and capacity development and high quality talent management. Key changes such as providing care closer to home, enhanced programme budgeting and an ambitious transformation programme to support commissioning for innovation and improvement in services are supported through the Organisational Development initiatives which have been put in place in NHS Herefordshire and across the partnership.

The broad ranging OD plan has been designed to penetrate at a range of levels within the organisations, in order to ensure that there are the best possible skills to draw upon, both in terms of overall leadership and management and in terms of specific technical competencies. These skills and capabilities are being developed through the use of internal programmes, both at peer level and as cross cutting programmes, and through the use of external partnerships to support development of particular core skills, including business skills. The Board of NHS Herefordshire is pivotal to creating a culture of continuous learning and improvement, and is committed to ensuring that the PCT develops its workforce in ways which enable and underpin high performance standards.

There is a specific commitment of £100,000 which has been designated to support the OD plan for World Class Commissioning, and, as identified above, the PCT is also part of the wider OD initiatives across the partnership.

The OD Plan is formulated around a number of key threads which are fundamental to creating and maintaining high performance. These are:

- governance, including structures, systems and processes
- leadership and management
- workforce skills and development of capacity/capability
- specific competency development to support commissioning,
- communications and culture

Over the course of the past year, the OD Plan has been rolled out widely across the PCT and specific attention has been paid to the development of the core competencies underpinning world class commissioning. This is part of a continuing pathway of development and improvement, in which the Board, senior leaders and managers and staff at all levels across the organisation are fully involved.

Leadership development at all levels has been given high prominence over the course of the past year, with new programmes and initiatives introduced. These include the Leadership Academy for senior and emerging leaders; the Herefordshire Masterclass series for the peer

group of Heads of Service and Service Heads; work with all Directorates on interactive leadership skills; development of change management skills at all levels of the organisations through the Change Champions programme (over 100 individuals), and a dedicated leadership development programme which has been run for over 100 members of the Provider Board and senior leaders.

Within the workforce as a whole, a whole range of initiatives are supporting the development of skills and capability to address future needs. These range from the development of customer service skills, to the acquisition of higher level business transformation skills, to workforce planning and information skills amongst managers responsible for providing services and for assuring the quality of services delivered by providers. Many of these programmes are underpinned by linkage to external accreditation processes such as the Institute of Leadership and Management. There has been a major increase in the leadership and management development skills offer overall, including increases in e-learning and blended learning provision. The development of greater capability and capacity is also strongly linked to the development of talent planning for both NHS Herefordshire and the partnership overall.

The PCT has dedicated considerable time to development of the core competencies underpinning World Class Commissioning, including specific areas such as patient experience, innovation and improvement and prioritisation of investment. This includes a focus from Board level, through the use of workshops and informal Board development sessions, to the development of the right structures and skills amongst individuals responsible for commissioning and monitoring the provision of services.

Workforce capacity and capability

The large scale transformation agenda across the health and social care sector to provide 'care closer to home', greater 'choice and control' and 'personalised services' has workforce implications, the magnitude of which have never been experienced before. Coupled with the plurality of providers and a workforce made up of acute and community NHS health professionals, social care, the independent and voluntary sector along with universal services, enabling a fit for the future workforce is complex. Transformation of the health and social care sector is not about any one element of the workforce, it is about bringing together the sum of its parts to make an effective, efficient and economic whole.

The key workforce issues facing Herefordshire as a commissioner of health, care and support services are to:

- Ensure capacity and capability of workforce planning skills and competences across the local economy.
- Maximise co-operation between commissioners and providers to work in partnership to re-design services and transform the future workforce.
- Enable integrated workforce planning and thereby integrated working to meet the changing nature of health and social care services.
- Understand the available workforce data, information and intelligence to anticipate future workforce requirements and inform planning, education, training and career pathway development.
- Assure that the workforce across the health and social care economy is fit for purpose, productive and affordable, whilst minimising the likelihood of service failure or risks to patient safety.

Workforce planning needs to shift from traditional professional and occupational groupings to skills and competences and make best use of skill mixes, transferable skills, integrated, enhanced, rotational working and new types and ways of working. This is particularly the case as we move towards services planned and commissioned around pathways.

NHS Herefordshire and Herefordshire Council also recognise the importance of meeting the workforce performance characteristics as set out within the Care Quality Commission outcomes, which cover the upskilling and reskilling of staff to meet the transformation requirements, multi agency and cross-sector workforce planning, and commissioners working closely with service providers to innovate, improve quality and achieve excellent value.

The appointment of a lead Workforce Development Manager and the establishment of a Service Redesign department within the Integrated Commissioning directorate are examples of how we have strengthened our internal capacity to meet the transformation agenda.

Additionally, we have established a Herefordshire-wide Strategic Workforce Steering Group made up of representatives from across the sector. The development of a Herefordshire Workforce Planning tool-kit is a further way in which we are beginning to shape a comprehensive and systematic approach to aligning service planning with workforce and financial planning.

We have commenced a programme of awareness sessions and workforce planning workshops, which have been extended to social care and the voluntary and independent sectors. These sessions equip and provide managers with essential workforce planning and reconfiguration skills, competences and frameworks – the programme will continue and will become a stock component of our support to the health and social care economy.

