

# AGENDA

## Health Scrutiny Committee

Date: **Friday 21 January 2011**

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Time: **10.00 am**

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Place: **The Council Chamber, Brockington, 35 Hafod Road,  
Hereford**

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Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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If you would like help to understand this document, or would like it in another format or language, please call Tim Brown, Committee Manager Scrutiny on 01432 260239 or e-mail [tbrown@herefordshire.gov.uk](mailto:tbrown@herefordshire.gov.uk) in advance of the meeting.

# Agenda for the Meeting of the Health Scrutiny Committee

## Membership

|                      |                                    |
|----------------------|------------------------------------|
| <b>Chairman</b>      | <b>Councillor PM Morgan</b>        |
| <b>Vice-Chairman</b> | <b>Councillor AT Oliver</b>        |
|                      | <b>Councillor WU Attfield</b>      |
|                      | <b>Councillor PGH Cutter</b>       |
|                      | <b>Councillor MJ Fishley</b>       |
|                      | <b>Councillor RC Hunt</b>          |
|                      | <b>Councillor Brig P Jones CBE</b> |
|                      | <b>Councillor MD Lloyd-Hayes</b>   |
|                      | <b>Councillor G Lucas</b>          |
|                      | <b>Councillor GA Powell</b>        |
|                      | <b>Councillor A Seldon</b>         |

## **GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS**

The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.

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.

Whether an interest is prejudicial is a matter of judgement for each Councillor. What Councillors have to do is ask themselves whether a member of the public – if he or she knew all the facts – would think that the Councillor's interest was so important that their decision would be affected by it. If a Councillor has a prejudicial interest then they must declare what that interest is. A Councillor who has declared a prejudicial interest at a meeting may nevertheless be able to address that meeting, but only in circumstances where an ordinary member of the public would be also allowed to speak. In such circumstances, the Councillor concerned will have the same opportunity to address the meeting and on the same terms. However, a Councillor exercising their ability to speak in these circumstances must leave the meeting immediately after they have spoken.

## AGENDA

|  | Pages   |
|--|---------|
| <b>1. APOLOGIES FOR ABSENCE</b>  |         |
| To receive apologies for absence.  |         |
| <b>2. NAMED SUBSTITUTES (IF ANY)</b>   |         |
| To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.                      |         |
| <b>3. DECLARATIONS OF INTEREST</b>   |         |
| To receive any declarations of interest by Members in respect of items on the Agenda.  |         |
| <b>4. MINUTES</b>  | 1 - 8   |
| To approve and sign the Minutes of the meeting held on 22 November 2010.   |         |
| <b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b>   |         |
| To consider suggestions from members of the public on issues the Committee could scrutinise in the future.                   |         |
| <b>6. WEST MIDLANDS AMBULANCE TRUST - FOUNDATION TRUST STATUS</b>  |         |
| To receive a presentation on plans for the Trust to become an NHS Foundation Trust and consider the Committee's response.    |         |
| <b>7. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE</b>   | 9 - 12  |
| To receive an update from the Trust.   |         |
| <b>8. HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME</b>  | 13 - 26 |
| To consider the outcome of the engagement exercise with patients, public and stakeholders on proposals to integrate services |         |
| <b>9. HEREFORD HOSPITALS NHS TRUST UPDATE</b>  | 27 - 36 |
| To receive an update from the Trust.   |         |
| <b>10. NHS HEREFORDSHIRE UPDATE</b>  |         |
| To receive an update from the Trust.   |         |
| <b>11. WORK PROGRAMME</b>  | 37 - 52 |
| To consider the Committee's work programme.  |         |



## **PUBLIC INFORMATION**

### **HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES**

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Children's Services, Community Services, Environment, and Health. An Overview and Scrutiny Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

## **PUBLIC INFORMATION**

### **Public Involvement at Scrutiny Committee Meetings**

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committees to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

#### **1. Identifying Areas for Scrutiny**

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

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

#### **2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings**

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

## **Remits of Herefordshire Council's Scrutiny Committees**

### **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 minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- 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.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
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- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.



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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 22 November 2010 at 10.00 am**

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

Councillors: WU Attfield, PGH Cutter, MJ Fishley, RC Hunt, Brig P Jones CBE, MD Lloyd-Hayes, G Lucas, GA Powell and A Seldon

**In attendance:** Councillors PA Andrews, WLS Bowen and PJ Edwards

**36. APOLOGIES FOR ABSENCE**

There were none.

**37. NAMED SUBSTITUTES**

There were none.

**38. DECLARATIONS OF INTEREST**

There were none.

**39. MINUTES**

**RESOLVED:** That the Minutes for the meeting held on 20 September 2010 be confirmed as a correct record and signed by the Chairman, subject to recording that Councillor WU Attfield had submitted her apologies for that meeting.

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

There were none.

**41. POPULATION HEALTH - ACCESS TO HEALTH SERVICES**

The Committee considered what Herefordshire Public Services are doing to improve access to health services.

The Assistant Director Public Health, the Associate Director of Integrated Commissioning and the Consultant in Dental Public Health presented the report.

The Assistant Director highlighted the role of the Rural Access Partnership which oversaw a number of programmes to address access to services in rural areas.

He also noted the role the Committee and all Members of the Council could play in developing and improving access to rural services, particularly around transport; supporting local projects within their wards; and lobbying for changes on a wider basis that would improve the health and wellbeing of the population of Herefordshire.

The report contained a detailed appendix on access to dental health services in response to a request from a member of the public to the Committee in June 2010 that this aspect be scrutinised.

The Associate Director emphasised the improvement made to access to dental care following an exercise to procure additional dental capacity with effect from 1 October 2010. In September 2010 the percentage of the resident population of Herefordshire who had accessed NHS dental care within the previous 24 month period was 52.16%, compared to 56% in England as a whole. The statistics quoted in the appendix to the report were not yet able to reflect the additional capacity provided from October 2010. The picture was therefore brighter than shown in that report.

In discussion the following principal points were made:

- The report stated that the percentage of Herefordshire households within set distances for most key services was much lower than for the West Midlands Region and England as a whole. Access to GP surgeries within the nationally set distance of 4km had increased from 76% in 2007 to 83% in 2008. It was requested that a further report be made to the next meeting on access, based on distance, to GPs, community hospitals, Hereford Hospital and other specialist hospitals out of the County. As a general principle it was requested that reports showed distances in both metric and imperial measures.

It was asked whether there was any intention to make additional provision to increase the percentage of people within the set distance of GP surgeries. The Associate Director replied that the list size of GPs within the County was better than the West Midlands average with no single-handed practices. Coverage was considered good given the rural nature of the County.

- The implications for access to services of the Government's reduction in the bus subsidy were noted.
- The role played by the voluntary sector, for example in providing community transport, and the potential implications of a reduction in support to that sector because of the financial situation was discussed.

The Grants and Partnership Officer commented that the community transport service was provided by independent charities that were dependent on grant and subsidy. The cost of replacement vehicles was significant and the availability of external grants to finance this expenditure was decreasing. Currently the Council provided some support for running costs. The resources currently available were not sufficient to support the continuation of the current level of community transport, a service that provided access to services to one of the most vulnerable sections of the community.

It was requested that further information be provided to the Committee on the proposed level of future support for community transport.

- Clarification was sought on a report in the Hereford Times that the GP Walk in Centre was to be relocated to a site adjacent to the Accident and Emergency Unit. The report had contained no mention of whether any form of provision would be retained on the site of the current facility at the Asda store in Belmont although requests had been made that this be considered.

The Associate Director commented that the original intention had been that the provision at the Asda site in Belmont would be temporary, pending the development of permanent provision adjacent to the Accident and Emergency Unit. However, the demand at the Asda site and the fact that some of those attending the Centre were

from traditionally hard to reach groups had led NHS Herefordshire (NHS) to review this decision. Plans were being drawn up, as part of the unscheduled care workstream, to provide some form of provision at Belmont.

It was requested that a press release be issued to this effect to correct any possible misunderstanding as a result of the original newspaper report.

- The work to improve the provision of Broadband within the County was welcomed. It was requested that a briefing note be provided providing assurance that in pursuit of more integrated working the joint needs of health and social care were being fully taken account in this work, including, for example, the need for satellite GP surgeries to have access to Broadband.

The Chairman of NHS confirmed that the Joint Director of ICT was considering how the use of both the Council's and NHS's infrastructure could be maximised.

