

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 20 September 2010 at 10.00 am

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

Councillors: PL Bettington, KG Grumbley, G Lucas, GA Powell and A Seldon

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

23. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PGH Cutter, MJ Fishley, RC Hunt and Brigadier P Jones.

24. NAMED SUBSTITUTES

Councillor PL Bettington substituted for Councillor MJ Fishley and Councillor KG Grumbley for Brigadier P Jones.

25. DECLARATIONS OF INTEREST

There were none.

26. MINUTES

RESOLVED: That the Minutes of the meeting held on 2 August 2010 be confirmed as a correct record and signed by the Chairman.

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

There were none.

28. POPULATION HEALTH - IMPROVING PEOPLE'S DIET AND TAKING UP EXERCISE

The Committee considered what Herefordshire Public Services are doing to improve people's diet and take up of exercise.

The Director of Public Health presented the report. He highlighted the close link between diet and health problems. Improving people's diet was therefore of fundamental importance in reducing the rates of many of the major causes of ill health and premature death in the County. He noted that the obesity prevalence rate measured by GP practices varied considerably.

The Council, Health bodies and the voluntary sector needed to work together to address the various factors influencing diet and were doing so. He advocated the need for a more courageous approach to tackle the issues, working with commercial partners and families.

He emphasised the support Councillors could provide in shaping opinion within the community, by advocating appropriate policies, particularly in schools, supporting local projects and lobbying for change.

In discussion the following principal points were made:

- The need for Council and Health Services to work together was emphasised.
- It was suggested that a more vigorous approach to interventions could be considered in order to change behaviour. Messages on the threat to health posed by obesity should seek to jolt people into action to make them take notice. The speed kills campaign was suggested as a good example to build on. Consideration could, for example, be given to beginning each school day with 15 minutes exercise; and, whilst acknowledging parental choice, making all pupils using school transport walk the last mile to school.
- With regard to school travel plans, which aimed to increase the number of children walking and/or cycling to school, it was asked whether the difference the plans made would be monitored. The Director of Public Health replied that over 97% of schools had signed up to a commitment to try to reduce the number of cars travelling to schools.
- The role that could be played by supermarkets and fast food outlets and the Council, NHS Herefordshire and Herford Hospitals NHS Trust in providing healthier food and making it easier to choose the healthier option was discussed. The Director of Public Health said that changes to the operating practices of supermarkets would require the support of Councillors and other community leaders. Many firms did accept that they had a wider social responsibility and the key was to find a way to create momentum in favour of adopting healthier lifestyles.
- That it was important that the message on the need for a healthy lifestyle reached those in retirement or semi-retirement.
- That consideration needed to be giving to removing unnecessary restrictions that could inhibit volunteers wishing to help support leisure activities.
- On the question of evidence about what actions work, the Director of Public Health confirmed that many studies supported the case that improving diet and take up of exercise would have considerable benefits and that there were interventions which would work locally. These interventions had been detailed in the Health Improvement Plan for the County, together with the particular benefits that would result from those actions. The issue was not whether to act but how to act. Consideration was being given to what actions to prioritise within the resources available. A suggestion was made that the Council and NHS Herefordshire should initially prioritise resources on areas within their direct control.

RESOLVED: That action being taken to improve people's diet and take up of exercise be supported and proactively and vigorously pursued with all Councillors being encouraged to champion this work in schools and in the Community.

29. HEREFORDSHIRE SWINE FLU HN1N - RESPONSE

The Committee considered a report providing assurance that the response to the Flu Pandemic (H1N1 2009) in Herefordshire was appropriate, timely and proportionate.

The Director of Quality and Clinical Leadership presented the report, commenting that Herefordshire Public Services had responded efficiently, demonstrating a lot of best practice that had been adopted regionally and nationally.

The Committee welcomed the assurance provided.

30. REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee considered an update following reviews of the Trust and also considered the information in the Trust update which had been published as a separate agenda item.

