Herefordshire Council

AGENDA

Health Scrutiny Committee

Date: **Monday 20 September 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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A personal interest is an interest that affects the Councillor more than most other people in the area. People in the area include those who live, work or have property in the area of the Council. Councillors will also have a personal interest if their partner, relative or a close friend, or an organisation that they or the member works for, is affected more than other people in the area. If they do have a personal interest, they must declare it but can stay and take part and vote in the meeting.

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AGENDA

PUBLIC INFORMATION

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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

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- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
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- "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
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1. Identifying Areas for Scrutiny

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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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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.

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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 2 August 2010 at 2.00 pm

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

Councillors: PA Andrews, WU Attfield, WLS Bowen, MJ Fishley, RC Hunt, Brig P Jones CBE, G Lucas and GA Powell

In attendance: **Councillors LO Barnett. Mr J Wilkinson, Chairman of the Local Involvement network was also present.**

14. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PGH Cutter, A Seldon and AP Taylor.

15. NAMED SUBSTITUTES

Councillor PA Andrews substituted for Councillor AP Taylor and Councillor WLS Bowen for Councillor A Seldon.

16. DECLARATIONS OF INTEREST

There were none.

17. MINUTES

RESOLVED: That the Minutes of the meeting held on 18 June 2010 be confirmed as a correct record and signed by the Chairman.

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

There were none.

19. HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME

The Committee considered the Herefordshire Service Integration Programme.

Mr M Woodford, Chief Executive of Hereford Hospitals Trust (HHT), presented the report together with the Interim Managing Director of Provider Services (IMDPS).

Mr Woodford reminded the Committee, which had last received a report on the project on 1 March 2010, that the proposition approved by NHS Herefordshire and HHT involved the creation of:

- a new integrated model of health and social care provision in Herefordshire, with specific care pathways aimed at providing personalised high quality, safe and sustainable care for local people which promotes personal health, well being and independence; a model

which is focused on providing care as close as possible to people's homes, rather than in an institutional setting; a model which is also aimed at identifying our most vulnerable clients and shifting the emphasis from diagnosis and treatment to prediction and prevention; and

- an integrated care organisation under one management structure composed of an integrated NHS Trust combining community and acute health services that is also integrated with social care so far as is practicable under current legislation.

The report summarised the Implementation Plan. The appended engagement plan described the engagement process to accompany the implementation phase.

The IMDPS commented on the three main areas of the implementation plan: implementation of the care pathways; development of an engagement strategy to ensure people using the services, their carers, local communities, clinical and social care professionals, independent and voluntary sector providers were all involved in the implementation of the care pathway changes; and development of the proposed Integrated Care Organisation.

She outlined aspects of the engagement strategy as set out in the report and acknowledged the significance of the proposed changes.

In discussion the following principal points were made

- It was noted that mental health would be provided by a separate organisation, with a decision on who that provider would be due to be taken in the Autumn.

- That a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.

- It was suggested that the Council's Partners and Communities Together Meetings (PACTs) should be added to the engagement plan.

- That consideration should be given to seeking views from those who had not been to hospital or visited their registered GP with any frequency.

- It was asked what steps were being taken to ensure the significance of the changes was made clear to service users and cares. In reply it was reported that Herefordshire Carers Support and the Herefordshire Alliance had been involved in the engagement process.

- Members emphasised that it was important to make clear what the practical differences would be under the proposed system. The IMDPS commented, in summary, that the key changes would be that individuals known to the health service would be monitored regularly and if there were signs of a person being unwell, and a trigger point reached, everything would them be done to provide a package of care, in accordance with a previously prepared and documented plan of care, to keep that person at home. As part of the engagement process an example of how this would work in practice had been prepared. Recognising that there would be some circumstances in which it would still be appropriate to go to hospital, a further example illustrating this scenario had also been prepared.

- That the planned engagement event for the Committee to review the proposed service model should be extended to involve all Councillors. It was noted that a formal response to the consultation on the proposals would need to be made by the Committee. In making this response the Committee could take account of any issues arising from the engagement event. In addition a report was to be prepared in

December 2010 describing the overall engagement process, the responses and any changes made to the services as a result. The Committee requested that this report also be presented to the Committee at which point the Committee would make further observations as it saw fit.

- A concern was expressed about the availability of domiciliary workers to provide the level of care at home envisaged under the proposals and the level of pay and training that would be available to ensure that the appropriate quality of care was provided. It was agreed that this would need to be considered as part of the engagement event involving the Committee.

- The need for the proposals to be explained in plain English was noted.

- Clarification was sought on IT compatibility. Mr Woodford commented that this was being considered as part of the project, with an initial focus on what immediate practical steps could be taken, before considering more ambitious changes. He observed that if a single organisation were to be created as proposed, IT arrangements would become easier.

RESOLVED:

That (a) the engagement programme be supported, with the recommendation that it be extended to involve presentations to the PACTs, to seek views from those who had not been to hospital or visited their registered GP with any frequency and to provide an engagement event for all Councillors rather than for the Committee alone;

(b) following the planned engagement event for Councillors a report be made to the Committee seeking the Committee's formal response to the consultation on the proposals, allowing the Committee to take account of any issues arising from the engagement event;

(c) that the report to be prepared in December 2010 describing the overall engagement process, the responses and any changes made to the services as a result should also be presented to the Committee, at which point the Committee would make further observations as it saw fit; and

(d) a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.

20. POPULATION HEALTH - ALCOHOL MISUSE AND SMOKING

The Committee considered what Herefordshire Public Services were doing to address alcohol misuse and smoking.

Dr A Merry, Consultant in Dental Public Health, presented the report, outlining key elements of the Population Health Improvement Plan (PHIP).

In discussion the following principal points were made.

- Members sought clarification as to whether, given the considerable investment made over the years in publicising the harmful effects of smoking, to the extent that no one could be unaware of them, and all the efforts to stop people smoking, there was evidence that the planned measures to reduce smoking would repay the further investment proposed. Dr Merry commented that the provision of support as outlined in the PHIP would be beneficial because there remained a sufficient number of

smokers who wanted to stop smoking. She agreed to provide a briefing note to the Committee with the evidence supporting the PHIP.

- The evidence supporting the establishment of alcohol health workers and alcohol liaison nurse posts to deliver the Identification and Brief Advice programme was also requested.

- The availability of cigarettes and alcohol in supermarkets and where these products were displayed in stores was discussed. Dr Merry commented that the Public Health Service was working closely with the Environmental Health Service on this aspect.

- The suggestion in the PHIP that "babies are born with a health lifestyle" was questioned. Dr Merry acknowledged this might need to be rephrased recognising the importance of the family environment.

RESOLVED: That a briefing note be provided setting out the evidence supporting the investment in measures to reduce smoking as outlined in the Public Health improvement Plan; and the evidence supporting the establishment of alcohol health workers and alcohol liaison nurse posts to deliver the Identification and Brief Advice programme.

21. INTERIM TRUST UPDATES

The Committee considered updates from the Health Trusts.

Hereford Hospitals NHS Trust

The Committee had requested a report from the Hereford Hospitals NHS Trust on Stroke Services. Mr Woodford, Chief Executive of the Trust, presented the report. He commented that whilst the report outlined progress that had been made there was still considerable scope for improvement. The issue was a key priority and he considered the measures now being put in place would deliver significant improvement. Evidence demonstrating the improvement should be available by April 2011.

NHS Herefordshire

NHS Herefordshire had produced update reports on delayed transfers of care and on the recent White Paper: Equity and Excellence: Liberating the NHS.

In relation to delayed transfers Mr Woodford reported that there was now evidence of a reduction in delays and he considered this was sustainable.

The Interim Director of Integrated Commissioning confirmed that action had now been taken to end the repetition of assessments between health and social care.

The report noted that there was evidence that some policies to reduce delays were not being implemented. Some transfer delays were being recorded because patients refused to go to a particular community hospital or waited for a bed to be available at a nursing home of their choice. It was questioned why this was happening. Mr Woodford commented that these policies were not always easy to implement on the frontline and further support to frontline staff to help them implement the policies needed to be considered.

It was agreed that an updated report should be circulated to the Overview and Scrutiny Committee who had expressed concern about performance in this area.

The Committee noted the report on the White Paper and that a briefing was being arranged for all Councillors.

22. 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 3.15 pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 2010**
TITLE OF REPORT:	**POPULATION HEALTH – DIET AND TAKE UP OF EXERCISE**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH**

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To consider what Herefordshire Public Services are doing to improve people's diet and take up of exercise.

Recommendation

THAT the Committee considers and comments on actions being taken to improve people's diet and take up of exercise.

Introduction and Background

1. On 18 June 2010 the Committee agreed a revised timetable for its consideration of population health issues as part of its work programme for 2010/11. The attached paper considers Herefordshire Public Service's approach to improving people's diet and the take up of exercise.

Background Papers

- None identified.

Further information on the subject of this report is available from Dr Alison Merry Consultant in Dental Public Health Tel 01432 344344 x3730

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

1 Introduction

This paper is the second of a series of discussion papers setting out Herefordshire Public Service's approach to population health issues. This paper focuses on diet and physical activity which are both key factors influencing the health of both individuals and the population as a whole.

2 Healthy diet

2.1 Healthy diet – what are the issues?

Eating a healthy diet is an important part of maintaining a healthy lifestyle.

The main elements of a health diet are:

- eating the right amount of food relative to how active a person is
- eating a balanced diet which contains foods from the major food groups and which includes:
  - lots of fruit and vegetables;
  - starchy staple foods such as wholemeal bread, potatoes and wholegrain cereals;
  - some protein-rich foods such as lean meat, fish, eggs, beans;
  - milk and dairy foods – preferably lower fat versions.

In addition, it is important for people to limit the amount of sugar, salt and fat, particularly saturated fat, in the diet and to have "five a day" (i.e. to eat at least five portions of fruit or vegetables every day).

Many of the modern-day chronic health problems that cause preventable illness and, in some cases, lead to premature death are linked, at least in part, to our diet. These include, for example, coronary heart disease, stroke, cancer, diabetes and dental decay. In addition, underlying conditions which influence the development of chronic health problems, such as having high blood pressure or being overweight or obese, are also linked to diet.

Improving people's diet is therefore of fundamental importance in reducing the rates of many of the major causes of ill health and premature death in the county. But the reasons why people eat unhealthily are complex and whilst people are often very aware of what they should and shouldn't eat to stay healthy, other factors often influence what they actually consume, such as the availability (or lack) of healthy choices, convenience, price and the impact of advertising. As a result, improving people's diet is not just a simple matter of providing information or educating people: a more comprehensive approach which addresses the various factors influencing diet is necessary. This is the approach adopted by Herefordshire Public Services, and is set out in the "Healthy Diet" section of the 2010/11 Herefordshire Population Health Improvement Plan.[1]

[1] *The 2010/11 Herefordshire Health Improvement Plan sets out existing work and proposed initiatives for the current year for improving health for nine topic areas. It is intended that this will form the basis of a 3 year Health Improvement Plan for the county.*

In essence this covers a wide range of actions which aim to:

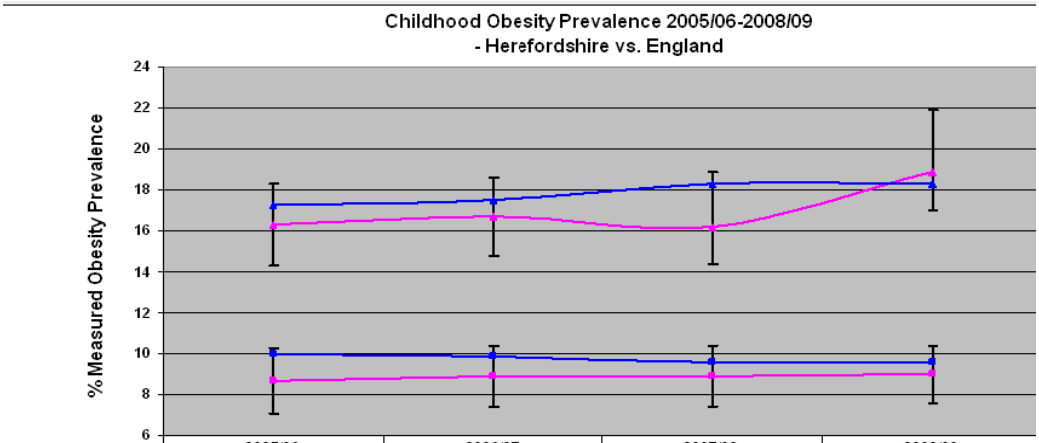
- promote a healthy diet in children and young adults;
- support overweight and obese people to reduce their weight;
- ensure that people's surroundings and the environment in which they live and work supports healthy eating and access to healthy food (e.g. through enforcement of guidelines, policy and legislation);
- reduce inequalities in relation to diet and access to healthy food;
- improve diet and access to health food through advocacy (e.g. via policy, legislation, manufacturers);
- reduce mortality via early detection and treatment of obesity-related conditions (e.g. diabetes and coronary heart disease).

2.2 Healthy diet – current work

2.2.1 Childhood obesity

The Be Healthy Outcome Group of the Children's Trust is the lead body for children's health and agreed interventions to tackle childhood obesity by this group are detailed in the Health Improvement Plan. The group's key priorities include reducing obesity in children and young people.[2]

Fig 1
Childhood Obesity Prevalence 2005/6-2008/9



	2005/06	2006/07	2007/08	2008/09
Herefordshire YrR	8.7	8.9	8.9	9.0
Herefordshire Yr6	16.3	16.7	16.2	18.9
England YrR	10.0	9.9	9.6	9.6
England Yr6	17.3	17.5	18.3	18.3

The Children's Trust, working with NHS Herefordshire and HALO, leads on LAA indicator NI56, which aims to achieve a reduction in obesity among primary school age children in Year 6 (age 10/11). The targets for NI56 are to reduce obesity year on year to 15.3% in 2010/11 from a baseline of 16.7%. Fig 1 shows the prevalence of obesity in reception age and year 6 children in Herefordshire and England between the years 2005/06 and 2008/09. Within Herefordshire itself, data from the

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2 The Be Healthy Outcome Group's current priorities are to: promote emotional health and wellbeing and improve access to universal and targeted mental health services; promote healthy lifestyles generally and, in particular, to reduce obesity and dental health problems in children and young people; provide quality information and services to reduce substance misuse, including alcohol abuse; and provide quality information and services to improve sexual health.

West Midland Public Health Observatory suggests that South Wye has significantly higher rates of obesity compared to the regional average.

A combined approach encompassing both improving diet and increasing physical activity is adopted by a number of the initiatives in Herefordshire which aim to reduce childhood obesity. Initiatives targeted at reducing childhood obesity by promoting adequate levels of "physical activity" are discussed here and further in section 3 of this paper.

2.2.2 Some examples of current programmes which address obesity, healthy eating and/or physical activity in children

MEND (Mind, Exercise, Nutrition, Do it!)

MEND is a weight management programme for 7-13 years olds and has been running in Herefordshire since September 2008. To supplement this, a post-MEND progamme has been established in partnership with Whitecross High School. The potential of post-MEND to form the basis of an 'in house' child weight management programme is under evaluation.

Change4Life

Change4Life is a national social marketing campaign which aims to support children, adults and families to eat more healthily and take more exercise by making small, manageable, but effective changes in their everyday lives.

A local Herefordshire Change4Life programme for children aged 2-11 years was launched locally in Herefordshire in January 2010. This programme builds on the national Change4Life model and comprises a variety of initiatives including a local social marketing campaign, a programme of events across the county run by Herefordshire's Health Trainer Service, and a local Change4Life website. There are a number of initiatives being run in partnership with HALO, such as the 2010 summer holiday reward scheme which has encouraged children aged between 7-11 to take part in a range of different types of physical activity across the county.

Start4Life

Whilst Change4Life aims to help families eat well and move more, Start4Life focuses specifically on babies. Start4Life aims to support parents to take small, simple steps to get their baby off to a healthy start in life by providing advice on feeding and on how to get babies active. In Herefordshire, plans for the Start4Life programme include re-launching Healthy Start (expected September 2010) and rolling out the Unicef UK Baby Friendly Initiative.

Living Well

Living Well is a National Lottery funded programme which is targeted at children and families in South Wye and Leominster and which aims to promote healthy eating, exercise and mental wellbeing. The Living Well Herefordshire programme runs from December 2007 to November 2010. It is led by NHS Herefordshire and works with a range of third sector partners including Herefordshire Voluntary Action, Wye Woods and the CLD Youth Counselling Trust.

Healthy Schools
The Healthy Schools Team works with schools to improve the health of schoolchildren by encouraging healthy lifestyle choices through food and exercise and the Healthy Schools award scheme.

The Herefordshire Healthy Schools team helps schools to assess where they are currently and agree priorities from this discussion in an action plan. Actions may involve including health topics in teaching within the curriculum, staff development, changes to food-related policies within schools (e.g. healthy snacks, vending machines) and the development of sports activities within the school. The Healthy Schools team provide a range of support to schools, including change management support, professional development and resources for the students and staff.

Healthy Schools - school meals
Support to schools through the monitoring of school meal services and the quality of food is undertaken via collaboration between Health and Education in Herefordshire involving Herefordshire Council's Healthy Schools Partnership and Trading Standards. This provides support to schools in meeting the criteria of the National Healthy School Status.

Food safety and healthiness
Trading Standards inspects premises where food is prepared and served to children and young people to ensure that safety and nutritional standards are met. Ofsted published a protocol on environmental health and trading standards issues relating to childcare providers and children's food in April 2010. Locally, Trading Standards Officers have worked with two nurseries in relation to food standards for children and produced a report in December 2009 (available on the Council website).

School travel plans
Herefordshire Council's Sustainable Transport Team supports local school travel plans which aim to increase the number of children walking and/or cycling to school. In addition to increasing physical activity, school travel plans have the potential to cut congestion and pollution. Over 97% of Herefordshire schools have signed up to a commitment to try to reduce the number of cars coming to their school.

To continue making these interventions successful, the support of the scrutiny committee and all Members of Herefordshire Council would be welcomed. This could be through attendance at public events run through the schemes, championing local food initiatives, or supporting the implementation of travel solutions at schools within their ward.