- Concern was expressed about figure 1 in the appendix that showed the highest numbers of people on the NHS dental waiting list by ward of residence were in Ross on Wye East and Ross on Wye West. The Consultant in Dental Public Health confirmed that additional provision had been procured for the Ross Area with effect from October 2010.
- The Consultant confirmed that the recent procurement exercise for dental care had been undertaken to address current demand and acknowledged that the proposed increase in housing in the County would need to be addressed. This was recognised in the Local Development Framework currently under development.
- Noting that the percentage of the resident population of Herefordshire who had accessed NHS dental care within the previous 24 month period was 52.16%, clarification was sought on the dental care accessed by the remainder of the County's population. The Consultant commented that there were 6 private dental practices in the County but data on dental care provided by private practices was not collected locally or nationally. She reiterated that NHS recognised the need to increase access to NHS dental care and had already introduced measures as described both in the report to the Committee and in the Committee's discussion of that report.

It was suggested that NHS or the Council should include a question on access to private dental care in one of their forthcoming surveys.

- The proposal in the Health White Paper: Equity and Excellence - Liberating the NHS to expand the regulatory role of the Care Quality Commission and require all independent health contractors such as GPs and dentists to register with the Commission was discussed. Concern was expressed that this would prove a bureaucratic burden. The Associate Director commented that NHS had had local arrangements in place to satisfy itself that services being provided were of the appropriate quality. It had previously provided advice and some resources to support independent contractors in meeting regulatory requirements. Further advice would be provided to assist independent contractors in meeting the requirements of the new national regulatory regime.
- Further information was sought on the finding in the Joint Strategic Needs Assessment that dental health of children was poor. The Consultant informed the Committee of a number of preventative measures that were being taken in conjunction with dental practices and schools and with pre-school children through health visitors. She considered that the next nationally co-ordinated surveys of the dental health of children should show an improvement. The next survey of five year

olds was due to take place in 2011/12 and the next survey of 12 year olds in 2012/13.

The work undertaken to improve access to dental health was welcomed, whilst noting the need for further improvement in the dental health of children in particular. It was emphasised that the Committee needed to be assured that investment in both preventative measures and increased access were beneficial in particular in the case of children's dental health. The Committee requested updates when the results of the next nationally co-ordinated surveys were known.

**RESOLVED:**

- That (a) **a further report be made to the next meeting including information on access, based on distance, to GPs, Community Hospitals, Hereford Hospital and other specialist hospitals out of the County to enable the Committee to understand how the difficulties of distance are overcome or mitigated to ensure appropriate attention at health facilities;**
- (b) **further information be provided to the Committee on the proposed level of future support for community transport and how any reduction would affect the access to health care;**
- (c) **a briefing note be provided giving assurance that in pursuit of more integrated working the joint needs of health and social care were being fully taken account in the work being pursued to improve broadband coverage for the County, including, for example, the need for satellite GP surgeries to have access to Broadband;**
- (d) **NHS Herefordshire be requested to issue a press release making clear that it was intended to retain some form of provision at Belmont once a permanent Walk In Centre was operational adjacent to the Accident and Emergency Unit;**
- (e) **NHS Herefordshire or the Council should include a question on access to private dental care in one of their forthcoming surveys; and**
- (f) **updates be provided on dental health care of children in the County when the results of the next co-ordinated national surveys were published.**

**42. HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME**

The Committee was invited to submit its formal response to the proposed integration of the provision of health and social care services in Herefordshire.

The report summarised engagement with patients, public and stakeholders on the integration proposals. It also reported on feedback from Councillors provided at a seminar on 30 September.

Mr Woodford, Chief Executive of Hereford Hospitals NHS Trust, presented the report. He informed the Committee that there would be further opportunity for the Committee to comment on the proposals, noting that the Committee was scheduled to receive a report in January 2011.

In discussion the following principal points were made:

- Mr Woodford confirmed that his team were working closely with commissioners and GPs to ensure that the changes would be well managed. He considered that the GPs supported the proposals.
- The Associate Director of Integrated Commissioning reported that relations between NHS Herefordshire (NHSH) and the GPs were good and that NHSH was working proactively with GPs on the proposals in the Health White Paper: Equity and Excellence – liberating the NHS, to establish GP Consortia to undertake the future commissioning of services.
- That a financial overview of the integration proposals would be included in the report to the Committee in January. Mr Woodford commented that the proposals were intended to deliver savings for reinvestment into services.
- The proposal to develop 8 neighbourhood teams was discussed. Mr Woodford advised that this was compatible with the Council's development of 9 localities as a basis for service delivery and arrived at as the practical solution in consultation with GPs. It was requested that all Councillors and the PCT Board be kept informed of developments on this aspect of the proposals.

**RESOLVED:**

- That (a) **the themes set out in the report arising from the Member seminar held on 30 September 2010 form the basis of the Committee's formal response to the consultation exercise, emphasising the importance that the proposals were sustainable in terms of cost;**
- (b) **a further report be made to the Committee in January 2011 describing the overall engagement process, the responses and any changes made to the proposed services as a result, together with a financial overview, at which point it be noted that the Committee would make further observations as it sees fit; and**
- (c) **Councillors and PCT Board Members be kept informed of the proposals for the development of neighbourhood teams.**

**43. MENTAL HEALTH & LEARNING DISABILITY SERVICES - PROCUREMENT OF A PREFERRED PARTNER**

The Committee considered progress on the mental health procurement project.

The Associate Director of Integrated Commissioning presented the report. He advised that there was still a significant amount of work to be undertaken to enable the new provider, once appointed, to operate as service provider with effect from 1 April 2011.

It was noted that the Section 75 arrangements for the provision of social care services for mental health and learning disabilities required careful consideration to ensure that the provider could deliver the required level of service. The Associate Director said that a detailed specification had been drawn up and the potential providers were both experienced in providing the required range of services.

It was noted that the NHS Herefordshire Board had approved the procurement process in July 2009. Concern was expressed at the length of time taken to conclude the process and it was requested that a review should be undertaken to see what lessons could be learned from the exercise.

The Committee was also assured that the Committee would be formally consulted on any detailed proposals varying the range and location of services.

**RESOLVED:**

- That
- (a) the progress and next steps to procure a preferred partner to provide Mental Health (health & social care) services & Learning Disability (health care) services be noted;
  - (b) any proposals to vary the range and location of services upon which formal consultation is required be brought to the Committee as appropriate should that be necessary after the new provider is appointed; and
  - (c) the Committee's concerns at the length of time taken to conduct the procurement exercise be registered and it be requested that officers undertake a review to see what lessons can be learned from this exercise and the outcome of the review be reported to the Committee.

**44. HEREFORDSHIRE 2010 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

The Committee was informed of the key points and recommendations of the JSNA 2010.

The Assistant Director Public Health presented the report noting that the findings were intended to inform the planning of all council services.

In response to questions about the expenditure on preventative health measures the Assistant Director replied that this was being considered as part of the development of the Health Improvement Plan.

- THAT**
- (a) key points and recommendations from the 2010 JSNA be noted; and
  - (b) the use of the findings of the JSNA across the local health and social care economy, to inform future plans, strategy development, budget decisions and commissioning of services be encouraged.

**45. INTERIM TRUST UPDATES**

The Committee noted the report.

**46. WORK PROGRAMME**

The Committee considered its work programme.

The following additions were agreed:

- a further report in relation to access to health services including information on access, based on distance, to GPs, Community Hospitals, Hereford Hospital and other specialist hospitals out of the County to enable the Committee to understand how the difficulties of distance are overcome or mitigated to ensure appropriate attention at health facilities;
- an update be provided on dental health care of children in the County when the results of the next co-ordinated National Surveys were published.



- a report on the outcome of a review of the mental health procurement exercise to see what lessons can be learned from this exercise.
- the NHS Herefordshire update should include developments relating to the Health White Paper – Equity and Excellence – Liberating the NHS, including information on GP consortia, development of Healthwatch, Health and Wellbeing Boards; and information on proposals relating to the GP led Walk in Centre.
- a presentation on West Midlands Ambulance Service’s plans to seek Foundation Trust Status.

