Herefordshire Council

AGENDA

Health Scrutiny Committee

Date: **Friday 18 June 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 Brig 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 29 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.	**RESPONSE TO SCRUTINY REVIEW OF GENERAL PRACTIONER (GP) SERVICES** To consider the response to the scrutiny review of General Practitioners (GP) Services.	7 - 26
7.	**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH - 2009** To note key population health issues in Herefordshire and to seek support for the recommended strategies and actions to address these issues.	27 - 36
8.	**CONSIDERATION OF POPULATION HEALTH ISSUES** To consider a timetable for Committee's consideration of issues relating to population health.	37 - 40
9.	**MENTAL HEALTH PROCUREMENT PROJECT** To receive a further update on the Mental Health Procurement project being undertaken by NHS Herefordshire and Herefordshire Council.	41 - 46
10.	**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE** To receive an update from the Trust.	47 - 54
11.	**HEREFORD HOSPITALS NHS TRUST UPDATE** To receive an update from the Trust.	55 - 62
12.	**NHS HEREFORDSHIRE UPDATE** To receive an update from the Trust.	63 - 78
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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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PUBLIC INFORMATION

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1. Identifying Areas for Scrutiny

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

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

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Adult Social Care and Strategic Housing

Statutory functions for adult social services and Strategic Housing.

Children's Services

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

Community Services Scrutiny Committee

Cultural Services, Community Safety (including Crime and Disorder, Economic Development and Youth Services.

Health

Scrutiny of the planning, provision and operation of health services affecting the area.

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 29 March 2010 at 10.00 am

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

Councillors: WU Attfield, PGH Cutter, MJ Fishley, RC Hunt, Brig P Jones CBE, G Lucas, GA Powell, A Seldon and AP Taylor

In attendance: Councillors PA Andrews, PJ Edwards and MD Lloyd-Hayes

32. APOLOGIES FOR ABSENCE

There were none.

33. NAMED SUBSTITUTES

There were none.

34. DECLARATIONS OF INTEREST

There were none.

35. MINUTES

RESOLVED: That the Minutes of the meeting held on 1 March 2009 be confirmed as a correct record and signed by the Chairman.

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

A member of the public speaking on behalf of the Mental Health Reference Group thanked the Committee for its support in connection with the location of the Equitable Access Centre.

The Director of Public Health commented that the successful negotiations to locate the Centre on the hospital site, rather than taking part of the grounds of the Stonebow Unit as required by an alternative proposal, generating a number of objections, was an outcome to be welcomed.

37. REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee considered an update on the response to the efficiency review of the West Midlands Ambulance Service NHS Trust (the Lightfoot Review) and the response to the findings of the Committee's scrutiny review of the ambulance service in Herefordshire, taking account of the inter-relationship between the findings of the scrutiny review and some of the findings of the Lightfoot Review.

Mr M Gough, A&E Operational Service Delivery Manager (South), presented the report discussing progress in the areas covered by the Committee's recommendations.

In discussion the following principal points were made:

- It was observed that response times in Ledbury and Ross-on-Wye remained below target. Asked about steps to improve performance Mr Gough commented that the appointment of a Community Response Manager for Herefordshire would improve the focus on hotspots in the County where response times were below target. Two new standby points had also been identified for ambulances. He noted that the severe winter weather had had an effect on response times.

  Members commented on the importance of the County receiving a service that was comparable with other parts of the Region and requested a further report on performance in six months time. It was acknowledged that performance against targets might not tell the full story and information on patient outcomes should therefore be included in the report.

  The practicality of meeting the national targets in parts of the County was discussed, noting that at the moment the targets were consistently not met in some areas. It was confirmed that the ambition remained to meet the national targets within all areas of the County. A more detailed breakdown of performance was requested showing by what margin targets were being missed, enabling the Committee to judge the scale of the challenge faced in seeking to meet the national targets.

  The Director of Public Health commented that ultimately the level of performance was dependent on the resources available. The findings of the Lightfoot Review and the Scrutiny Committee's review were consistent and negotiations over the commissioning contract recognised the desire to ensure that no part of the County was disadvantaged and that capacity was increased.

- The WMAS response to the scrutiny review commented that the Community First Responder (CFR) schemes were significantly funded by charitable arrangements. Members acknowledged that charitable funding was welcome. However, they considered the Scheme should not be dependent on such funding and provision should be made by the NHS. It was requested that the Committee be provided with information on contractual arrangements with Community First Responders and the overall funding arrangements.

- It was noted that CFRs were issued with mobile phones but these did have shortcomings as a communication tool. Mr Gough said the matter was under review, but a digital radio system carried a significant cost. Members requested that the report on Community First Responders include details of the communication links with CFRs.

- That the Local Involvement Network was undertaking a survey of the patient transport service and if any issues came to light these would be reported to the Committee.

- Concern was expressed that the level of cross-border support to the Welsh Ambulance Service (WAS) was not reciprocated. Mr Gough said that the issue had been raised with the Welsh Service. Data was being collected on the previous 12 months of incidents where WMAS had helped the WAS, in particular in the Monmouth area, and further discussions would take place if the findings revealed a disparity.

- Asked about the out of hours GP Service the Head of Contracting commented that the service was closely monitored and he was not aware of any significant issues with the Service's operation. It was also noted that no particular problems had been reported to the Local Involvement Network.

- Disappointment was expressed that a significant amount of time had elapsed since the Committee's review but issues raised by that review were still not resolved. Responding to a question as to whether it was simply the case that there were not enough resources available to meet targets in the County, the Director of Public Health commented that simply providing additional resource was not the answer. Whilst there had been an improvement in service and more resources had been allocated, an assessment had to be made of a number of complex challenges, to which additional resource was not a realistic solution. Services had to be affordable and sustainable. The PCTs in the Region were still negotiating the 2010/11 contract with WMAS and consideration was being given to how this contract could be made locally responsive.

- It was noted that performance against the target for ensuring all emergency ambulance arrivals are accommodated safely in the hospital and ambulance was improving. An update was requested from Hereford Hospitals NHS Trust.

RESOLVED:

That (a) a further report be made in six months time reviewing performance against targets including comparative information for the West Midlands Region and a more detailed breakdown showing by what margin targets were being missed, and also providing information on patient outcomes;

(b) a report be provided to the Committee on the Community First Responder funding plan and communication links with Community First Responders and the Community Response Manager be invited to attend the meeting;

(c) the Committee be advised of the amount and nature of cross-border work with the Welsh Ambulance Service and the extent to which this was reciprocated.

(d) an update be requested from Hereford Hospitals NHS Trust on performance against the target for ensuring all emergency ambulance arrivals are accommodated safely in the hospital;

and

(e) the invitation from WMAS to visit the Emergency Operations Centre at Dudley be accepted.

38. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee noted the update from the Trust.

Mr Gough highlighted the essential contribution made by voluntary services during the severe winter weather.

39. POPULATION HEALTH

The Committee deferred consideration of this issue.

40. WORLD CLASS COMMISSIONING STRATEGY

The Committee was briefed on the World Class Commissioning (WCC) Strategy.

The Director of Public Health outlined the strategic priorities and cross cutting objectives of NHS Herefordshire's Strategic Plan 2010-2015, as set out in the executive summary of the Plan included with the agenda papers.

The interim Director of Integrated Commissioning and the Director of Resources (NHS Herefordshire (NSHH)) gave a presentation on the Strategy.

The interim Director highlighted the following elements of the Strategic Plan:

- Programme budgeting to be used as a basis to match investment with outcomes
- Procurement of a new provider for mental health services
- Establishment of a Transition Board to develop a recommendation on potential provider reconfiguration involving provision of high volume/high value pathways, locality based health and social care systems, urgent care system design, viable futures (eg Hereford Hospitals NHS Trust and divesting PCT provider Services.)

It was noted that five pathways had been identified as priorities: stroke, frail elderly, chronic obstructive pulmonary disease, diabetes and lower back pain. The Stroke pathway was then discussed in more detail.

Plans for working with partners were outlined including: practice based commissioning – clinical leadership of change and quality improvement, active listening with patients and customers, positive engagement with all stakeholders, work with the Voluntary Sector, and with Hereford Hospitals NHS Trust and Herefordshire Provider Services.

The Director of Resources (NHSH) outlined a number of proposals designed to drive out efficiencies in 2010/11 to prepare for reduced investment in 2011/12 onwards:

- Reinvestment of savings from care pathway reviews into screening and care closer to home and to meet demographic and technological demands
- Disinvesting in low priority and ineffective treatments ensuring value for money for the taxpayer, benchmarking Herefordshire against good practice indicators
- Ensuring the long term sustainability of high quality, clinically safe services in Herefordshire
- Ensuring that investments are made only on the basis of programme budgeting priorities and data, and even then only when sustainable financial resources are available
- Achieving the target of transferring 5% of activity from the secondary to the primary sector and community services in each of the coming five years
- Upstream investment in Health and Wellbeing e.g. Smoking cessation
- More efficient use of the Estate to meet the new pattern of services
- Rationalisation of back office functions (Shared Service Review)
- Reducing Management costs

In discussion the following principal points were made:

- The proposed reduction in the number of hospital beds was questioned. In reply it was stated that a lot of people were in hospital beds for whom alternative forms of care would be better. Investment in health and social care would enable care to be provided in other settings. The transformation of community services was being considered by the Transition Board. It was suggested that the reasons for reducing hospital bed numbers needed to be effectively communicated.

- That the scrutiny review of GP services had identified that GPs had some reservations about the operation of the practice based commissioning (PBC) arrangements. The Integrated Director of Commissioning said that the establishment of one PBC group should improve the system's operation and efforts were being made to engage GPs in the work to revise care pathways. The Director of Quality and Clinical Leadership reported that to date 70% of PBC proposals had been accepted. The Director of Resources (NSHH) commented that PBC was critical to clinical leadership of change to improve patient care and practice based commissioners held 80% of the NHSH budget.

- The Associate Director of Integrated Commissioning commented that adult social care had been involved in the development of the WCC Strategy and was undertaking complementary developments, for example in the renegotiation of contracts with independent sector providers and the commissioning of mental health services, exploring care in community and primary care settings.

- Preventative population health measures such as reducing smoking and the provision of housing were raised. It was noted that the need for consideration of these matters was reflected in the Committee's work programme.

- The effect a tighter financial regime on the stated priorities within the WCC Strategy was discussed. The Director of Public Health asserted that the priorities remained irrespective of the financial position. Efforts should be focused on ceasing to do things that were not effective.

- In response to a question the Director of Resources (NHSH) confirmed that the scope for the more efficient use of public sector assets was being assessed.

RESOLVED: that mindful of the significant changes proposed, for example the scale of the transfer of activity from the secondary sector to the primary sector and community services, regular updates on the World Class Commissioning Strategy be provided to the Committee describing progress and providing evidence of the degree of change and its effectiveness.

41. WORK PROGRAMME

The Committee considered its work programme.

It was agreed that the work programme needed to incorporate the following additional matters:

- Progress reports on West Midlands Ambulance Service reflecting the points raised in discussing the review of the Trust (Minute no 37refers)

- Progress reports on the implementation of the World Class Commissioning Strategy (Minute no 40 refers)

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

The meeting ended at 12.32 pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**RESPONSE TO SCRUTINY REVIEW OF GENERAL PRACTITIONER (GP) SERVICES**
REPORT BY	**INTERIM DIRECTOR OF INTEGRATED COMMISSIONING**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider the response to the recommendations made in the Scrutiny Review of GP Services.

Recommendations

THAT

(a) the response to the findings of the scrutiny review of GP Services be noted, subject to any comments which the Committee wishes to make;

and

(b) a further report on progress in response to the review be made after six months with consideration then being given to the need for any further reports to be made.

Background

1. On 1 March 2010 this Committee approved the findings of the Scrutiny Review of the GP Services.

2. The Committee agreed that the response to the Review be reported to the first available meeting of the Committee and consideration be given at that meeting to the need for any further reports to be made.

3. The response compiled from feedback from NHS Herefordshire, PCT Directors and Associate Directors of Integrated Commissioning, one of whom is the designated Director of Adult Social Services, is appended.

BACKGROUND PAPERS

- None

A: Continuity of Care

Recommendation No. (A1)	NHS Herefordshire & GP Practices acknowledge, support & resource the role of GPs as key community gatekeepers; giving consideration to the location of an advocacy/co-ordination/signposting worker in each surgery to act as a 'key worker' for patients.
NHS Herefordshire's Response	The role of the GP as one of the key community gatekeepers is already acknowledged by NHS Herefordshire and by the GP community itself. The localities strategy being developed by NHS Herefordshire and Herefordshire Council is intended to ensure the best use is made of the resources, both human and physical, already existing in communities thereby improving access to the widest possible range of public services and information. As part of the locality focus, with GP Practices/ Social Care co-location and primary care team focused working, the key principles of more integrated local working and "total place" are recognised. The Practice Based Commissioning team in Integrated Commissioning has, therefore, appointed a Neighbourhood Teams Project Manager, on a two year contract whose role/remit is to facilitate a model of more local team working across Health and Social Care. Key elements of this work will be identifying how in the county we can ensure the development of an effective signposting role to services which reflect the needs of individual localities and the dynamics of individual teams, and strengthening the relationship between primary cares' gatekeeper and commissioning role. NHS Herefordshire has also recently received – and is considering - a bid setting out a proposed Citizen's Advice Bureau pilot to provide in-surgery advice to patients on access to services and benefits which will be evaluated with a view to permanenetly resourcing towards the end of this year.
Lead Director	Associate Director (Integrated Commissioning)

B*: *Equitable Access

Recommendation No. (B1)	Ensure the GP-led walk-in centre, when open, offers a full range of services with excellent communications between it and the patient's registered Practice to ensure continuity of care, to cater better for workers who commute to Hereford City – without destabilising vulnerable rural Practices.
NHS Herefordshire's Response	Accepted. The centre has been operating from its temporary location since December 2009, and over 470 patients a week are now routinely receiving care at this facility. It is a contractual requirement that any treatments provided to patients registered with a GP elsewhere are communicated to the 'home' Practice; and compliance with this requirement is included in the routine contract monitoring process.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (B2)	GP Practices should work more closely with school clinics and youth-led organisations to improve access to services for young people.
NHS Herefordshire's Response	The report noted some anecdotal evidence that young people may experience difficulty in accessing GP services either for fear of meeting family and friends at a surgery or 'other reasons'; in order to respond appropriately to the recommendation further information would need to be sought to ensure a clear understanding of the issues and underlying causes and therefore inform future actions. It is one of NHS Herefordshire's strategic priorities to secure good health & wellbeing for children and young people; to this end NHS Herefordshire, as a member of the Herefordshire Children's Trust, works with partners to deliver the Herefordshire Children & Young People's (CYP) Plan, and commission services through the Children's Trust. As part of the planned refresh of the CYP Plan, the issue of improved access to GP services will be explored further.
Lead Director	Director of Children's Services
Recommendation No. (B3)	Sustainable funding should be secured to enable school clinics to run in every secondary education establishment.
NHS Herefordshire's Response	Refer to response above to recommendation B2.
Lead Director	Director of Children's Services
Recommendation No. (B4)	GP Practices should simplify, streamline and better publicise their appointments and triage systems and make patients more aware that the Practice is their 'first port of call', and that they will be welcomed and seen by a Doctor that day if patients consider it necessary.