2.2.3 Adult obesity
Quality and Outcomes Framework (QOF) data is recorded at every GP practice and is the primary source of data on obesity levels among adults. In adults, obesity is defined as a Body Mass Index (BMI) of 30kg/m^2 or above.[3]

[3] *BMI = weight (in kilograms) divided by height (in metres) squared ie:*

$$BMI = \frac{\text{weight [kg]}}{(\text{height [m]})^2}$$

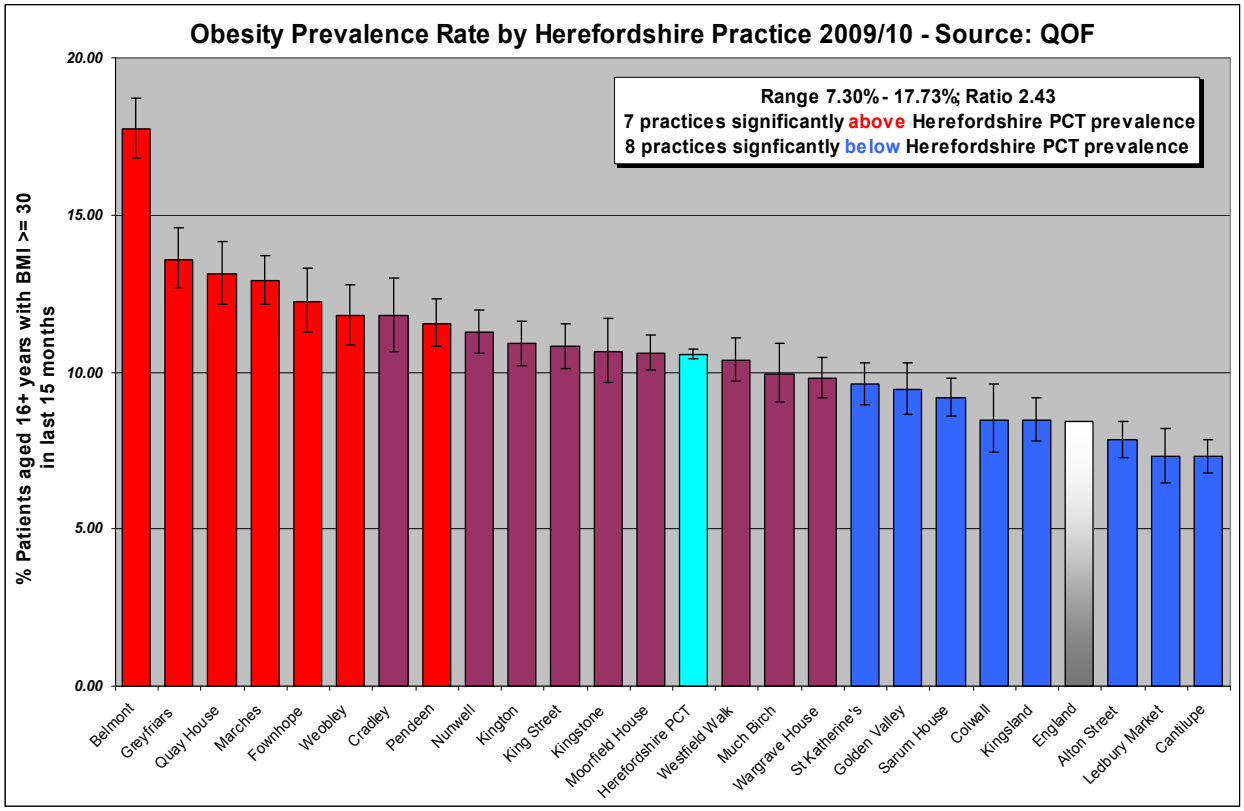
Figure 2 illustrates the wide variation in prevalence rates recorded at GP practices throughout the county – from 7.3% to 17.7%. Seven Herefordshire practices recorded rates significantly greater than the average PCT rate of 10.6% (red bars) and eight practices recorded significantly lower rates (blue bars).

Only three of the county's practices recorded a prevalence of obesity below the national average of 8.4%. Nationally, the QOF system is not able to detect and record all cases of adult obesity and it is estimated that in Herefordshire as a whole QOF only records 43% of the expected prevalence.[4]

This means that whilst we know about 15,100 obese adults in Herefordshire, the real number of obese adults in the county is more likely to be in the regional of 35,100. Levels of obesity tend to be higher in more deprived areas and this is an example of health inequality.

These figures show that adult obesity is a real problem in the county and because of the links between obesity and many chronic and potentially life-threatening illness, also illustrates the importance of tackling adult obesity in order to prevent avoidable ill health and premature death.

Figure 2
Prevalence of obesity amongst adults in Herefordshire, by GP practice 2009/10



[4] *This is for a variety of reasons including variation between practices.*

2.2.4 Some examples of current programmes which address obesity, healthy eating and/or physical activity in adults

Adult obesity is being tackled in Herefordshire through various routes including:

Herefordshire's Health Trainer Service

The Herefordshire Health Trainer Service provides free one-to-one support to people wanting to make lifestyle changes, including weight loss and exercise. Health Trainers help people to set achievable goals and to develop an individual plan to meet the goals. This service is shaped around the needs of the user and complements existing health services, for example, by providing a service that GPs can refer people to for support with weight loss, diet and exercise (people can also be referred in other ways or can refer themselves for help).

Change4Life

Change4Life, is primarily aimed at children between 2-11 years, but also supports adults and families with children by focusing on the small manageable changes they can make in their everyday lives to eat more healthily and take more exercise. The local Herefordshire Change4Life programme is discussed above in relation to childhood obesity. As the lifestyle of the whole family is key to the health-related behaviour of children, the participation of the whole family is key to the success of the Change4Life programme. Change4Life therefore also targets adults, and parents in particular, to make positive changes to their diet and their level of physical activity. Locally, this means that Health Trainers are involved in many local Change4Life events where they offer advice about healthy eating and other lifestyle choices to adults.

Obesity care pathway

An obesity care pathway is currently being developed for Herefordshire and jointly led by specialists from NHS Herefordshire and Herefordshire Hospitals Trust. This approach supports best practice in health and social care services in relation to the management and, where appropriate, onward referral of people who are overweight or obese.

Scores on the Doors

Scores on the Doors is a scheme for food premises run by Herefordshire Council Trading Standards which monitors and improves standards of hygiene and food safety in local food outlets as part of the regular inspection process. A previous national scheme, Heartbeat, looked at quality of food as well as hygiene. The potential to introduce a local scheme, similar to Heartbeat, and which is aimed at improving the healthiness of the food sold in local food outlet premises is currently being considered with one option being to do this through expanding the Scores on the Doors scheme to include a healthy eating dimension.

3 Physical activity

3.1 Physical Activity - what are the issues?

Adequate levels of physical activity help to reduce the risk of health problems and can improve wellbeing generally. The recommended amount of physical activity is at least 30 minutes of moderate physical activity on at least 5 days per week.

The latest data, from the 2005 Regional Lifestyle Survey 2005, shows that in Herefordshire less than half of adults (47%) take the recommended amount of exercise and that this proportion is higher for men (51%) than for women (44%) (see table 1).

Table 1 also shows how Herefordshire compares to the West Midlands region as a whole. Segmentation analysis by Sport England has identified parts of Hereford City where the uptake of moderate levels of exercise is lower than in the rest of the county.

Table 1
Percentage of adults (16 and over) undertaking 30mins of moderate physical activity at least 5 days per week in 2005

	Herefordshire	West Midlands
Men	51%	44%
Women	44%	38%
Total	47%	41%

A range of approaches are being taken to encourage local people to become more physically active. The Herefordshire Health Improvement Plan ("Physical Activity" section) outlines existing work together with a range of new and proposed initiatives. Some of the existing work in relation to increasing physical activity has been discussed above in section 2; other examples of local programmes are outlined below.

3.2 Physical activity – current work

Herefordshire Activity Network (HAN) is a partnership of organisations involved in providing sports, physical activity and leisure opportunities in the county. Members include Herefordshire Council's Sports Development Team, Herefordshire Sport, Herefordshire School Sports Partnership, HALO, Herefordshire Voluntary Action and Herefordshire and Worcestershire Sports Partnership. HAN meets on a quarterly basis and oversees sports and leisure activities for the county. HAN coordinates sports and leisure activities for young people, contributing to the indicator on quality of life for teenagers in the county, and also ran the annual Youth Games in July 2010.

3.2.1 Herefordshire Council's Sports Development Team

Within HAN, a number of initiatives are led by Herefordshire Public Services, specifically through Herefordshire Council's Sports Development Team. The Team also manages the HALO contract for sports and leisure activities in the county.

Let's Get Moving

The Let's Get Moving scheme started this year and encourages exercises such as walking, cycling and jogging as healthy lifestyle choices. Let's Get Moving links with other initiatives being run by the Sports Development Team and a number of staff have been trained as part of the pilot programme for the scheme.

Lifestyle Improvements for Today (LIFT)

LIFT is Herefordshire's exercise referral scheme.[5] Its aim is to provide tailored exercise programmes for those whose health would benefit from a more active lifestyle. Participants are referred into the programme by a health professional, following which they attend a consultation at one of the HALO Leisure Centres. They then undertake a programme of activity to increase their fitness levels. Sessions are held at HALO Leisure Centres and in community venues such as village halls and community centres. LIFT also provides continued exercise for people who have completed the cardiac rehabilitation programme and who need exercise for falls prevention.

Footprint Countywide

Footprints Countywide (Walking for Health) has links with LIFT and is part of the national Walking the Way to Health Initiative.[6] The aim of this programme is to increase the number of people walking in Herefordshire by delivering a timetable of led health walks and by producing a pack of short independent walking routes. All timetabled health walks are led by a trained Volunteer Walk Leader. There are 15 walks in the county, namely Bromyard, Eardisley, Ewyas Harold, Fownhope, Kington Town, Ledbury, Leominster (Streets and Leisure), Llanwarne, Lyonshall, Marden, Ross, Weobley, Cathedral and Hinton.

Specialist physical activity scheme

Herefordshire Council's Specialist Physical Activity Scheme aims to improve the health and wellbeing of Herefordshire residents. The scheme provides targeted and specialist activity sessions, supports training through accredited health and fitness courses, provides a mentoring system for volunteers/instructors in the community, ensures integration with other lifestyle improvement programmes and works with partners to reduce barriers to participation in physical activity such as transport, lack of knowledge or lack of confidence. This scheme works in partnership with groups including Age Concern, falls prevention, cardiac rehabilitation, Adult Learning Disabilities and the Royal National College to provide delivery, training, mentoring and support.

Sport and education

Herefordshire has two School Sports Partnerships and three Sports Colleges. These aim to increase opportunities within and after school for pupils to take part in sport and physical activity, to develop links with local clubs and coaches, to work within the education arena and to provide training to develop leadership skills for pupils,

[5] http://www.herefordshire.gov.uk/leisure/sports/6361.asp

[6] http://www.herefordshire.gov.uk/leisure/sports/6387.asp

teachers and the wider community. Sports Development works in partnership with these programmes to provide advice, information and training.

Access to opportunities for physical activity

Herefordshire Council also runs a wide range of service areas which provide access to the countryside, local parks and sports and leisure activities, as well as sustainable transport and tourism. These and others like them encourage take up of physical exercise and provide widespread access to the county's population.

Within these, a few examples of specific initiatives which encourage people to exercise include:

Free cycle lessons

Herefordshire Council offers free cycling lessons to adults in a bid to encourage more cycling. One-to-one sessions, which normally cost £20, are available from professional instructors for a limited period and training is tailored to individual needs. Sessions can cover everything from guidance on choosing a suitable bike and advice on route selection to comprehensive training in all elements of on-road cycling. Training takes place on local roads and near to participants' homes or workplaces to build confidence and skills on regular journeys.

Miles without Stiles Routes

The Amey Herefordshire Public Rights of Way Section in partnership with Herefordshire Council are working to improve the rights of way network to enable easier access for all by encouraging landowners to replace stiles with gates wherever possible. Two new leaflets have been produced in partnership with the Malvern Hills Area of Outstanding Natural Beauty showing Miles without Stiles routes in Colwall and Cradley. The development of routes without stiles will enable people who might otherwise be deterred because of mobility issues to take walks.

Circular walks

In recognition of the increase in the recreational use of footpaths, certain routes have been designated as promoted circular walks. There are 15 way-marked circular walks in the county with free leaflets available from Tourist Information Centres and other local outlets.

4 Summary

This paper has summarised the health issues relating to diet and physical activity and provided examples of the wide range of work going on within Herefordshire to improve diet and uptake of physical activity at a population level. Diet and physical activity are both key factors influencing health and as such are important areas for action in order to improve population health and to contribute towards preventing cases of avoidable ill health and premature mortality amongst local people.

People who live in more deprived circumstances are likely to face additional barriers in being able to eat healthily or take the recommended amount of exercise and this in turn contributes to health inequalities (i.e. higher levels of ill health and premature death amongst people who live in deprived communities). Local plans to encourage healthy eating and physical activity take this into account in order to attempt to narrow this inequalities gap.

In order to encourage people to have a healthier diet and take more exercise, we need action at a range of levels. It is not enough just to provide information or to educate people. We also need to make sure, for example:

- that people's surroundings support good health (for example: works canteens serve healthy food; affordable fruit and vegetables are available to buy locally; safe cycle routes are in place);
- that policy is supportive (for example: school meals meet nutritional standards; school travel plans encourage physical activity);
- that producers, manufacturers and retail outlets produce healthy choices (for example: lower sugar and lower salt in processed foods; food labelling that helps people to choose healthy options);
- that people have the necessary skills as well the information they need for a healthy lifestyle (for example: cycle training, basic cooking skills).

"Healthy Diet" and "Physical Activity" form two of the nine sections in the 2010/11 Herefordshire Health Improvement Plan, which has been mentioned earlier in this paper. Each section covers the range of levels at which action is needed to make a real difference.

These levels can be summarised as:

- actions aimed at supporting children to reach adulthood with a healthy lifestyle;
- helping people who have adopted lifestyle behaviours which place them at increased risk to make positive changes to their lifestyle;
- ensuring that policy, guidance and, where appropriate, regulation and enforcement support health;
- advocacy;
- identifying and addressing inequalities;
- detecting and treating health problems at an early stage.

This Health Improvement Plan includes a combination of existing programmes plus new and proposed initiatives. In addition to providing a framework for current work, it is intended that it will also form the basis of a three year health improvement plan for the county.

The support of both Health Scrutiny Committee and all the Members of Herefordshire Council is both welcomed and needed for healthy eating and physical exercise. Councillors have an opportunity to advocate for appropriate policies, particularly around schools; to support local projects within their wards; and lobby for changes on a wider basis which will improve the health and wellbeing of the population of Herefordshire.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 2010**
TITLE OF REPORT:	**HEREFORDSHIRE SWINE FLU (H1N1) REPORT**
REPORT BY:	**DIRECTOR OF QUALITY AND CLINICAL LEADERSHIP**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To provide assurance that the response to the Flu Pandemic (H1N1, 2009) in Herefordshire was appropriate, timely and proportionate.

Recommendation

THAT: the report be noted, subject to any comments the Committee wishes to make

Introduction and Background

1. The attached timeline (Appendix 1) tracks Herefordshire's response in line with national and regional responses.

2. The first case of the disease was notified in Mexico in April 2009 and the World Health Organisation (WHO) finally announced on the 10th August 2010 that the H1N1 flu pandemic has come to a halt.

3. During the period April 2009 to August 2010, there has been and will continue to be systems and processes in place to ensure that we have a measured response to the pandemic in Herefordshire.

4. There are clear guidelines developed by the World Health Organisation (WHO) with regards the response and therefore the management of Flu pandemics. The UK has adopted the WHO guidelines to ensure there is a consistent approach in the UK through the National Response Strategy. This report examines the response by Herefordshire in line with the implementation of the strategy.

Further information on the subject of this report is available from
Sue Doheny (Director of Quality and Clinical Leadership) on (01432) 383466

RESPONSE TO THE PANDEMIC IN THE UK

National Response strategy

5. During the pandemic phase all areas of the UK were required to:

   i Activate emergency command and control arrangements
   ii Finalise local pandemic flu plans and
   iii Commence training of staff for new roles

6. The UK Pandemic Flu alert levels (as below) guided the level and range of response activities throughout the country and in Herefordshire.

   - UK Level 0 No cases in the UK
   - UK Level 1 Sporadic Cases in the UK
   - UK Level 2 Outbreaks in the UK
   - UK Level 3 Sustained spread in the UK
   - UK Level 4 Widespread cases in the UK

7. The stepwise approach mounted in response to the pandemic had three main phases; these were the containment, treatment and vaccination phases.

Containment Phase

8. The first case reported in the UK was 27th April 2009. At this stage the UK was in a containment phase and as such the strategy was around containment of the virus. Local public health teams across the country were leading on the investigation of individual cases and providing antiviral agents only when laboratory confirmation was received.

9. This was the approach taken in Herefordshire too. It is clear from the attached timeline (see Appendix 1) that there was a very rapid response locally to this initial phase and preparation for further phases was also instigated. A command and control structure was instituted to manage local response during the containment phase.

10. As well as Silver Command there were regular teleconferences conveyed by the West Mercia Local Health Resilience. There were daily meetings of the Public Health Implementation Team (PHIT).

11. There was significant national media interest at this stage and therefore the communication strategy was crucial. The adoption of a single point of access, in Herefordshire, for information and advice was a significant part of the strategy. This was adopted regionally at a later date as it was acknowledged as best practice.

Treatment Phase

12. On the 2nd July 2009 the rapid increase in the number of cases in the UK led the Secretary of State for Health to announce a movement from containment to treatment of flu cases without laboratory confirmation or further public health investigation. The implementation of this became a nationally and regionally driven process rather than

through local public health teams.

13. The National Flu line was commenced and this had an immediate effect on the local GP population. The numbers attending surgeries diminished with immediate effect.

14. The local response to the distribution of anti viral agents was to use local pharmacies rather than put pressure on local surgeries and other health facilities. This approach originally challenged by the regional team proved to be a very successful operation that resulted in effective local engagement and response to the outbreak.