**RESOLVED: That the Work Programme as amended be approved and reported to the Overview and Scrutiny Committee.**

The meeting ended at 11.50 am

**CHAIRMAN**





|                         |   |
|-------------------------|---|
| <b>MEETING:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>                            |
| <b>DATE:</b>            | <b>21 JANUARY 2011</b>                                      |
| <b>TITLE OF REPORT:</b> | <b>WEST MIDLANDS AMBULANCE SERVICE<br/>NHS TRUST UPDATE</b> |
| <b>REPORT BY:</b>       | <b>GENERAL MANAGER FOR WEST MERCIA<br/>LOCALITY</b>         |

**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.

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Further information on the subject of this report is available from Nick Henry, General Manager for West Mercia Locality Tel: 01905 765297



## 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 |
| August    | 72.9 | 78.7 | 95.0  | 98.4 | 94.1  | 95.5 | 97.5         | 96.7 |
| September | 74.8 | 78.7 | 94.5  | 98.3 | 94.1  | 95.7 | 98.2         | 96.8 |
| October   | 76.0 | 77.6 | 94.9  | 98.2 | 92.6  | 94.7 | 97.0         | 96.1 |
| November  | 74.1 | 76.9 | 93.8  | 98.3 | 91.2  | 95.7 | 97.0         | 97.4 |

The Category A8 National Key Performance Indicator (KPI) for Herefordshire County has been achieved during the month of October, this is during a period of sustained increase in the amount of Category A calls received, 15% for August, 23% for September, 28% in October and 13% in November compared to last year. As an update the Year to Date figure remains 75.0%, 1st April to 30<sup>th</sup> November 2010.

There is a continuing theme across the county in regards to the reducing number of Category B calls which has seen demand falling between 3 - 8% from August to November 2010.

The management team continues to monitor the demand profile and endeavours to match this with the appropriate amount of forecasted resource required, utilising the data provided from the Trusts Performance Cell. This is now overseen by a dedicated Logistics Manager for the whole of West Mercia, as part of the new management structure.

### Hospital to Conveyance

During the increased demand period stated above data is showing, it is important to keep the committee informed that of all incidents that have been attended only 67% of patients are being transported to hospital, non-conveyance rate of 33% which is in line with the requirement of this years commissioning. This is achieved by the use of treatments on scene for patients or the use of appropriate alternative pathways, to ensure the right treatment, first time.

### Hospital Turnaround

WMAS continues to work closely with the Acute Trust to ensure that a speedy handover of patients to all wards and release of ambulance staff. In doing this appropriately the patients experience of the NHS is improved and the ambulance staff are made available quicker to assist further patients. For the last 4 months the average turnaround of the ambulance crews are as follows:

August 2010 – 24 mins 54 secs

September 2010 – 26 mins 19 secs

October 2010 – 26 mins 46 secs

November 2010 – 27 mins 26 secs

Work will continue to reduce these times down further to enable WMAS to provide better cover with the extra time that this would release crews back in the system, so that we are able to deliver a better service to patients.

### **Financial Position**

The Division continues to operate within budget.

### **Other Matters**

1. A new response point at South Wye Police Station has gone live in partnership with West Mercia Police.



|                         |   |
|-------------------------|---|
| <b>MEETING:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>                      |
| <b>DATE:</b>            | <b>21 JANUARY 2011</b>                                |
| <b>TITLE OF REPORT:</b> | <b>HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME</b>    |
| <b>REPORT BY:</b>       | <b>INTERIM MANAGING DIRECTOR OF PROVIDER SERVICES</b> |

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To consider the outcome of the engagement exercise with patients, public and stakeholders on proposals to integrate services.

### **Recommendation**

**THAT the Committee considers the outcome of the engagement exercise and its view on the proposals to integrate services.**

### **Introduction and Background**

- 1 The Committee most recently considered a report on the Herefordshire Service Integration Programme, on 22 November 2010 when it was invited to submit its formal response to the proposed changes to health and social care services in Herefordshire
2. The Committee agreed the themes set out in the report arising from the Member seminar held on 30 September 2010 form the basis of the Committee's formal response to the consultation exercise, emphasising the importance that the proposals were sustainable in terms of cost; that a further report be made to the Committee in January 2011 describing the overall engagement process, the responses and any changes made to the proposed services as a result, together with a financial overview, at which point it be noted that the Committee would make further observations as it saw fit; and Councillors and PCT Board Members be kept informed of the proposals for the development of neighbourhood teams.
3. A further report is attached as requested.

## **Background Papers**

- None identified.



## **Herefordshire Health and Social Care Community**

### **Final Report to Health Scrutiny Committee on the Health & Social Care Integration Engagement**

#### **1.0 Introduction**

The Herefordshire health and social care community conducted an intensive engagement exercise with patients, public and stakeholders on proposals to integrate services. This engagement process ran from mid-August 2010 and ended on the 12<sup>th</sup> November 2010.

Members were given the opportunity to learn more about the proposals at a seminar held on the 30<sup>th</sup> September 2010 as part of the engagement process. This paper seeks to:

- Inform members of the extent to which engagement was achieved by the exercise
- Inform members of the feedback from various stakeholder groups
- Demonstrate to members how the feedback has been addressed and incorporated into the integration proposals

The proposed changes to services are set out in the booklet; 'Your local health and social care services are changing – tell us what you think' (Appendix 1) and are based on proposals to:

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

#### **2.0 Engagement Activities**

A number of activities were undertaken as set out in the Engagement Plan supported by the Health Scrutiny Committee at its meeting in August 2010. In delivering the plan the following coverage was achieved:

- 5000 hard copies of the leaflet "*Your local health and social care services are changing – tell us what you think*" were distributed
- Soft copy distribution of the leaflet to all staff and members of Herefordshire Alliance, Herefordshire Carer's Support and LINK (estimated 4000 recipients)
- Article and link to the engagement website sent to most homes in the county through *Herefordshire Matters*
- Intranet and internet sites were made available
- Over 60 presentations given (to nearly 1000 people) to groups including:
  - Herefordshire Council members (as recommended by members)
  - PACT meetings (as recommended by members)

- GP practice patient and user groups (as recommended by members)
- Herefordshire LINK
- Brecon & Radnorshire Community Health Council
- Hereford Hospitals NHS Trust members
- General Public
- Community Hospital Leagues of Friends
- Staff side (from the three provider organisations)
- Staff from across the three organisations
- Primary care

As a result of the engagement exercise nearly a thousand people heard about the integration proposals first hand, many thousands received the engagement literature and nearly every household was provided with information.

### 3.0 Feedback

Feedback was received from stakeholders via telephone, letter, e-mail and directly via the engagement meetings held. All of the feedback received, whether written or verbal, has been recorded in a document that is not reproduced here as it runs to 71 pages and which will be posted on the internet. A summary of the feedback by stakeholder group is below.

#### 3.1 Patients, Service Users & the Public

This stakeholder group were overwhelmingly supportive of the proposals and generated by far the greatest amount of feedback, often based on their own experiences. The public were keen to see that any integrated care organisation made links with other organisations (third sector and out-of-county providers) and was delivered from within Herefordshire in a sustainable way. They were particularly keen that any proposals were designed and delivered in partnership with their local GP.

#### Positive about:

- Supporting older people in their own homes
- Neighbourhood Teams – providing care closer to home
- Proposals to predict and prevent health and social care crises

| Comments about:  | How we respond to these comments:  |
|--|--|
| How the resources would be found for the increased staff requirements of the Neighbourhood Teams | Neighbourhood teams will be developed in a phased way: Phase 1 will be an existing reorganisation of community services (District nursing and social care) into locality teams; Phases 2&3 will see increased resources from other services joining the Neighbourhood Teams (OT and Intermediate Care). This will increase the size of the teams to approximately 200 WTE across the county. It is anticipated that the professionals working in teams will increase efficiency and enable them to undertake more work. Phase 3 will review the work of the teams and determine if further resources are required to increase capacity of services . |

| <b>Comments about:</b>   | <b>How we respond to these comments:</b>  |
|--|---|
| Dealing with increasing public expectation at a time when funding is shrinking               | We are planning to continue to work with the public locally (as well as using national information) to provide information on the appropriate use of resources and how to self care.  |
| How those that live outside of Herefordshire but use its services will be affected           | People that are not registered with a Herefordshire GP may well experience different services, but this is no different from the current situation. We would hope that the Herefordshire elements of the service they access in future are improved. Out of county commissioners have been kept informed of the developments.   |
| How the proposals link with the primary care out of hours provider                           | Primecare, the current Out of Hours primary care provider have been involved in developing some of the proposals, particularly around unscheduled care. Primecare have been kept informed as new services develop, and training sessions for their staff have taken place, and more will be planned.  |
| How the proposals link to the future provision with mental health services within the county | Mental Health Services in the county have been subject to a tender process and will be provided by a new provider from April 2011. We want to build a strategic partnership with the new provider, as it will be important to work closely together for local people.   |
| How services might be provided in isolated rural areas                                       | Proposals to reorganise community services into eight locality 'Neighbourhood' Teams mean that they will be centred around natural neighbourhoods across the county.  |
| Whether the proposals have taken account of learning from elsewhere                          | The Transition Board that oversaw the formulation of these proposals conducted visits to other health and social care communities in England that have successfully integrated. This learning was built into the proposals.   |
| The suitability of people's accommodation and its effect on health                           | This had not been previously considered. The integrated care organisation will work with the commissioner and Public Health to look at ways of addressing this issue. Health & Wellbeing Boards are a fundamental element of the Government's White Paper (2010), and Councils will be setting these up to take forward issues that affect the wider dimensions that impact on health |