NHS Herefordshire's Response	Practices publish their core and extended opening hours on their websites, within their Practice leaflets and internally on notice boards. Reception staff also offer choice of time for booking appointments whether they are same day or in the future with some Practices operating a triage system where patients will be signposted to the most appropriate clinician dependant on their need. The services that Practices offer are also published in-house and in their Practice leaflets giving details on how Practice based community services can be accessed. In collaboration with the PCT, designated Medicines Management Team Practices are supported in signposting patients with minor ailments to neighbouring pharmacies for self-help where this is more appropriate.
Lead Director	Associate Director (Integrated Commissioning)
Recommendation No. (B5)	GP practices should issue more frequent invitations to registered patients who have not attended Surgery recently, for preventive consultations, where resources allow, after undertaking cost/benefit analysis.
NHS Herefordshire's Response	The preventive agenda is one being pursued throughout the health and social care economy in Herefordshire. Whilst routine health screening of individuals as part of their care is already included within the broader GP contractual requirements, options for the most effective targeting of further interventions are being explored through the care pathway development work currently underway and this recommendation will be brought to the attention of the pathway leads to further inform their work.
Lead Director	Director of Public Health
Recommendation No. (B6)	NHS Herefordshire should work closely with hospices, the individualised health budget pilot, hospitals, social care and GPs to ensure people can die at home if they wish to.
NHS Herefordshire's Response	This is already being progressed through the End of Life care pathway group, and the recommendation will be brought to their attention to further inform their work. For example this group, NHS Herefordshire, GPs and Out of Hours Medical Providers, are working with West Midlands Ambulance Trust (WMAS) to support a co-ordinated response to individual patients, their carers and family in times of crisis. A shared communication tool will identify those who wish to be supported to remain at home until they die and indicate appropriate action to be taken if a crisis occurs. This information will be collated by OoHs team and relayed to WMAS control who will record the information on their IT framework and should a 999 call be received the patient specific care plan can be relayed to the clinical practitioner in attendance. The Hospice provide 24/7 telephone clinical advice to GPs to support effective palliative care in the community, including the opportunity for shared clinical responsibility in the community.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (B7)	NHS Herefordshire should work closely with hospices, the individualised health budget pilot, hospitals, social care and GP's to support housebound elderly with multiple needs.
NHS Herefordshire's Response	This is a key strategic objective of the Adult Social Care service, and the Maximising Independence Workstream (of the Health and Social Care Programme Board) which is overseeing implementation of the frail elderly pathway. This is measured by NI 136, and reported to Scrutiny, Cabinet, PCT and Performance & Quality Sub Committee, Health & Wellbeing Partnership Board and Care Quality Commission.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services

Recommendation No. (B8)	GP Practices should facilitate people with learning disabilities to monitor and evaluate the new arrangements for working with them to establish if they are meeting needs.
NHS Herefordshire's Response	A review of the current Locally Enhanced Service incentive payment to GPs is underway, including a review of take-up of health action plans as an indicator of how well people are being engaged. The *Valuing People* Partnership Board monitors and evaluates the outcomes for adults with learning disabilities from the Learning Disability Locally Enhanced Service incentive scheme. This is reported regionally to the SHA and DoH through the Learning Disability Assessment.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (B9)	GP Practices should facilitate people with mental health problems to monitor and evaluate the new arrangements for working with them to establish if they are meeting needs.
NHS Herefordshire's Response	Practice Based Commissioners (PBC) have a key role as part of the Mental Health (MH) Procurement Clinical Reference Group. The PBC Team have requested presentations/discussion with the MH bidders and the MH Procurement Project Manager is currently working towards making that happen. The PBC leads have been invited to previous presentations/stakeholder events involving the bidders and were actively engaged in the Q&A session which followed. Link and Mental health Reference Group are keen to develop monitoring arrangements and are well engaged.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (B10)	NHS Herefordshire should move with all possible speed, involving service users at the earliest possible stage, to improve the services available to people with mental health problems, with a view to making them more robust, more joined up between medical and social models, more readily available, and more accessible to people who are not in crisis (e.g. talking therapies)
NHS Herefordshire's Response	A procurement exercise is currently underway to secure a new Mental Health services provider for the county. Service user groups are involved in the procurement process. The Mental Health Reference Group (MHRG) and Herefordshire Local Involvement Network have been engaged throughout the procurement. The MHRG is made up from representatives from MH groups and organisations which work around the county. Their input into the process has been invaluable. They have met with the bidders face to face, they have delivered a document which details their perspective on the current service and their requirements from a new provider, and they have also taken an active part in stakeholder events where the bidders have presented their solutions. Members of the MHRG have also undertaken to engage with the user-groups of the bidding organisations in order to get a 'feel' for their potential provider and speak to people who are in similar positions as themselves. The outline specification and commissioning intentions clearly set out the need to develop MH services at primary care level. Detailed solutions will be evaluated against these core criteria.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services

C: Preventive services

Recommendation No. (C1)	GP Surgeries, acknowledging their role as an important community gatekeeper, should offer more effective signposting to housing services, nutrition advice, obesity, alcohol abuse, smoking cessation and other information about well-being.
NHS Herefordshire's Response	Refer to response to Recommendation A1 above. GPs, as Practice Based Commissioners, fully acknowledge their role in this regard. To facilitate effective signposting to accessible locally tailored services NHS Herefordshire is offering a range of services to meet such demands including smoking cessation, obesity and weight management support, and alcohol harm reduction. Further preventative health measures are planned in relation to cancer, cardiac/stroke and others and work on this activity is being lead by the Health & Wellbeing Policy & Delivery Group of the Herefordshire Partnership.
Lead Director	Director of Public Health
Recommendation No. (C2)	GP Practices should routinely add more minutes to their appointment times in order to ask opportunistic questions of patients, and offer advice on issues such as risk of falling, diet, exercise etc.
NHS Herefordshire's Response	All Practices in Herefordshire routinely offer 10 minute appointments, and some offer longer appointments where possible. Gathering information opportunistically should be part of every consultation regardless of length, but to ensure extended appointment times do not have unintended consequences such as excessively lengthening working days and/or limiting the number of patients able to be seen in any one day, GP practices are encouraged to ensure that other appropriate members of the team, such as Practice nurses, are also involved in collecting this information. Practice nurses and Health Care Assistants have specific responsibility for running clinics relating to long term conditions and screening where health and wellbeing advice will be given. These clinic appointments are longer than the standard 10 minutes and patients have between 20-30mins per consultation.
Lead Director	Director of Public Health
Recommendation No. (C3)	Public education programmes that are properly targeted could help prevent some conditions, such as obesity, smoking cessation, alcohol abuse, and some unnecessary visits to A&E. Community engagement must be undertaken as it is important in the context of achieving good public health behaviour change.
NHS Herefordshire's Response	See C1 above.
Lead Director	Director of Public Health
Recommendation No. (C4)	As NHS Herefordshire rethinks how to strengthen vulnerable mental health services, Health Scrutiny and user groups should be consulted in throughout this process, which should have begun before public consultation even starts when the tender documentation was being devised, to ensure the questions asked are those that are important to service users and family carers.

NHS Herefordshire's Response	See B10 above. Health Scrutiny and ASC Scrutiny have seen regularly updated briefings delivered to PCT Board, Clinical Reference Group, Performance and Quality Sub Group and Cabinet to encourage engagement. The Clinical Reference Group for the project is charged with ensuring wide dissemination of information. Further extensive staff briefing and engagement and also access to all updated information and dissemination of newsletters is also underway. For service users, regular updates to HMRG, articles in Herefordshire Matters and MHRG proposed the project as best practice to their natural network.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services

D: Rurality

Recommendation No. (D1)	Account must be taken of the extra transport needs rural people have in accessing GP services.
NHS Herefordshire's Response	NHS Herefordshire recognises the particular challenges of transport in a rural area. A number of GP Practices provide outreach/branch surgeries to improve access for patients.
Lead Director	Director of Regeneration
Recommendation No. (D2)	Public transport needs to be planned with the needs of vulnerable rural people, especially elderly people, in mind.
NHS Herefordshire's Response	We continue to work closely with our partners to ensure that the needs of vulnerable rural people are taken account of when planning public transport.
Lead Director	Director of Regeneration
Recommendation No. (D3)	A study should be undertaken of their future community and transport needs, as demands on these increase with a growing elderly population.
NHS Herefordshire's Response	NHS Herefordshire supports this recommendation and will work with Herefordshire Council's Sustainable Communities Directorate to progress such a modelling exercise.
Lead Director	Director of Regeneration
Recommendation No. (D4)	GP practices should consider being more flexible with their opening hours to help increase access for some rural patients.
NHS Herefordshire's Response	14 GP practices are already participating in the extended hours Local Enhanced Service specification, offering more routine appointments outside of traditional opening hours.
Lead Director	Associate Director (Integrated Commissioning)

E: Extended Hours

Recommendation No. (E1)	Further consideration be given to encouraging rural Practices who have patients with access problems in particular to offer extended opening hours.
NHS Herefordshire's Response	Refer to response to recommendation D4 above.
Lead Director	Associate Director (Integrated Commissioning)
Recommendation No. (E2)	Further research may need to be undertaken to establish why 17% of people find it difficult to access GP services.
NHS Herefordshire's Response	Accepted. Further analysis of the GP patient survey will be undertaken and, if necessary additional questions added to the 2010/11 survey.
Lead Director	Associate Director (Integrated Commissioning)

F: Out of Hours (OOH) Services

Recommendation No. (F1)	Undertake a more effective education programme to make the public aware of the differences between GP services, A&E services, and Out of Hours (OoH) services.
NHS Herefordshire's Response	NHS Herefordshire has undertaken a number of initiatives to raise public awareness of these different services; recently targeting patients attending A&E for routine primary care conditions. These initiatives are monitored and their effectiveness assessed to infor future campaigns and targeting. This will be reviewed via the EAPMS quality forum.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (F2)	Improve the effectiveness of the OoH provider. Would it be preferable, for example, to recruit more local GPs to serve it, with the aim of improving both quality and continuity of care for patients?
NHS Herefordshire's Response	The OoH provider does routinely recruit from GP practices in Herefordshire, and the majority of GPs who staff the service are Herefordshire based. The Department of Health has recently issued a number of recommendations to PCTs in respect of OoH services. A review will be completed and presented to JMT, P&Q, FHS Contractor Panel and PCT Board in July 2010, and sent to WMSHA by 31.7.10. The effectiveness of these changes will, when implemented, be monitored closely.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (F3)	That every effort be made to maintain the stability of the OoH workforce, both clinical and non-clinical.
NHS Herefordshire's Response	The OoH provider, *Primecare*, and NHS Herefordshire are mindful of the need for a stable, quality workforce. The contract is monitored, including announced and unannounced assurance visits, and training of both clinical and non clinical staff is supported by NHS Herefordshire. The long term contract with *Primecare,* together with the added provision of a GP surgery base planned for the HHT site, should enable a more defined local workforce in OoH care.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (F4)	That NHS Herefordshire undertake more work to investigate whether it is fully capturing the patient experience of the OoH service
NHS Herefordshire's Response	There are two different patient feedback mechanisms used for monitoring experience of the OoH service - KPI 4. 1a Listening to patients – using patient feedback to develop action plans etc to improve patients satisfaction - outcomes of telephone and postal survey of patients seen by the OoH service Jan, Feb, March 2010 are available; KPI 4.2 Listening to clinicians and professionals.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (F5)	That the OoH service continues to be subject to ongoing careful monitoring, evaluation and review.
NHS Herefordshire's Response	This is already well established.

Lead Director	Director of Quality & Clinical Leadership

G: Appointments

Recommendation No. (G1)	***Appointments*** GP practices should review call handling and access to urgent appointments.
NHS Herefordshire's Response	Agreed. As part of the routine in monitoring of commissioned GP services, a patient survey/patient access review is undertaken by all GP practices. NHS Herefordshire does follow up the patient survey results and seeks remedial action plans. In the past these have included Practices that require alternative call handling and / or improved access to urgent appointments. A lot of work is already, therefore, undertaken by GP Practices in developing their response to patient feedback and practices have developed remedial actions e.g. nurse triage. Access and responsiveness are key measures of quality and performance, poor access for instance discourages patients from seeing medical help and advice and could have a negative effect on the quality of consultations.
Lead Director	Associate Director (Integrated Commissioning)
Recommendation No. (G2)	Public education and/or improvements in urgent care services are needed to reduce inappropriate attendance at A&E.
NHS Herefordshire's Response	This is already being progressed through the Unscheduled Care Workstream and the Health & Wellbeing Policy & Delivery Group, and the recommendation will be brought to their attention to further inform their work
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (G3)	To avoid a patient ending up in hospital or resorting to A&E, it is important to regard any request for same-day care as potentially urgent until it is assessed by a clinician, so basic access to general practice is vital.
NHS Herefordshire's Response	Agreed.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (G4)	GP Practices should review who handles incoming calls and ensure adequate training to ensure staff spot and accommodate potentially urgent cases.
NHS Herefordshire's Response	Refer to response to recommendation G1 above.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (G5)	GP Practices should review the number of appointments available each week to ensure they meet patient demand, and ensure balance of same-day slots matches pattern of demand.
NHS Herefordshire's Response	Agree – this is monitored as part of the Primary Care contracting framework
Lead Director	Associate Director (Integrated Commissioning)