Vaccination

15. A national directive for vaccination to commence was issued in July 2009 for identified groups. However, there was some delay in the availability of vaccines and distribution was staggered across the country. A comprehensive programme of vaccinating vulnerable groups and key staff was initiated locally in Herefordshire in early August 2009 as soon as vaccines were received locally.

16. The local programme involved a comprehensive training programme, large scale storage and distribution plan and comprehensive liaison with the wider workforce throughout Herefordshire.

17. Nationally vaccines for the general population were first delivered in September 2009. Herefordshire received its first vaccines on 30th October 2009. There were some key lines of communication required at this stage to ensure that the local population were kept informed of the local situation and the proposed plans for delivery and administration of the vaccine.

National Flu Line

18. The national flu line which was instrumental to successful delivery of the treatment phase was stood down in February 2010. The anti viral distribution was stopped in April 2010. Locally, liaison with local pharmacies and GPs was required to ensure that any requirement for anti virals was forthcoming in line with the continued pandemic.

LOCAL PREVALENCE OF H1N1 – NUMBER OF CASES

19. The exact numbers of confirmed cases in Herefordshire of the H1N1 virus is uncertain. This is due to the fact that following the move from the containment phase to the treatment phase no cases were being confirmed and so no definitive numbers are known. The following table does however describe the number of people in Herefordshire that accessed the National Flu line, the number that were then given access to anti viral medication as a result and those that actually collected the anti viral medication.

National Flu Line Assessments completed	Anti-viral Unique Reference Numbers (URN) issued	Anti viral collected
7154	5313 (74%)	3759 (70% of issued URN; 52% of all assessments)

LEARNING OUTCOMES

20. In May 2010 a comprehensive questionnaire was prepared and distributed to key stakeholders involved in the response to the flu pandemic in Herefordshire. The purpose of the questionnaire was to establish any learning opportunities and to ensure preparation of flu plans going forward could be evidence based from a local perspective. A copy of the executive summary is attached for information (see Appendix 2).

CONCLUSION

21. Herefordshire public services, in totality, worked well together to ensure a robust and proportionate response to the flu pandemic. Although the prevalence seen locally was not the same as other areas in the UK the impact was significant on services at times. The pandemic flu plans, including business continuity, have been tested in a live environment and are in the main now considered to be fit for purpose.

Appendices

Appendix 1 – Swine Flu Timeline Hereford Key Activities

Appendix 2 – Herefordshire Swine Flu Debrief Report – Executive Summary

Background Papers

- None identified.

APPENDIX 1

Swine Flu Timeline – Hereford Key Activities

Date	International/National/Regional/Local Information	Herefordshire Key Activities
Mid March 2009	• Outbreak started in Mexico	
3rd April	• Earliest confirmed case in Mexico	
24th April	• WHO issues first disease outbreak notice	
26th April	• Emerging Infectious Disease Outbreak Top Lines Briefing No 1	
27th April	• Earliest cases of H1N1 in UK (Scotland)	• PHIT stands up, Established Terms of Reference
28th April	• WHO escalates to Phase 4	• Room 105 set nominated as the Control Room • Board Room Set aside as the Local Swine Flu Advice Line • Swine flu inbox set up
29th April	• WHO escalates to Phase 5	

1st May	• First human to human transmission in UK • NPFS Information Line activated	• First Developments of a Dataset by Dr Alison Merry's Team • Faith Communities and Pandemic Flu: National Guidance released • Antivirals Single point Delivery Address requested from SHA
4th May	• 985 cases confirmed worldwide	
5th May	• National Door Drop Commences	• Herefordshire Silver Group Sits
6th May	• Ian Dalton appointed National Director of NHS Flu Resilience	
7th May	• FluCon reporting activated	• Herefordshire Public Health start reporting to the lead PCT
12th May	• WM Flu E-Learning Module	• Deemed not compatible with Local Infection Control Approach
18th May	• Flu Case tracing service (to become FRC) piloted	• Herefordshire asked to support
21st May	• Flu Response Centre set up	PHIT – Local Swine Flu Call Handling Centre established Preparing Head teachers for a school Outbreak Staff Training in preparation The concepts of Multi-agency intelligence Cell discussed. PPE Delivery date sought
22nd May	• Welford School Outbreak confirmed	

26th May	• Community Outbreak Level reached in UK	
27th May	• HPA cease UK Airport Border Screening of returning passengers	
5th June	• Warwickshire PCT conduct test of ACP	
11th June	• WHO escalates to level 6	
12 June		• Down's School reports children and teacher cases
15th June	• First Confirmed H1N1 UK Death	
16th June	• West Midlands Conurbation activate ERMA2	
22nd June	• Modified Containment Strategy agreed for restricted postcode areas – Birmingham and Sandwell in the West Midlands	
26 June		• 2/3rd case confirmed in Herefordshire
29th June	• First global case of Oseltamivir resistance identified (Denmark)	
2nd July	• National decision to move from containment to treatment phase	

6th July	• SHA Directors initiate bi-weekly meetings to review Swine Flu response and ensure swift transmission to ERMA 3 is required.	
8th July	• Revised UK Planning Assumptions released	
10th July	• Flu Response Centre closes	
16 July		Anti viral collection Points via local Pharmacies commenced
23rd July	• NPFS Antiviral Assessment and ACPs launched	
11th August	• SOC Established	
13th August	• Priority Groups for first phase of vaccination programme announced	
26th August		• DH audit of Flu Preparedness
21st September	• Vaccine deliveries started	
25th September	• Pandemrix receives EMRA license	

2nd October	• Celvapan receives EMRA license	
21st October	• UK Mass Vaccination Campaign begins	
22nd October	• Revised UK Planning Assumptions released	
30th October	`	• Herefordshire's first delivery of vaccine
2nd November		• Ambulance National Snapshot reporting commences • Distribution of vaccine to GPs
5th November		• WMAS commence administration of H1N1 vaccine
20th November	• Person to Person transmission of Oseltamivir resistant H1N1 confirmed	
2 December	• SOCCON reporting starts	• Herefordshire CYPD start reporting SOC-CON
7th December	• West Midlands Adult Critical Care Transfer Team Piloted (2 weeks)	• FLUCON reports stopped
20010		
11th February	• NPFS Stood down	• ERMA 2 reports stopped
25th February		• ERMA meetings stood down • SIT REP reports stopped
18th March	• Regional de-brief event	•
22nd March		• PPE stock recall from DoH

		• Antiviral Stock recall from DoH
1st April	• Stand down of the distribution of anti-virals	
30th April	• Regional Strategic Operation Centre, stock management, flu incident and NICC manager mailboxes closed.	
24th May		• E-mail Message to all staff regarding next flu season and availability of swine flu vaccination
26th June		• CMO letter circulated to GPs regarding Seasonal/Swine flu programme and guidance for 2010/11
30th June		• Local Swine flu inbox and telephone service cease.

- The Health Protection Agency (West Midlands) virology surveillance report from week 40/2009-to week 30/2010 indicated 1330 specimens have been submitted for the region.

- GPs have been asked to continue swabbing patients presenting with flu-like illness throughout the summer months. So far 368 specimens have tested positive for pandemic influenza (H1N1) 2009 virus, of which 19 were also positive for another virus.

APPENDIX 2

Herefordshire Swine Flu Debrief Report

Executive Summary

Communication:

Overall stakeholders felt that the Department of Health (DH), Health Protection Agency (HPA) and Strategic Health Authority (SHA) guidance was seen to be useful and supportive in carrying out their tasks. However, some found the tools and guidance provided by the SHA slow in being disseminated or difficult to use, e.g. SHA professional web site.

The NHS Herefordshire Joint Communications team delivered effective and timely information locally, including communications across all stakeholders and the general public through their media conduits. However, there was concern that the pace of national press releases to the media left many professionals in Herefordshire in 'catch up' mode on several occasions; improved links to and monitoring of national media would address this.

The work and dedication of those working within the Public Health Swine Flu team is recognised. However, the survey yields a number of learning opportunities which centre on how improvements could be made in its establishment and gearing commensurate throughout the Pandemic levels.

Concern was raised with the delay and uncertainty surrounding the deployment of the National Pandemic Flu Service (NPFS) which resulted in extreme task loads being placed on local teams to develop contingency plans.

Furthermore, poor or the absence of systems within the NPFS resulted in GP practices unaware which of their patients had been issued with anti-virals.

Co-operation:

The survey suggests that NHS Herefordshire (PCT) demonstrated effective joint working and intelligence was appropriately shared with multi-agency partners. Strong links and partnerships have now been forged between NHS Herefordshire, the Herefordshire Hospitals Trust, Adult Social Care and other Council Directorates. There is a need to develop how external partners e.g. Adult Social Care providers can be drawn closer to the business continuity assurance process; contractual arrangements through the commissioning process are seen to be the key driving force.

For further information on this report please contact: Sue Doheny (Director of Quality & Clinical Leadership) on 01432 383466

Well established day to day business mechanisms exist or communication and co-operation between GP practices and NHS Herefordshire, however, the survey data suggests that these mechanisms were perceived to function less well when tested under the strain of the Pandemic.

A Strategic Flu plan had been the foundation of many response elements throughout the Swine Flu Pandemic. However, despite this plan being subject to validation locally and regionally, there appears to be a lack of awareness of this plan with stakeholders. A review of this plan and it's applicability in a multi-agency environment should be a key priority; new and improved mechanisms of raising its awareness across the health economy should be sought and an abridged version with supporting documents published on the Local Resilience Forum (LRF) website.

One of the key benefits that came out of the Swine Flu Pandemic was imparting an urgency on all stakeholders to review their Business Continuity Plans and in particular their Business Impact Assessments. Despite these arrangements being subject to numerous local and regional validation tests there is still a need to seek reassurance from all Directorates and partners that sound Business Continuity practices are being adopted and maintained.

Vaccination / Personal Protective Equipment (PPE):

Responders felt that guidance issued on vaccination and vaccination consumables supported their tasks, however, there were concerns expressed on the numbers of trained staff available to provide a surge vaccination service and the delivery mechanism. Additional effort should be put into securing and maintaining a pool of clinically skilled staff which could be deployed as part of identified vaccination teams.

Staff up take rates of the Swine Flu vaccines is currently running at 42% which is the national average. Due consideration of an invigorated local vaccination campaign strategy will be necessary to increase this further in line with the Department of Health's expectations.

A successful programme of PPE awareness was incorporated within infection control training, however, the survey suggested that guidance on appropriate use led to confusion. Stock management across the health sector also gave cause for concern. A more resilient stock management process within the PCT should be considered.

Data Collection:

The survey suggests that many responders felt excessively burdened by data requests, made worse by systems not being in place, inadequacies of the systems and or temperamental software.

The burden of Situation Reporting (SITREP) was eased through reporting by exception, however, errors were made through task ownership changes.

During the initial phases of the Pandemic significant effort was placed into establishing critical information that would support a local tactical (Silver) or multi-agency incident commander. To make use of such information sources would have required committing re-deployable staff into a central intelligence hub. The triggers for this process should be addressed in any revision of the Strategic Swine Flu plan.

Command and Control:

Survey responders believed that NHS Herefordshire command and control arrangements worked well and were strongly led by the Director of Public Health from the initial containment phase of the pandemic who gave direction across the local health economy. Command and Control within Herefordshire was seen to function effectively within the West Midlands ERMA Concept of Operations (CONOPs). Battle rhythms that incorporated teleconferencing were felt to enhance the multi-agency approach to Command and Control**,** enabling a robust multi-agency Local Resilience Forum (LRF) approach to intelligence and information sharing.

However, some uncertainty as to the role and responsibility of PHIT in relation to ERMA 1, centred on whether or not the incident commander declares an emergency. Changes to the ERMA CONOPs to address “slow burn incidents” such as Swine Flu should provide an improved level of clarity and allow for the establishment of pre ERMA1 meetings, in alignment with pre Silver meetings. Due to the established deep partnership working in Herefordshire, the term ERMA not only applies to the PCT organisation as it may in other regions within the West Midlands, but to the whole local health economy which encompasses the Local Authority. There is a further need to increase the awareness of ERMA and its roles across the health economy.

NHS Herefordshire has well established on-call duty manager arrangements. The Joint Emergency Planning Unit (JEPU) has taken a number of these managers through training and exercising, including an awareness of the multi-agency environment. Although the Local Authority has identified and carried out initial training for equivalent duty managers, it is yet to formalise their on-call arrangements.

The Herefordshire Hospitals Trust (HHT) operates formalised on-call rotas for senior managers and Directors. NHS Herefordshire provides Directors for the ERMA on-call rota, and works co-operatively within the Herefordshire and Worcestershire Public Health consultant on-call rota. The Joint Management Team (JMT) is invited to consider a formalised approach to the Local Authority duty on-call manager system and the establishment of a duty on-call Director rota.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 2010**
TITLE OF REPORT:	**REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider an update following reviews of the Trust.

Recommendation(s)

THAT

a) the report be noted, subject to any comments the Committee wishes to make; and

b) the Committee considers whether it requires any further report on this matter.

Introduction and Background

1. In June 2010 this 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.

2. The Committee agreed that 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; that 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; 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; 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 the invitation from WMAS to visit the Emergency Operations Centre at Dudley be accepted.

Further information on the subject of this report is available from Nick Henry General Manager for West Mercia Locality Tel: 07971 305209 or Paul Ryan (PCT) Head of Contracting on Tel: 01432 344344 or Martin Woodford Chief Executive (HHT) on 01432 364000

3. An update is appended. The Community Response manager will give a presentation at the meeting.

4. WMAS performance against targets in Herefordshire is set out in the separate update report.

Appendices

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

Background Papers

- None identified.

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

Scrutiny Review Recommendation	PCT/WMAS Joint Response (March 09)	PCT update (September 2010)	WMAS update (September 2010)
Resources			
Recommendation			
1.That the need for resources be regularly assessed, at least every two years, to take account of factors such as increasing population and changing demographic profile.	WMAS regularly reviews resources allocated to localities within the regional structure. The achievement of performance standards and maintenance of appropriate resource Unit Hour Utilisation are the drivers for resource level determination. The Independent Review that has been commissioned jointly with the West Midlands Primary Care Trusts is intended to identify the resource level needed to service the Model of Care agreed by the regional ambulance service commissioning group.	The formation in 2010 of locality groups to monitor delivery of the WMAS contract across West Mercia will assist in this process. The group (which is chaired by a Herefordshire commissioner) keeps resource allocation under regular review and this will be assisted by the WMAS appointment of a logistics manager	The WMAS is currently realigning the management structure to match the commissioning cluster arrangements, a new role in the structure is a Logistics Manager, who's primary role is to manage the current resource and demand to ensure the correct resources are available but also to ensure that the strategy planning for the future workforce and resource requirements for the local counties, which will feed into the ongoing WMAS regularly reviews.
2. That, if Malvern is at higher risk of needing ambulances, resources to cover	The Malvern and Ledbury stations offer mutual support in times of high demand for service as part of the region wide	The emergency ambulance service continues to operate a regional response for	The WMAS Emergency Operations Centre (EOC) splits the resources in Herefordshire and Worcestershire into discrete sectors.

this potential need should come from Worcestershire, not Herefordshire.	arrangements for support. In terms of ambulance resource, the West Midlands PCTs are collectively requesting WMAS to act as a Regional resource to ensure resilience given peaks in demand. The ambulance resource to meet a call could effectively be deployed from anywhere. In other words there is no specific geographical "ring fence" as this would not be in the best interests of flexible response.	deployment to cope with periods of high demand. This response has been strengthened by the provision of a capacity management service across the WMAS area. Please see WMAS response for further detail	Each sector has dedicated teams which dynamically manage the resources allocated. Malvern is under the Worcestershire sector and under normal operating conditions; Herefordshire resources will not provide cover in Malvern. However, when demand is high, an element of cross cover may take place to ensure that patient care delivery is not compromised in spikes of high demand in a particular area, Needless to say, when Herefordshire experiences similar spikes in demand, a Worcestershire resource(s) may assist in a similar Manner.
3. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings will be supported - that additional ambulances are required, and that at least one is allocated to	Ledbury currently has cover on station as follows: Ambulance: 08.30 – 18.30 hours Car: 09.00 – 21.00 hours WMAS have agreed to model how these hours may be altered to provide additional cover, however it is unlikely that a 24	Review of WMAS data by the locality group indicates that changes already auctioned have addressed this issue and that no further capacity increase is presently required. This will be kept under review.	On reviewing of the data regularly, there is no requirement to increase the provision for Ledbury. This will be continually reviewed along with all other areas in the county.

Herefordshire which should be based in Ledbury where a station with a wide network coverage already exists, and as the only station which does not currently have 24-hour coverage.	hour resource could be re modelled from the current resources in Ledbury or indeed transferred from other areas within the county. The Independent Review may identify more appropriate locations for any extra resource identified but this would be dependent on the response model and integral rostering and System Status Management rules.		
4. That commissioners agree enough funding to enable WMAS to properly fulfil its duty of care towards Community First Responders, and to equip and reimburse them according to volunteering best practice guidelines without having to rely on charity.	WMAS currently provide (via contract funding) training, drugs, some protective clothing and basic kit to Community First Responders (CFR). WMAS have agreed to review what further support may be offered.	By agreement with WMAS, the CRM manager for Herefordshire and Worcestershire will attend the HOSC meeting on 20/09/2010 to brief on future developments. The role of CFRs is kept under review by the commissioners locality group.	WMAS will work with commissioners to review what additional support may be offered to benefit the CFR schemes. It is to be noted that the CFR schemes are significantly funded by charitable arrangements; however it is recognised that such arrangements create a strong feeling of ownership and community spirit in each CFR zone, which assists greatly in the delivery and success of the Community Response Schemes.