| <b>Comments about:</b>   | <b>How we respond to these comments:</b>   |
|--|--|
| The fact that many older people are isolated with families often living apart over long distances                | Neighbourhood teams will work to support people in their homes for as long as possible and recognise the role that friends, families and neighbours play.  |
| Whether the proposals are financially sustainable  | Proving the financial sustainability of these proposals is vital to get the authorisation from the sponsoring organisations to go ahead with the creation of a new Integrated Care Organisation. A five-year financial model is being developed that will be submitted with the business case for approval from the sponsors in February 2011 (Herefordshire Council, NHS Herefordshire and Hereford Hospitals NHS Trust). |
| Whether local GPs supported the proposals and the impact of future GP commissioning consortium                   | GPs were involved in the design of the proposals throughout the process and continue to advise us on the implementation of the various initiatives. Therefore we are confident that local GPs are supportive of the proposals.   |
| How the locality teams might link into the third sector within Herefordshire                                     | Following this feedback we have begun to look at how our Neighbourhood teams might co-ordinate their care with the third sector. We are proposing that a pilot on social capital will be implemented, initially within one of the locality teams.  |
| How the various IT systems within health and social care might link together to have one combined patient record | The developing IT Strategy for the Integrated Care Organisation proposes that a 'portal' be used to bring together the various IT systems to create a single service user record.  |
| Whether an integrated care organisation might apply to become a Foundation Trust                                 | As an NHS Trust, the ICO will be expected to become a Foundation Trust by April 2013. Plans are being developed to take forward an application.  |
| Whether the proposals would be subject to scrutiny with regard to competition                                    | The proposals to develop an integrated care organisation have been reviewed by the NHS Co-operation and Competition Panel and were approved on the 25 <sup>th</sup> November 2010  |
| How the proposals might affect the number of beds in the county  | The proposed service model suggests that fewer beds will be required once alternative community services are available. Many patients are currently admitted to hospital because no such alternatives exist. It is anticipated once other preventative and   |

| <b>Comments about:</b>  | <b>How we respond to these comments:</b>   |
|---|--|
|   | pro-active services are in place then there will be fewer admissions, and for those people who do get admitted then there length of stay in hospital would be shorter too.   |
| How the proposals might affect carers   | A service model that shifts care away from institutions and closer to home will require close partnership working with carers. In some instances there may be more responsibility placed on carers, however the plan is to have support for individuals and carers from the Neighbourhood teams who can co-ordinate support . We have begun to work with Herefordshire Carers Support to create a Carers Strategy & Charter to ensure this work is developed in partnership. |
| The need to put preventative measures in place to prevent health problems         | Primary prevention of disease is an important part of the care pathways that have been developed. Also a key part of the pathways is to predict if a health condition is likely to deteriorate and put in assistance to prevent deterioration.   |
| The need to recruit many more volunteers  | We are engaging with the third sector to see how more volunteers can be recruited as part of our action plan for 2011/12   |
| The need for better planning for discharge from hospital                          | Through the work on unscheduled care we are addressing hospital discharge and the need to plan for discharge at the point of admission, as well as co-ordinate effectively with those involved in the person's care.   |
| Whether more could be done to educate people about which services to use and when | We are designing services that are more intuitive, that direct people to the right services, rather than attempt to educate them as we know that services are constantly changing and developing and therefore it is very difficult for the public to know what service to access at what time. A single point of access for services should help this in the future.  |
| These proposals have been suggested before but nothing has changed                | We are aware that some of the ideas put forward are not new but we believe that the difference is that the current changes have been planned involving all partners across the county, who are aware that change is essential to the sustainability for local services. The proposals are also backed up   |

| Comments about:  | How we respond to these comments:  |
|--|--|
|  | by a complete implementation plan. Delivery needs to be judged by performance against this plan.   |
| The need for a new funding mechanism to reflect the proposals to integrate care  | We are working with NHS Herefordshire as commissioners to ensure that future contracts reflect the integrated nature of the new organisation. This is complex and will take time to get right. |
| How the new organisation might provide integrated care if health care is free at the point of delivery and social care is means tested | The proposed service model will still take account of NHS funding and Social Care means tests. Care will be provided within the financial envelope of the health and social care community.    |

### 3.2 Primary Care

Primary care were very supportive of the proposals, particularly those elements of the proposed service model that provided alternatives to hospital admission and supported care at home. GPs were uneasy at a perceived increase in workload implied by the proposals and need to understand how the proposals affect them.

#### Positive about:

- Risk stratification – using GP practice data to predict and prevent hospital admissions
- Localities – many suggestions received about locality formation and configuration
- Single point of access for GPs requiring services
- Instant Care/Rapid Response service proposals
- Improvements to the stroke pathway
- Opportunities to do things differently

| Comments about:   | How we respond to these comments:   |
|---|---|
| Dealing with growing demand                                 | The activity model that supports the proposals accounts for growing demand due to demographic growth.   |
| Supporting early discharges                                 | Through our work on unscheduled care we are addressing hospital discharge and the need to plan for discharge at the point of admission, as well as co-ordinate effectively with those involved in the person's care.  |
| Risk associated with sustained level of social care funding | The Department of Health have announced additional funding for social care reablement services in the Operating Framework. This will support social care services. Essentially all care will be provided within the financial envelope of health and social care. |

| <b>Comments about:</b>   | <b>How we respond to these comments:</b>  |
|--|---|
| Governance issues around sharing information associated with the risk stratification tool                      | An Information Sharing Agreement will be in place between those using the outputs of the SHA risk stratification tool.  |
| Lack of city reablement beds if Hillside becomes an inpatient stroke rehabilitation facility                   | Not all of the Hillside beds will be used for stroke care. Therefore some reablement beds will be available for city residents.   |
| Urgent care proposals should be true to the original vision set out in the Transition Board Report to Sponsors | The proposals for an Urgent Care Centre have been reviewed by commissioners and further work is taking place clarifying commissioning intentions for the whole urgent care pathway. The intention is to develop an Urgent Care Centre on the County Hospital site   |
| How emergency admission and discharge at the County Hospital might be improved                                 | Considerable work has already taken place on the admission and discharge processes at the County Hospital and in community hospitals, As a result of this, we have seen a significant reduction in delayed discharges, and improved length of stay in some areas. We continue to address these issues through our work on unscheduled care. |
| The ability of primary care to take on additional workload   | The intention is that primary care work differently and not necessarily with an additional workload. The principle behind the care pathways is that by increasing the routine interventions of community and primary care staff to predict and prevent crises, many of the ad-hoc and urgent interventions will be obviated.                |
| Liaison with mental health services, particularly in relation to those with dementia is critical               | Mental Health Services in the county are subject to a tender process. We plan to build a strong strategic partnership with the chosen provider as we understand that it will be essential to co-ordinated care for people with mental health problems..   |
| How those that live outside of Herefordshire but use its services will be affected                             | People that are not registered with a Herefordshire GP may well experience different services, but this is no different from the current situation. We would hope that the Herefordshire elements of the service they access in future are improved.  |
| The importance of getting the skill mix right in the locality Neighbourhood Teams                              | The mix of clinical, social care and generic skills will be essential for the success of the neighbourhood teams. The working group for   |

| Comments about:                        | How we respond to these comments:  |
|--|--|
|  | the neighbourhood teams has included GPs and views from primary care staff have been incorporated at each stage of the development. Views will continue to be sought as further phases of implementation take place.                         |
| Being kept informed about developments | A fortnightly newsletter on the implementation of the various initiatives has been sent to GP practices since July 2010. Also, members of the Programme Team will be attending future locality meetings to have direct discussions with GPs. |

### 3.3 Staff

Staff were supportive of the new service model but had many detailed questions about the service configuration and any changes to their terms and conditions of employment that may result from the implementation of the proposals.

