

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 18 June 2010 at 10.00 am

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

Councillors: WU Attfield, PL Bettington, PGH Cutter, MJ Fishley, RC Hunt and A Seldon

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

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Brigadier P Jones, G Lucas and GA Powell.

2. NAMED SUBSTITUTES

Councillor PL Bettington substituted for Councillor P Jones.

3. DECLARATIONS OF INTEREST

There were none.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 29 March 2010 be confirmed as a correct record and signed by the Chairman, subject to noting that Mr J Wilkinson, Chairman of the Local Involvement Network had been in attendance.

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

A member of the public suggested that the Committee should look at the provision of NHS dental Services in Bromyard. The Committee agreed to incorporate this issue into its work programme.

6. RESPONSE TO SCRUTINY REVIEW OF GENERAL PRACTITIONER (GP) SERVICES

The Committee considered the response to the recommendations made in the scrutiny review of GP Services.

The Chairman reported that the Local Medical Committee had written to congratulate the Committee on what it considered to be a fair and accurate survey of current primary health care.

The Associate Director of Integrated Commissioning introduced the report and invited questions.

The Committee discussed the response to each recommendation. The following principal points were made:

Recommendation	Discussion
Section A - Continuity of Care	
A1	The appointment of a Neighbourhood Teams Manager was questioned. The Associate Director clarified the co-ordinating role this postholder would undertake.
Section B - Equitable Access	
B1	<p>Members sought information on the effect the opening of the Equitable Access Medical Centre had had on GP practices and the out of hours service. It was agreed that this information would be incorporated into the quality assurance report to be provided to the Committee in September. The general view of GP practices was that they had not seen their workload decrease. NHS Herefordshire's analysis was that the Centre had not prompted a reduction in A&E attendances and neither had it reduced demand for GP appointments.</p> <p>It was asked whether the existing temporary Centre at Asda in Belmont would be retained once the permanent Centre adjoining the hospital had been constructed, noting that a petition had been submitted to Council making this request. The Associate Director said that the benefit of retaining a facility at ASDA would be considered. He commented on plans to develop a greater degree of integration between the new Centre and the Accident and Emergency (A&E) Unit to try to address the inappropriate use of A&E. National guidance was awaited on the flexibility available in developing the Centres.</p>
B5	The scope for GPs to engage more in preventive work was discussed, recognising that prevention was both better and cheaper than providing treatment at a later date. The Director of Public Health commented that, once on offer, such preventive services were used. His annual report set out a structure which would encourage the provision of preventive care. The West Midlands Region was operating a pilot scheme whereby a certain number of patients at risk within selected GP practices received specific attention. Four practices in Herefordshire were part of this pilot.
B8	<p>Noting the reference to the Valuing People Partnership Board (VPPB) Members requested a glossary of the various Boards in the County with responsibility for considering health and social care matters.</p> <p>It was also requested that the VPPB should be asked to comment on its evaluation of the outcomes for adults with learning disabilities from the Learning Disability Locally Enhanced Service incentive scheme.</p>
B9	The Cabinet Member (Adult Social Care, Health and Wellbeing) highlighted support to those with mental health problems as a key

	area of concern.
D Rurality	<p>The Committee was not satisfied that the responses from the Director of Regeneration, now the Sustainable Communities Director, addressed the Committee's recommendations. It was requested that officers reconsider the responses giving further thought to how services could work together to address the challenges of rurality, including scope for co-ordinating use of transport resources as a whole and co-ordinating appointments. The role of communities in helping themselves was also discussed.</p> <p>The Committee noted that 21 of the 24 GP Practices were now participating in the scheme to offer extended opening hours. 14 practices had been participating when the response had been prepared.</p>
I Collaboration/c o-ordination/ integration/com munication	Members noted that this was an area of continuing frustration where further work needed to be done.
J Relations between GPs and NHS Herefordshire and how they affect patients	<p>The Scrutiny Review had found that "most GPs and NHS Herefordshire officers interviewed stated that this relationship gave cause for concern". Although the last set of recommendations in the review, Members considered these were some of the most important.</p> <p>The Director of Public Health commented on the complexities of the relationship between NHS Herefordshire as Commissioners and the GPs as independent contractors.</p> <p>During the period in which the review had been carried out a number of significant policy changes had been taking place including, for example, the development of the Equitable Access Medical Centre. This had inevitably led to differences of opinion.</p> <p>He acknowledged that there were areas where NHS Herefordshire working with local GPs could improve further but the overall direction was positive.</p> <p>He added that one of the aspects examined in the World Class Commissioning Panel Assessment was GP engagement with the commissioning body. The relationship compared favourably with most other areas. He considered considerable progress had been made.</p>

The following additional points were made:

- It was proposed that the Local Medical Committee should be invited to comment on the response to the scrutiny review.
- It was noted that the Children's Services Scrutiny Committee wished to consider the health of children and young people. It was acknowledged that both that Committee and the Health Scrutiny Committee would wish to examine aspects of Children's health and that some of this work could be undertaken in partnership to avoid duplication. It was proposed that Members of the Children's Services Scrutiny Committee should be invited to attend the Health Scrutiny Committee's meeting in September at which consideration was to be given to what Herefordshire Public Services were doing to improve people's diet and take up of exercise.