Workforce redesign options and plans are in place or being developed for and within a range of service areas, including in particular, Mental Health Services, Community and Adolescent Mental Health Services (CAMHS), Intermediate Care and Domiciliary Care.

Herefordshire has also been successful in securing funds through the regional Workforce Transformation Project to support projects in the development of competencies for respiratory lead Practice Nurses and District Nurses, a dementia project, and the Herefordshire health and social care transformational project – 'to scope and identify the workforce implications of the transfer of a number of services from secondary to primary and primary to community services. This is now linked to the work of the Transition Board and is focusing upon the redesign of a number of pathways, including: diabetes, respiratory conditions, stroke, frail elderly, lower back and maternity and new born.

Additional workforce projects for which we have secured funds locally include a Herefordshire Workforce Conference (for 200 people +), and a mapping, tracking and modelling project to inform future workforce modelling and commissioning intentions in light of the 'care closer to home' and 'putting people first' agendas.



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	29 MARCH 2010
TITLE OF REPORT:	WORK PROGRAMME
REPORT BY:	COMMITTEE MANAGER (SCRUTINY)

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To consider the Committee's work programme.

Recommendation

THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Overview and Scrutiny Committee.

Introduction and Background

1. The Overview and Scrutiny Committee is responsible for overseeing, co-ordinating and approving the work programmes of the Committee, and is required to periodically review the scrutiny committees work programmes to ensure that overview and scrutiny is effective, that there is an efficient use of scrutiny resources and that potential duplication of effort by scrutiny members is minimised.
2. The work programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director in response to changing circumstances. A copy is attached at appendix 1.
3. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
4. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

Progress in response to recommendations made and issues raised by the Committee

5. A note showing progress in response to recommendations made and issues raised by the Committee at the Committee's last meeting is attached at appendix 2.

Further information on the subject of this report is available from
Tim Brown Committee Manager (Scrutiny) on 01432 260239

Background Papers

- None identified.

Health Scrutiny Committee Work Programme 2009/11

The agenda will be based on:

- Quarterly Updates – Service Development
- Statutory Business including consultations
- Quality Assurance and Public Engagement
- Population Health and Equalities

	<ul style="list-style-type: none"> • To be scheduled – seminar on new performance framework when framework known
18 June	
	<ul style="list-style-type: none"> • Updates by Chief Executives of Health Trusts • Population Health (including role of Health and Wellbeing Board) • Examination of response to Swine Flu • Response to Scrutiny Review of GP Services • Mental Health Procurement project
30 July	
	<ul style="list-style-type: none"> • Provider Services Integration
20 September	
	<ul style="list-style-type: none"> • Follow up points from previous meetings and “need to know” information from Health Trusts. • Quality assurance (TBC)
22 November	
	<ul style="list-style-type: none"> • Updates from Chief Executives (including full performance Update) • Population health
21 January	
	<ul style="list-style-type: none"> • Follow up points from previous meetings and “need to know” information from Health Trusts. • Population Health
18 March	
Updates by Chief Executives of Health Trusts	

Progress in response to recommendations made and issues raised by the Committee

Date	Item	Resolution	Commentary
1 March 2010	Scrutiny Review of General Practitioners Services	<p>the findings of the scrutiny review of GP Services be approved and referred to NHS Herefordshire for a formal response reported back to the Committee; and</p> <p>the findings of the review be reported to the first available meeting of the Committee;</p> <p>consideration be given at that meeting to the need for any further reports to be made; and</p> <p>the principal points made in discussion be noted and addressed</p>	Report scheduled for consideration by the Committee on 18 June.
1 March 2010		<p>Additional Actions</p> <p>Clarification as to why 17% of respondents found it difficult to access GP Services.</p> <p>Requested consideration be given to retaining the temporary equitable access provision at South Wye when the permanent Centre at the hospital site was open.</p>	<p>Briefing note to be provided</p> <p>The Director of Public Health acknowledged that it would be worth exploring the pattern of use of the temporary provision and other health facilities.</p>

Date	Item	Resolution	Commentary
1 March 2010	Quality Assurance Framework	<p>a seminar be arranged on Quality Accounts; and</p> <p>further report be made when timely, within six months, reviewing quality performance and highlighting any areas of concern.</p>	<p>To be confirmed</p> <p>Report scheduled for September 2010.</p>
1 March 2010	Provider Services Integration	<p>mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted.</p> <p>the importance of ensuring services were tailored to localities be emphasised.</p>	Report Scheduled for July 2010
1 March 2010	Mental Health Procurement Project	<p>That a further progress report be made to the Committee.</p>	Report scheduled for June 2010
1 March 2010	Hereford Hospitals NHS Trust Update	<p>That the full updates to the Committee incorporate performance against all relevant indicators in the corporate plan</p>	Request made.
		<p>Additional Actions</p> <p>Requested that a more user friendly name be used for the Equitable Access Centre.</p> <p>Briefing note requested on Hospital standardised mortality ratios setting out actual numbers of cases to put the ratios in context.</p>	<p>To be considered.</p> <p>In preparation.</p>