#### Positive about:

- Overall service model

| Comments about:   | How we respond to these comments:   |
|---|---|
| How the Comprehensive Spending Review will affect the new organisation and whether this had been factored into the planning | The impact of the Comprehensive Spending Review on health and social care is understood and factored into the financial plans.  |
| Needing better communication regarding the changes  | Communication with staff is seen a critical element of the change programme. A two weekly newsletter has been produced since July, a series of staff meetings have taken place and communication continues at team meetings. The Programme Team acknowledge that more needs to be done and are therefore developing a new Communications Strategy that will set out how we communicate with staff over the coming months. |
| Getting the skill mix right in the new locality Neighbourhood Teams   | A proposal on the composition of new teams was initially shared with staff in July. Comments were received and fed into the development process. Continuing engagement with staff is taking place as the teams develop and Interim Locality Manager posts have been filled to ensure effective engagement from staff.   |
| How existing teams will fit into the new organisation and what the governance processes will be                             | The new organisational structure will be shared with staff in 2011 when it has been completed and approved.   |



| <b>Comments about:</b>   | <b>How we respond to these comments:</b>  |
|--|---|
| How social capital should be generated   | The Service Integration Advisory Group has been considering how the new organisation can generate social capital. There will be an organisational plan to work with other partners in the development of social capital.  |
| The financial sustainability of the proposals  | Proving the financial sustainability of these proposals is vital to secure the authorisation from the sponsoring organisations to go ahead with the creation of a new Integrated Care Organisation. A five-year financial model is being developed that will be submitted with the business case for approval by the sponsors in February 2011 (Herefordshire Council, NHS Herefordshire and Hereford Hospitals NHS Trust).   |
| How GPs will work with the new system and the ability of primary care to take on additional workload | <p>GPs were involved in the design of the proposals throughout the process and continue to advise us on the implementation of the various initiatives.</p> <p>The intention is that primary care works differently rather than incur additional workload. The principle behind the care pathways is that by increasing the routine interventions of community and primary care staff to predict and prevent crises, many of the ad-hoc and urgent interventions will be obviated.</p> |
| Linking together IT systems across health and social care  | The developing IT strategy for the integrated care organisation proposes that a 'portal' be used to bring together the various IT systems to create a single service user record.   |

### 3.4 Other Stakeholders (including Health Scrutiny Committee and Herefordshire LINK)

During the engagement period a number of stakeholders including the Health Scrutiny Committee, Herefordshire LINK, Herefordshire Alliance, Herefordshire Carers Support and community hospital Leagues of Friends received presentations from the Programme Team. A great deal of feedback was received and an amalgamated summary is recorded below. Overall, all of the groups were positive about the proposed service model and the plan to integrate services under a single sustainable Herefordshire health and social care provider.

#### Positive about:

- Service model
- Neighbourhood teams

- Improvements to the stroke pathway

| <b>Comments about:</b>   | <b>How we respond to these comments:</b>  |
|--|---|
| The level of resource available for health and social care and the likely saving to be made from providing integrated care | Proving the financial sustainability of these proposals is vital to get the authorisation from the sponsoring organisations to go ahead with the creation of a new Integrated Care Organisation.. A five-year financial model is being developed that will be submitted with the business case for approval from the sponsors in February 2011 (Herefordshire Council, NHS Herefordshire and Hereford Hospitals NHS Trust). |
| Liaison with mental health services, particularly in relation to those with dementia is critical                           | Mental Health Services in the county have been subject to a tender process and will be provided by a new provider from April 2011. We want to build a strategic partnership with the new provider, as it will be important to work closely together for local people.   |
| Whether there are enough beds in the county  | The proposed service model suggests that fewer beds will be required once alternative community services are available. Many patients are currently admitted to hospital because no such alternatives exist.  |
| The ability of primary care to take on additional workload   | The intention is that primary care works differently and does not necessarily experience additional workload. The principle behind the care pathways is that by increasing the routine interventions of community and primary care staff to predict and prevent crises, many of the ad-hoc and urgent interventions will be obviated.   |
| IT support to care delivery  | The developing IT strategy for the integrated care organisation proposes that a 'portal' be used to bring together the various IT systems to create a single service user record.   |
| How the plans were affected by population growth   | The activity model that supports the proposals accounts for growing demand due to demographic growth.   |
| Whether systems and processes are in place to ensure that people do not fall through the system                            | The proposed service model uses a system called risk stratification to identify those people that are most at risk of becoming unwell. These people should receive an assessment and become known to neighbourhood teams of health and social care professionals.   |

| <b>Comments about:</b>  | <b>How we respond to these comments:</b>  |
|---|---|
| The availability of staff for redesign of community services          | Key staff have been involved throughout the redesign process and all staff have had the opportunity to feedback their views and suggestions.                            |
| Information governance and the ability of organisations to share data | An information sharing agreement will be in place between all those that access patient/service user data.  |
| The new way of working would require a new ethos and cultural change  | We acknowledge that this will take time to develop. This work has begun by involving staff in developing the mission, vision and values of the integrated organisation. |

### 3.5 Overall Feedback Themes

A number of themes came up at engagement events that were common to all of the stakeholder groups. These themes are recorded below:

- Whether those that lived outside of Herefordshire but received services from within the county would receive an equitable service
- Liaison with mental health services, particularly in relation to those with dementia is critical
- How GPs will work with the new system and the ability of primary care to take on any additional workload as a result
- The financial sustainability of the proposals and the ability of the new organisation to achieve Foundation Trust status
- Links with the third sector and the ability of the third sector to respond to the proposals
- Linking together IT systems across health and social care and the need to hold data about individuals in one place
- The number of hospital beds required in the county
- The need to ensure that the GP out of hours service matches the aspirations of the integration proposals

### 4.0 Response to Findings

As a result of the feedback and in developing the proposals for integrated care further the following issues will be formally considered and incorporated into future plans:-

| <b>Issue:</b>                                     | <b>How dealt with:</b>   |
|---|--|
| How the service model interacts with primary care | As part of the planning and early implementation work, GPs have been involved throughout, With GPs taking the lead for commissioning there will be a need to work differently as the Pathfinder GP Consortium begins to take shape in Herefordshire. GPs will continue to be involved in developing the service model. |

|  |  |
|--|--|
| Ensuring consistency with the out of hours primary care provider                         | Through NHS Herefordshire, the current service provider will continue to be involved in the developments that are taking place and training programmes for out of hours staff will be provided.  |
| Working with the third sector to co-ordinate care for people                             | There are many ways to work in partnership with third sector providers, some are already in place e.g. work with Herefordshire Carers, intermediate care beds in Ledbury & Kington. Further proposals for working with the third sector are being developed as part of the neighbourhood team developments in 2011.  |
| Considering how housing might affect people's health                                     | The Integrated Care Organisation will work with the commissioner, the Housing Department and Public Health to look at ways of addressing this issue. Health & Wellbeing Boards are a fundamental element of the Government's White Paper (2010), and Councils will be setting these up to take forward issues that affect the wider dimensions that impact on health |
| Demonstrating the financial sustainability of the integrated care organisation           | A long term financial sustainability plan will be a key component of the business case that sponsors will receive in February 2011.  |
| Creating an integrated service user record, possible through a portal                    | The IT strategy (available in January 2011) for the integrated care organisation will cover this issue.  |
| How the integrated care organisation works with the community to generate social capital | The Integrated Care Organisation will develop a strategy for generating social capital and playing its part as a good corporate citizen. This has already begun with joint work with Herefordshire Carers Support to set out a Carers Charter.   |
| Improving communication with stakeholders  | A refreshed communication strategy will be implemented from January 2011 that will consider the information needs of all of the key stakeholders. An integrated care stakeholder event will also be held on the 17 <sup>th</sup> February 2011 with a wide list of invitees.   |

## 5.0 Recommendations

That members:

1. Recognise the extent to which stakeholders were engaged by the exercise
2. Note the feedback from the various stakeholder groups
3. Note the response to feedback received
4. Formally support the service integration proposals



|                         |  |
|-------------------------|--|
| <b>MEETING:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>           |
| <b>DATE:</b>            | <b>21 JANUARY 2011</b>                     |
| <b>TITLE OF REPORT:</b> | <b>HEREFORD HOSPITALS NHS TRUST UPDATE</b> |
| <b>REPORT BY:</b>       | <b>CHIEF EXECUTIVE OF THE TRUST</b>        |

**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  
21<sup>st</sup> JANUARY 2011**

**CHIEF EXECUTIVE'S UPDATE REPORT  
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 December 2010. A summary briefing on key developmental issues for the organisation is also provided.

**2) Operational Performance**

**2.1 Winter Pressures**

The County Hospital, in common with acute providers across the country, has been under significant pressure over the last two months, experiencing an upsurge in emergency admissions at the same time as adverse weather conditions. This has undoubtedly impacted on performance, particularly in terms of Accident & Emergency waiting times and elective surgery cancellations, as the subsequent sections of this report demonstrate.