H: Quality of Service/Patient Experience

Recommendation No. (H1)	Local services need to be delivered as close to residents as possible. This has major implications for the safe delivery of services locally. Herefordshire Public Services is reviewing the way local NHS and social care services are provided. The review describes a new 'landscape' for local services focused on a more integrated, effective and efficient local service across public service providers in the county. Many of its proposals are similar to the independently-made recommendations of this review. It is hoped the new Transition Board will ensure the process of implementing new ways of working will be led not only by clinicians but by patients, service users and carers.
NHS Herefordshire's Response	Agreed and will be fully supported via implementation plans arising from Transition Board proposals.
Lead Director	Director of Integrated Commissioning
Recommendation No. (H2)	GP Surgeries should ask patients to contribute the questions they consider most important, when formulating their annual patient surveys, in order to ensure real concerns are addressed. This could be done by a non-medical staff member canvassing patients in the waiting room.
NHS Herefordshire's Response	Whilst canvassing patients for their views in a public area may not be viewed as best practice, it is agreed that patient engagement in the whole process is valuable and, led by the Customer Insight team, advice and support will be offered to GP surgeries to encourage them to undertake local patient surveys to supplement the annual GP Patient survey.
Lead Director	Director of Quality & Clinical Leadership
Recommendation No. (H3)	GP Surgeries should form patient groups which have sufficient independence to act as 'critical friends'
NHS Herefordshire's Response	There are some Practices which already have Patient Participation Groups e.g. Alton St, St Katherine's. PBC have also funded a PBC Pilot for Practice-based Patient Education Events.
Lead Director	Director of Quality & Clinical Leadership

I: Collaboration/co-ordination/integration/communication

Recommendation No. (I1)	With continuity in mind, patients and service users would benefit from a) co-located multi-disciplinary team working and/or b) a single key worker who would be the patient's main contact and would co-ordinate all the other work needed for that patient. This concept and its costs should be investigated/quantified as soon as possible.
NHS Herefordshire's Response	Refer to response to recommendation A1 above.
Lead Director	Associate Director (Integrated Commissioning)
Recommendation No. (I2)	Care tracking and management could be organised within GP catchment areas, possibly using a predictive tool that identifies people most at risk of needing medical or social care.
NHS Herefordshire's Response	Refer to response to recommendation A1 above. Routine care tracking / case management and joint assessment tools, are in development. A risk stratification tool is currently being piloted in 3 GP practices and the results will inform future recommendations. This tool tracks those with long term conditions and those at most risk so that a multidisciplinary response can be facilitated.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (I3)	If the number of people in residential care reduces, the efficiency of intermediate and domiciliary care will have to be improved to enable vulnerable people to live safely and in dignity in their own homes.
NHS Herefordshire's Response	This observation will be brought to the attention of the frail elderly care pathway group to further inform their work. Projects to improve Home Care and Intermediate Care are concluding now, and efficiency is always a key consideration.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (I4)	The Welsh Assembly government is developing a 'rural practitioner' role that would make GPs in parts of Wales responsible for social care services as well as health. The proposal is that the primary care workforce would be re-evaluated so that practitioners could fulfil more than one role for the convenience of the patient.
NHS Herefordshire's Response	This observation will be brought to the attention of the care pathway leads to further inform their work.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (I5)	16 pilots started in April 09 to have GP's working with care homes, social services, acute trusts and charities to improve patient care in areas ranging from improving the co-ordination of end of life care, preventing cardiovascular disease and encouraging more self-care for people with long-term conditions. This could be investigated with a view to replication in Herefordshire.

NHS Herefordshire's Response	This observation will be brought to the attention of the care pathway leads and Maximising Independence Programme Workstream to further inform their work. GP involvement with supporting extra care housing and reablement centres is of equal importance.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (I6)	NHS Herefordshire needs to clearly define the role it envisions for community services, its priority areas for expansion and any important partnerships it wants – such as joint health & social care teams for older people, greater links with GP's and the appropriateness of GP referrals.
NHS Herefordshire's Response	The PBC project work on developing proposals for improved Neighbourhood Team working will help feed into future service models." This is set out in *Putting People First Programme* and the APA ASC assessment and priorities to implement critical outcomes.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social Services
Recommendation No. (I7)	Involve patients and service users in the whole cycle of planning, commissioning, and delivery through to review of GP services.
NHS Herefordshire's Response	Agreed. Patient and service user involvement is an essential element in the planning, commissioning and delivery of services.
Lead Director	Director of Integrated Commissioning
Recommendation No. (I8)	Budget 'silos' – particularly the divisions between health & social care budgets – to be dismantled where possible. This would help avoid confusion and misguided attempts to conserve money in a particular 'pot', and would be in the interests of a smoother patient pathway.
NHS Herefordshire's Response	Agreed. Partnership opportunities for maximising the use of S75 agreements are being explored and, as part of our wider integration agenda will continue to lobby for the removal of barriers to further integration.
Lead Director	Associate Director (Integrated Commissioning) & designated Director of Adult Social services
Recommendation No. (I9)	Information 'silos' also should be dismantled.
NHS Herefordshire's Response	Information sharing protocols are in place to ensure that, whilst maintaining appropriate patient confidentiality, traditional organisational boundaries do not adversely impact on service quality or accessibility and customer experience. Additionally, Herefordshire is implementing the national summary care record in 2010/11 which will enable practitioners to access a comprehensive patient record in different locations.
Lead Director	Deputy Chief Executive
Recommendation No. (I10)	Effective use of IT systems could provide so many opportunities for improved patient outcomes. Therefore, throughout the patient pathway, IT systems should be made practicable and compatible, and data protection/confidentiality issues preventing this should be resolved with all speed.

NHS Herefordshire's Response	Refer to response to recommendation I9.
Lead Director	Deputy Chief Executive

J: Relations between GP's and NHS Herefordshire and how they affect patients

Recommendation No. (J1)	Most GPs and NHS Herefordshire officers interviewed stated that this relationship gave cause for concern but that, so far, this was not having a tangible adverse affect on patient outcomes. It is clear from both sides that there is friction between them. However it is clearly not in anyone's interests to continue in a state of barely restrained antagonism when managing and delivering one of the most important services to the citizens of Herefordshire. So it is vital that better partnership working to improve that relationship be undertaken effectively without delay. Continuity of contact between staff would go some way towards improving this.
NHS Herefordshire's Response	In any such partnership, and particularly so where this has a contractual basis and during a time of significant change, there will undoubtedly be some areas of tension. It is important to acknowledge the considerable progress made over the last 12 months in improving engagement with the GP community. The PCT, through its Practice Based Commissioning (PBC) Team, has continued to work closely and constructively with Primary Care in a number of key areas, including: • Securing and supporting GP involvement in Care Pathway Redesign Teams, which formed a critical clinical element of the Transforming Community Services Integration Project • Putting in place a number of PBC Practice-based services pilots, including community physiotherapy, enhanced medical support to Nursing Homes, a musculoskeletal service, enhanced practice-based counselling, diabetic support and Practice Liaison Nurse. These are designed to inform care pathway and service redesign • Through the PBC Executive and its GP Chair, developing a strengthened clinical network across primary and secondary care • Support for GP practices with improved prescribing and referral data, which has informed and enabled the continued development of practice-based indicative commissioning budgets and dialogue on local commissioning issues and priorities • This dialogue has continued and been enhanced within Locality Teams, which provide a forum for discussion of local commissioning issues, involving both Practices and the PCT. We believe the PBC Team offers a 'safe' environment to have challenging 2-way discussions with primary care colleagues and a core team to manage that relationship on an ongoing basis, • GP representation on the PCT's Public Experience and Feedback Committee, aimed at improving public and community engagement We believe we are developing a mature relationship with our practices built on trust and mutual interest: patients, clients and general practitioners starting to feel they can challenge decision making in a healthy way and starting to feel listened to and willing to work together in the interests of the best outcomes for patients. PBC has gathered momentum slowly and steadily and is now a key driver for change in reshaping our future services and working together to improve outcomes and wellbeing for the people of Herefordshire.

Lead Director	Director of Quality & Clinical leadership

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Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH – 2009**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH**

CLASSIFICATION: Open

Purpose

The purpose of this report is:

- To inform the Health Scrutiny Committee of key population health issues in Herefordshire and of the recommended strategies and actions to address these as set out in the Annual Report of the Director of Public Health - 2009

- To seek support from the Health Scrutiny Committee that the recommended approach and actions highlighted in the report will inform service development and commissioning aimed at improving health and wellbeing of the population of Herefordshire

Recommendation

THAT:

(a) The Health Scrutiny Committee receives the Director of Public Health Annual Report 2009 and;

(b) supports the implementation of the report's recommendations and the proposed approach and actions highlighted in the report to inform service development and commissioning during the next planning cycle and in the medium term.

Key Points Summary

- This is the second Annual Report of the Director of Public Health since the appointment of a Joint Director of Public Health for the county;

- There has been significant progress in implementing the recommendations from the 2008 report and the longer term strategic actions from that report are now embedded in current strategic and operational plans. A progress report forms the final chapter of the report;

- This report directly supports the delivery of key strategic objectives to reduce health inequalities and improve health and wellbeing by providing a better understanding of local health needs;

Further information on the subject of this report is available from
Dr Akeem Ali, Director of Public Health on (01432) 260668

- The key health indicators highlighted in the report are important to the decision making process about local priorities for health investment for the next planning cycle and beyond;

- The report complements the Joint Strategic Needs Assessment and recommends key operational tactics to tackle defined priorities over the next 5 years;

- This year, the report outlines:

    - the simple, affordable and effective interventions available to improve population health within a five year period and calls for effective action to ensure that these measures are implemented;

    - what should be done to reduce wastage and increase efficiency across the health and social care system;

    - what more can be done to involve local people in developing our understanding of local health needs and in designing services; and

    - what we need to do in order to ensure that we make every £ count.

- The report also includes appendices with updated local health statistics for World Class Commissioning outcomes and practice-based population health profiles.

Reasons for Recommendations

1 The Director of Public Health's Annual Report 2009 highlights the key local population health issues and sets out a series of recommendations for improving population health. This year the report focuses particularly on:

- the simple, affordable and effective interventions available to improve population health within a five year period and calls for effective action to ensure that these measures are implemented;

- what should be done to reduce wastage and increase efficiency across the health and social care system;

- what more can be done to involve local people in developing our understanding of local health needs and in designing services; and

- what we need to do in order to ensure that we make every £ count; and

- the report also includes appendices with updated local health statistics for World Class Commissioning outcomes and practice-based population health profiles.

The recommendations in this report are important in the context of the continually increasing demands upon the health and social care system associated with the introduction of new technical developments, with the increasing age of our population and, in particular, in the context of the current economic climate.

Introduction and Background

2 This year's Director of Public Health's Annual Report focuses on how we can get short term gains in population health outcomes, enhance productivity, nudge each other to choose healthier lifestyles, and particularly how we can make each pound count as we deliver public services locally. The first four chapters of the report in turn, explore and include

recommendations about;

- the simple things that we can do in the short term to improve the health and wellbeing of the population over the next five years;
- the things to do to tackle the productivity challenge we now face;
- the choices that we have about how we can promote individual and collective responsibility to improve our wellbeing; and
- the methodical approaches available to us as we allocate resources and how we can make each pound count.

3. All the recommendations in this year's report, particularly those in chapters 1 and 2, are in tune with the NHS QIPPP agenda aimed at improving quality and productivity through innovation, prevention and partnership. The recommendations set out in chapter 3 are congruent with the Total Place Agenda which brings many partner organisations together to serve local people, and the Hearts of Herefordshire Project that is promoting collective and individual responsibility for improving our social capital, health and wellbeing. Chapter 4 contains specific proposals that we should look at all available sources in the round and gain further insight about how each pound can be spent more efficiently across health and social care sectors in Herefordshire to help us achieve desirable outcomes and uses programme budgeting and marginal analysis methodology to explore this.

4, The recommendations in this report will aid the delivery of the integrated approach to health and social care service delivery championed by NHS Herefordshire and Herefordshire Council and joint efforts to improve health and wellbeing, and the quality and people's experience of local services. The recommendations in this report will also provide a basis for integrated actions across public services and partnerships in the county. Continuing with the approach taken last year, this year's report contains some key population health indices by GP Practice population as far as possible. This analysis continues to provide the insight and impetus to act at the practice level and support this distinct 'population of concern' at the (clinical) frontline to prevent ill-health and promote health and wellbeing. It is also important that avoidable differences in health outcomes and experience of local services for different segments of the population are addressed. This analysis at the practice population level provides a good basis for tackling these avoidable differences, inequalities and potential inequity. Appendix 2 of this report provides more detailed analysis of health inequalities between the advantaged and less-advantaged groups in the county. Further appendices complete the report by providing a detailed picture of the health of the population of Herefordshire including a general statistical profile and key indicators at GP practice population level.

Key Considerations

5 The Director of Public Health's Annual Report 2009 highlights the key local population health issues and sets out a series of recommendations for improving population health, reducing health inequalities and for improving quality and productivity in relation to health and social care. The recommendations within the report are in line with the QIPPP approach and the Total Place agenda.

Community Impact

6 The report contains key recommendations for making the best use of available resources for improving population health. The report also highlights a range of health inequalities in the county and makes recommendations in relation to reducing inequalities.

Financial Implications

7 The following financial implications have been identified:

- Following consultation with relevant stakeholders, the annual planning and prioritisation processes, the cost of implementation of recommended actions will be included in annual operating budgets of relevant partner organisations in the county.

- Potential long term financial and workforce implications around the strategic shift to health prevention and local invest to save initiatives.

Legal Implications

8 No legal implications are identified in relation to this recommendation.

Risk Management

9 The following risks have been identified:

- If not addressed, issues raised in the report will have an impact on the achievement of health and wellbeing targets.

- The main risks revolve around the execution of proposed systemic changes and challenge to traditional practices.

Appendices

- Director of Public Health's Annual Report 2009 (Executive summary)

- Director of Public Health's Annual Report 2009

Background Papers

- None.

Public Health Annual Report 2009

eQIPPPed for the future

Herefordshire Council

NHS Herefordshire

Working in partnership for the people of Herefordshire

Chapter 1 – summary

Getting the basics right: working together to promote wellbeing, prevent and treat ill-health effectively

There are simple, affordable and cost-effective things we can do that will result in significant improvement in the health of the local population within a five year period.

These include:

- identifying and treating **hypertension**, **high cholesterol levels** and **diabetes** early;
- helping majority of current smokers to quit smoking for good;
- supporting people to shed excess body weight, choose a healthy diet, exercise; and
- reducing tooth decay in children by promoting consistent use of fluoride toothpaste and the professional application of fluoride varnish.

Offering these simple things on an 'industrial scale' will have the biggest impact on population health and a greater impact than an over-reliance on high-tech interventions.

Whilst the simple measures discussed in this chapter are all available at present, not everyone who could benefit is currently taking advantage of them.

The introduction of NHS Health Checks (also known as vascular checks) in Herefordshire will identify many more people who are at risk of circulatory disease at an early stage and will offer them help them to reduce their level of risk.

This chapter introduces the key concepts of **structured brief intervention**, **generic lifestyle coaching** and **social marketing**.