5. That CFRs could make an even more effective contribution to the service if they were more supportively managed and effectively deployed. However, their contribution should not be a substitute for meeting targets through normal resources, but for achieving added value. The health scrutiny committee looks forward to scrutinising the contribution of the new CFR organiser towards achieving these goals.	WMAS are currently advertising for a CFR manager to lead on support and training and recruitment of CFRs in Herefordshire, where previously the CFR manager provided support for both Herefordshire and Worcestershire. The CFR scheme overall is managed and directed at a regional level.	Please see 4) above	As part of the management restructuring the CRM team is now accountable to the General Manager for West Mercia, to ensure that the local requirements are focused and developed to meet local needs. The Herefordshire & Worcestershire CRM Noel Orbell will be presenting the current arrangements and future developments of the scheme at the September HOSC meeting.
6. That a concerted campaign at all levels is conducted to demonstrate the need for “rural-proofing”,	Both NHS Herefordshire and WMAS are in agreement with the recommendations. The issue will be addressed as part of the Independent Review.	The 2010/11 contract incorporated many elements of earlier work to reflect a more equitable sharing of	

and that costs of service provision are equitably shared between localities in the West Midlands region.		costs. Further work will be undertaken on a regional basis in this regard.	
7. That scrutiny of the commissioning process for the ambulance service, and the Patient Transport Service (PTS), be conducted. The review group recommends a separate review of the PTS, possibly in collaboration with the Herefordshire LINk (Local Involvement Network).	The PTS service for Herefordshire has recently been subject to a tendering process with the contract now awarded to an independent contractor, Patient First. Further details of the tendering process and the new contract are available on request. The new provider will be providing the service from 1st May 2009. Herefordshire LINk is aware of this development and will receive a full briefing on the new service from commissioners shortly.	The PTS service continues to be provided under the new tender by Patient First. Regular monitoring of the effectiveness of this contract is undertaken.	WMAS no longer hold the PTS contract

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

			transport a patient to hospital which may not be an appropriate course of action for their needs. On going
2. That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures.	NHS Herefordshire is in agreement with this recommendation. WMAS will work with HHT and the out of hours provider (Primecare) to review procedures and agree enhanced arrangements for the handling of category C calls.	Commissioners, WMAS and HHT continue to work together to improve ambulance clearing times. Further detail is given above and in the WMAS response.	WMAS enjoy an excellent working relationship with HHT. Online access to the WMAS Command and Control system has been made available to HHT, which gives accurate real time data regards patient handovers and patient flows. Please see point 1 regards the use of alternative care pathways and patient triage. On going
3. That information on collaboration with Wales be sought by the Independent Review, including provision by sister services in Wales of data on the amount and nature of cross-border work.	NHS Herefordshire is in agreement with this recommendation and will press for this issue to be considered as part of the independent review. WMAS will work with the Welsh Ambulance Service to better understand present cross-border flows.	Work is ongoing between WMAS and the Welsh Ambulance service is this regard. Herefordshire Commissioners will continue to monitor cross-border flows. Further meetings in this regard have been arranged for September	WMAS has a meeting arranged on the Welsh Ambulance to develop a better working arrangement, which is best for patients and cover. WMAS are committed to working with the Cross Border Health & Social Care Group in Herefordshire. Next meeting on 21st September 2010

		2010.	
4. That the health scrutiny committee request a report on the out-of-hours (OOH) service provision in the county.	NHS Herefordshire will provide the requested information on the out of hours service but it would be helpful to agree with the review group the precise requirement.	This information has been provided.	
5. That the OOH provider conduct a comprehensive publicity campaign on the out of hours telephone number.	A new telephone number for the out of hours service has been agreed and will be widely publicised across the county in the coming weeks.	Action completed. It was communicated via: • Press release • Radio stations • Poster campaign on the back of buses • Article in Hereford Matters distributed to all households in Herefordshire • First Press – newsletter to all Hereford PCT and Council employed staff • Posters in all independent	

		contractor premises plus business cards in all premises plus A&E department at HHT .	
6. That improvement in collaboration and co-location of blue light services be encouraged.	Significant progress has already been made on greater collaboration with the other emergency services within the locality as a whole. Shropshire have arrangements to share all Fire Services stations to enhance strategic standby and are also working with the police on a similar basis. In Herefordshire good progress has been made with Hereford fire station being utilised for standby and Herefordshire police using a shared facility for vehicle maintenance and repairs. As the Ambulance service currently provides station facilities in all large conurbations within the county, further progress will be planned through the long term estates strategy for the County.	Collaboration is ongoing and effective – please see WMAS comments for further detail.	The blue light services already work well together. The Fire Service carry AED's on some of their vehicles. The Fire station in Hereford is a standby point and WMAS are at the planning stage to utilise Belmont Police station as a further standby. All three services collaborate well and come together at the Road Safety meetings

7. That regular and immediate progress reports on EOC reconfiguration be supplied for scrutiny by Herefordshire's health scrutiny committee, especially regarding resource drift – away from the county, and overall - and response performance.	WMAS have agreed to provide this information. There is currently no evidence to suggest that there is any resource drift from the locality to other parts of the West Midlands.	WMAS have provided this information which continues to suggest that there is no significant resource drift form the locality to other parts of the West Midlands. Further data will be provided to the committee by WMAS. The anticipated development of a STEMI service in Worcester should assist in further minimising the impact of this issue.	There is an ongoing issue of ambulances leaving the county for patients requiring speciality treatments in Worcestershire or Birmingham hospitals. Given the distance and time, this does impact on the available resource in the county. This is being reviewed with the PCT and HHT to identify if all the transfers are for WMAS or part of the Patient First contract.
Data and information			
1. That commissioners, SHA and DoH measure ambulance service performance by outcome-based indicators as well as	Some outcome measures (e.g.: thrombolysis, Return of Spontaneous Circulation (ROSC) and FAST (stroke) tests) are already available. The development of Models of Care will deliver further quality	These indicators form part of the 2010/11 contract as previously advised.	A range of Key Performance Indicators and Clinical Performance Indicators are measured on a local and national basis. This data includes hospital handovers, response standards, activity and job

response times, for example, by measuring the progress of patients from when an ambulance is called to when they are 'handed over' to a hospital.	measures as part of the 2009/10 regional contract. A copy of the contract will be supplied when finalised.		cycle times. This information is distributed and shared as appropriate. On going
2. That all ambulance service response time data be available disaggregated by post code for all localities within WMAS.	WMAS will provide this data.	This information is supplied.	This information is routinely supplied as requested. On going
3. That targets for rural Herefordshire be considered. These should be realistic without risking diminished performance.	All targets are defined by the Department of Health (DoH) and stipulated within a national mandated contract. It is not possible to agree further targets for Herefordshire without DoH agreement which is unlikely to be forthcoming.	The Lightfoot report considered this issue. It remains the case that it is not possible to agree further targets for Herefordshire without DoH agreement which is unlikely to be forthcoming. Although response times are given on a county basis, WMAS continues to be	WMAS reports on WMAS regional targets to the SHA, DoH and commissioners as set down by local and national requirements. Variation in targets will require a change to the national contract.

		judged on its performance as a service.	
4. That public education on EOC technology (when it is functioning effectively), and about why local knowledge is not needed, be conducted.	A new computer aided dispatch (CAD) system is being introduced shortly into the Ambulance control centre at Millennium Point. The Herefordshire locality has been chosen to introduce these changes first due the experience of the current staff on a similar system which was used at Bransford. If helpful WMAS have suggested Health Scrutiny Committee members could view these changes once fully installed to enable a further understanding of the system and technology available.	Please see WMAS comments.	WMAS extends an open invite to members of the committee to visit the EOC at Brierley Hill Dudley to fully view the CAD and understand its functionality.
5. That public education on life-saving techniques be undertaken within the community, with particular emphasis on schools.	NHS Herefordshire will take forward this campaign via the Public Health team. Funding has already been provided to the 'Heart Start' campaign.	The Heart Start campaign continues and further educational projects are under consideration. This work is ongoing.	WMAS Community Response Manager works with the public and involves The British Heart Foundation and Heart Start. A schools education programme is currently being considered as a

			project for WMAS. On going
6. That the Patient Report Form and other paperwork where possible be computerised and simplified as a matter of urgency.	Computerised patient report forms have been introduced in the Coventry and Warwickshire locality. The system is currently being evaluated and a roll out of this system is likely in the near future.	This project is ongoing and has been funded by commissioners through the contract with WMAS. The project is currently under evaluation.	This project roll out was put on hold by WMAS due to demand pressures on the Service in September 2009. The project is currently being evaluated for future roll out.
7. That data collection by, and dissemination from, WMAS – especially relating to patient outcomes - be greatly improved, as it is currently difficult to obtain a full, reliable picture.	Please see 1 and 2 above. With the introduction of electronic patient records the capturing of clinical outcomes should be considerably more comprehensive and provide swifter and more reliable data than current methods.	The ongoing implementation of electronic records will greatly assist in the collection and provision of this data. It should also be noted that the 2010/11 contract further incentivised quality measures and improvements in outcomes via CQUINs	Information is routinely collated and distributed as part of a regular monthly process. The computerisation of data will greatly assist in the availability and reporting of live data and patient outcomes and clinical performance. On going
8. That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOCs, or crews on first seeing a patient)	These recommendations will be taken forward in discussion with WMAS and HHT	Additional triage measures have been implemented with A&E at Hereford Hospitals Trust including the placement of experienced General	All emergency calls receive triage and prioritisation upon receipt of the call within the EOC. An appropriate response is then allocated. Category C Calls (those calls with a

and followed up by further triaging at hospital by senior clinical decision-makers, be implemented as a matter of urgency.		Practitioners in A&E during peak times on a weekly basis. Additional triage measures have also been initiated by WMAS.	lower priority) are passed to a Clinical Support Desk, with approximately 70% of the calls being diverted to a more appropriate care pathway. This triage also takes place on scene following a face to face assessment by ambulance staff. On going

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

Three principal recommendations were relevant to Hereford Hospitals NHS Trust:

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

Appendix 1

The Trust broke down its response as follows:

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

Area / Recommendation	Actions	Progress / Implementation Date	Update
The need to improve advance communication between the ambulance service and the hospital as an aid to improved patient triage and diagnosis (page 23 & 24)	• Trust / WMAS to develop improved mechanisms for advance communication and triage	• 31st May 2009	• CAD introduction Jan/Feb 2010 • Triage nurse supplied by the Trust to allow handover and expedite turnaround • Improved daily performance reports from WMAS
Limitations in the non emergency (PTS) transport service, resulting in delayed patient discharges and	• Competitive tendering exercise undertaken for Patient Transport Service	• 1st May 2009	• 'Patient's First' contract renegotiated and complete. Main contract commenced 1st April 2010

potentially bed shortages (page 23)	(non emergency) – contract let to external service provider		
Lack of clarity as to responsibility for ambulance crew clearance and turnaround (page 23 & 24)	• Handover protocol revised and enforced • Escalation procedure introduced for patient stretcher waits • Revised escalation procedure for A&E waits at 2 hours and early alert system for patients needing admission • Regular reporting and review of handover performance • Formal Executive level review of progress against action plan with WMAS	• Complete • Complete • Complete • Ongoing • Quarterly from 30th June 2009	• Discussed at Trust Operational Board where performance and actions reviewed • Had regular contact with WMAS managers
• Bed shortages at the County Hospital impacting negatively on the ability of the Trust to receive patients in a timely manner (page 24)	• Additional substantive beds (16) opened on Kenwater Ward and built into re-provision plans • Review of flow of emergency patients through the hospital from admission to discharge • Development of a Clinical	• Complete • Commenced Feb 2009 • Commenced July 2008 for completion December 2010	• Reprovision of 16 additional beds in HHT now open in main building • Kenwater Ward has been closed • Additional 9 beds in Bromyard open • Patient flow managed cross county reducing length of stay

	Decisions Unit with senior front door decision making resource		and bed occupancy • Design work underway to consider options for extending A&E and developing a Clinical Decisions Unit.
• A lack of resilience in the A&E service to cope with peaks of demand as experienced in December 2008 (page 24	• Implementation of revised shift patterns in A&E, matching staffing to peak demand • Recruitment of 3rd A&E consultant	• Complete • Complete • Complete	

Scrutiny Review Recommendation	HHT Response	HHT update
	Competitive tendering exercise undertaken for Patient Transport Service (non emergency) – contract let to external service provider	'Patient's First' contract renegotiated and complete. Main contract commenced 1st April 2010

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPEMBER 2010**
TITLE OF REPORT:	**NHS QALITY ASSURANCE PROCESSES AND OUTCOMES**
REPORT BY:	**Director of Quality and Clinical Leadership**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To outline quality assurance systems in place to assure the PCT Board that services commissioned are high quality services.

Recommendation

THAT: The report be noted, subject to any comment the Committee wishes to make.

Key Points Summary

- This report provides an outline of robust systematic quality assurance processes as part of the PCT monitoring of commissioned services including independent contractors.
- These processes have been implemented to provide assurance that NHS Herefordshire is commissioning high quality services.
- If processes identify areas where quality may be less than optimum or identify risks then it outlines support and development of action plans to improve quality and eliminate or mitigate risk.
- A process map of key PCT Committees and Groups involved in the quality assurance processes is outlined in Appendix 1.
- These processes have demonstrated this year that appropriate quality services are commissioned by NHS Herefordshire and this is supported by external reviews by Care Quality Commission CQC.
- There have been some areas with room for improvements which have been supported through various means locally and action plans have been agreed with providers which will be monitored closely throughout contract monitoring processes during the coming year.

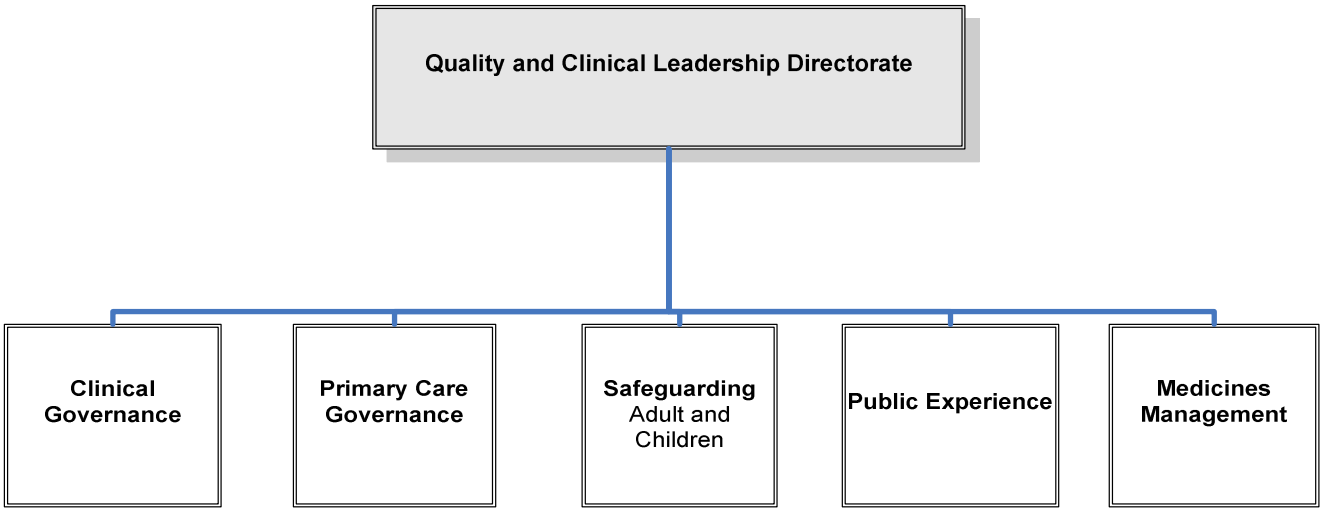
Introduction and Background

1 The Darzi Review in 2008 *High Quality Care For All* placed quality at the heart of NHS care under three dimensions of quality ie patient safety, patient experience and clinical effectiveness. The appended report provides an outline of the quality assurance processes under these headings as part of the PCT monitoring of commissioned services including independent contractors. These processes have been implemented to provide assurance that NHS Herefordshire is commissioning high quality services. However should it identify areas where quality may be less than optimum or identify risks then it can support the development of action plans in order to improve quality and eliminate or mitigate risk.

Background Papers

- None identified.

Directorate of Quality and Clinical Leadership
The Q&CL Directorate objectives include to develop an assurance framework for the Board and embed a quality culture across the organisation. The Directorate consists of the following teams to support this work as outlined below.



Quality Schedule
A standard Quality Schedule has been developed and is applied as an integral part of relevant provider contracts as they are reviewed. It sets standards by which quality should be evidenced and will be monitored in all contracts. Each contract will clearly set out those aspects of the quality schedule that apply to that contract so the full schedule is required of larger providers such as hospitals but less for smaller providers such as care homes.

Quality Review Forums
Quality Assurance is monitored through the Clinical Quality Review Forums (sub group of the Performance Monitoring Committee) held with:

- Hereford Hospitals Trust on a monthly basis
- Herefordshire PCT Provider Services on a monthly basis
- Kington Court on a monthly basis
- Primecare on a 6 weekly basis

The forum receives assurance and raises questions and concerns based on the data and reports requested and provided by the service. It considers all the key performance indicators within the contract, including the Quality Schedule.

CQUIN (Commissioning for Quality and Innovation) schemes
The CQUIN payment framework makes a proportion of NHS providers' income conditional on quality and innovation. Its aim is to support the vision set out in *High Quality Care for All* of an NHS where quality is the organising principle. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere. The CQUIN framework requires commissioners to make 1.5% of contract value (2010/11) available for Hereford Hospitals Trust and PCT providers, community and mental health, achieve either national, regional or locally agreed quality improvement and innovation goals.
The CQUINs are formally monitored by the Clinical Quality Review Forums.

Assurance Visits
As part of our ongoing monitoring of contracts and quality assurance processes we are undertaking periodic announced and unannounced visits to providers.
The visits allow services to demonstrate quality assurance processes and will identify areas of good practice and any areas where improvements need to be made.
The visiting team is lead by one of the Quality & Clinical Leadership directorate heads of service who draws together appropriate members of the directorate to form a team of representatives from Clinical Governance, Contracting team, Public Experience, Infection Control, Medicines Management, Safeguarding, Non Executive Director and additional expertise as required.