On a positive note, there has been excellent collaboration across the health and social care community to respond to these pressures with twice daily multi-agency conference calls taking place to:-

- ✚ Review capacity against patient demand
- ✚ Expedite patient discharge or transfer to the most appropriate care setting

The Trust has also reopened Dore Ward (15 beds) on a temporary basis and maintained an additional 10 beds at Bromyard Community Hospital to help ease the pressure. As a consequence, available general and acute bed capacity during this period has been maintained at 229 beds, the equivalent of a year ago, although the ambition remains to close Dore Ward as the shift towards care closer to home begins to work through.

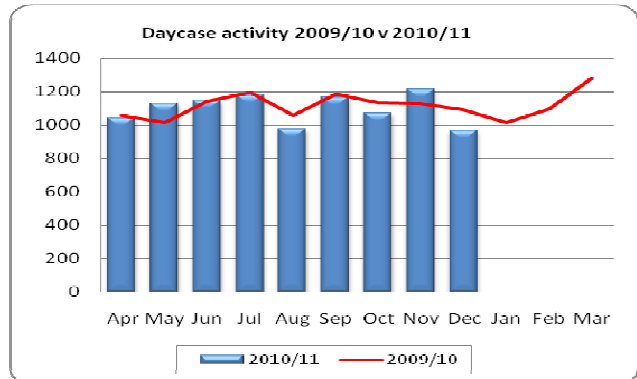
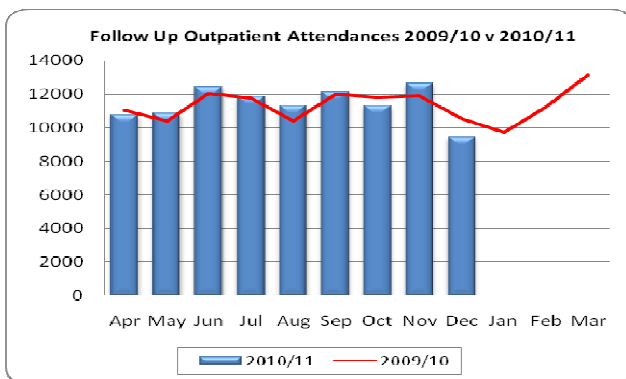
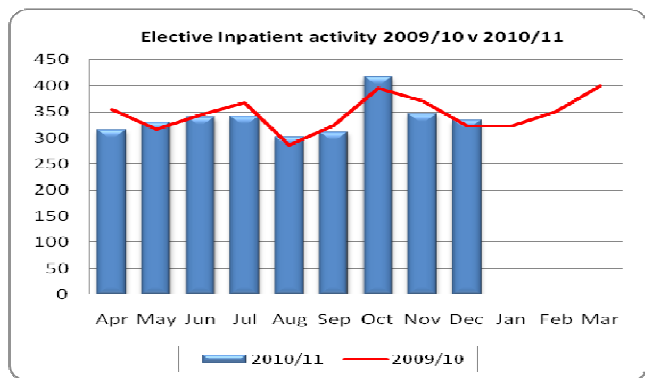
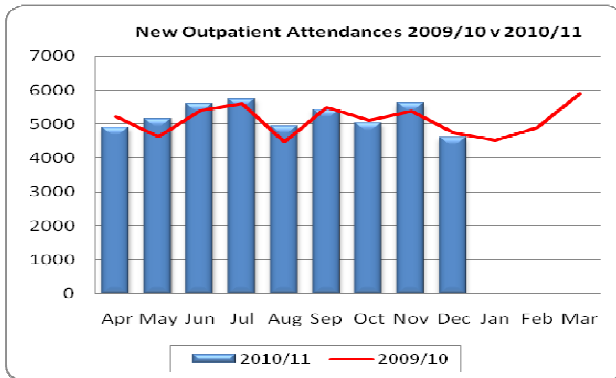
**2.2 Patients treated**

The table below provides a comparison of activity and attendances between 2009 and 2010 for April to December. Effectively elective activity to date is down on 2009 by 1.2% whilst emergency activity is significantly higher (2.1%). Overall inpatient and daycase throughput has increased by 159 (0.6%).

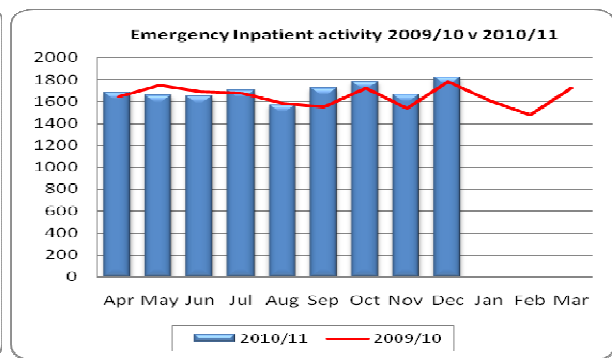
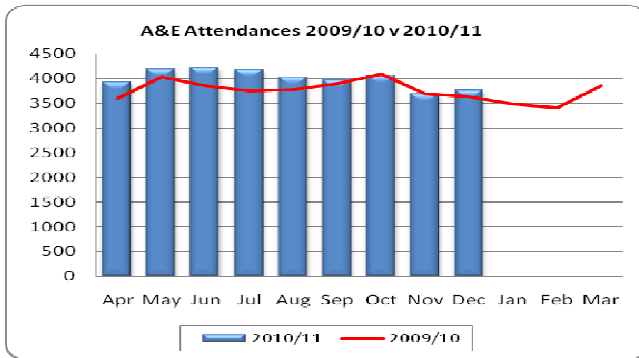
Outpatient activity is down overall but showing an increase in new attendances. December, in particular, shows a reduction over last year in follow up appointments which is consistent with the commissioners overall strategy.

Health Scrutiny Committee – Chief Executive’s Update Report

| Activity Type            | April to December 2009 | April to December 2010 | Var (No's)  | Var (%)      |
|--------------------------|------------------------|------------------------|-------------|--------------|
| Daycase                  | 10009                  | 9903                   | -106        | -1.1%        |
| Elective Inpatients      | 3081                   | 3033                   | -48         | -1.6%        |
| <b>Total Elective</b>    | <b>13090</b>           | <b>12936</b>           | <b>-154</b> | <b>-1.2%</b> |
| Emergency                | 14935                  | 15248                  | 313         | 2.1%         |
| <b>Total Inpatient</b>   | <b>28025</b>           | <b>28184</b>           | <b>159</b>  | <b>0.6%</b>  |
|                          |                        |                        |             |              |
| New Outpatients          | 46593                  | 46976                  | 383         | 0.8%         |
| Follow Up Outpatients    | 103281                 | 102630                 | -651        | -0.6%        |
| <b>Total Outpatients</b> | <b>149874</b>          | <b>149606</b>          | <b>-268</b> | <b>-0.2%</b> |
|                          |                        |                        |             |              |
| <b>A&amp;E</b>           | <b>34326</b>           | <b>36030</b>           | <b>1704</b> | <b>5.0%</b>  |







**2.3 Accident & Emergency (4 hour waits)**

Accident and Emergency activity levels in November and December were 3692 and 3758 respectively with December showing an increase over last year. Year on year comparison for April to December shows a 5% increase in attendances.

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. Monthly performance for December 2010 showed 93.48% of patients treated within 4 hours and 50% within 2 hours. The Trust’s cumulative performance year to date against the 4 hour target is 96.12%.

Ambulance turnaround within 30 minutes for December was 72.7% against a target of 78.4%. This is being monitored on a daily basis in conjunction with the West Midlands Ambulance Service.

**2.4 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 in both October and November 2010. This has been consistently achieved over several months. There has, however, been an increase in cancellations of surgery in both November and December due to the winter pressures.

**2.5 Delayed Transfer of Care**

Delayed Transfers of Care have continued to reduce with only 3 patients delayed on the December ‘snapshot’ date and with 247 patients occupying a bed this equates to performance of 1.2% which is significantly better than any previously reported position. This also falls well below the SHA tolerance of 4%.

|   | Apr    | May   | Jun   | Jul    | Aug  | Sep  | Oct   | Nov   | Dec  |
|---|--------|-------|-------|--------|------|------|-------|-------|------|
| HHT Performance   | 15.0 % | 10.1% | 17.2% | 14.1 % | 9.7% | 4.5% | 6.1 % | 3.6 % | 1.2% |
| Number of patients whose transfer of care is delayed at midnight on the last Thursday of the reporting period | 35     | 26    | 39    | 29     | 21   | 11   | 15    | 9     | 3    |
| Patients occupying an acute hospital bed at midnight on the last Thursday of the reporting period             | 234    | 257   | 227   | 206    | 217  | 242  | 246   | 251   | 247  |

## 2.6 Healthcare Associated Infections (HCAI’s)

There have been 2 post 48 hour MRSA bacteraemia cases during the nine months to the end of December 2010 against a ceiling of 2 for the year and similarly 24 post 48 hour C-Difficile cases against a ceiling of 29 for the year.