Structured brief intervention is a technique for systematically identifying people at risk and supporting them to reduce their risk level, by in sequence:

- asking about risk factors
- assessing willingness to change
- advising about risks to health
- assisting in making lifestyle changes
- arranging support to make lifestyle changes.

I want to emphasise that structured brief intervention can be delivered at all care outlets and from a range of different trained care providers.

Lifestyle coaching motivates people to change their lifestyle and supports them to plan, implement and maintain healthy lifestyle changes.

Social marketing delivers messages designed to appeal to specific population groups in places where that population group can normally be found, rather than a one size fits all approach.

In this chapter, I make the following five recommendations:

1. introduce the national NHS Health Checks Programme and make this universally available across the county;
2. offer structured brief interventions on an 'industrial scale' using a wide range of providers in a wide range of health, social care and other settings;
3. provide lifestyle coaching services through an innovative range of providers, such as Stop Smoking advice within HALO leisure centres and at dental surgeries;
4. expand ongoing pilots of community-based dental health programmes plus implement evidence-based preventative interventions such as the application of fluoride varnish in all dental practices in the county;
5. target high risk groups and geographical areas of greatest need by making use of social demographics and techniques such as 'mosaic segmentation' to inform social marketing campaigns.

Chapter 2 – summary

Avoiding waste and improving efficiency: the productivity challenge

We need to make the best use of the available resources to ensure the best possible health and wellbeing outcomes for local people. Whilst this should be a priority at all times, this is even more important during times of economic downturn.

There are significant opportunities to avoid wastage and increase efficiency within the health and social care system locally. The analysis in this chapter highlights the potential to reduce the amount we currently spend while maintaining quality, improving services and health outcomes. This chapter focuses on three examples: hospital admissions, length of hospital stay and prescribed medicines.

In this chapter, I recommend that by the end of the financial year 2010/11, with the involvement of all practitioners, public health, finance, health intelligence, quality

improvement and commissioning teams should work together to implement these five actions:

1. complete a systematic review and commence the implementation of evidence-led actions to reduce hospital admissions and length of stay for the highlighted disease groups;
2. systematically measure and understand inefficiency and variation in the system and propose actions to reduce avoidable variation when identified;
3. produce quarterly service review and audit reports for performance, service improvement and planning purposes;
4. develop threshold limits for high cost interventions and prescription medicine based on prevalence models for investment planning and contract monitoring; and
5. propose specific interventions which will support the local delivery of the NHS 10:10 initiative aimed carbon emission reduction and sustainable development.

Chapter 3 – summary

A nudge for Health and Wellbeing in Herefordshire: promoting local responsibility, participation and innovation

This chapter examines how we currently involve local people, whether they are members of the public, patients, carers, service users, customers or whether they are service providers, clinicians or colleagues, in understanding health needs and improving services.

My specific recommendations are that:

1. the Communication, Customer Insight, Information and Intelligence teams should work closely together with technical colleagues to translate completed strategic needs assessment, service development options, and choices to a community guide that is published in local newspapers;
2. a local social media hub focussed on teenagers, young professionals and other online users is created to engender community dialogue, debates, blogs, and information exchange on healthcare, health and social wellbeing;
3. the Hearts of Herefordshire project is expanded across the county with active involvement of LINKs, councillors, non-executive directors, and public service staff;
4. we explore the feasibility of introducing by the end of 2010, a Health & Responsibility Reward based on supermarket type loyalty card scheme that is sponsored by communities, major employers, and Herefordshire Partnership; and
5. adopt the 'ABCD Approach' – Assets Based Community Development Approach to service planning and development.

Chapter 4 – summary

Making every £ count: working the margins

In order to make the best choices as we plan, fund, purchase and deliver local services we need to employ a sophisticated level of 'economic thinking' that takes into account the concepts of scarcity and choice, opportunity cost, cost effectiveness, cost utility and technical and allocative efficiency.

Programme budgeting and marginal analysis are powerful techniques for identifying how much money has been invested in major health programmes irrespective of where and how they are delivered, whether they are about treatment or prevention and what outcomes are obtained.

This chapter explores these concepts in the context of the current economic climate and looks at the potential of programme budgeting and marginal analysis in informing decision-making in relation to the commissioning of health and social care.

In this chapter I make the following five recommendations:

1. NHS Programme Workstreams with clinician and specialist input should be tasked to complete marginal analysis for all programme budget areas in order of priority starting with GMS and Primary Care, Cancers, and Cardiovascular Diseases by the end of 2010 financial year;
2. in light of the deep partnership between the Herefordshire Council and NHS Herefordshire, Total Place Aspirations and the fact that expenditure outside the NHS, particularly that from the local authority, contribute significantly to improving health and wellbeing, a PBMA methodology for the analysis of NHS and relevant Council budgets should be considered and implemented in 2010/11 as far as possible;
3. that a joint commissioning response and provider contracts informed by evidence and focused on desired outcomes should be mounted to address the findings of the recommended PBMA process;
4. commission and complete by December 2010, a cost and population impact models of investing and disinvesting across the high value programme care pathways rather than single interventions; and
5. that a 'New Ways of Working' Prospectus detailing the analysis and lessons learnt should be published so that other public service organisations and members of the Herefordshire Partnership can be informed and encouraged to partake as far as practicable in this outcome-based budgeting and planning process.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**CONSIDERATION OF POPULATION HEALTH ISSUES**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH**

CLASSIFICATION: Open

Purpose

To consider a timetable for Committee's consideration of issues relating to population health.

Recommendation

THAT: the Health Scrutiny Committee approves and agrees the revised order in which the population health issues are presented to the Committee.

Key Points Summary

- A series of issues and questions relating to population health in Herefordshire has previously been proposed under the following five headings:
    - What are Herefordshire Public Services doing to improve the health and wellbeing of older people in the short and medium term?
    - What are Herefordshire Public Services doing to improve access to health services, bearing in mind the unique issues faced by our rural population?
    - What are Herefordshire Public Services doing to improve people's diet and take-up of exercise?
    - What are Herefordshire Public Services doing to address alcohol misuse and smoking?
    - What are Herefordshire Public Services doing to address health issues which are related to housing?
- A revision to the order in which the issues listed above are considered by the Health Scrutiny Committee is recommended as this will allow ongoing and future developments to be included in reports and presentations to the Committee on these topics, including the development of the Health Improvement Plan 2010/11; the Health and Wellbeing Conference on 10 June 2010; the Employment and Recovery Conference on 17 June 2010 and the Audit Commission inspection of housing which finished on 28 May 2010.
- The proposed order to address the issues is as follows:

Further information on the subject of this report is available from
Name and Title: Dr Akeem Ali on (01432) 260668

- What are Herefordshire Public Services doing to address alcohol misuse and smoking?

  Proposed Committee meeting date: 30 July 2010

- What are Herefordshire Public Services doing to improve people's diet and take-up of exercise?

  Proposed Committee meeting date: 20 September 2010

- What are Herefordshire Public Services doing to improve access to health services, bearing in mind the unique issues faced by our rural population.

  Proposed Committee meeting date: 22 November 2010

- What are Herefordshire Public Services doing to improve the health and wellbeing of older people in the short and medium term?

  Proposed Committee meeting date: 21 January 2011

- What are Herefordshire Public Services doing to address health issues which are related to housing?

  Proposed Committee meeting date: 18 March 2011

Alternative Options

1 To consider the issues in the order proposed in the original background paper. The disadvantage of this would be that not all of the information which is of direct relevance may be available in time and opportunities for the Committee to consider the issues fully may therefore be compromised.

Reasons for Recommendations

2 The reason for the recommendation is to ensure that the Health Scrutiny Committee receives the best possible information to inform its understanding of the issues with regard to population health in Herefordshire.

Introduction and Background

3 The work programme of the Health Scrutiny Committee 2010/11 was considered at the Health Scrutiny Committee meeting on 29 March 2010 and a future work programme was proposed which included population health and inequalities. A report to the Committee on population health was planned for 18 June 2010. Further to these discussions a paper was produced outlining key questions under five topic headings about population health issues in Herefordshire (*Population Health: issues to address/questions to ask).* This was sent to the Director of Public Health on 3 May 2010. The contents of this paper have now been considered by the Director of Public Health, Assistant Directorate of Public Health and Public Health Leads in the context of the work of the Health and Wellbeing Partnership Group (which consists of public, private and voluntary sector partners and is a Policy and Delivery Group of the Herefordshire Partnership) and in the context of the recent establishment of the Staying Health Programme Workstream (Staying Healthy is one of the six Programme Workstreams) and the development of the Herefordshire Population Health Improvement Plan 2010/11. A wide range of stakeholders will have the opportunity to contribute to the Population Health

Improvement Plan at the forthcoming Health and Wellbeing Conference on 10th June 2010 and the final version of the Plan is due to be signed off by the Health and Wellbeing Group on 22 July 2010. It is envisaged that this Plan will form the action plan for the Staying Healthy Programme Workstream, with the Health and Wellbeing Group being instrumental in ensuring its implementation. The Population Health Improvement Plan will provide a single, unified plan for population health improvement in the county and will therefore be a key source of information of relevance to the issues to be considered at future meetings of the Health Scrutiny Committee. The Director of Public Health's Annual Report 2009 will also be launched at the Health and Wellbeing Conference on 10 June 2010 (see separate paper).

Key Considerations

4 The Health Scrutiny Committee would be best served by a revised order of the issues to ensure that appropriate information could be provided on each issue. Smoking and alcohol are identified as key priorities for the Health and Wellbeing Partnership Group and Directorate of Public Health and key data are currently available on these topics. Smoking and alcohol are therefore proposed as the first topics for consideration by the Health Scrutiny Committee in July 2010 with the full proposed work programme in relation to population health being as outlined above.

Community Impact

5 None identified in relation to the recommendation to revise the order in which the Committee considers issues relating to Population Health.

Financial Implications

6 None identified in relation to this recommendation.

Legal Implications

7 No legal implications identified in relation to this recommendation.

Risk Management

8 No risks identified in relation to this recommendation.

Consultees

9 Director of Public Health, Assistant Director of Public Health and Public Health Leads.

Appendices

10 None.

Background Papers

- None

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**MENTAL HEALTH PROCUREMENT**
REPORT BY	**ASSOCIATE DIRECTOR OF INTEGRATED COMMISSIONING**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To receive a further update on the Mental Health Procurement project being undertaken by NHS Herefordshire and Herefordshire Council.

Recommendation

THAT the Committee considers the progress of the Mental Health Procurement Project.

Introduction and Background

1. The Committee considered an update on the mental health procurement project on 1 March 2010. Services included within the procurement project include: Community and Acute Mental Health Services, Mental Health Social care and legislation lead (Mental Capacity Act), Substance Misuse (Drugs and Alcohol), Children and Adolescent Mental Health Services and Learning Disabilities (Health).

2. This report sets out progress towards the goal of increasing accessibility to services for Service users and their carers, increasing the diversity and range of services delivered and improving the governance and value for money of those services

3. Comparison with other West Midlands PCTs and Local Authorities shows that the quality of services delivered in Herefordshire is adequate, but at much higher cost. In part this is because of economies of scale, the same management and governance functions have to be funded for a smaller number of service users, and small teams require a higher percentage of qualified staff (eg 1 of 2 or 3 team members). It is also difficult for small teams to offer geographical coverage in a rural county.

4. The Procurement project has adopted a 'competitive dialogue' methodology in order to exploit the knowledge and expertise of other Mental Health Trusts to develop a specification of the service we would like to deliver. This means that the bidders who were selected through the initial stages are developing a 'detailed solution' for Herefordshire (rather than Herefordshire writing a detailed specification) through robust dialogue and negotiation. When the 'dialogue' stage closes, bidders will tender a price on their detailed solution.

5. The project has been inclusive and received appreciation for the efforts to consult with service users and carers via the Mental Health Reference group, staff/clinicians and practitioners especially via a clinical reference group that has considered and commented on key documents, verbal and written reports to Scrutiny, PCT Board and Performance and Quality sub group, Cabinet, and also via public information in Herefordshire Matters, and on line.

6. The next stage of invitation to tender is expected to conclude in September 2010

Objectives / Benefits

7. The key objectives of the project are:

- To provide patients with greater access to Mental Health Services.
- To improve the quality of Mental Health care available to patients.
- To deliver affordable and Value for Money Mental Health services.
- To deliver on national initiatives and clinical governance.

Project Progress

8. Current progress of the project is tabled below:

July 2009	▶ PCT Board approval to move ahead with project.
August 2009	▶ Mental Health Service advertised in the Official Journal of the European Union.
October 2009	▶ Five Expressions of Interest returned. ▶ Pre Qualifying Questionnaire reduced the number of interested bidders to four.
November 2009	▶ Board approval sought to continue. ▶ Initial engagement of Mental Health Reference Group.
December 2009	▶ Bidder Event held – to provide the bidders with an overview of the Service and set out procurement principles. ▶ Meeting with MHRG.
January 2010	▶ Develop Invitation to Submit Outline Proposal (ISOP). ▶ Further meetings with Mental Health Reference Group
February 2010	▶ ISOP issued to bidders ▶ Initial engagement of Herefordshire LINk
March 2010	▶ ISOP returned. ▶ Bidders presented their outline proposal to Herefordshire

	stakeholders. ▶ ISOP assessed by Tender Evaluation Panel and feedback provided to bidders ▶ Meeting with Herefordshire LINk
April 2010	▶ Develop and issue Invitation to Submit Detailed Solution (ISDS). ▶ Bidders meeting with Commissioning Team ▶ Bidders meeting with Mental Health Reference Group
May 2010	▶ ISDS returned ▶ Bidders present their detailed solution to the Project Board and the Tender Evaluation Panel. ▶ Tender Evaluation Panel met bidders to feedback on their solution
June 2010	▶ 2nd Submission of ISDS ▶ Assessment by Tender Evaluation Panel ▶ Feedback to bidders ▶ Close Competitive Dialogue ▶ Commence development of Invitation to Tender
July 2010	▶ Board approval to Invitation to Tender ▶ Issue Invitation to Tender ▶ Invitation to Tender returned
August 2010	▶ Formal evaluation of Invitation to Tender by Tender Evaluation Panel
September 2010	▶ Panel recommendations to Board
Oct 2010– March 2011	▶ Mobilisation Phase
Apr 2011	▶ Commencement

Governance and Reporting

9. Attached as Appendix A is the Mental Health Procurement Project structure which provides a pictorial representation of the governance and reporting structures. This demonstrates how key stakeholders have been kept informed and consulted where appropriate

Communication & Engagement

10. The communication and engagement of stakeholders is being supported by the Communication Team within the Council. The work undertaken by the project team in communicating with stakeholders is detailed below:

- Regular communication and engagement with Mental Health Service Users and Cares via the Mental Health Reference Group.