The team undertake a series of safety, quality, case note and observational audits throughout the day, including discussions with staff and patients. A formal report, including action plan if appropriate, is sent to the provider within 2 weeks of the visit and a formal response to the recommendations requested. The results of the visits, including action plans, are reported through the Quality Assurance Committee and Performance and Quality to the Board. Since April 1st 2010 there have been:

- One visit to Hereford Hospitals Trust
- Three Visits to PCT Community Services
- Two Visits to PCT Mental Health Services
- Two visits to Care Homes
- 1 visit to GP led Health Centre

In addition a number of other visits have been undertaken to Care Homes and GP practices in response to specific issues. These visits are normally done in conjunction with the safeguarding, contracting or / and other teams as appropriate.

External Reviews
All providers are required to inform NHS Herefordshire about any external review that has taken place and to provide the report received. There is an expectation by many external reviewers including the SHA and CQC that NHS Herefordshire will monitor action plans following such visits. External Reviews that have taken place in services are included in this report.

CQC Reviews
The CQC carry out a number of reviews of individual services including announced and unannounced visits. These are detailed in the service reports below. They also carry out a number of health economy reviews:

- In February and March 2010 NHS Herefordshire were asked to provide information with regard to health care provided to Care Homes. No feedback as to this self assessment has been received as yet.
- During June and July a review of NHS Local Authority services for stroke patients was undertaken. NHS Herefordshire and Herefordshire Council were required to complete a self assessment template; a case file tracking exercise and Transfer Home Information Analysis, formal feedback will be received in due course.
- On the 9th June 2010 CQC undertook an unannounced visit to PCT Community Hospitals at Leominster, Ross and Bromyard. A report has been received. The initial feedback was generally positive but action was required to address concerns with Laundry processes. An action plan was developed and implemented.
- A CQC adult safeguarding inspection is currently in process at the time of this report.

West Midlands Quality Review Service (WMQRS)
The WMQRS is part of the quality institute at the SHA. They have developed standards for a number of services and pathways which organisations are asked to self assess. A series of peer review visits are planned across the region.
The quality review visits have four main purposes:

- To support organisations in their work to improve the quality of local services
- To provide an external, peer-led view of the quality of local services to support local quality assurance processes
- To provide comparative information on the quality of services
- To provide development and learning for all involved

The WMQRS undertook a visit to Herefordshire on 16th and 17th June to look at Unscheduled Care, Stroke Services (acute phase), TIA and critical care. Reviewing services at HHT, GP Walk In Centre and Out of Hours, and the MIUs in Community Hospitals. A formal report has been received and action plans developed and implementation commenced.

Quality Assurance Committee (previously Clinical Risk Committee)
The Quality Assurance Committee purpose is to monitor quality assurance processes and identify any risks and take actions to mitigate those risks within commissioned services. The committee meets on a bi monthly basis to discuss quality assurance activities undertaken and /or required actions at an operational level. Reports with regard to service user safety, clinical effectiveness and customer experience are considered in detail. The Quality Assurance committee reports to the Performance and Quality (P&Q) Committee which is a sub group of the Board. The notes of the meetings and a full quality assurance report goes to each P&Q committee.

Support and Training
As part of our quality assurance process support is offered to providers who have less formal governance systems than the NHS. This has included:

- Infection prevention and control audit and training to care homes, dental surgeries, GP practices, other care agencies and council staff.
- Clinical audit training and invitations to participate in health economy audits to care homes
- Clinical Skills training audit to identify barriers to accessing timely and appropriate training - support to care homes with training already given where required
- Engagement of nurses across the health economy in quality initiatives eg High Impact Actions events.
- A PCT funded community pharmacy care homes service provides Pharmaceutical support to care homes
- Additional medicines management support to the walk in centre which has included the purchase of prescribing decision support software to help ensure local prescribing guidance is available at the point of prescribing

Infection Prevention and Control
The Infection Prevention and Control Team consist of Specialist nurses who support a wide range of services, eg PCT provider, independent contractors, care homes, through providing up to date information & advice, specialist education for staff, patients and carers, support staff in the prevention, management and control of infection, risk assessment &

management, development and implementation of guidelines, policies & procedures &review, assistance in monitoring and auditing Infection control standards & practices, surveillance of alert organisms and infections that have the potential to spread and cause harm, outbreak recognition and management. This has been relevant since the introduction of national legislation relating to infection prevention – The Health Act 2006 and Health and Social Care Act 2008 where organisations have to register with the care Quality Commission and evidence compliance against standards set out in the Code .NHS organisations have registered since 2009 but all other providers of healthcare are now required to register.

Public Experience Feedback Committee (PEFC) see Appendix 2
The purpose of the PEFC is to monitor the range and quality of public/patient engagement across health and social care, to review the action plans resulting from public/patient feedback and to identify areas for joint engagement work across statutory and 3rd sector organisations.

Regular reports are provided by the Public Experience Team and Customer Insight Unit covering national, regional and local feedback on customer experiences. This enables 'hot spots' or areas of concern so that engagement work can be effectively targeted.

PEFC reports through the Quality Assurance Committee to the Performance and Quality Committee.

The public experience reporting arrangements are set out on the diagram below – this is being extended to include the Integrated Commissioning Work Streams.

Medicines Management
Medicines management is a system of processes and behaviours that determines how medicines are used by patients and by the NHS. Effective medicines management will place the patient as the primary focus, thus delivering better targeted care and better informed individuals. The use of medicines is the most common therapeutic intervention carried out in the NHS, so the majority of services provided or commissioned by a Primary Care Trust will involve medicines. Over 15% of NHS Herefordshire resources are spent on medicines.

Quality assurance for medicines management touches on all the Darzi 3 domains ie patient safety, patient experience and clinical effectiveness. The increasing pressures to fund more innovative high cost medicines whilst maintaining zero growth will ensure medicines have an increasing profile across the local health and social care economy. The PCT Medicines Management Team lead four key Committees or Groups (see Appendix 1) which raise medicines management issues, such as, compliance with good practice/ regional/ national guidance, incident reporting, local medicines management audits, developing local medicines policies, and feed into other groups across the local and wider health economies.

The Prescribing Committee develops strategies and policies for good practice and cost effective prescribing and medicines management issues across primary care, commissioning and PCT provider services. The Committee includes representation from relevant interfaces to ensure continuity across the local health economy and has worked with the local authority on a joint medicines policy for domiciliary care.

Herefordshire Medicines Management Committee leads on interface issues working with PCT providers, taking a strategic and advisory approach to medicines management issues,

utilising the central principles of rational prescribing in medicine use, namely clinical and cost effectiveness, appropriateness and safety, to inform the clinical network in Herefordshire.

Controlled Drugs (CDs) Local Intelligence Network allows local agencies to share information and intelligence about the use of CDs in the Herefordshire health and social care sectors. Local agencies required to share information include healthcare organisations, the police, social service authorities and relevant inspectorates Care Quality Commission (CQC).

The Community Pharmacy Contract Group assures the effective development, implementation and monitoring of the contract (nPhS) as required by national policy but ensuring local needs are served. It is important that pharmaceutical services and the use of medicines are not seen in isolation, but as part of a holistic approach within a safe, clinically appropriate and cost effective treatment pathway.

FHS Independent Contractor Services

All four of the FHS Independent Contractors ie GP practices, dental practices, community pharmacies and optometry practices work under nationally negotiated contracts which do not have a fixed duration, however local negotiated agreements such as PMS, APMS, PDS contracts map across core requirements of the national negotiated contracts do allow the PCT greater local flexibility.

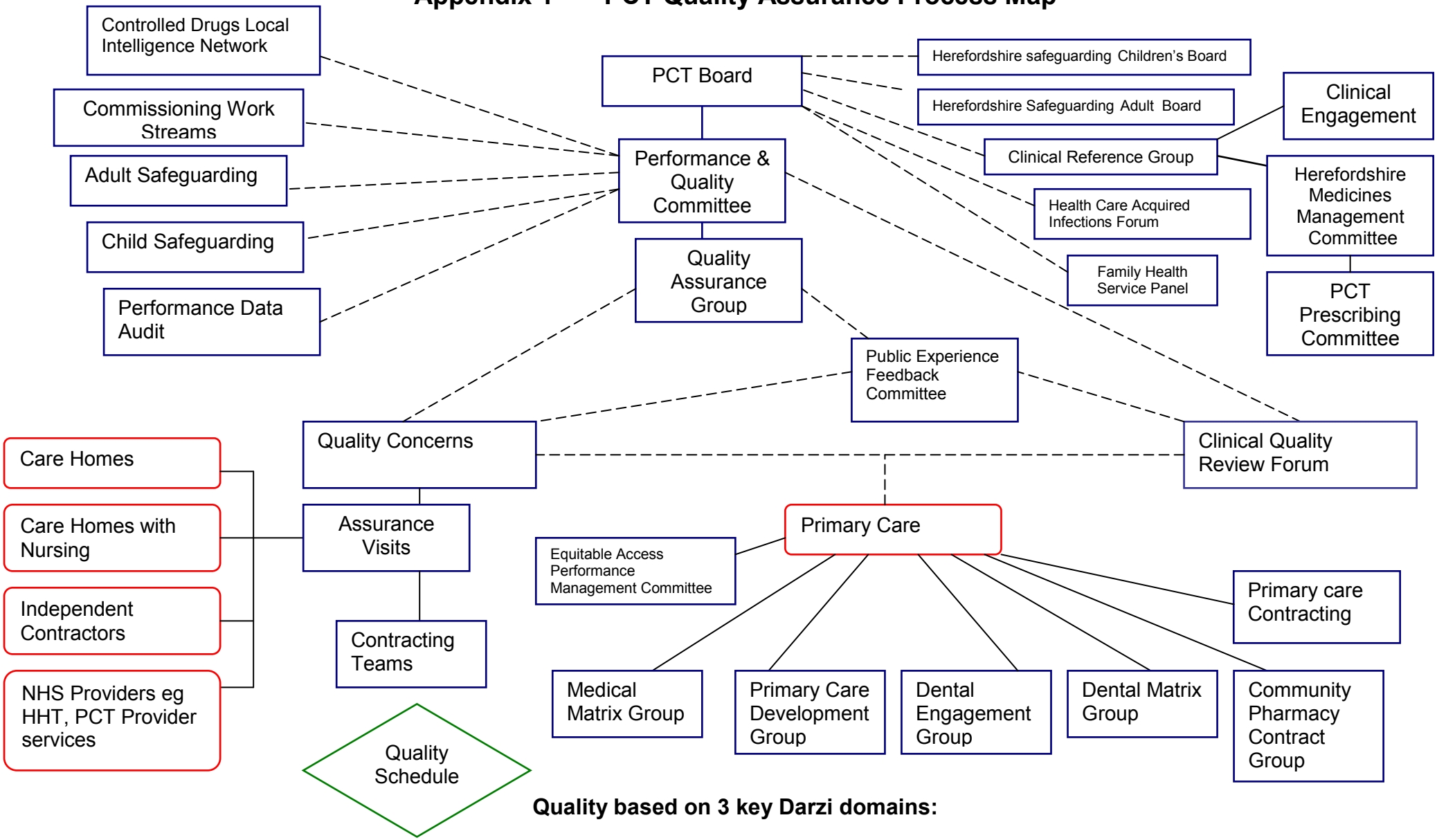
There are a mixture of contract monitoring and support processes for each primary care contract for example the QOF Quality and Outcomes Framework for GPs is the annual reward and incentive programme detailing GP practice achievement results. QOF is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004. QOF awards surgeries achievement points for: managing some of the most common chronic diseases e.g. asthma, diabetes, how well the practice is organised, how patients view their experience at the surgery, the amount of extra services offered such as child health and maternity services. Assessment of QOF is both quantitative via clinical system data and also qualitative through an assessment of a sample of practices.

Summary

This paper outlines the robust systematic process for assuring appropriate quality services are commissioned by NHS Herefordshire.

Theses processes have demonstrated this year that appropriate quality services are being commissioned by NHS Herefordshire and this has been supported by external reviews by Care Quality Commission CQC. However there have been some areas with room for improvements which have been supported through various means locally and action plans have been agreed with providers which will be monitored closely throughout contract monitoring processes during the coming year.

Appendix 1 PCT Quality Assurance Process Map



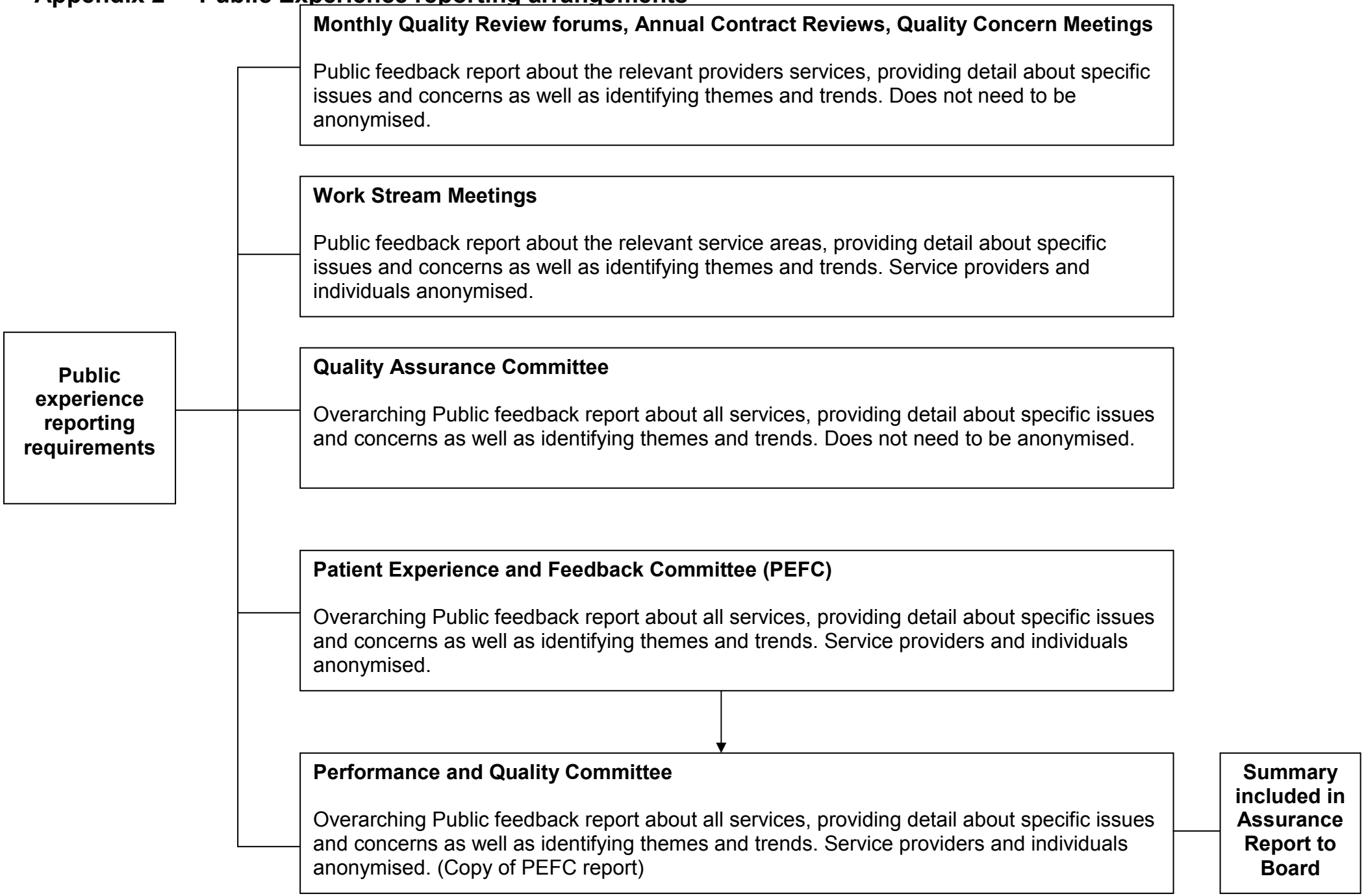
Quality based on 3 key Darzi domains:

1. **Patient Safety**
   Infection Control
   Medicines Management
   Safeguarding
   Incident and Serious Incident Reporting

2. **Public Experience**
   Complaints
   PALS
   Feedback

3. **Clinical Effectiveness**
   Audit
   NICE
   Professional Development

Appendix 2 Public Experience reporting arrangements



Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 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

Performance for 2010/2011

	A8 %		A19 %		B19 %		C combined %	
	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS
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
June	76.5	76.7	93.2	98.0	92.7	94.2	99.7	98.1
July	78.5	78.2	93.8	98.1	92.9	95.1	99.7	98.5

The performance for June and July has seen Herefordshire County achieve the Category A8 National Key Performance Indicator (KPI), this is during a period of sustained increase in the amount of Category A calls received, 16.8% for June and 37% in July compared to last year. This achievement has seen the Year to Date improve to above 75% standard.

There is a continuing theme across the region in regards to the reducing number of Category B calls which is reflected more so during July when there was a reduction of 7%, which makes this challenging to achieve the KPI, given the normal low number of the calls for the county. The average number of Cat B calls per day is currently 20.6 which means that to achieve the KPI of 95%, all calls must be achieved. If 1 call is not achieved the daily standard is 92.2%.

The management team continue to monitor the demand profile and endeavour to match this with the appropriate amount of resource, utilising the data provided from the Trusts Performance Cell. Added to this is the continual use of the System Status Plan (SSP) to ensure that the County has cover at all of the response points when resources are not attending patients.

Make Ready

The Trust's Five Year Strategy sets out clearly the need to do things differently. Our driving aim is to improve patient care whilst meeting the Government requirement to reduce costs in line with the austere times that we live in. For this reason it is accepted that the best way to achieve these competing aims is to move to a system known as Make Ready. This is a process that every ambulance service in England is either considering or implementing as it brings significant benefits for patients.

Make Ready is a system whereby large central hubs are established in strategic locations close to major A&E Hospitals such as Hereford County, Worcester Royal etc. Vehicles will start and finish at the hubs but are immediately spread out across the area/ County that they cover.

They move to Community Response Posts (CRPs) which are located in the areas where there is a high probability of an emergency call being received. Although the Trust has some of these at fire stations such as in Hereford City, we have already increased the numbers with new posts in areas such as the ones at Cargill's and Belmont. The net effect is that that the Trust ends up with more CRPs than it has traditional ambulance stations at present, though many will be smaller than the current style of station. However, the important thing is that the CRPs are in places close to where patients are, similar to conventional ambulance station locations but are leased rather than owned to reduce costs. The Trust operates Make Ready in Staffordshire which has had some of the best response times in the country for many years.