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

## 2.7 Stroke Care Improvements

The Trust has continued to make efforts to improve performance against key standards in stroke care with a number of actions routinely continuing, including:-

- ✚ 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 the Stroke Unit (ASU) is kept empty for immediate receipt of patients
- ✚ One male and one female patient on the Stroke Unit are identified for potential step down at all times

In the period April to November 2010, a total of 236 patients with stroke were admitted to the County Hospital. Of those;

- ✚ 196 (83.1%) were excluded thrombolysis on clinical grounds
- ✚ 13 (5.5%) were thrombolysed
- ✚ 27 (11.4%) arrived at a time when thrombolysis was not available

Patients who are thrombolysed are routinely admitted to CCU, before transfer to the Acute Stroke Unit. Actions are being taken both internally at the County Hospital and across the local stroke network to develop a 24/7 thrombolysis service to tackle this.

Work is continuing on the development of a Stroke Rehabilitation Unit at Hillside to run alongside the existing Intermediate Care Centre. Additional medical, nursing and therapy staff are being recruited. The first group of stroke patients are already at Hillside and are benefiting from additional specialist input. The Trust is also recruiting a second stroke physician and aims to have a locum in place ahead of a substantive appointment.

## 2.8 Finance

The Trust was in deficit by £417k at the end of November. The key factors impacting on this position, as in previous months, were the high levels of agency medical staff required to cover sickness and vacancies, the costs associated with the service integration programme and of running additional community beds in order to help relieve the significant bed pressures being felt at the hospital.

Subsequently, following discussions with the Strategic Health Authority, the Trust has been allocated £1.4m from the Strategic Change Reserve (SCR) which will cover the costs of the integration project together with other non-recurrent cost pressures. Given the residual risk that the Trust will not break even, even after the funding support, a number of actions remain in place to improve the position, including tight control of non clinical recruitment.

### 3) Service and Site Development

#### 3.1 Ward Reconfiguration / Closures

The programme of works to reconfigure bed capacity within the main hospital building has now been completed with the consequence that:-

- ✚ Trauma bed capacity has been increased and elective orthopaedic capacity correspondingly decreased
- ✚ The Stroke Unit has been relocated to Wye Ward
- ✚ An interim High Dependency Unit has been established on Frome Ward
- ✚ Surgical inpatient activity is now concentrated on the adjacent Leadon and Monnow Wards

Dore Ward did close as planned in October 2010 but in response to bed pressures has been reopened until such time as these have been managed out through the redesign of services.

#### 3.2 Macmillan Renton Unit

Building work continues apace on the Macmillan Renton Unit with opening still scheduled for spring 2011, in spite of some delay caused by adverse weather conditions.

#### 3.3 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 which is expected shortly.

### 4) Integration of Health and Social Care

#### 4.1 Service Delivery

Good progress continues to be made on the key milestones of the service delivery programme.

##### Unscheduled Care

Significant progress is being made on the overarching unscheduled care system by bringing together providers to work as a whole system. Work is being structured into three workstreams taking a whole system view for implementing changes. Initial priorities for each of the workstreams have been identified as follows:

##### Operational Infrastructure

- ✚ Single Point of Access
- ✚ Patient Flow
- ✚ Admission and Discharge
- ✚ Service Directory

##### Community Provision

- ✚ Intermediate Care
- ✚ Instant Care

- ✚ Rapid Response
- ✚ Engaging West Midlands Ambulance Service
- ✚ Care Coordination/Patient Passport

#### Acute Provision

- ✚ Admission avoidance
- ✚ Clinical Decision Unit
- ✚ Emergency Department
- ✚ GP Services

#### Locality (Neighbourhood)Teams

Neighbourhood teams went ‘live’ across Herefordshire on the 31<sup>st</sup> December 2010. Interim Locality Manager and Neighbourhood Team Managers have been recruited from within the existing health and social care teams.

Key elements of the current programme to develop neighbourhood teams include:

- ✚ Training for the “generic” community support worker role
- ✚ An ongoing competency and skills training programme
- ✚ Use of a resource allocation tool
- ✚ Workforce modelling

#### Stroke Care

Following approval by commissioners of the Stroke Business Case in September 2010, a phased tactical delivery plan is being implemented in order to deliver a number of improvements to the pathway. The latest version of the plan was presented to the Unplanned Care Workstream on the 16<sup>th</sup> December 2010.

The development of the Hillside Centre to become the single site in-patient Stroke rehabilitation unit continues. The centre opened 6 stroke beds as part of the first phase of the plan on the 22<sup>nd</sup> November 2010. Further phases of the plan include:

- ✚ The second phase of the Hillside development which will see a total of 12 beds opened on 28<sup>th</sup> February 2011, once recruitment and training is complete
- ✚ The third phase of the Hillside development will see a total of 18 beds opened on 4th June 2011 once the staff management of change process is complete and the consultant post recruited to
- ✚ Plans to improve TIA clinic and thrombolysis delivery performance by making best use of specialist nursing posts, networks with other providers (including the use of Telehealth systems) and internally widening the scope of the clinical team providing these services.

#### Frail Older People

Improving services for older people, particularly those with multiple conditions is a key element of the whole programme of work. This workstream has been focussing upon the whole pathway of care for an older person and, therefore, incorporates the locality, risk stratification and unscheduled care workstreams. The two current priority projects for this workstream are:

- ✚ Risk stratification – using patient/service user data to identify those most at risk of hospital admission

- ✚ Joint single health and social care assessment - operational teams are currently developing an implementation plan to use joint single assessment to assess those that have been identified through the risk stratification process.

#### **4.2 Formation of Integrated Care Organisation (ICO)**

Formal approval has now been received from the NHS Cooperation & Competition Panel to proceed with the formation of the ICO by April 2011. The sponsor organisations have agreed locally that this is subject to NHS Herefordshire / Hereford Hospitals NHS Trust Board approval in February of a suitable business case demonstrating service / financial viability and to Council Cabinet approval of a S.75 agreement for the ICO to provide adult social care.

The formation of the ICO will need to be dovetailed carefully with the creation of a Joint Venture Company for Shared Services and with the contracting out of mental health services to Together NHS Trust, both of which are also planned for April 2011.

With less than three months to ICO “go live”, significant attention is being focused on:-

- ✚ The legal formation of the ICO from the statutory body of Hereford Hospitals NHS Trust, backed by appropriate agreements and transfer arrangements
- ✚ The formation of the Board for the ICO along with appropriate operational management arrangements
- ✚ The TUPE transfer of the PCT provider services staff to the ICO in accordance with due process and the secondment of adult social care staff with the S.75 agreement
- ✚ The engagement of staff in defining the mission, ethos and values of the new organisation
- ✚ The formulation of the robust workforce and financial plan for the ICO to underpin the service strategy and first year Business Plan.

**Martin Woodford**  
**Chief Executive**  
**Hereford Hospitals NHS Trust**





|                         |                                     |
|-------------------------|-------------------------------------|
| <b>MEETING:</b>         | <b>HEALTH SCRUTINY COMMITTEE</b>    |
| <b>DATE:</b>            | <b>21 JANUARY 2010</b>              |
| <b>TITLE OF REPORT:</b> | <b>WORK PROGRAMME</b>               |
| <b>REPORT BY:</b>       | <b>COMMITTEE MANAGER (SCRUTINY)</b> |

**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 Democratic Services 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.

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

## **Background Papers**

- None identified.