Mr Noel Orbell, Community Response Manager (CRM) for the Hereford and Worcester Divisions gave a presentation on the work of the Community Response Department. This covered the Department's aims, the number of Community First Responders (CFRs) (61 in the 2 Counties organised into 16 schemes who had responded to 596 emergencies in the last 6 months), their level of training, their distribution within the two Counties, and public access defibrillation sites within the two Counties; partnership working and achievements to support community engagement and planned developments.

In discussion the following principal points were made:

- The CRM said there were three levels of response for CFRs each requiring a different level of training: basic, intermediate and enhanced. The basic training involved 2 days training. The intermediate training involved 8 days over 4 weekends. Currently all the CFRs in the County were at an intermediate level. It was intended to seek to introduce training to the enhanced level, which cost £5,000 per person, but a business case was required and there was no agreed timetable.

The training for a paramedic involved a two year university course supported by in-house training.

Training to use a defibrillator involved 4 hours training that needed to be refreshed every 12 months.

- Clarification was sought of the reasons why only 50% of nursing homes had taken up the offer of a free defibrillator. It was suggested that staff turnover might be one issue, noting the requirement for a 12 month refresher course. It was asked whether the Trust could give consideration to incorporating the training into other health and safety training that employers would be required to give. It was noted that some large organisations had taken a decision that they would not accommodate defibrillators in their premises.
- That it would be helpful if evidence could be provided demonstrating to nursing homes the numbers of lives saved by having a defibrillator on site. It was requested that a briefing note be prepared on the cost/benefit of providing defibrillators.
- The effectiveness of defibrillators was also considered noting that there were circumstances in which defibrillation would not work.
- It was asked whether the number of CFRs and their level of training provided a sufficient level of resilience in support of the trained ambulance crews.

The General Manager commented that additional resource was always welcome and the Service was targeting areas where it wished to see further CFR recruits. It was noted that the budget for CFRs was currently held regionally.

The Director of Public Health commented that whilst recognising the commitment of CFRs it was important to understand the level of service CFRs could provide and what outcomes they were expected to deliver. Additional resources allocated to CFRs could mean a reduction in another area of activity.

- The measurement of patient outcomes was discussed noting the somewhat arbitrary nature of targets that simply measured the time taken to attend an incident. The General Manager commented that the national targets for attending incidents were being reviewed by the Government. Although there was some analysis of clinical outcomes the necessary data was not at the moment held electronically. It was planned to develop an electronically based system within the Region in 2011.
- The issue of bed shortages at the hospital was discussed. Mr Woodford, Chief Executive of the Hospitals Trust, commented that a number of initiatives had either been implemented or were close to implementation that would lead to improvements and reduce pressures on beds.
- The General Manager commented that work was continuing to reduce ambulance turnaround times. There was a good working relationship between the hospital and WMS.
- Asked whether there were any plans to close Ledbury ambulance station, noting that it was proposed that several hundred new homes were to be built in the Town, the General Manager replied that there were currently no plans to close any ambulance station. He added that if an ambulance station were to be closed this did not in itself mean a reduction in cover. In modelling future service needs housing growth would be one factor that would be taken into account.

The Director of Public Health commented that the Committee's focus on the ambulance service had contributed to improvements, although there would always be a desire for additional resource. It was suggested that the Chairman and Vice-Chairman should consider what further scrutiny of the service would be beneficial.

RESOLVED:

That (a) a briefing note be provided on the cost/benefit of providing defibrillators; and

(b) the Chairman and Vice-Chairman of the Committee be authorised to consider what further reporting on the ambulance service should be included in the Committee's work programme.

31. NHS QUALITY ASSURANCE PROCESSES AND OUTCOMES

The Committee considered an outline of outline quality assurance systems in place to assure the Primary Care Trust (PCT) Board that services commissioned are high quality services.