It is important to note that some of the existing stations may be well placed to act as CRPs; however, the Trust may look at relocating some of these facilities to other locations. There is absolutely no question that the Trust will continue to have a location in Ledbury and each of the other towns where it currently has them. The difference is that there will be other new sites as well.

What is important to note is that the move leads 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.

Financial Position

The Division continues to operate within budget.

New Structure

An update on the management restructure is that the General Managers teams will be in post by the end of October 2010. This will enable staff to be better supported clinically and managerially, to improve the service provided to patient.

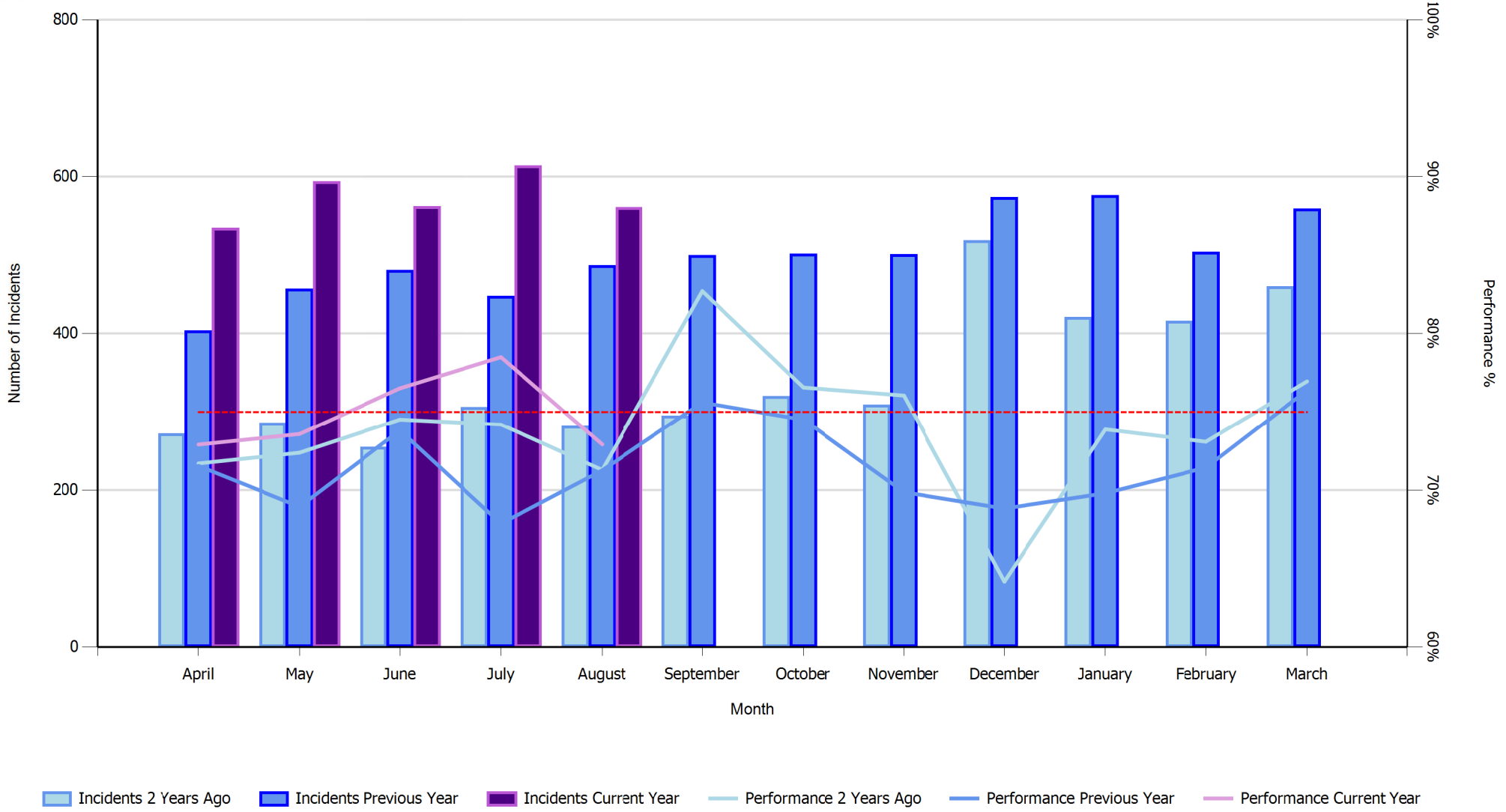
Other Matters

1. 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.

2. The management team and operational clinicians continue to work with the local Health Community to ensure that patients are treated in the correct setting by the development and use of alternative pathways.

West Midlands Ambulance Service NHS
NHS Trust

Annual Comparision - Emergency Demand and Performance
Selected Category: Cat A Showing Monthly Performance
Selected Trust/Area/PCT: Herefordshire



Data is available back to 1st April 2007

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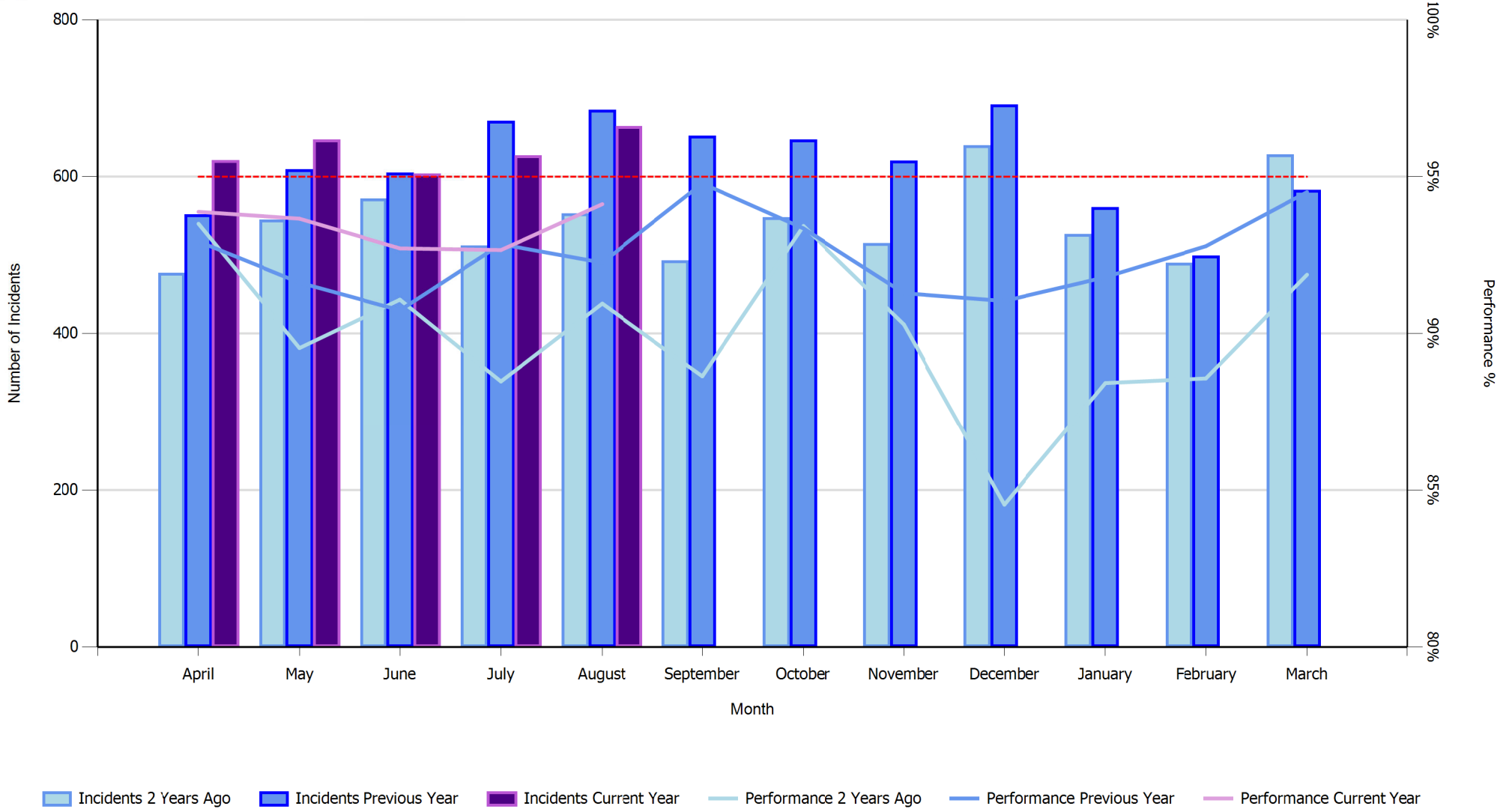
For further information please email Information@wmas.nhs.uk

West Midlands Ambulance Service NHS
NHS Trust

Annual Comparision - Emergency Demand and Performance

Selected Category: Cat B Showing Monthly Performance

Selected Trust/Area/PCT: Herefordshire



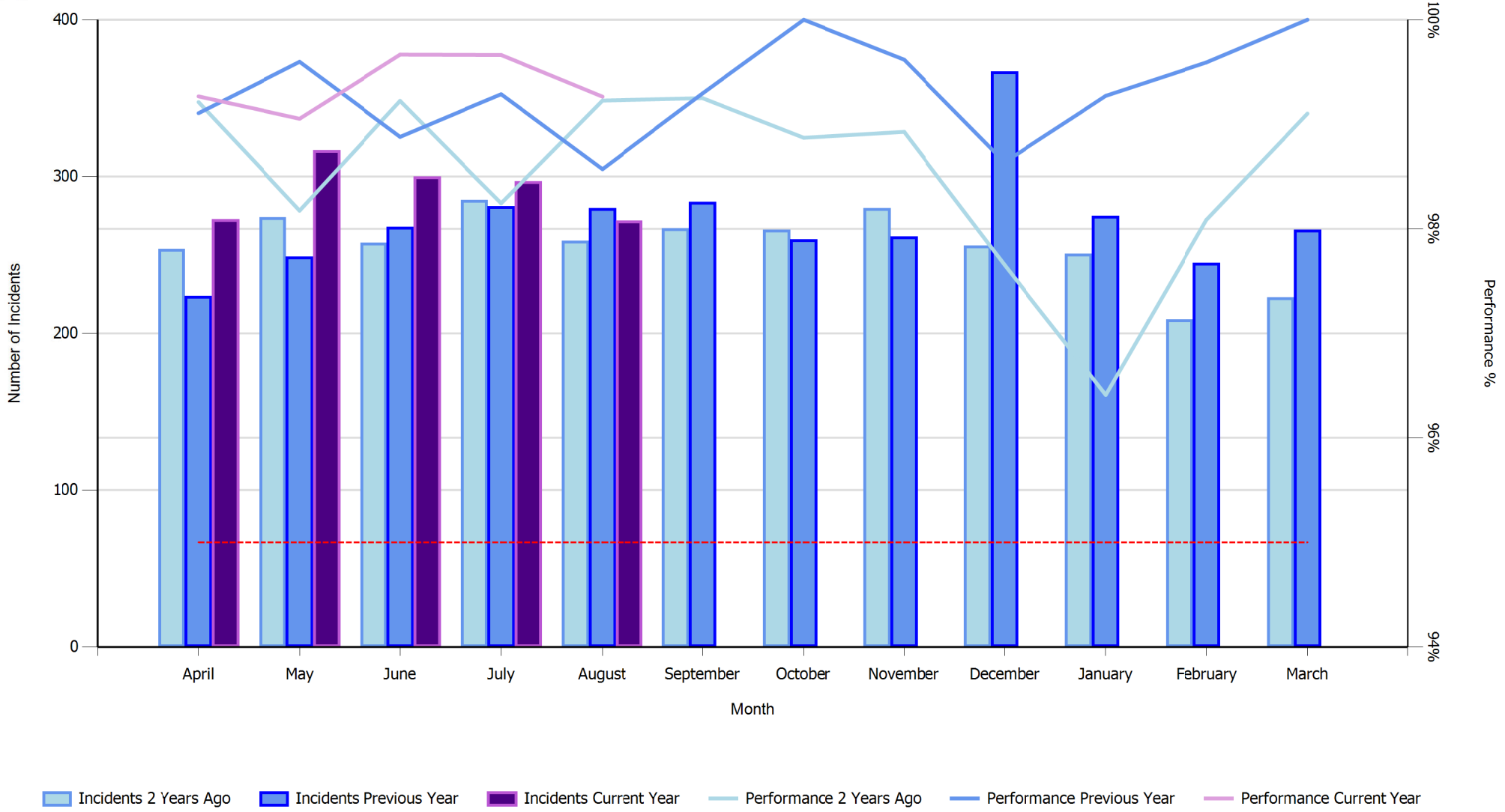
Data is available back to 1st April 2007

Data Last Refreshed: 06/09/2010 22:55:02

For further information please email Information@wmas.nhs.uk

West Midlands Ambulance Service NHS
NHS Trust

Annual Comparision - Emergency Demand and Performance
Selected Category: Cat C Showing Monthly Performance
Selected Trust/Area/PCT: Herefordshire



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For further information please email Information@wmas.nhs.uk

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 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.

HEALTH SCRUTINY COMMITTEE MEETING
20th SEPTEMBER 2010

CHIEF EXECUTIVE'S UPDATE REPORT
SEPTEMBER 2010
HEREFORD HOSPITALS NHS TRUST

1) Introduction

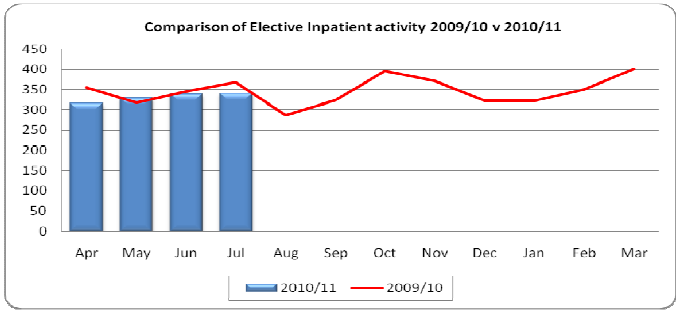
This report provides committee members with an update on the operational and financial performance of the Trust for the period ending July 2010. A summary briefing on key developmental issues for the organisation is also provided.

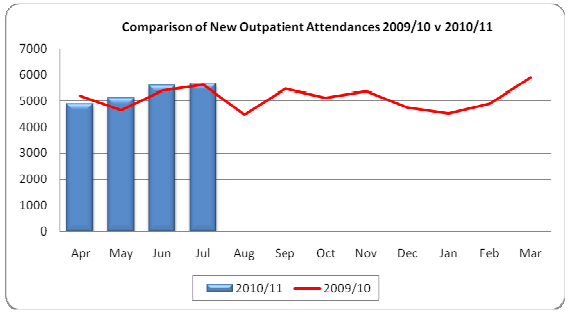
2) Operational Performance

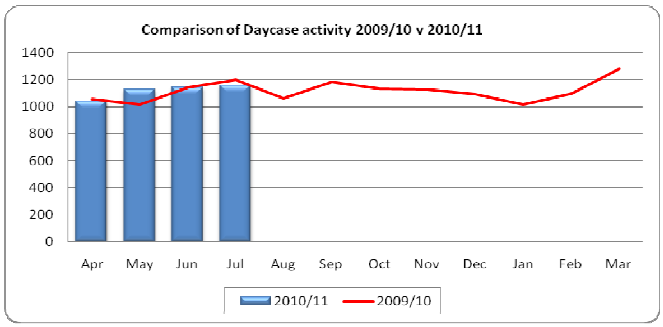
2.1 Patients treated

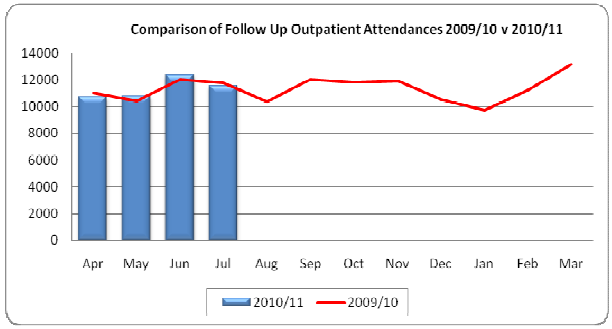
Whilst the County Hospital was undoubtedly under pressure in the early part of the financial year, the table below demonstrates that for inpatients, the trend is comparable to the same period in 2009:-

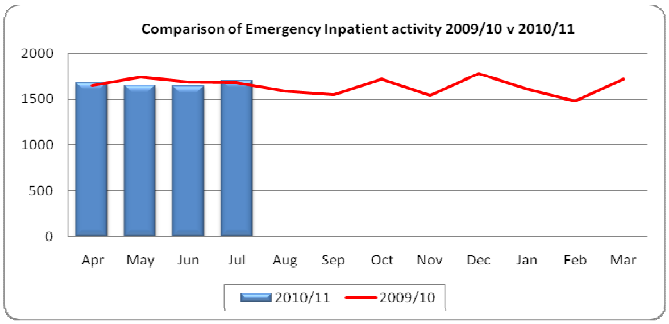
Activity Type	April to July 2009	April to July 2010	Var (No's)	Var (%)
Daycase	4413	4481	68	1.5%
Elective Inpatients	1383	1326	-57	-4.1%
Total Elective	**5796**	**5807**	**11**	**0.2%**
Emergency	6757	6690	-67	-1.0%
Total Inpatient	**12553**	**12497**	**-56**	**-0.4%**
New Outpatients	20776	21328	552	2.7%
Follow Up Outpatients	44888	45547	659	1.5%
Total Outpatients	**65664**	**66875**	**1211**	**1.8%**











2.2 Accident & Emergency (4 hour waits)

Accident and Emergency activity levels in July were above 4000 attendances for the third month in a row. Year on year comparison shows an 8.4% increase in activity which equates to 321 more attendances than at the same stage last year.

Although the national target to see 98% of A&E attendances within 4 hours has been superseded, the Trust continues to work to this standard and an additional local objective of seeing 65% of patients within 2 hours. After a poor start to the year, 4 hour performance in July rose to 99.1% , with August expected to show further improvement. The 2 hour standard was also exceeded in early August.