RESOLVED:

- That
- (a) the response to the findings of the scrutiny review of GP services be noted subject to the Sustainable Communities Director being invited to reconsider and strengthen his response on rurality and transport co-ordination;
 - (b) the Local Medical Committee be invited to comment on the response by NHS Herefordshire to the Review;
 - (c) a further report on progress in response to the review be made in six months time with consideration then being given to the need for any further reports to be made;
 - (d) the Valuing People Partnership Board should be asked to comment on its evaluation of the outcomes for adults with learning disabilities from the Learning Disability Locally Enhanced Service incentive scheme;
 - (e) a glossary be prepared of the various boards in the County with responsibility for considering health and social care matters; and
 - (f) the next quality report should include information on the numbers using the Equal Access Medical Centre and also report on any effects on use of GP surgeries and the out of hours service.

7. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - 2009

The Committee considered the key population health issues in Herefordshire and the recommended strategies and actions to address these as set out in the Annual Report of the Director of Public Health 2009.

The Director of Public Health (DPH) presented the annual report summarising the theme of each chapter.

A Member questioned the continued presence of machines dispensing unhealthy foods in the Council's leisure centres operated by HALO. The DPH commented that he had discussed the matter with the Chief Executive of HALO. There was now a healthy alternative choice on offer at the leisure centres. The DPH had also commissioned a study to assess what the cost would be to HALO if they were to remove the unhealthy products.

The DPH commented that the problems associated with child obesity were such that action needed to be taken now to deal with them. He acknowledged that there were children with eating disorders and this was not being overlooked. He also agreed that it was important to have a balanced diet and that exercise was an important element of a healthy lifestyle.

The Chairman emphasised the importance the Committee attached to the preventive health agenda and invited Members to gather evidence from their communities to help inform the discussions of public health issues scheduled for the Committee's future meetings.

RESOLVED:

That: the Director of Public Health's Annual Report 2009 be noted and the implementation of the report's recommendations and the proposed approach and actions highlighted in the report be supported to inform service development and commissioning during the next planning cycle and in the medium term.

8. CONSIDERATION OF POPULATION HEALTH ISSUES

The Committee considered a revised timetable for its consideration of population health issues.

RESOLVED: that reports on population health issues be presented to the Committee in the order proposed in the report.

9. MENTAL HEALTH PROCUREMENT PROJECT

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

The Project Manager presented the report. She drew particular attention to the competitive dialogue methodology adopted for the tendering process which had enabled Herefordshire to benefit from the knowledge and expertise of other Mental Health Trusts in developing a service specification. This process was nearing completion and invitations to tender were expected to be issued shortly with a view to awarding the contract in September 2010 and the new arrangements commencing in April 2011.

She also highlighted the level of consultation with the Mental Health Reference Group, noting that the Chairman of the Group was present at the Committee's meeting.

The Committee noted the detailed work that had been undertaken and the benefits the project was expected to deliver in terms of increased accessibility to services for service users and their carers, increased range and diversity of services and improved governance and value for money of those services. It requested that a further report be provided setting out how the new arrangements would deliver these benefits.

RESOLVED:

**That (a) progress on the Mental Health Procurement Project be noted;
and**

(b) a further report be made to the Committee in November 2010 setting out how the new arrangements will improve services and benefit service users and their carers and deliver value for money.

10. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee received an update from the Trust.

Mr N Henry, the new General Manager for the West Mercia Locality, presented the update and informed the Committee of his intention to work with the Primary Care Trust to deliver improvements.

11. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee received an update from the Trust.

Dr Budd (Medical Director) presented the report. She informed the Committee that some hospital services had recently been reviewed by the West Midlands Quality Review Service. The initial feedback had been complimentary. The formal report was expected in August.

Noting the pressures the hospital was experiencing in accident and emergency activity, a question was asked about concerns expressed in a report by the Association of Surgeons that pressure to meet targets was having a detrimental effect on standards of care. Dr Budd replied that the report had related to elective surgery. The Trust was mindful of safety and had postponed and rescheduled operations to maintain a safe system.

Dr Budd acknowledged that the increase in pressure on Accident and Emergency was a concern across the Country. The severity of the illnesses of those admitted had also increased. Consideration continued to be given to finding a solution to this difficult problem.

The Assistant Director of Integrated Commissioning commented that the Primary Care Trust acknowledged that the high attendance at A&E was an issue, leading to increased costs as a commissioner and blocking of beds for elective care. Work was underway examining unscheduled care in both health and social care services.

The Committee noted the Trust's financial position and that the level of outstanding debtors was a particular concern. Dr Budd said that the Trust Board was considering these issues.

12. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Trust.

The Director of Public Health presented the report, commenting briefly on each of the key issues set out.

The Committee noted work underway to integrate health and social care provider services. It was requested that the update to the next meeting should include further information on delayed transfers of care from hospital.

Concern was expressed about performance against targets for stroke care. Dr Budd commented that the size of the County's population meant that there was only one Doctor dedicated to the service. In addition, a number of rural areas, generally, found some of the time-sensitive targets difficult to achieve and even large city centre teaching practices found them challenging. Outcomes from treatment were however quite good although the aim was to improve. Additional investment was being made.

RESOLVED: That updates be provided on delayed transfers of care and Stroke services.

13. WORK PROGRAMME

The Committee considered its work programme.

It was noted that the programme needed to be amended to incorporate the revised programme for the consideration of population health issues, including consideration of access to dental services.

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

The meeting ended at 12.35 pm

CHAIRMAN