- This group have been particularly proactive during the life of the project and have produced excellent documentation detailing their findings and requirements of the service. Their work with the project is being considered at a national level as a framework for 'best practice'.

- Communication with Herefordshire LINk. The chair of the Mental Health Reference Group provides a direct feed into this group.
- Attendance at the Learning Disabilities Partnership Board.
- News article in Hereford Times 13 January 2010.
- A Cabinet briefing on the project was delivered in December 2009 and has been followed up with items in 'Members News'.
- The PCT Board and Provider Services Board are updated at each meeting by a member of the Project Board.
- Health Scrutiny Committee has received regular updates.
- A monthly update is delivered to Councillor Olwyn Barnett.
- A monthly project newsletter is distributed to staff.
- Intranet pages on both the PCT and Council websites are regularly updated with news and frequently asked questions.
- Meetings with staff to discuss the project remain available to all teams impacted by the project.
- The Project Manager has a regular slot on the Mental Health Team Leaders monthly meeting to provide updates on progress.

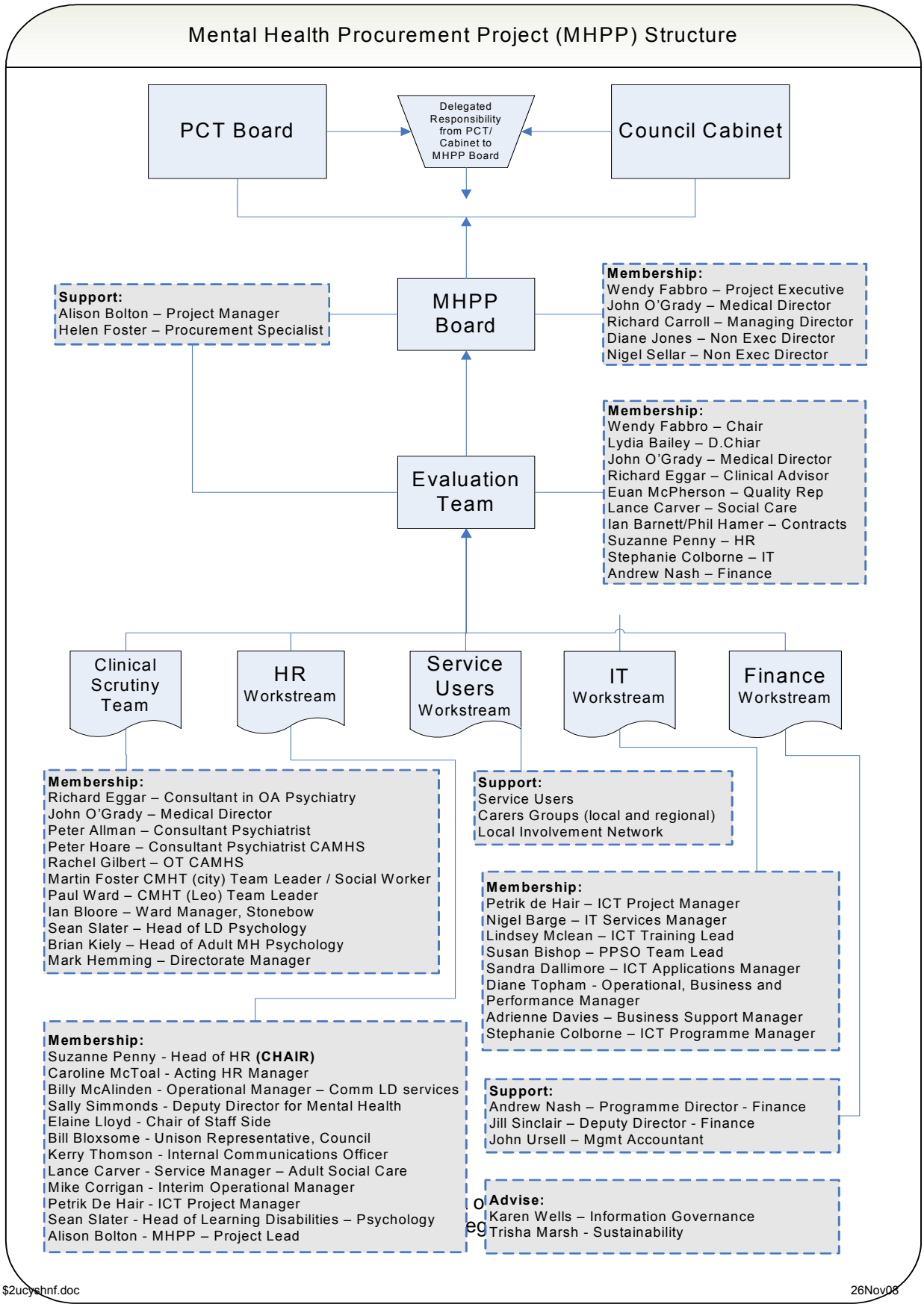
Summary

11. Using Competitive Dialogue as a tendering vehicle results in a lengthy process, however, the Project Board remain clear that engaging with our bidders in the way that Competitive Dialogue supports has enabled us to 'get to know' our prospective partners. Discussing the needs and aspirations for Herefordshire Mental Health Service with our bidders has given them an insight into the service which they simply would not have had during a standard tendering process. The expectation of this two way conversation is that the final bid will deliver a service which is not only robust in its governance and quality standards, but provides a value for money service which increases access to the Mental Health services needed by the people of Herefordshire.

Herefordshire Council

Appendix A

Mental Health Procurement Project (MHPP) Structure



Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE**
REPORT BY:	**GENERAL MANAGER FOR WEST MERCIA LOCALITY**

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.

Further information on the subject of this report is available from Nick Henry, General Manager for West Mercia Locality Tel: 07971 305209

West Midlands Ambulance Service NHS Trust
Herefordshire Division

New Structure

West Midlands Ambulance Service (WMAS) is currently undergoing a restructure to fall inline with the new PCT commissioning clusters, of which Herefordshire falls within the West Mercia cluster, which also incorporates Shropshire and Worcestershire. Each of the new cluster areas has an appointed General Manager and Nick Henry has been appointed for West Mercia, who was previously the Divisional Commander for Worcestershire. The new appointments took affect on 1st June 2010 and it is envisaged that the management structure below the General Managers will be concluded over the coming months to include improved clinical supervision and support for staff, which will continue to further benefit patient care.

Performance for 2010/2011

	A8 %		A19 %		B19 %		C combined %	
	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS
2009/10	71.7	72.7	93.2	97.6	92.5	94.2	96.3	95.1
April	73.0	81.0	95.1	98.7	93.9	97.2	97.7	97.9
May	73.6	78.6	93.2	98.4	93.9	95.6	98.1	96.0

Due to the county being rural and the relatively low number of calls, it is difficult to consistently achieve and maintain the National Key Performance Indicators in the county and we are committed trying to improve this by continuing to recruit Community First Responders (CFR's). You will see on the comparison charts for April and May below that we are continuing to improve the performance standards compared to pervious years with calls volumes increasing.

Currently we have a new Community First Response Car operating in Leominster, the car has been donated to the scheme and the Trust has provided a new Ambulance Radio Project (ARP) communications set and training which enables the Emergency Operational Centre to track the responder car, like a WMAS responder car. This also gives the CFR's better communications, especially where reception for mobile phones is reduced. The Trust is meeting the cost of the ARP sets and the maintenance required. The car also has the benefit of advertising the CFR scheme whilst giving the responders a mode of transport to assist patients. We are hoping to move all the CFR schemes to follow this system in the future and a full update of this will be given by the CFR Manager at the September meeting.

Financial Position

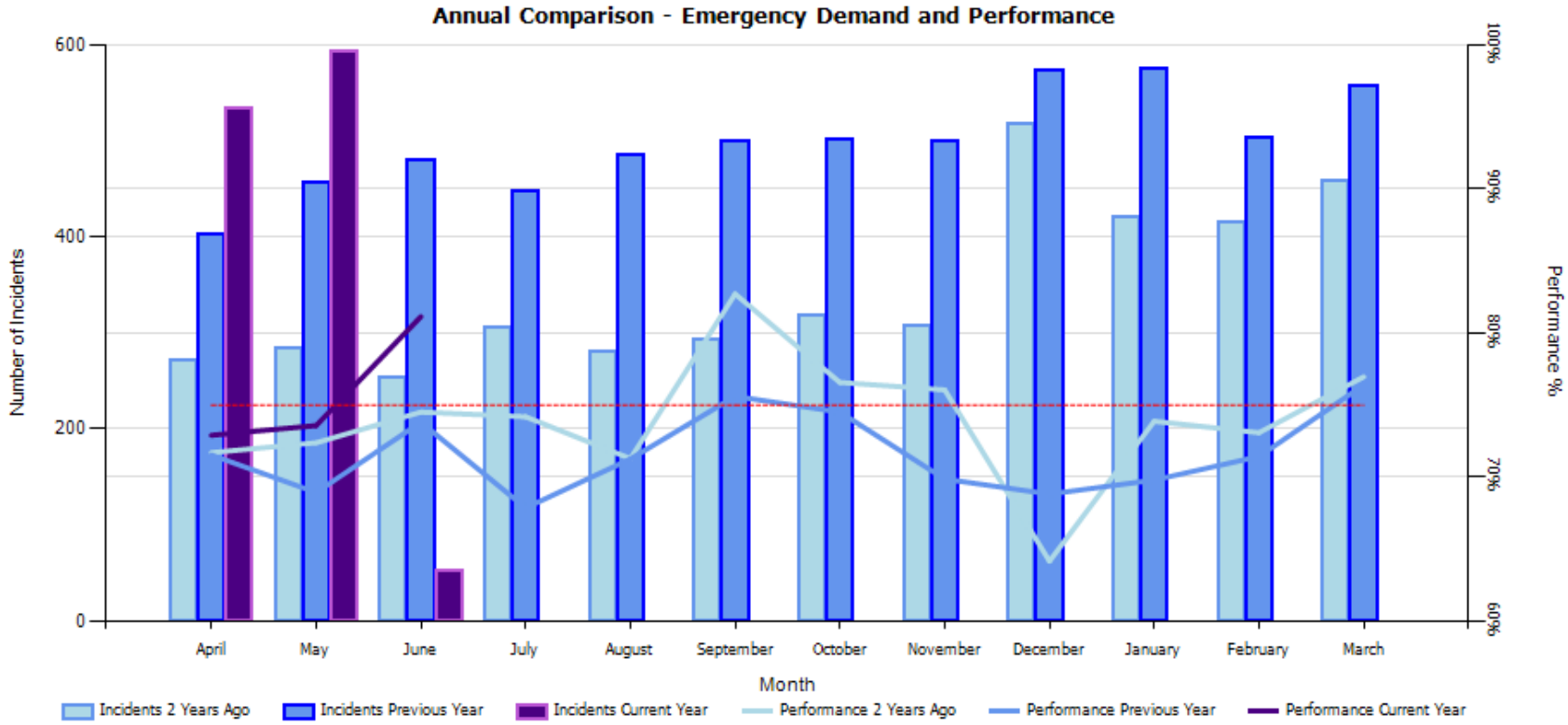
The Division is operating within its budget.

Other Matters

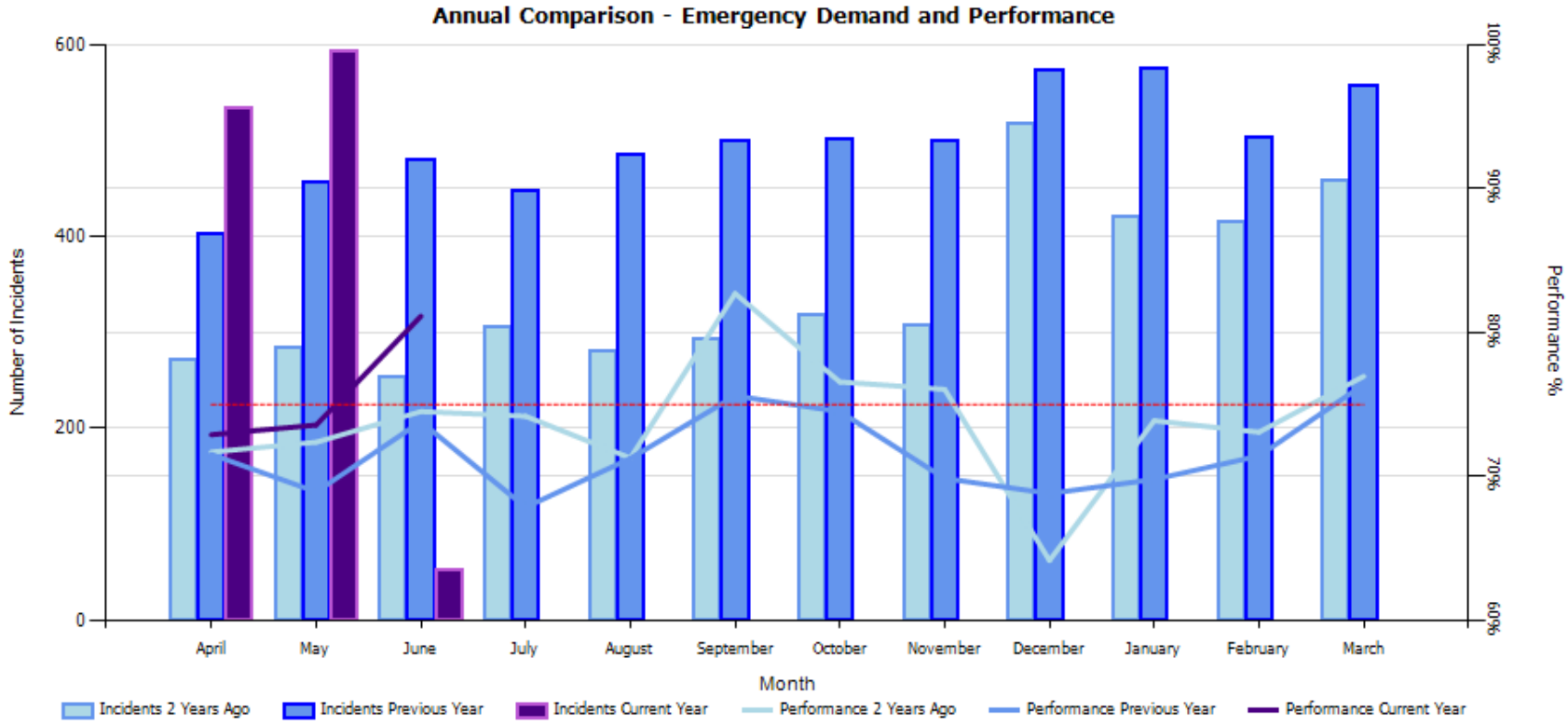
1. Stand By Facilities – A new facility has been found in the Belmont area and we are hopeful to move in soon.