The Accident & Emergency Unit was originally designed and built to see 125 patients per day. During one day in early July, 171 patients were seen which is the highest number recorded.

2.3 18 week access target

Although national reporting arrangements have ceased, patients have a legal right under the NHS Constitution to be treated in 18 weeks. The Trust's performance against target is good at 99% for both admitted and non admitted patients. This has been consistently achieved over several months.

2.4 Delayed Discharges

The average number of delayed discharges in July reduced to 24 from 27 in the two previous months. This compares to a local target of 15 which has not yet been achieved. Of the delayed discharges, 62% (average 15) were awaiting transfer to a community hospital and 34% (average 8) for completion of health or social care assessment.

Improved joint working between acute, community and social care has developed apace in recent months with a number of initiatives either implemented or close to implementation:-

- Improved bed management
- Daily patient flow management meetings
- Community matrons working in HHT to identify patients to transfer
- Plan agreed to place a social worker and occupational therapist in A&E to avoid admissions and consider either care at home or direct admission to a community hospital.

The effects of all these initiatives should be reflected in the August statistics when available.

2.5 Healthcare Associated Infections (HCAI's)

There were no post 48 hour MRSA bacteraemia cases during July 2010 and indeed, the Trust has had one post 48 hour MRSA bacteraemia this year to date (April – July 2010) against a ceiling of 2 for the year. During July there was 1 post 48 hour C-Difficile case and there were no deaths attributed to Clostridium difficile on the death certificate. For the year to date (end August) there have been 12 post 48 C-Difficile cases against a ceiling of 29.

During July 100% of emergency patients were screened for MRSA. On a similarly positive note, an audit of commode cleanliness in July showed 100% compliance.

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

2.6 Stroke Performance Improvements

In recent months the Trust has made concerted efforts to improve performance against key standards in stroke care with a number of actions routinely taken:-

- Daily reporting and review of stroke patient admissions
- Awareness raising amongst clinicians of the need to act quickly on stroke
- CT scans are requested by A&E as part of the initial assessment
- A side room on ASU remains empty for immediate transfer of patients to ASU
- One male and one female patient on ASU are identified for potential step down at all times

After indifferent results for the early part of the year, these actions are beginning to take effect as reflected in the statistics for August:-

Month	No of Strokes	No of patients thrombolysed	% Direct Admission to ASU	% CT scan within 24 hours of symptoms
August (up to 24th)	31	2	87	74

The two patients thrombolysed in August were initially admitted to CCU for monitoring which has slightly reduced the direct admission rate although providing the appropriate level of care. Had the two patients been admitted to ASU, the % for direct admissions would be 93%. Work is underway to review whether monitoring post thrombolysis can be managed on ASU.

Since June 2010, all patients with a diagnosis of stroke have received a CT scan within 24 hours of request, 33% within 1 hour and 59% within 2 hours.

2.7 Finance

During July, the Trust's actual income and expenditure position improved by £104k to a £740k deficit (£975k worse than the planned position). Whilst this situation does give cause for concern, sensible measures are being taken to control spending and discussions are also underway with the Strategic Health Authority about further action that may be taken. The Trust continues to report a breakeven outturn forecast to the Department of Health: this acknowledges the current position but requires the Trust to make every effort to manage the situation in the remaining months of the year.

3) Service and Site Development

3.1 Reprovision of Kenwater Ward

Following the closure and demolition of Kenwater Ward, the second phase of the internal ward reconfiguration is underway to facilitate the gradual closure of the hutted wards. Minor works to increase the size of Frome Ward will allow Teme Ward to swap with Wye Ward by the end of October and the development of an interim High Dependency Unit to be situated on Frome Ward. These works will be completed by 31 October 2010 with the result that there will be more medical beds in the main hospital but fewer elective orthopaedic beds.

On 31 October Leadon Ward will then be absorbed into the main hospital allowing Dore Ward to relocate to Leadon. The Dore ward hut will then be demolished, providing a clear site for the radiotherapy development due to commence in 2011.

Earlier this year an additional 9 beds were opened at Bromyard Community Hospital as a temporary measure to relieve pressure on beds at the County Hospital. This additional capacity, whilst temporary, will be retained as a contingency for as long as is required whilst the changes outlined above are made.

3.2 Macmillan Renton Unit

The Macmillan Renton Unit build has begun. Foundations are now complete with block and steel work underway. The project completion is planned for March 2011 with the opening scheduled for Spring 2011.

3.3 Equitable Access Centre / Urgent Care Centre

With regards to the development of a primary care facility on the County Hospital site, the PCT have agreed that the aim should be to focus on unscheduled use of primary care (24/7) and the deflection of inappropriate patients away from the hospital. A draft outline business case has been prepared for discussion with the PCT. Further work is needed to ensure the most optimum design given the impact on the County Hospital of wider changes in the health and social care system.

3.4 Replacement of Radiology Scanning Capacity

The Trust has allocated the replacement of both CT and MRI scanners as a priority in the 2010/11 capital programme with a full business case in preparation.

3.5 Radiotherapy

The development of a satellite radiotherapy facility on the County Hospital site, which is being managed by Gloucestershire NHS Foundation Trust, is still in the planning stage with the outline business case approved by Gloucestershire NHS Foundation Trust and Herefordshire PCT. The current focus is on confirmation of capital funding.

4) Integration of Health and Social Care

The programme encompasses three primary workstreams:-

- Integrating and improving service delivery
- Forming an integrated care organisation
- Public and stakeholder engagement

4.1 Service Delivery

Real progress is being made in improving patient flow across the County. Patient flow from 1st September is being managed for the countywide bed stock from a single point. This will evolve into a single point of access for a range of services including Intermediate Care, Sitting Services and Rapid Response teams by the end of December 2010.

Our plans to develop community 'Locality' teams have taken a step forward following broadly positive feedback, in particular from the GP's. The proposed model of care will see nurses, occupational therapists, physiotherapists, social workers and generic workers delivering care as a team across a number of neighbourhoods within each locality. The new teams are expected to be operational in skeleton form by the end of December.

As part of our plan to improve unscheduled care, an 'Instant Care' (Home Sitting Service) became operational at the beginning of September and will be provided through the County-wide

Intermediate Care service. Initially only open to GP's, the service will provide up to three days of home-based care to prevent unnecessary hospital admission.

The integration programme has also focused strongly on stroke services and following the approval of a Business Case by commissioners, a number of further improvements will be put into place over the coming months:-

- Improved access to TIA clinics
- Inpatient rehabilitation to be provided at Hillside
- Increased community rehabilitation

4.2 Integrated Care Organisation

The establishment of the Integrated Care Organisation (ICO) by 1st April 2011 is still on track and an initial submission to the Co-operation & Competition Panel (CCP) to seek approval for this transaction has been made. Due diligence (to ascertain the state of each organisations finance and governance regimes) has begun and will be completed by the end of September.

Over the coming months we will be engaging with staff and key stakeholders on developing the vision and values of the ICO. We will then begin the process of reviewing operational structures, redesigning the Board and consulting staff on the changes.

4.3 Public and Stakeholder Engagement

The next three months sees us engaging with the public and other stakeholders including staff to ensure that everyone has the chance to engage with the integration programme. An engagement document is now available and over the coming weeks roadshows will take place in care settings across the County. As part of this programme, an engagement event has been organised for Health Scrutiny Committee and other Council members for 30th September 2010 at the Council Chambers in Brockington.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 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.

Health Scrutiny Committee
20 September 2010

Subject:	HEALTH & SOCIAL CARE UPDATE
A 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 in Herefordshire

HEALTH & SOCIAL CARE UPDATE REPORT

KEY ISSUES

1. **NHS White Paper**

The committee previously received a briefing paper and discussed the new NHS White Paper "Equity and Excellence: Liberating the NHS", in August. The government has since published a series of consultation documents in addition to the White Paper. These provide details of operational decisions and policies being considered by the government. The four documents are available on the Department of Health website.

These are:

- *Regulating Healthcare Providers*
- *Local Democratic Legitimacy in Health*
- *Commissioning for Patients*
- *Transparency in Outcomes*

Local stakeholders including Health Overview Scrutiny members are expected at a consultation event on the 9th of September to gather views and ensure that our response to the consultation when drafted is inclusive and relevant to Herefordshire. The Overview and Scrutiny Committee will have further opportunities to respond to the draft response when it meets later in September.

2. World Class Commissioning Panel Assessment

The outcome of the WCC Assessment Panel is now available on the website and shows improvement from last year's scores. Lessons learnt and good practice emerging from the WCC principles are being embedded into our approach on integrated commissioning in Herefordshire.

3. Mental Health Procurement Update

The procurement process is about to move into the commercially sensitive stage of tendering. The

competitive dialogue stage has created a better understanding of what could be achieved with the financial envelope available for mental health services through service redesign. While there has been extensive consultation with service users, staff, and clinicians, work continues to ensure that the views of local stakeholders are taken into account. The current timetable as detailed anticipates that service will come under new management from April 2011.

TIMETABLE FOR MENTAL HEALTH PROCUREMENT

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 ▶ Undertake further dialogue sessions
August 2010	▶ Close Competitive Dialogue ▶ Commence development of Invitation to Tender
September 2010	▶ Board approval to Invitation to Tender ▶ Issue Invitation to Tender ▶ Invitation to Tender returned
Late September 2010	▶ Formal evaluation of Invitation to Tender by Tender Evaluation Panel
October 2010	▶ Panel recommendations to Board

Oct 2010– March 2011	▶ Mobilisation Phase
April 2011	▶ Commencement

4. Service Provision Update

4.1 MUSCULOSKELETAL CLINIC SERVICE
On the 1st April 2010 The Provider Arm of NHS Herefordshire took action that led to the temporary suspension of the clinic. The clinic reopened on the 15th April 2010 and full services have now resumed. A clinical review of the services has taken place and has determined that all processes and procedures in the clinic were at the time and still are being undertaken appropriately and comply with risk management and safety requirements. Patients who experienced and delay or cancellation of their appointments have been contacted and new appointments made.

4.2 Mental Health
New Consultant Psychiatrists have now been recruited to the Mental Health Service in order to fill gaps that have been identified as we proceed with the new procurement. It is positive to report that substantive appointments have been made to the North & South community mental health teams in the County, and both post holders commenced in early August.

5. Health & Wellbeing Partnership Update

Subsequent to the publication of the Director of Public Health report, and the annual health and wellbeing conference, an integrated health improvement plan across all partner agencies is now finalised. This document outlines activities and priorities for 2010/11. This plan will be developed further into a 3-year plan endorsed by the Health & Wellbeing Partnership and all partner agencies following the comprehensive spending review later in the year. Consultation and input from all relevant boards including Health Scrutiny Committee commences later this month.

6. Recent Independent Commission Reports & Inspections

6.1 Adult Social Care Inspection
Adult social care services are currently undergoing an inspection of Adult safeguarding and Older People's choice and control of services. Initial feedback for factual accuracy is expected in September 2010, and will influence the ASC rating for 2009/10.

6.2 Children Services Inspection
OFSTED will be undertaking inspection of safeguarding and looked after children between 13 and 24 September 2010.

6.3 CQC Inspection of Community Hospitals
The Care Quality Commission (CQC) made an unannounced visit to Community Hospitals in Herefordshire on the 9th June 2010. The inspectors made very positive comments about how helpful staff had been and their good sense of ownership of ward issues by the Modern Matrons. They made a number of recommendations about how we can further enhance the services at Community Hospitals and an action plan was drawn up and implemented immediately after the visit. Some additional

building works are being scheduled in September to remove carpet and replace as appropriate with non slip flooring and there have been some additional work to improve laundry management, and to ensure the removal of plugs from sinks which are used for hand washing.

6.4 CQC Inspection of Community Hospitals
The Mental Health Act Commission team as part of the Care Quality Commission) visited the Stonebow Unit on 22 June 2010, to determine compliance with the Mental Health Act. The visit and subsequent report were a positive assessment of current process, with some recommendations in relation to communication and documentation. All recommendations have been either immediately acted upon and closed, or plans outlined to address them.

7. Performance Update

7.1 Finance
NHS Herefordshire is currently forecasting that it will achieve financial targets set by the Strategic Health Authority (breakeven for the financial year 2010/11) and all its statutory targets. However there are a number of significant risks that are emerging. These include £2m over performance on Continuing Healthcare and a £3.6m over performance on the Hereford Hospitals contract at month 4 therefore NHSH is reporting a year to date deficit position of £812k. Achievement of breakeven is subject to the delivery of a challenging financial recovery plan which will include the delivery of demand management initiatives, management cost targets and cost improvement programmes. If this financial recovery plan is not delivered this would translate into a full year forecast outturn of £2.5m - £3.0m deficit. The delivery of cost improvement targets and management cost savings will therefore need to be accelerated. Additionally the commissioning contract portfolio will need to be robustly managed so that contract over performance does not threaten the financial stability of the organisation. NHSH is developing a financial recovery plan to ensure the deficit position is recovered. A detailed recovery plan will be submitted to the NHSH Board in September for approval.

7.2 Performance Data
Areport is appended. There are currently no new major areas of risks since the last update.

7.3 Quality & Safety Update
A separate briefing is attached as a main agenda item.

RECOMMENDATION:

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

Performance Dashboard - As at 31st July 2010										
N.I. No.	**Target**	**Year 2009/10 Outturn**	**Year 2010/11 Target**	**Current Months Target**	**National 09-10 Average**	**April**	**May**	**June**	**Current Month July**	**Note**
VSB01-a	All-age all cause mortality (AAACM) rate - males	0.0	79.0	0.0	0.0	0.0	0.0	0.0	0.0	Awaiting Data
VSB01-b	All-age all cause mortality (AAACM) rate - females	0.0	83.7	0.0	0.0	0.0	0.0	0.0	0.0	Awaiting Data
HC1	4 hour maximum A&E wait	97.7	95.0	95.0	0.0	95.4	95.6	97.4	98.1	
VSB05	Smoking Prevalence (Smoking Quitters)	0.0	1220.0	1220.0	0.0	65.0	99.0	144.0	0.0	
NI136	People supported to live independently through social services	3736.0	3879.0	2900.0	3118.5	0.0	3721.0	3746.0	3756.0	
VSA04	6 week waits for diagnostic tests	0.0	0.0	0.0	0.0	9.0	25.0	35.0	72.0	
HC3a (WCC)	Cancer waits – 2 week maximum wait from urgent GP referral	94.0	93.0	93.0	0.0	97.3	98.9	98.3	0.0	
HC3b (WCC)	Cancer waits – 1 month maximum wait from diagnosis to treatment	98.7	96.0	96.0	0.0	100.0	98.8	100.0	0.0	
VSA08 (WCC)	Breast Symptom Two Week Wait	47.8	93.0	93.0	0.0	86.1	75.5	93.9	0.0	
VSA09 (WCC)	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer (36-38 mths)	92.2	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSA10 (WCC)	Proportion of men and women aged 70-75 taking part in bowel screening programme	n/a	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Screening began 2009 - awaiting data
VSA11 (WCC)	31-Day Standard for Subsequent Cancer Treatments (Chemotherapy and Surgery)	97.3	94.0	94.0	0.0	100.0	94.1	100.0	0.0	
VSA12 (WCC)	31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	100.0	100.0	100.0	0.0	100.0	100.0	100.0	0.0	
VSA13 (WCC)	Extended 62-Day Cancer Treatment Targets	100.0	90.0	90.0	0.0	100.0	100.0	66.7	0.0	

Performance Dashboard - As at 31st July 2010										
N.I. No.	**Target**	**Year 2009/10 Outturn**	**Year 2010/11 Target**	**Current Months Target**	**National 09-10 Average**	**April**	**May**	**June**	**Current Month July**	**Note**
HC8a	Ambulance Response targets – CAT A calls in 8 mins – West Mids Ambulance Trust	72.5	75.0	75.0	0.0	80.8	78.4	76.7	78.2	
HC8a	Ambulance Response targets - CAT A calls in 8 mins - (Herefordshire)	71.7	75.0	75.0	0.0	73.0	73.6	76.5	78.5	
HC8b	Ambulance Response targets – CAT A calls in 19 mins – West Mids Ambulance Trust	97.5	95.0	95.0	0.0	98.6	98.3	98.0	98.1	
HC8b	Ambulance Response targets - CAT A calls in 19 mins - (Herefordshire)	93.2	95.0	95.0	0.0	95.1	93.2	93.2	93.8	
HC8c	Ambulance Response targets - CAT B calls in 19 mins - West Mids Ambulance Trust	94.1	95.0	95.0	0.0	97.1	95.5	94.2	95.1	
HC8c	Ambulance Response targets - CAT B calls in 19 mins - (Herefordshire)	92.5	95.0	95.0	0.0	93.9	93.9	92.7	92.9	
NI125	Achieving independence for older people through rehabailitation/intermediate care	95.4	78.0	78.0	0.0	95.7	100.0	0.0	0.0	
VSB09 (WCC)	Childhood Obesity	87.2	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSC15 (WCC)	Proportion of all deaths that occur at home	21.7	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSA04	18 week waits admitted - NHS-reported waits for elective care	99.0	90.0	90.0	0.0	98.5	98.0	99.3	0.0	
VSA04	18 week waits non-admitted - NHS-reported waits for elective care	98.6	95.0	95.0	0.0	100.0	99.4	99.3	0.0	
VSB02	CVD Mortality Rate	61.3	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
DH3	3 month maximum wait for revascularisation	0.0	n/a	n/a	0.0	0.0	0.0	0.0	0.0	Awaiting Data
MHPI 03 (WCC)	Best Practice in Mental Health Services for People with Learning Disabilities (Green Light Toolkit)	34.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	