The Director of Quality and Clinical Leadership (DQCL) presented the report and also gave a presentation.

The presentation covered the arrangements for the management of the Walk in Centre, currently based at the Asda store in Belmont, Hereford. She reported that since the

Centre had opened in December 2009 there had been an average of 50 patients attending it per day, around 100 per day on bank holidays. A breakdown of attendees by GP practice in the County was provided. Usage was increasing but need was currently being met.

Every patient attending was given a questionnaire asking why they were using the service. The evidence was that 24% of patients would have gone to A&E if the Centre had not been there.

Those making most use of the service included young mothers seeking immediate reassurance on ailments their children were suffering from, those at work who valued the convenience and accessibility, and tourists.

In discussion the following principal points were made:

- It was noted that the greatest number of people accessing the Centre were from City GP practices. The DCQL reported that these practices had been informed of the principal reasons why people were choosing to use the Centre. Access hours had now increased in all but 3 GP practices within the County. It was preferable if patients saw their regular GP and continuity of care was preserved.
- Action being taken to encourage non-registered patients to register with a GP practice was noted.
- The DCQL provided clarification on the clinical governance arrangements in place to provide continuity of care between the Centre and GP practices.
- It was asked whether it was proposed to retain a walk in Service in Belmont once the planned site for the Centre alongside the AE Service at the County Hospital was constructed. The DCQL stated that the provision at Belmont was meeting a need. The level of demand would need to be assessed but maintaining some form of provision was an option.

The Director of Public Health commented that some 70% of those using the service were registered with practices within the City Centre. The reasons for this, especially given the support provided to practices to extend their opening hours needed to be clarified. If a new service were to be provided it would be important to ensure that it was affordable and could be sustained.

The Committee noted the report.

32. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee received an update from the Trust.

Asked about progress in increasing the percentage of the workforce qualified as paramedics the General Manager replied that the Trust's aim was for 70% of operational staff to be paramedics. Currently 63% of the operational staff in Herefordshire were paramedics with more staff indicating a willingness to achieve the qualification.

The development of the "Make Ready" system was discussed. This involved the development of large central hubs in strategic locations where ambulance vehicles would start and finish, with vehicles being deployed, in between times, at community response posts (CRPs) in areas where there was a high probability of an emergency call being received was discussed.

The General Manager's report stated that the net effect would be that there were more CRPs than the present traditional ambulance stations, though many would be smaller than the current style of station. The CRPs would be close to where patients were, but leased to reduce costs. Some existing stations may be well placed to act as CRPs; however some would not. The Trust would continue to have a location in Ledbury and each of the other towns where it currently had them. The difference would be that there would be other new sites as well.

The change would lead to very significant improvements in areas such as infection, prevention and control; staff being available to respond to incidents and cover levels across the County.

33. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee received an update from the Trust.

Mr Woodford, Chief Executive of the Trust, presented the report.

In discussion the following principal points were made:

- A question was asked about continuing delays in discharging patients because they were waiting for medication to be issued. Mr Woodford replied that the issue was recognised and action was being taken to address it.
- Noting the pressure on A&E it was asked what data was held on how many admissions were drug and alcohol related. Although the ambulance service held no data it was noted that the unplanned care workstream was examining alcohol related admissions.
- Mr Woodford acknowledged that there was pressure on space in A&E. Planned measures to address the problem included campaigns to reduce inappropriate attendances and the reconfiguration of A&E as part of the development of the urgent care centre.

RESOLVED: That briefing notes be circulated providing information on initiatives being taken to discourage inappropriate attendance at A& E and how Councillors could support these initiatives as community leaders; and on statistical information on admissions to A&E that were due to alcohol and drug abuse.

34. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Trust.

The Director of Public Health presented the report highlighting key issues. The Committee noted the report.

35. WORK PROGRAMME

The Committee considered its work programme.

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

The meeting ended at 1.03 pm

CHAIRMAN