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.

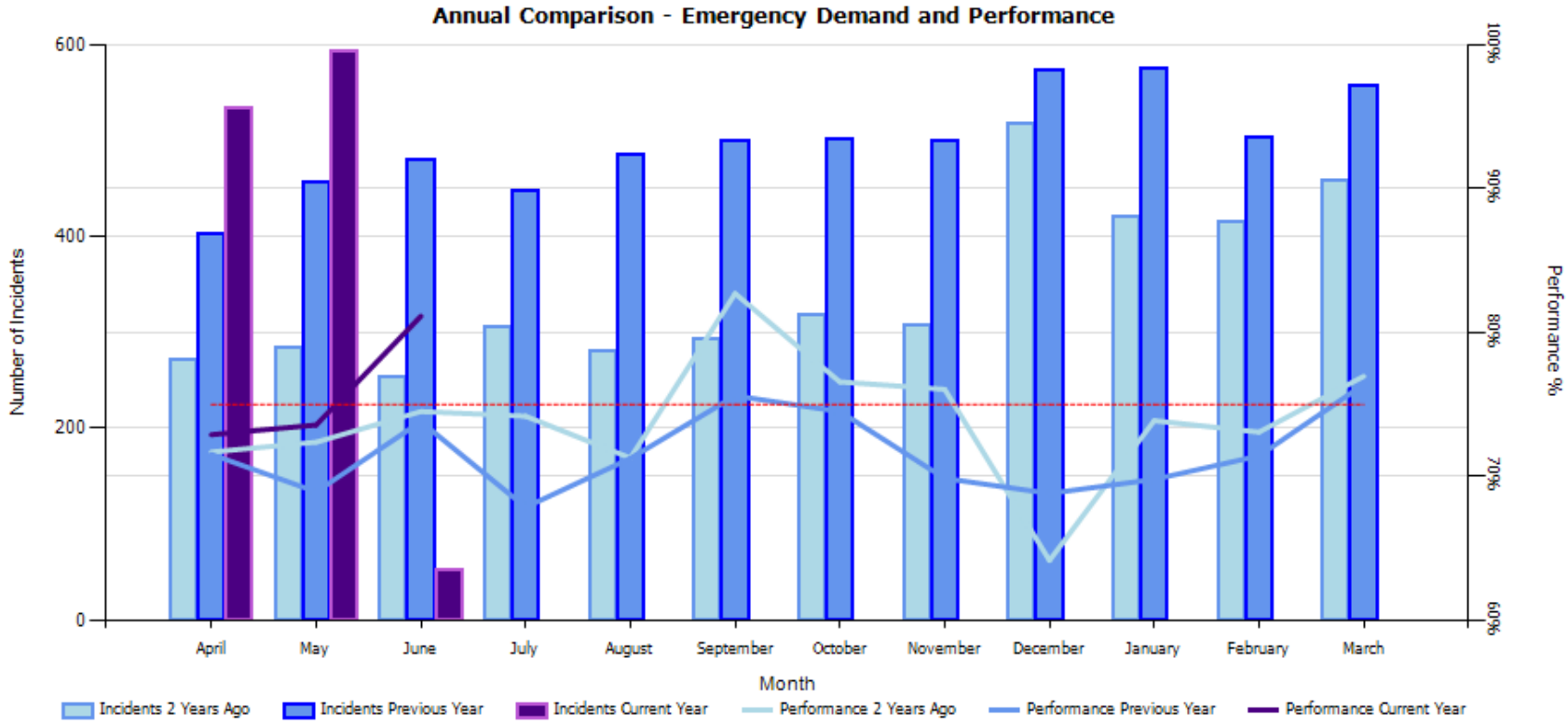
Category A comparison charts



Category B comparison charts



Category C comparison charts



Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**HEREFORD HOSPITALS NHS TRUST UPDATE**
REPORT BY:	**CHIEF EXECUTIVE OF THE TRUST**

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.

Hereford Hospitals
NHS Trust

HEALTH SCRUTINY COMMITTEE MEETING
18th June 2010

CHIEF EXECUTIVE'S UPDATE REPORT
JUNE 2010

1) Introduction

This report provides committee members with an update on the operational and financial performance of the Trust for the period ending April 2010. A summary briefing on key developmental issues for the organisation is also provided.

2) Operational Performance

2.1 Patients treated

The County Hospital has continued to see an increase in Accident and Emergency activity to a similar level of the previous 12 months. For April A &E activity exceeded plan for the month by 9.6%. Emergency inpatients also continued at a similar level to 2009/10 with April showing an over performance of 1.1% against plan.

Elective inpatient and Day case activity were down on plan in the month. The main contributing factor for this was the number of cancellations due to bed pressures.

Both new and follow up attendances were down on plan in the month. Some of this may be as a result of doctor vacancies which are affecting capacity but also the levels of activity commissioned which have resulted in reduced activity in a number of specialities.

- Emergency inpatients +1.1% against plan
- Daycases: -5.2% against plan
- Elective inpatients: -9.7% against plan
- New outpatients: -5.4% against plan
- Follow up outpatients -1.1% against plan

2.2 Accident & Emergency (4 hour waits)

Accident and Emergency attendances in April continued to remain high with 343 more attendances for April 2010 than plan. The increase in activity and knock on effect has put considerable pressure on achieving the four hour A&E target and on bed capacity.

Performance against the 4 hour target was 95.4% against a national target of 98%.
The two hour target remains consistent at 60%.

2.3 18 week access target

It is now a legal right for patients to be treated within 18 weeks, unless clinical reasons or patients decide to wait longer. The national target is that 90% of admitted and 95% of non admitted patients should be treated within 18 weeks from referral by their GP.

In April 2010, the Trust treated 98.6% of admitted patients and 99.6% of non admitted patients within 18 weeks.

2.4 Healthcare Associated Infections (HCAI's)

There were 1 MRSA bacteraemia during April 2010 compared to none for the same period last year. During April 2010 there was 3 post 48 hour C-Difficile case compared to 4 for the same period last year and there was 1 death attributed to Clostridium difficile on the death certificate in April 2010.

The Trust continues with a range of measures to combat infections as part of its zero tolerance approach:-

- Hand hygiene compliance
- MRSA screening for all admissions (including daycase and surgery)
- Appropriate antibiotic prescribing
- General compliance with the Hygiene Code

2.5 Finance

At the end of April 2010 (month 1) the Trust was £110k behind plan. This was mainly due to cancelled operations but also due to some prudent assumptions relating to income expectations.

It is too early to make recommendations regarding the Trust's outturn forecast but it is clear that the Trust may have to consider a range of additional actions in order to prevent itself going into a deficit position. The Trust has also continued to face cash problems with the level of outstanding debtors being a particular concern.

3) Service and Site Development

3.1 Macmillan Renton Unit

The main contractor for the Macmillan Renton Unit has now been appointed and has commenced work on site.

During the preparation of the site the project team has encountered and successfully overcome unexpected difficulties in the diversion of a public sewer to make way for the Macmillan Renton Unit. Thanks to negotiations with Welsh Water and the contractor it is anticipated that the Unit will be completed by late March 2011 and as such the first patients will be treated during April 2011.

3.2 Radiotherapy

This scheme is being managed by Gloucestershire Hospitals NHSFT and is on track for opening in late 2012.

3.3 Equitable Access Centre

The design of the Centre has also had to be changed to accommodate the outcomes of the work on unscheduled (emergency) care commissioned as part of the review of provider configuration (specifically the development of an Urgent Care Centre incorporating walk in access to GPs, a closer clinical relationship between emergency general practice and the treatment of minor injuries, the refocusing of the A&E Department on 'pure' emergency medicine and the development of a Clinical Decisions Unit). An Outline Business Case is currently in preparation and the intention is to submit this to the Statutory Boards during July.

3.4 Reprovision of Kenwater Ward

Kenwater Ward, which needs to be demolished to make way for the Macmillan Renton Unit, is being reprovided through a combination of creating additional bed spaces within the main hospital building and converting the Day Case Unit to operate on a 23 hour basis.

4) Ambulance Turnaround Times

The table below shows ambulance turnaround times for Hereford Hospitals NHS Trust compared to the rest of the West Midlands Service average for the months of December 2009 and April 2010.

The data shown in red demonstrates performance below average turnaround for the West Midlands Ambulance Services. The data shown in green demonstrates better than average turnaround for the West Midlands Ambulance Service.

Week Commencing	Total Ambulances Received at HHT	Average HHT turnaround time (mins.secs)	West Midlands Ambulance Service Average (mins.secs)
01/12/2009	247	33.08	27.09
07/12/2009	226	26.19	25.40
14/12/2009	235	25.40	25.09
21/12/2009	176	26.39	26.30
28/12/2009	305	30.57	26.58
29/03/2010	271	24.12	25.44
05/04/2010	266	23.02	25.40
12/04/2010	236	24.21	25.44
19/04/2010	271	25.46	26.57
26/04/2010	235	25.02	26.07

The improvements in turnaround for April are due to the fact that the Trust took action to staff the back corridor from 10 a.m. until 10.00 p.m. from Mid January 2010 in addition to this CAD was introduced. CAD is a computer system interlinked to the West Midlands Ambulance Service. The system enables staff in A & E to view ambulances which are en-route to the hospital and provides them with brief information about the patient. Once the ambulance crews arrive at A & E and handover has happened staffs in A & E then have the facility to 'release the crew'. Prior to the

CAD system it was the responsibility of the crew to contact control to clear themselves. The Trust now has this control therefore any delays which occur with the crew once the Trust has released them from A & E can be investigated by WMAS.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 2010**
TITLE OF REPORT:	**NHS HEREFORDSHIRE UPDATE**
REPORT BY:	**CHIEF EXECUTIVE OF THE TRUST**

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.

Further information on the subject of this report is available from
Dr Akeem Ali, Director of Public Health on (01432) 260668

Health Scrutiny Committee

Subject:	**HEALTH & SOCIAL CARE UPDATE**
Report By:	**Chris Bull, Chief Executive**

PURPOSE OF THE REPORT:

To update the Health Scrutiny Committee on key strategic and operational issues for health and social care in Herefordshire

HEALTH & SOCIAL CARE UPDATE REPORT

KEY ISSUES

1. Involvement of Patient Perspectives in Service Development & Planning

Various pieces of work are ongoing locally to ensure that the perspectives of patients are included in service development and planning, including the establishment in January of a single Customer Insight Unit across the council and NHS Herefordshire.

NHS Herefordshire Board now starts each formal board session with a discussion with patients, carers and other community members. At the last meeting of the board, the board had the privilege of listening to Alison Davies, a carer in Hereford, who talked about her and her family's experience of stroke care. Lessons learnt from this experience have informed ongoing care pathway redesign work and the board resolved to schedule a feedback session on a regular basis to ensure that agreed actions from patient feedback are being embedded in frontline practice.

2. Integration of Health & Social Care Providers in Herefordshire

Since the last update to the committee the Transition Board, has produced a report, the recommendations of which are now being considered by NHS Herefordshire, HHT Board and Herefordshire Council Main proposals from the report are focussed on changes in care pathways which will result in improved quality and coherence of care and improved sustainability of health and social care services in the county. More services will be commissioned within the community setting, in essence, 'doing the right thing at the right time, in the right place', reducing the need for acute treatment and providing care closer to people's homes. This means that family doctors, hospital doctors, social care workers, carers, nurses and patients will work together in a more integrated way to deliver care and treatment. The partners are also exploring appropriate organisational structures to best support the deliver of these changes in care pathways..

3. World Class Commissioning Panel Assessment

Members of the NHS Herefordshire Board attended the World Class Commissioning Year 2 Assessment Panel on 21st April. Verbal feedback from the assessment panel indicates that the

Board understand its business and is poised to deliver transformational change locally. The panel was impressed by the partnership work locally and particularly the fact that the Leader of the Council and Lead Clinicians attended the panel with the Board. The panel encouraged the PCT to continue to work to capture patient experience measures and use this to monitor service improvement efforts and quality of services locally. The decision by the Board to open formal sessions with a discussion about patient experience is therefore well placed to achieve this.

4. Operational Plan 2010-2011

Arrangements for the operational delivery of the World Class Commissioning Strategy are now in place. The delivery of outcomes is based 6 multi-disciplinary programme workstreams made up of professionals from the frontline, managers and corporate directors working together.

The six workstreams are: Staying Healthy, Maximising Independence, Planned Care, Unscheduled Care, Women & Children and Mental Health & Learning Disability. An essential element of this working arrangement is co-leadership of the workstreams by frontline health and social care staff. This is to ensure alignment between strategy and frontline operations.

Therefore, integrated care pathways recommended by Transition Board and the NHS Herefordshire 2010/11 Operational Plan submitted to the Strategic Health Authority have been realigned and allocated to the workstreams.

The six workstreams report directly to a Programme Board chaired by the Chief Executive. The workstreams will work with providers, service users, and other stakeholders in order to ensure that strategic intent are delivered at the service frontline.

Each of the workstreams will be responsible for and collectively strive to achieve all the key performance indicators for health and social care. The performance reporting system "Performance Plus" will be utilised to generate timely performance reports based on appropriate Key Performance Indicators by programme area.

5. Public Health Annual Report 2009/10

The Director of Public Health report is in the final stages of production and has been discussed by NHS Board. The Board noted the Public Health Annual Report and that its recommendations would be taken into account when setting priorities. The report will be considered by Cabinet at its meeting on 17th June and the full report will also be available at the Health & Wellbeing Conference on 10th June 2010.

While the committee will consider the report in full as an agenda item as part of its work on population health; the key messages from the report can be summarised as follows:

- Doing more about a specific list of simple, affordable, and effective interventions;
- Tackling a list of potential opportunities to gain efficiency and reduce waste;
- Exploring and identifying how to reward healthy behaviours; and
- Developing and testing a consistent methodology for resource allocation across Herefordshire Public Services.

6. Mental Health Care Procurement

Work continues apace regarding bringing new providers into Herefordshire to support further development of good quality mental health services locally. The procurement process is progressing, with the contract scheduled to be let in September.

7. Other Independent Commission Reports

a) NHS HEREFORDSHIRE STAFF SURVEY

The PCT Staff Survey for 2009 has been published by the Care Quality Commission (CQC). The survey reported findings against the 4 staff pledges and highlights areas for improvement as well as good practice.