Performance Dashboard - As at 31st July 2010										
N.I. No.	**Target**	**Year 2009/10 Outturn**	**Year 2010/11 Target**	**Current Months Target**	**National 09-10 Average**	**April**	**May**	**June**	**Current Month July**	**Note**
VSB06	Early Access for Women to Maternity Services	92.3	90.0	90.0	0.0	94.8	93.8	96.2	0.0	
VSB10 - 4	Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	87.0	90.0	90.0	0.0	84.0	87.7	82.7	0.0	
VSB10 - 6 (WCC)	Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR)	82.1	88.0	88.0	0.0	85.4	76.8	80.1	0.0	
VSB11 - 1	Breastfeeding at 6-8 weeks - Prevalence	49.5	59.5	59.5	0.0	39.7	48.4	56.6	0.0	
VSB11 - 2	Breastfeeding at 6-8 weeks - Coverage	96.9	95.0	90.0	0.0	93.4	96.1	97.4	0.0	
VSC27	Patients with diabetes in whom the last HbA1c is 7.5 or less from Quality Outcomes Framework (QOF)	58.9	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
NI135	Carers receiving needs assessment or review and a specifics carer's service, or advice and information	22.4	22.9	21.2	26.4	0.0	22.8	16.5	23.0	
HC2a	% seen within 48 hours in GUM clinic	76.7	98.0	98.0	0.0	89.0	93.0	84.0	87.0	
HC2b	% offered appointment within 48 hours in GUM clinic	98.7	90.0	90.0	0.0	99.0	100.0	96.9	99.5	
HC5	Access to crisis services for all patients who need them	98.3	95.0	95.0	0.0	100.0	100.0	100.0	0.0	
HC6	Early Intervention in psychosis	22.0	20.0	20.0	0.0	5.0	1.0	0.0	0.0	
MHPI 01	Data quality on ethnic group	80.5	85.0	85.0	0.0	n/a	n/a	88.7	0.0	
VSB03 (WCC)	Cancer Mortality Rate	103.7	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSB08	Teenage pregnancy	not known	28.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data

Performance Dashboard - As at 31st July 2010										
N.I. No.	**Target**	**Year 2009/10 Outturn**	**Year 2010/11 Target**	**Current Months Target**	**National 09-10 Average**	**April**	**May**	**June**	**Current Month July**	**Note**
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)	93.1	95.0	95.0	0.0	96.3	92.6	96.4	0.0	
VSB10 - 2	Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV)	92.3	90.0	90.0	0.0	87.2	95.2	85.8	0.0	
VSB10 - 3	Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC)	85.9	90.0	90.0	0.0	51.9	90.4	90.1	0.0	
VSB10 - 5	Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	90.1	95.0	95.0	0.0	95.6	79.3	93.8	0.0	
HC4	Time to reperfusion following a MI	75.9	68.0	68.0	0.0	75.0	50.0	66.6	100.0	
VSA14 - 01 (WCC)	Quality stroke care - +90% of time spent on stroke unit	41.6	80.0	80.0	0.0	21.0	41.0	28.0	48.0	
VSA14 - 02 (WCC)	Quality stroke care - % of people with TIA scanned and treated within 24 hours	9.5	60.0	60.0	0.0	20.0	8.0	7.0	36.0	
MHPI 06	CAMHS Services - protocols in place (1-6)	20.0	24.0	24.0	0.0	20.0	20.0	20.0	20.0	
VSB12	Emotional health and well being and child and adolescent mental health services (CAMHS)	0.0	16.0	16.0	0.0	15.0	15.0	15.0	15.0	
VSB14	Number of Drug Users recorded as being in effective treatment	0.0	552.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSC02	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies - IAPT Implementation	n/a	n/a	n/a	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSC17 (NI130)	% of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)	5.2	31.0	31.0	13.0		5.1	5.2	5.3	
VSC26	Rate of hospital admissions per 100,000 for alcohol related harm	1337.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
VSB15 - 1	Self reported experience of patients/users	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Yearly return due in November

Performance Dashboard - As at 31st July 2010										
N.I. No.	**Target**	**Year 2009/10 Outturn**	**Year 2010/11 Target**	**Current Months Target**	**National 09-10 Average**	**April**	**May**	**June**	**Current Month July**	**Note**
VSB15 - 2	Self reported experience of patients/users	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Yearly return due in November
VSB15 - 3	Self reported experience of patients/users	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Yearly return due in November
VSB15 - 4	Self reported experience of patients/users	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Yearly return due in November
VSA07	Practices offering extended opening	0.0	75.0	70.8	0.0	66.7	66.7	70.8	75.0	
VSB18	Access to primary dental services - year-on-year improvements in number of patients accessing NHS dental services	93622.0	105140.0	94078.2	0.0	93706.0	93811.0	93582.0	93529.0	
VSC10	Number of delayed transfers of care per 100,000 population (aged 18 and over)	0.0	27.0	27.0	0.0	n/a	n/a	50.1	48.4	
VSC10.1	Rate of delayed transfers of care per 100,000 population (aged 18 and over)	0.0	18.6	18.6	0.0	n/a	n/a	35.0	34.6	
MHPI 02	Care Programme Approach - CPA 7-Day follow up	90.1	95.0	95.0	0.0	95.7	95.6	93.1	0.0	
MHPI 04	Patterns of Care from the Mental Health Minimum Data Set	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
MHPI 05	Completeness of Care from the Mental Health Minimum Data Set	0.0	0.0	0.0	0.0	n/a	n/a	n/a	n/a	Awaiting Data
VSB13	Chlamydia Prevalence (Screening)	0.0	480.0	670.0	0.0	180.0	257.0	296.0	0.0	
VSA01	MRSA number of infections - Acute only	3.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Awaiting Data
VSA03 Comm	Incidence of C. Difficile - Commissioner	171.0	11.0	10.0	0.0	0.0	0.0	0.0	0.0	Awaiting Data
VSB17	NHS staff survey based measures of job satisfaction	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	Awaiting Data

Performance Dashboard - As at 31st July 2010										
N.I. No.	**Target**	**Year 2009/10 Outturn**	**Year 2010/11 Target**	**Current Months Target**	**National 09-10 Average**	**April**	**May**	**June**	**Current Month July**	**Note**
NI130 (VSC17)	Personalisation	5.2	31.0	31.0	13.0	0.0	5.1	5.2	5.3	
HSC - Leaders Brefing 10/10/2010										

Appendix 2 - Performance Narrative – Areas of Improvement and Concern

1. Introduction

This paper notes the specific areas where performance has improved or is/has recently been, below target, and the actions taken, or to be taken, to ensure achievement. Several of the areas below will be followed up in the coming months with the relevant workstream.

2. Herefordshire A&E 4 Hour Waiting Times – HC1 – Lead Workstream Planned Care

As expected the national target of 98% has been adjusted nationally to 95%. Since this amendment Hereford Hospital Trust has managed to achieve and exceed the target. Performance year to date has dipped slightly from Q1 but remains above the 95% threshold.

3. Cervical Cancer Screening - VSA 15 - All women to receive results of cervical screening tests within 2 weeks by December 2010 – Lead Workstream – Planned Care

We have been requested by WMSHA to comment on our achievement of this Vital Sign target and advise on any issues that may interfere with meeting the national expectation by December 2010. However Herefordshire PCT is recognised as one of the best performers – top 3 of the 17 PCTs in the West Midlands region and is not seen as an organisation of concern.

Below is the commentary submitted to the SHA.

'Having reviewed the service level activity to date Herefordshire PCT is not aware of any issues/circumstances that would impact on the delivery of the target by December 2010. To ensure that we remain on course to achieve the target we have recently asked all surgeries to use pre-populated printed forms for all their smears from the Open Exeter system. This cuts down processing time in the lab and reduces errors that require smears to be returned to the practice so is an important part of improving the turnaround of the smears. Most practices are now using the system and we are planning visits to the small number who are having difficulties'.

4. Herefordshire & West Midlands Ambulance Response Times – HC8 a-c – Lead Workstream – Planned Care

In Q2 ambulance response times in Herefordshire continue to show a slight improvement. We are still awaiting further detail of any planned improvement actions. These improvements are planned to be 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.

5. Cancer Waiting Times – VSA 8 -13 – Planned Care

Overleaf a table showing the latest achievements, as at June 2010, of the cancer waiting time standards for Herefordshire as provider and commissioner. In relation to these the following should be noted:

- **Breast Symptomatic** - There have been capacity issues due to consultant leave - the figures have improved over the past two months. This will be followed up through the Quality Review Forum and as part of a wider Breast Screening Service review.

- **62 Day Referral to Treatment: Target 85%-** Hereford Hospitals Trust achieved the target therefore breaching patients are possibly being treated either in Gloucestershire or Worcs.

- **31 Day Rare Cancers - Target 85%** - There were only 2 patients in June - 1 breached due to capacity issues, it is understand that CQC does not regard this as material breach as the numbers are too small.

- **Ex 62 Day RTT Consultant Upgrade: Target to be confirmed-** Hereford Hospitals Trust achieved the target therefore breaching patients are possibly being treated either in Gloucestershire or Worcs.

		PCT Commissioning		HHT Provider	
Cancer Waiting Time Targets	Operational Standard	June	YTD	June	YTD
14 day wait for all patients urgently referred by a GP/GDP for suspected cancer to date first seen	93%	98.31%	98.21%	98.26%	97.85%
2ww Breast Symptom	93%	93.88%	85.11%	94.12%	86.52%
1 month (31 days) from decision to treat to first treatment (All Cancers)	96%	100.00%	99.59%	100.00%	100.00%
2 months (62 days) from urgent GP referral to first treatment (All Cancers)	85%	81.58%	86.96%	88.64%	90.79%
1 month (31 days) from urgent GP referral to first treatment for acute leukaemia, testicular and children's cancers	85%	50.00%	50.00%	N/A	N/A
Extended 62 Day referral to treatment (screening programme)	90%	87.50%	91.67%	94.12%	91.11%
Extended 62 Day referral to treatment (consultant upgrade)	tbc (94%)	66.67%	85.71%	100.00%	100.00%
31 Day Subsequent treatment (surgery)	94%	100.00%	97.87%	100.00%	98.04%
32 Day Subsequent treatment (drug)	98%	100.00%	100.00%	100.00%	100.00%
31 Day Subsequent treatment (radiotherapy)	94%	100.00%	100.00%	N/A	N/A

6. Stroke Care – VSA 14 – Lead Workstream – Unscheduled Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Quality stroke care - +90% of time spent on stroke unit	Jul-10	80% by Mar 2011	**33.00%**	↑
Quality stroke care - % of people with TIA scanned and treated within 24 hours	Jul-10	60% by Mar 2011	**16.00%**	↑

The Stroke Project Working Group meets monthly to review the commissioning of stroke services and progress in delivering the agreed new stroke care pathway.

The Business Case for Inpatient Community and Home-Based Stroke Services, developed by the Service Integration Programme, includes actions proposed to develop and improve the following acute stroke service provision:-

- Transient Ischemic Attack (TIA)
- Thrombolysis
- Acute Stroke Unit Bed Management

The actions that have already been implemented have resulted in some improvement in performance during July within those areas that are monitored against Vital Signs targets – namely, TIA and Acute Stroke Unit Bed Management. ***However it should be noted that based on previous years' activity it is estimated that the Acute Stroke Unit target for 2010/11 will not be met and it is unlikely that the TIA target will be met.***

Further details relating to planned improvements in this services are incorporated within the "Stroke Service Update" paper presented to this meeting

7. Delayed Transfers of Care – VSC 10 (NI131) –Lead Workstream - Unscheduled Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend
Number of delayed transfers of care per 100,000 population (aged 18 and over)	Jul-10	27 per wk avg.	**48.40**	↑
Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Jul-10	18.6	**34.62**	↑

Hereford Hospitals Trust is currently underperforming against expectation in terms of the local health economy. Despite the under-performance, as at July 31st, the overall trend of performance is beginning to improve from the quarter 1 position. A community wide action plan to address under-performance has been developed and is in the early stages of implementation. Some of the initiatives identified that are underway;

1. Daily monitoring of delays has to be established across providers:
2. System wide bed management process has been developed between providers:

3. Repetition of assessments between health and social care has to be avoided:

4. Review of panels and the benefit of joint panels:

5. Review of the discharge policy:

6. Monitoring of readmission rates to ensure appropriate transfers:

7. Accountability for the system wide target to be established:

Future reporting of performance/achievement of the delayed discharge target will change significantly over the coming months. This is due to the changes in reporting requirements implemented by the DoH as of 1st August which are;

- Weekly returns will cease as of 1st August
- A new monthly return will replace the weekly return – due early September.
- Independent providers will be required to submit their own return direct to the DoH via Unify 2 (DoH reporting system).

Historically the number of patients delayed has counted those patients delayed in an acute/non-acute bed as of midnight on the Thursday of that week. With the implementation of the new monthly return organisations are now required to only count those patients delayed in an acute/non-acute bed as of midnight on the last Thursday of the month.

It is not clear yet whether the DoH intend to alter the performance measurement threshold of this target. However it will mean that if the current measure remains we will see a "*significant improvement*" in the overall performance based on the data available. Further information around this process and associated targets is being outlined in a separate paper.

8. **VSC17/N1130 - % of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)**

The Department of Health had set a stretch target of 30% of services users receiving individualised budgets by 2011 (NI130, Social Care clients receiving Self Directed Support). Our lastest outrun for the month 5.4 %

However, a number of local authorities have expressed concern about NI130 and require a review of the interpretation of this indicator in order to reach the ambitious 30% target. The previous government had shifted its focus towards personal indicative budgets and away from, what was previously our strategy, of offering individualised budgets. The new coalition government has stated its commitment to extending the greater roll-out of personal budgets to give people and their carers more control and purchasing power and a revised target of 35% has been muted.

Our current performance has remained around 5% for NI 130, largely because growth in NI 136 as the 'denominator' has masked significant growth in NI130. Having said this performance compares favourably with other West Midlands authorities, but is still a way short of the 30% target and to some extent reflects the low base from which we started. We now have robust plans now in place to improve this indicator and the implementation of our new RAS system in autumn 2010, will see a further significant improvement in performance. We are confident our 'Personalisation Programme' will deliver our programme objectives by November 2010 and NI130 has also been made a key corporate priority ensuring engagement at all levels in achieving this target.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**20 SEPTEMBER 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

22 November	
	• Mental Health Procurement Update (invite Adult Social care and Strategic Housing Scrutiny Members) • Follow up points from previous meetings and "need to know" information from Health Trusts. • Population Health – Access to health services in a rural County (including dental health) • World Class Commissioning • Herefordshire Service Integration Programme • Updated Response from Director of Regeneration to Scrutiny Review of GP Services
21 January	
	• Updates by Chief Executives of Health Trusts • Population Health - health and wellbeing of older people • World Class Commissioning • Update on response to Scrutiny Review of GP Services • Herefordshire Service Integration Programme
18 March	
	• Follow up points from previous meetings and "need to know" information from Health Trusts. • World Class Commissioning • Population Health – Issues relating to housing

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

Date	Item	Resolution	Commentary
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.
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 on agenda 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 made in July 2010.

Date	Item	Resolution	Commentary
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.
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**	Report on agenda for September 2010

Date	Item	Resolution	Commentary
		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.**	
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 as part of NHS Herefordshire updates.
18 June 2010	Suggestions from Members of the Public	**Agreed to add the provision of dental services to the work programme.**	Issue to be included in population health report on access to services in November 2010.
18 June 2010	Response to Scrutiny of General Practitioner	**That the response to the findings of the scrutiny review of GP services be**	Meeting of Chairman and Vice-Chairman to be scheduled with Regeneration

Date	Item	Resolution	Commentary
	(GP Services)	**noted subject to the Director of Regeneration being invited to reconsider and strengthen his response on rurality and transport co-ordination;**	Directorate to discuss updated response.
		(b) the Local Medical Committee be invited to comment on the response by NHS Herefordshire to the Review;	Secretary to the Local Medical Committee has commented that in his view the responses of NHS Herefordshire are on the whole fair and reasonable and would have the support of GPs.
		(c) a further report on progress in response to the review be made in six months time with consideration then being given to the need for any further reports to be made;	Report Scheduled for January 2011.
		(d) The Valuing People Partnership Board should be asked to comment on its evaluation of the outcomes for adults with learning disabilities from the Learning Disability Locally Enhanced Service incentive scheme;	Information being sought.
		(e) a glossary be prepared of the various boards in the County with responsibility for considering health and social care matters; and	A glossary circulated. Further Information being sought.
		(f) the next quality report should include information on the numbers using the Equal Access Medical Centre and also	

Date	Item	Resolution	Commentary
		report on the effects on use of GP surgeries and the out of hours service.	Report Scheduled for September 2010.
18 June 2010	Mental Health Procurement Project	**That (a) progress on the Mental Health Procurement Project be noted; and** **(b) a further report be made to the Committee in November 2010 setting out how the new arrangements will improve services and benefit service users and their carers and deliver value for money.**	Report scheduled for November 2010.
18 June 2010	NHS Herefordshire Update	**RESOLVED: That updates be provided on delayed transfers of care and Stroke services.**	Included in interim updates for 30 July.
2 August 2010	Herefordshire Service Integration Programme	**RESOLVED:** **That (a) the engagement programme be supported, with the recommendation that it be extended to involve presentations to the PACTs, to seek views from those who had not been to hospital or visited their registered GP with any frequency and to provide an engagement event for all Councillors rather than for the Committee alone;** **(b) following the planned engagement**	Event for all Councillors scheduled for 3o September. Report scheduled for 30 November.

Date	Item	Resolution	Commentary
		event for Councillors a report be made to the Committee seeking the Committee's formal response to the consultation on the proposals, allowing the Committee to take account of any issues arising from the engagement event;	
		(c) that the report to be prepared in December 2010 describing the overall engagement process, the responses and any changes made to the services as a result should also be presented to the Committee, at which point the Committee would make further observations as it saw fit; and	Report Scheduled for January 2011.
		(d) a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.	Circulated.
2 August 2010	Population Health – Alcohol Misuse and Smoking	**RESOLVED: That a briefing note be provided setting out the evidence supporting the investment in measures to reduce smoking as outlined in the Public Health improvement Plan; and the evidence supporting the establishment of alcohol health workers and alcohol liaison nurse posts to deliver the Identification and Brief Advice programme.**	Circulated

Date	Item	Resolution	Commentary
2 August 2010	Interim Trust Update – Delayed Transfers of Care	**It was agreed that an updated report should be circulated to the Overview and Scrutiny Committee who had expressed concern about performance in this area.**	To be circulated.