There were 4 main areas where the Trust continues to perform well as highlighted in the CQC report: high job interest, low work-related injury, good incident reporting, and low experience of discrimination. There was significant improvement in the percentage of staff having equality and diversity training.

The 4 lowest ranking findings were around fairness and effectiveness of incident reporting procedures, percentage of staff appraised in the last 12 months, percentage of staff with PDPs, and perception of effective action from employer towards violence and harassment. In particular, the results for the administrative and clerical group showed lower job satisfaction and percentage of staff appraised. Conversely there were positive perceptions from the Allied Health Professionals group. The Joint Management Team has agreed corporate actions in response to this and the associated Herefordshire Council employee opinion survey and is working with staff groups to progress those actions..

b) ADULT SOCIAL CARE CQC RATING 2009/10

In November 2009, Adult Social Care was rated as 'Performing Well' by CQC. The rating is against the 7 key social care and health outcomes, supplemented by outcomes required for high quality Leadership and Commissioning. A self assessment on the full year 09/10 has been submitted in May 2010, which has declared performance to be a stronger 'Performing Well' rating overall, including upgrading performance on Adult safeguarding from adequate to performing well. The CQC judgement is expected in the autumn but will be significantly influenced by the Inspection of Safeguarding and Older People services scheduled for August 2010.

8. MUSCULOSKELETAL CLINIC CLOSURE

On the 1st April 2010 The Provider Arm of NHS Herefordshire took action that led to the closure of a clinic in mid-session. It is extremely rare for clinics to be closed while patients are being seen and therefore an investigation was initiated by the Director of Quality and Clinical Leadership into the process that was followed to close the clinic and the rationale for the actions taken that led to the closure. The investigation is on-going. It is anticipated that this will be completed by the end of June following an Independent Review of the service. Initial findings are being reported to the Board to provide assurance on the management of the

clinical and reputational risks identified. In the interim, the clinic has now re-opened and all services are operational apart from a specific element of treatment still being investigated.

9. Performance Report 2009-2010

Key highlights are:

Finance: The month 12 position had been presented to the Performance & Quality Committee, and subject to audit it was reported that the PCT had met all its key statutory targets; and

The Annual Health Check: The performance thresholds are still being finalised from the DoH, but on the assumption that ratings were as previously published the Trust could expect to be assessed as adequate for quality and good or excellent for finance. Publication of the assessment is expected in July 10.

For specific performance indicators; there are areas where performance is below target, as outlined in the performance report appended to this report for information of the committee. Specific and targeted interventions are in place to tackle these.

RECOMMENDATION:

1. **Committee Members are asked to discuss and note the issues highlighted in the briefing.**

Performance Dashboard 2009-10

NHS Operating framework	
VSA	Vital Signs Tier 1
VSB	Vital Signs Tier 2
VSC	Vital Signs Tier 3
HC	Healthcare Commission Proposed Indicator (Not included in Vital signs)
DH	Existing Department of Health Commitments (Not included in Healthcare Commission indicators or Vital signs)

Performance rating	
Red	Under-performing & unlikely to achieve
Amber	Under-performing but can achieve with corrective action
Green	On plan & likely to deliver
*	An asterisk in the detailed report column indicates more detail is provided in section 3 of this report

Trend in performance	
↑	Improved since last measured
↓	Deterioration since last measured
↔	Remained the same
⊗	Not previously measured

Improving Access

NHS Operating framework		Performance rating				Trend in performance		
No.	Target	Reporting Period - YTD	Target	Actual YTD	Data Availabilty	Perf. Trend	Director	Detailed Report
VSA04	18 week waits admitted - NHS-reported waits for elective care	Feb-10	90%	98.00%	*Latest data available*	↓	IW	
VSA04	18 week waits non-admitted - NHS-reported waits for elective care	Feb-10	95%	99.40%	*Latest data available*	↔	IW	
VSA04	+6 week waits for diagnostic tests - Mth	Feb-10	0	5	*Latest data available*	↓	IW	*
VSA04	+6 week waits for diagnostic tests - YTD	Feb-10	0	104	*Latest data available*	↑	IW	*
HC1	4 hour maximum A&E wait	Mar-10	98%	97.27%	*Based on weekly DoH submissions*	↓	IW	*
DH1	Maximum wait of 13 weeks for outpatient appointment	Feb-10	0	1	*Latest data available*	↔	IW	
DH2	Maximum wait of 26 weeks for inpatient appointment	Feb-10	0	6	*Latest data available*	↔	IW	*
DH3	3 month maximum wait for revascularisation	Feb-10	0	0	*Latest data available*	↔	IW	
HC2a	% seen within 48 hours in GUM clinic	Feb-10	90%	76.14%	*Latest data available*	↓	RC	*
HC2b	% offered appointment within 48 hours in GUM clinic	Feb-10	98%	98.68%	*Latest data available*	↑	RC	
HC3a *(WCC)*	Cancer waits – 2 week maximum wait from urgent GP referral	Feb - 10 YTD	93%	93.54%	*Latest data available*	↑	IW	
HC3b *(WCC)*	Cancer waits – 1 month maximum wait from diagnosis to treatment	Feb - 10 YTD	96%	98.49%	*Latest data available*	↑	IW	
VSA08 - 1 *(WCC)*	Breast Symptom Two Week Wait	As at Feb - 10	93% - Dec 2009	94.59%	*Latest data available*	↑	IW	
VSA08 - 2 *(WCC)*	Breast Symptom Two Week Wait	Feb - 10 YTD	93% - Dec 2009	40.22%	*Latest data available*	↑	IW	*
VSA09 *(WCC)*	The number of women aged 53-70 screened for breast cancer in the last three years.	2008-09	70% within 36 mths	75.84%	*Latest data available*	↑	AA	
VSA10 *(WCC)*	Proportion of men and women aged 70-75 taking part in bowel screening programme	Mar-10	**Screening began Sept 2009 - awaiting first report from Regional Hub**			↔	AA	
VSA11 *(WCC)*	31-Day Standard for Subsequent Cancer Treatments (Chemotherapy and Surgery)	Feb - 10 YTD	94%	97.14% (Surgery Only)	*Latest data available*	↑	IW	
VSA12 *(WCC)*	31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	Feb - 10 YTD	100% - Jan 2010	100%	*Latest data available*	↑	IW	
VSA13 *(WCC)*	Extended 62-Day Cancer Treatment Targets	Feb - 10 YTD	90%	100%	*Latest data available*	↑	IW	
HC4	Time to reperfusion following a MI	Mar-10	68%	75.90%		↑	IW	
HC5	Access to crisis services for all patients who need them	Mar-10	272	308		↑	RC	
HC6	Early Intervention in psychosis	Mar-10	20 New Cases	22		↑	RC	
HC8a	Ambulance Response targets – CAT A calls in 8 mins – West Mids Ambulance Trust	Mar-10	75%	72.5%		↑	IW	*
HC8a	*Ambulance Response targets - CAT A calls in 8 mins - (Herefordshire)*	Mar-10	75%	71.7%		↑	IW	*
HC8b	Ambulance Response targets – CAT A calls in 19 mins – West Mids Ambulance Trust	Mar-10	95%	97.5%		↑	IW	*
HC8a	*Ambulance Response targets - CAT A calls in 19 mins - (Herefordshire)*	Mar-10	95%	93.2%		↑	IW	*
HC8c	Ambulance Response targets - CAT B calls in 19 mins - West Mids Ambulance Trust	Mar-10	95%	94.1%		↑	IW	*
HC8a	*Ambulance Response targets - CAT B calls in 19 mins - (Herefordshire)*	Mar-10	95%	92.5%		↑	IW	*

NHS Operating framework			Performance rating				Trend in performance		
Strategic Objective	No.	Target	Reporting Period - YTD	Target	Actual YTD	Data Availabilty	Perf. Trend	Director	Detailed Report
Cleanliness & HCAIs	VSA01	MRSA number of infections - Acute only	Feb-10	12	3	*Latest data available*	↑	SD	
	VSA03 Comm	Incidence of C. Difficile - Commissioner	Feb-10	171	96	*Latest data available*	↑	SD	
Primary Care Access	VSA07	Practices offering extended opening	Mar-10	54% by Mar 2010	58%		↑	IW	
	VSB18	Access to primary dental services - year-on-year improvements in number of patients accessing NHS dental services	Mar-10	93,551	93,622		↑	IW	
Reducing Health Inequalities	VSA14 - 01 ***(WCC)***	Quality stroke care - +90% of time spent on stroke unit	Mar-10	70%	42.00%		↑	IW	*
	VSA14 - 02 ***(WCC)***	Quality stroke care - % of people with TIA scanned and treated within 24 hours	Mar-10	45%	9.00%		↓	IW	*
	VSC10	Number of delayed transfers of care per 100,000 population (aged 18 and over)	Mar-10	30 per wk ave	51.46		↓	SD	*
	VSC10.1	Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Mar-10	20.67	35.91		↓	SD	*
	MHPI 01	Data quality on ethnic group	Dec-09	85%	100.00%	*Latest data available*	↑	RC	
	MHPI 02	Care Programme Approach - CPA 7-Day follow up	Mar-10	95%	90.14%		↑	RC	*
	MHPI 03 ***(WCC)***	Best Practice in Mental Health Services for People with Learning Disabilities (Green Light Toolkit)	Mar-10		22 points (provisional)		↓	IW	*
	MHPI 04	Patterns of Care from the Mental Health Minimum Data Set	Dec-09		98.80%	*Latest data available*	↑	RC	⊗
	MHPI 05	Completeness of Care from the Mental Health Minimum Data Set	Jan-10	98.28%	98.90%	*Latest data available*	↑	RC	⊗
	MHPI 06	CAMHS Services - protocols in place (1-6)	Feb-10		Yes	*Latest data available*	↑	IW	⊗
	VSB01-a	All-age all cause mortality (AAACM) rate - males	Mar-10	650	656.35 (2006-08)	*Latest data available*	↔	AA	
	VSB01-b	All-age all cause mortality (AAACM) rate - females	Mar-10	409	430.34 (2006-08)	*Latest data available*	↔	AA	
	VSB02 - LAA - NI 121	CVD Mortality Rate (*LAA target - All circulatory diseases under 75*)	Dec-09	79 (2008 - 3yr ave.)	61.76	*Latest data available*	↓	AA	
	VSB03 ***(WCC)***	Cancer Mortality Rate	Dec-09	103 (2008 - 3yr ave.)	103.67	*Latest data available*	↓	AA	*
	VSB05 - LAA - NI 123	Smoking Prevalence (Smoking Quitters)	Jan-10	1220	619	*Latest data available*	↑	AA	*
	VSB05 - LAA - NI 123	Smoking Prevalence (Smoking Quitters) - rate per 100,000	Jan-10	815	414	*Latest data available*	↑	AA	*
	VSB06	Early Access for Women to Maternity Services	Mar-10	85%	92.25%		↑	IW	
	VSB08	Teenage pregnancy	Dec-09	28	31.3 (2008)	*Latest data available*	↓	IW	*
	VSB09 ***(WCC - LAA - NI - 56)***	Childhood Obesity	Mar-10 (Sept' 09 measure)	85%	87.15%		↔	AA	
	VSB10 - 1	Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	Mar-10	95%	93.11%		↓	AA	
	VSB10 - 2	Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV)	Mar-10	85%	94.28%		↑	AA	
	VSB10 - 3	Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC)	Mar-10	85%	85.86%		↑	AA	
	VSB10 - 4	Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	Mar-10	87%	87.07%		↑	AA	
	VSB10 - 5	Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	Mar-10	94%	90.09%		↓	AA	
	VSB10 - 6 ***(WCC)***	Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR)	Mar-10	88%	82.14%		↓	AA	
	VSB11 - 1	Breastfeeding at 6-8 weeks - Prevalence	Mar-10	52.90%	48.59%		↑	RC	*
	VSB11 - 2	Breastfeeding at 6-8 weeks - Coverage	Mar-10	90.10%	95.77%		↑	RC	
	VSB12 - LAA - NI 51	Emotional health and well being and child and adolescent mental health services (CAMHS)	Feb-10		Yes	*Latest data available*	↑	IW	
	VSB13	Chlamydia Prevalence (Screening)	Mar-10	4956 - 25% of 15 to 24 yr olds	4472 - 90.24% of target fig.		↑	RC	
	VSB14 - LAA - NI 40	Number of Drug Users recorded as being in effective treatment	Dec-09	541	529	*Latest data available*	↑	IW	
Local Priorities - Tier 3	VSC02	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies - IAPT Implementation	Mar-10	***In shadow form - Programme will commence once completion of 3rd wave***			↔	IW	
	VSC15 ***(WCC)***	Proportion of all deaths that occur at home	Dec-09	21%	21.70%	*Latest data available*	↑	IW	
	VSC17 - LAA - NI 130	% of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)	Mar-10	20%	7.40%		↑	IW	*
	VSC26 - LAA - NI - 39	Rate of hospital admissions per 100,000 for alcohol related harm	Dec-09	1237	994.5	*Latest data available*	↑	IW	
	VSC27	Patients with diabetes in whom the last HbA1c is 7.5 or less from Quality Outcomes Framework (QOF)	Jan-10	69%	56.00%	*Latest data available*	↑	IW	
Experience, Satisfaction and Engagement	VSB15 - 1	Self reported experience of patients/users	Mar-09	81.42 National Ave score	84.22	*Annual Survey (2010 survey to take place)*	↑	SD	
	VSB15 - 2	Self reported experience of patients/users	Mar-09	84.37 National Ave score	86.44	*Annual Survey (2010 survey to take place)*	↑	SD	
	VSB15 - 3	Self reported experience of patients/users	Mar-09	66.03 National Ave score	68.47	*Annual Survey (2010 survey to take place)*	↑	SD	
	VSB15 - 4	Self reported experience of patients/users	Mar-09	69.53 National Ave score	65.51	*Annual Survey (2010 survey to take place)*	↓	SD	
	VSB17	NHS staff survey based measures of job satisfaction	Mar-09	3.57 National Ave score	3.56	*Annual Survey (2010 survey to take place)*	↑	SD	

Performance Report 2009/10

There are about 72 key national performance indicators (KPIs) reported annually by NHS Herefordshire. As attached in the tabular report appended to this document, the committee can see that we have achieved or surpassed target for the majority of the KPIs. Nonetheless, there are selected KPIs where specific interventions are needed to improve current performance. These are highlighted below:

1. HC2a - *% seen within 48 hours in GUM clinic*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
% seen within 48 hours in GUM clinic	Mar-10	90%	**76.14%**	↑

Commentary
The aim is to expand capacity to provide screens in rural areas and further integrate GUM and Contraceptive services at satellite and evening clinics at Gaol Street Health Centre.

Improvement Actions

Provider plans include

- Expand Minor Injury Unit staff skills to include sexual health screening so that they can offer screening during evenings and weekends
- Make more appointment slots available during the day and evening

2. VSA08 - *Breast Symptom 2 week*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Breast Symptom – 2 week wait *WCC Outcome Impact – Reducing Cancer Mortality Rates*	As at Feb - 10	93% - Dec 2009	**94.59%**	↑

Commentary

The national requirement was to achieve the target of 93% by the end of December 09 and maintain it through to 31st March 2010. We unfortunately did not hit target by December – but since December have maintained our performance and exceeded target.

3. HC8 a-c - *Ambulance Response Times*

West Midlands Ambulance Response Times

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Ambulance Response targets – CAT A calls in 8 mins – **West Mids Ambulance Trust**	Mar-10	75%	**72.5%**	↑

Ambulance Response targets – CAT A calls in 19 mins – **West Mids Ambulance Trust**	Mar-10	95%	**97.5%**	↑
Ambulance Response targets - CAT B calls in 19 mins - **West Mids Ambulance Trust**	Mar-10	95%	**94.1%**	↑

Herefordshire - West Midlands Ambulance Response Times

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Ambulance Response targets – CAT A calls in 8 mins – **Herefordshire**	Mar-10	75%	**71.7%**	↑
Ambulance Response targets – CAT A calls in 19 mins – **Herefordshire**	Mar-10	95%	**93.2%**	↑
Ambulance Response targets - CAT B calls in 19 mins - **Herefordshire**	Mar-10	95%	**92.5%**	↑

Commentary

Performance is showing a slight improvement since the last report but concerns still remain around the end of year position. Achieving these ambulance response times in Herefordshire has always remained a challenge because of the rural nature of the county and its road links. To review and consider the current performance status of WMAS effectively the independent (Lightfoot) report was commissioned, as stated in the last performance report, and has now been published.

The report made the following recommendations with regard to Herefordshire:

- That the funding of the WMAS be rebased to reflect both population base and utilisation of the service
- That greater use be made of Extended Scope Practitioners and rapid response vehicles across the county to ensure both equitable service and improved response times
- Additional investment to be considered for Community First responders.

Improvement Actions

Improvement actions will now implemented through the newly formed regional cluster group following changes at the SHA. Herefordshire is now part of the West Mercia Cluster Group with Worcestershire and Shropshire.

4. VSA14 - *Stroke Care*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Quality stroke care - +90% of time spent on stroke unit *WCC Outcome Impact – Reducing Stroke deaths within 30 days.*	Mar-10	70% by Mar 2010	**42.00%**	↑
Quality stroke care - % of people with TIA scanned and treated within 24 hours *WCC Outcome Impact – Reducing Stroke deaths within 30 days.*	Mar-10	45% by Mar 2010	**9.00%**	↓

Commentary

In accordance with NICE guidance, patients at higher risk of stroke following a TIA should receive treatment within 24 hours. The Vital Signs target supports this by measuring the proportion of patients at higher risk who are treated (i.e. attend the HHT TIA Clinic) within 24 hours of first contact with a healthcare professional. To improve access, HHT has recently altered its booking processes so that patients at higher risk of stroke following a TIA are offered urgent appointments with the TIA Clinic. In addition, HHT has been asked to provide a plan to demonstrate it will meet the 2010/11 Vital Signs target (60%).

Improvement Actions

Improvement Action – Stroke Care	***Completion Date***	***Update/Current status of action***
Explore development of a plan by HHT to achieve Vital Signs TIA target	May 2010	Plan requested.
Consider request by HHT to redesignate medical beds as Acute Stroke Unit beds	May 2010	HHT withdrawn request to re-designate beds as Acute Stroke Unit beds
Explore development of an improvement plan by HHT to achieve Vital Signs Acute Stroke Unit target	June 2010	Explore which meeting is the most effective to review this.

5. VSB10 – *Childhood Immunisation*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend

Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	Mar-10	95%	**93.11%**	↓
Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	Mar-10	94%	**90.09%**	↓
Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR)	Mar-10	88%	**82.14%**	↑

Commentary

Despite not achieving the target set in Vital Signs, the percentage of childhood immunizations has improved significantly since 2008-09. Achievement of the MMR vaccination for children aged 5 is immensely difficult to achieve given the national perception. In 2008-09 we immunized 71% of our children compared with 82% this year.

Improvement Actions

A draft plan, awaiting final sign off, has been produced to ensure continued improvement through 2010-11 and beyond.

6. VSB13 – *Chlamydia Screening*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Chlamydia Prevalence (Screening)	Mar-10	4956 - 25% of 15 to 24 yr olds	**4472**	↑

Commentary

Despite not achieving the population target figure in Vital Signs, the performance of the screening programme has significantly improved since 2008-09 by 50%. In 2009-10 we screened 22.58% of our target population.

Improvement Actions

A Chlamydia Screening Programme Action Plan has been completed and shared with the Strategic Health Authority.

7. VSC10 - *Delayed Transfers of Care*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Number of delayed transfers of care per 100,000 population (aged 18 and over)	Mar-10	27 per wk avg.	**51.46**	↓

Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Mar-10	20.67	**35.91**	↓

Commentary

Hereford Hospitals Trust is currently underperforming against expectation in terms of the local health economy. This is being addressed with the trust through the Quality Review Forum who has requested a report on why delays are higher than expected.

Improvement Actions - *Community Hospitals and Intermediate Care Facilities*

The Head of Community Hospitals & Intermediate Care Facilities now receives a weekly update of delayed patients which identifies the length of the delay. It has been agreed that any delays greater than 7 days should be escalated for immediate intervention.

A whole systems review of the delayed transfers of care issue needs to be initiated including the existing policy for 'eviction' with HHT, Adult Social Care and PCT Commissioners to ensure that delayed discharges are minimised, and areas for improvement are identified and managed across the whole care pathway.

There has been a significant drop in the length of stay and number of delays since the introduction of the above changes as of 1st December 2009. However it must be noted that recent winter pressures, in the form of adverse weather and closure of wards due to D&V, will have had an impact on early promising figures.

8. MHPI02 - *Care Programme Approach - CPA 7-Day follow up*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Care Programme Approach - CPA 7-Day follow up	Mar-10	95%	**90.14%**	↑

Commentary

Performance has improved over the last quarter, with 100% compliance achieved in each of the last three months. The action plan to improve processes is being implemented and improvements noted.

Improvement Actions

All of the recommended actions have been implemented. Processes are now in place to ensure that all DNA and cancelled appointments are followed up by telephone. Also that Exception reports are generated for all breaches to understand reasons for the breaches.

9. VSB03 - *Cancer Mortality Rate*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Cancer Mortality Rate *WCC Outcome Impact – Reducing Cancer Mortality Rates*	Dec-09	103 (2008 - 3yr ave.)	**103.67**	↓

Commentary

Performance issues in relation to this indicator have been addressed as part of the Cancer Services report presented to this committee in October.

Improvement Actions

Improvement Action – Cancer Mortality Rate	*Completion Date*	*Update/Current status of action*
Public Health has developed the Health Improvement Plan which influences lifestyle risks, which includes those factors associated with cancer.	31-Mar-10	Task and Finish Group established and progressing towards completion by end of March

10. MHPI03 - *Best Practice in Mental Health Services for People with Learning Disabilities*

Target	Reporting Period - YTD	2009/10	Perf. Trend
Best Practice in Mental Health Services for People with Learning Disabilities (Green Light Toolkit) *WCC Outcome Impact - Eradicate health inequalities for people with learning disabilities*	31- Mar-10	**22 points (provisional)**	↓

Commentary

The Service Redesign Team has now allocated a named service development officer to focus on the implementation of the toolkit across commissioning and provider services. An assessment against the action plan has been completed and key areas of weakness identified. An action plan is currently being developed to address these areas.

It should be noted that the provisional score is based on the 2008-09 score methodology.

Improvement Actions

Improvement Action – Best Practice in Mental Health Services for People with Learning Disabilities	*Completion Date*	*Update/Current status of action*
Develop an updated action plan	31-May-10	To be developed following meeting in March 2010

11. VSB05 - *4-week smoking quitters*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Smoking Prevalence (Smoking Quitters)	Feb-10	1220	**868**	↑
Smoking Prevalence (Smoking Quitters) rate per 100,000	Feb-10	815	**580**	↑

Commentary

As noted in the last report a new free text number for referrals has been launched and referrals are now coming in via text. A new on line referral system will go live in the autumn. It is expected that the new text and on line referral systems will boost the number of new referrals into Stop Smoking Herefordshire, and the number of referrals via these new routes is being closely monitored.

A multi-faceted co-ordinated social marketing campaign under the slogan "New Year, New You" was launched at the start of the year. The aim of the campaign was to increase the number of referrals which will in turn achieve the end of year target. The campaign, beginning in January 2010, has offered a range of services, venues and accessibility supporting people to quit smoking.

Improvement Actions

Improvement Action – 4-week smoking quitters	***Completion Date***	***Update/Current status of action***
Re-design the Smoking Cessation Service to establish a universal service that offers a choice of providers to smokers wanting to quit, supported by a specialist team, as set out in the Herefordshire Population Health Improvement Plan	Summer 2010	Building on new opportunities provided by the StubBuddy Campaign - preparing to issue a new LES for GP Practices to provide smoking cessation service - arranging for pharmacies to dispense all the pharmacotherapy and also to deliver support under a new SLA - develop a hospital –led smoking cessation service at the County Hospital - establishing Herefordshire Information Centres as a setting for smoking cessation - support HALO to develop as a smoking cessation service provider - support Health Trainers as intermediate smoking cessation advisers

12. VSC 17 - % of Adults and older people receiving self-directed support

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
% of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)	Mar-10	20.00%	**7.4%**	↓

Performance has improved over the last month. It is recognised more needs to be done and there is robust programme in place. It is aimed that there will be a step change in performance by the Autumn. However it should be noted that our current performance is in line with other West Midland authorities.

Improvement Actions

Previous improvements actions were completed. The local authority in partnership with NHS Herefordshire has several projects up and running that are all aimed to increase up of people receiving self directed support. This includes external brokerage pilots and the establishment of an e-catalogue.

13. VSB08 - *Teenage conceptions*

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Teenage pregnancy	Dec-09	28	**31.3 (2008)**	↓

Commentary

Herefordshire has seen a reduction in teenage pregnancies over the last couple of years. In 2008 there were 106 teenage pregnancies compared with 138 in 2007, a reduction of 23% on the previous year.

The Children's Trust partners have agreed a Teenage Pregnancy Prevention and Support Strategy 2010-2013. The Be Healthy Outcomes group of the Children's Trust will provided the strategic overview of this area. GOWM and SHA followed by the National Support Team for teenage pregnancy visited Hereford in May 2010 to discuss the approach taken in Herefordshire and the direction of travel. The report from the National Support Team will help to further the action plan within the Teenage Pregnancy Strategy.

The focus is prevention and identification of vulnerable children at increased risk of negative outcomes, including teenage pregnancy. The development of locality teams will be an important source for providing multi-agency support services. Work has commenced on developing these teams.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**18 JUNE 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 previous meetings is attached at appendix 2.

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

	30 July
	• Follow up points from previous meetings and "need to know" information from Health Trusts. • Examination of response to Swine Flu • Provider Services Integration • World Class Commissioning • Population Health
20 September	
	• Updates from Chief Executives (including full performance Update) • Ambulance Service Review Update (including Community First Response Manager) • Patient Transport Manager • Quality assurance • World Class Commissioning
22 November	
	• Follow up points from previous meetings and "need to know" information from Health Trusts. • Population health • World Class Commissioning
21 January	
	• Updates by Chief Executives of Health Trusts • Population Health • World Class Commissioning
18 March	
	• Follow up points from previous meetings and "need to know" information from Health Trusts. • World Class Commissioning

Appendix 2

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	**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** **the findings of the review be reported to the first available meeting of the Committee;** **consideration be given at that meeting to the need for any further reports to be made; and** **the principal points made in discussion be noted and addressed**	Report on agenda for 18 June 2010.
1 March 2010		**Additional Actions** **Clarification as to why 17% of respondents found it difficult to access GP Services.** **Requested consideration be given to retaining the temporary equitable access provision at South Wye when the permanent Centre at the hospital site was open.**	Briefing note to be provided The Director of Public Health acknowledged that it would be worth exploring the pattern of use of the temporary provision and other health facilities.

Date	Item	Resolution	Commentary
1 March 2010	Quality Assurance Framework	**a seminar be arranged on Quality Accounts; and** **further report be made when timely, within six months, reviewing quality performance and highlighting any areas of concern.**	Informal meeting held on 20 May Report scheduled for September 2010.
1 March 2010	Provider Services Integration	**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.** **the importance of ensuring services were tailored to localities be emphasised.**	Report Scheduled for July 2010
1 March 2010	Mental Health Procurement Project	**That a further progress report be made to the Committee.**	Report on agenda for18 June 2010
1 March 2010	Hereford Hospitals NHS Trust Update	**That the full updates to the Committee incorporate performance against all relevant indicators in the corporate plan**	Request made.
		Additional Actions **Requested that a more user friendly name be used for the Equitable Access Centre.** **Briefing note requested on Hospital standardised mortality ratios setting out actual numbers of cases to put the ratios in context.**	To be considered. Briefing note circulated 14 May 2010.

Date	Item	Resolution	Commentary
29 March 2010		**That** **(a) a further report be made in six months time reviewing performance against targets including comparative information for the West Midlands Region and a more detailed breakdown showing by what margin targets were being missed, and also providing information on patient outcomes;** **(b) a report be provided to the Committee on the Community First Responder funding plan and communication links with Community First Responders and the Community Response Manager be invited to attend the meeting;** **(c) the Committee be advised of the amount and nature of cross-border work with the Welsh Ambulance Service and the extent to which this was reciprocated.** **(d) an update be requested from Hereford Hospitals NHS Trust on performance against the target for ensuring all emergency ambulance arrivals are accommodated safely in the hospital; and** **(e) the invitation from WMAS to visit the Emergency Operations Centre at Dudley be accepted.**	Report scheduled for September 2010

Date	Item	Resolution	Commentary
29 March 2010	World Class Commissioning	**That mindful of the significant changes proposed, for example the scale of the transfer of activity from the secondary sector to the primary sector and community services, regular updates on the World Class Commissioning Strategy be provided to the Committee describing progress and providing evidence of the degree of change and its effectiveness.**	Updates Scheduled in Work Programme