## Health Scrutiny Committee Work Programme 2010/11

The agenda will be based on:

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

| <b>18 March</b> |  |
|-----------------|--|
|                 | <ul style="list-style-type: none"> <li>• Update on response to Scrutiny Review of GP Services</li> <li>• Follow up points from previous meetings and “need to know” information from Health Trusts.</li> <li>• Population Health – Health Issues relating to housing</li> <li>• Population Health - health and wellbeing of older people</li> <li>• Report from WMAS on the experience of the ambulance service in the three postcode areas within the County where performance has been best in the last six months (April - October 2010) and the three areas where performance has been least good. This report should analyse what factors are considered to contribute to the comparative differences in performance in the six areas and what would be needed to bring performance across these areas (and therefore the County) up to the same standard.</li> </ul> |
|                 | <ul style="list-style-type: none"> <li>• Further report including information on access, based on distance, to GPs, Community hospitals, Hereford Hospital and other specialist hospitals out of the County to enable the Committee to understand how the difficulties of distance are overcome or mitigated to ensure appropriate attention at health facilities;</li> <li>• Population Health- further information on the proposed level of future support for community transport and how any reduction would affect the access to health care</li> </ul>   |
| TBC             | <ul style="list-style-type: none"> <li>• Mental health Services – any proposals to substantially vary services</li> <li>• an update be provided on dental health care of children in the County when the results of the next co-ordinated National Surveys are published.</li> <li>• a report on the outcome of a review of the mental health procurement exercise to see what lessons can be learned from this exercise.</li> </ul>   |



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

| Date         | Item                          | Resolution   | Commentary  |
|--------------|-------------------------------|--|---|
| 1 March 2010 |                               | <p><b>Additional Actions</b></p> <p><b>Clarification as to why 17% of respondents found it difficult to access GP Services.</b></p> <p><b>Requested consideration be given to retaining the temporary equitable access provision at South Wye when the permanent Centre at the hospital site was open.</b></p> | <p>Briefing note to be provided</p> <p>The Director of Public Health acknowledged that it would be worth exploring the pattern of use of the temporary provision and other health facilities.</p> |
| 1 March 2010 | Quality Assurance Framework   | <p><b>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.</b></p>   | <p>Informal meeting held on 20 May</p> <p>Reported in September 2010.</p>   |
| 1 March 2010 | Provider Services Integration | <p><b>mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted.</b></p> <p><b>the importance of ensuring services were tailored to localities be emphasised.</b></p>                                  | <p>Report made in July and August 2010 and on agenda for November 2010.</p>   |

| Date          | Item                                | Resolution  | Commentary  |
|---------------|-------------------------------------|---|---|
| 1 March 2010  | Hereford Hospitals NHS Trust Update | <p><b>That the full updates to the Committee incorporate performance against all relevant indicators in the corporate plan</b></p>  | Request made.   |
|               |                                     | <p><b>Additional Actions</b></p> <p><b>Requested that a more user friendly name be used for the Equitable Access Centre.</b></p> <p><b>Briefing note requested on Hospital standardised mortality ratios setting out actual numbers of cases to put the ratios in context.</b></p>  | <p>To be considered.</p> <p>Briefing note circulated 14 May 2010.</p> |
| 29 March 2010 |                                     | <p><b>That</b></p> <p><b>(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></p> <p><b>(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;</b></p> <p><b>(c) the Committee be advised of the amount and</b></p> | Reported in September 2010  |

| Date          | Item   | Resolution  | Commentary   |
|---------------|--|---|--|
|               |  | <p>nature of cross-border work with the Welsh Ambulance Service and the extent to which this was reciprocated.</p> <p>(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</p> <p>(e) the invitation from WMAS to visit the Emergency Operations Centre at Dudley be accepted.</p> |  |
| 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 included in population health report on access to services in November 2010. |
| 18 June 2010  | Response to Scrutiny of General Practitioner (GP Services) | That the response to the findings of the scrutiny review of GP services be noted subject to the Director of   | Considered as part of the report on access to services – November 2010             |

| Date | Item | Resolution   | Commentary  |
|------|------|--|---|
|      |      | <p>Regeneration being invited to reconsider and strengthen his response on rurality and transport co-ordination;</p> <p>(b) the Local Medical Committee be invited to comment on the response by NHS Herefordshire to the Review;</p> <p>(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;</p> <p>(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;</p> <p>(e) a glossary be prepared of the various boards in the County with responsibility for considering health and social care matters; and</p> <p>(f) the next quality report should include information on the numbers using the Equal Access Medical Centre and also report on the effects on use of GP</p> | <p>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.</p> <p>Report Scheduled for March 2011.</p> <p>Information being sought.</p> <p>A glossary circulated. Further Information being sought.</p> <p>Reported in September 2010.</p> |

| Date          | Item  | Resolution   | Commentary  |
|---------------|---|--|---|
| 18 June 2010  | Mental Health Procurement Project           | <p><b>That</b></p> <p>(a) progress on the Mental Health Procurement Project be noted; and</p> <p>(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.</p>   | Report made in November 2010.   |
| 18 June 2010  | NHS Herefordshire Update                    | <p><b>RESOLVED:</b> That updates be provided on delayed transfers of care and Stroke services.</p> <p><b>RESOLVED:</b></p>   | Included in interim updates for 30 July.  |
| 2 August 2010 | Herefordshire Service Integration Programme | <p><b>That</b></p> <p>(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;</p> <p>(b) following the planned engagement event for Councillors a report be made</p> | <p>Event for all Councillors held on 30 September.</p> <p>Report made in November 2010.</p> |

| Date          | Item   | Resolution   | Commentary   |
|---------------|--|--|--|
|               |  | <p>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;</p> <p>(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</p> <p>(d) a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.</p> | <p>Report scheduled for January 2011.</p> <p>Circulated.</p> |
| 2 August 2010 | Population Health – Alcohol Misuse and Smoking | <p><b>RESOLVED:</b> 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.</p>   | 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.  |
| 20 September 2010 | Population Health – Improving People's Diet and Taking up Exercise | That action being taken to improve people's diet and take up of exercise be supported and proactively and vigorously pursued with all Councillors being encouraged to champion this work in schools and in the Community.  |  |
| 20 September 2010 | Reviews of West Midlands Ambulance Service NHS Trust               | That (a) a briefing note be provided on the cost/benefit of providing defibrillators; and<br><br>(b) the Chairman and Vice-Chairman of the Committee be authorised to consider what further reporting on the ambulance service should be included in the Committee's work programme.                     | Note circulated 11 November 2010-11-12<br><br>Report scheduled for March 2011. |
| 20 September 2010 | Hereford Hospitals NHS Trust Update                                | That briefing notes be circulated providing information on initiatives being taken to discourage inappropriate attendance at A& E and how Councillors could support these initiatives as community leaders; and on statistical information on admissions to A&E that were due to alcohol and drug abuse. | Circulated 18 November   |



| Date             | Item  | Resolution   | Commentary  |
|------------------|---|--|---|
|                  |   | <p>issue a press release making clear that it was intended to retain some form of provision at Belmont once a permanent Walk In Centre was operational adjacent to the Accident and Emergency Unit;</p> <p>(e) NHS Herefordshire or the Council should be recommended to include a question on access to private dental care in one of their forthcoming surveys; and</p> <p>(f) updates be provided on dental health care of children in the County when the results of the next nationally coordinated Surveys were published.</p> | <p>Report in Hereford Times – 2 December</p> <p>There should be relatively few surveys forthcoming imminently but consideration will be given by the Research Team to whether there is an appropriate survey for such a question.</p> <p>Logged in Work Programme</p> |
| 22 November 2010 | Herefordshire Service Integration Programme | <p><b>That (a)</b> the themes set out in the report arising from the Member seminar held on 30 September 2010 form the basis of the Committee’s formal response to the consultation exercise emphasising the importance that the proposals were sustainable in terms of cost;</p> <p><b>(b)</b> a further report be made to the Committee in January 2011 describing the overall engagement process, the responses and any changes made to</p>   | <p>Views of Committee registered.</p> <p>Report Made</p>  |

| Date                    | Item   | Resolution  | Commentary  |
|-------------------------|--|---|---|
|                         |  | <p>the proposed services as a result, together with a financial overview, at which point it be noted that the Committee will make further observations as it sees fit; and</p> <p>(c) Councillors and PCT Board Members be kept informed of the proposals for the development of neighbourhood teams.</p>   |   |
| <p>22 November 2010</p> | <p>Mental Health and Learning Disability Services – procurement of a Preferred Partner</p> | <p><b>RESOLVED:</b></p> <p><b>That</b></p> <p>(a) the progress and next steps to procure a preferred partner to provide Mental Health (health &amp; social care) services &amp; Learning Disability (health care) services be noted;</p> <p>(b) any proposals to vary the range and location of services upon which formal consultation is required be brought to the Committee as appropriate should that be the necessary after the new provider is appointed; and</p> <p>(c) the Committee's concerns at the length of time taken to conduct the procurement exercise be registered and it be requested that officers undertake a review to see what</p> | <p>Lead Officers advised. Noted in Work Programme.</p> <p>Lead Officer advised. Noted in work programme</p> |

| Date             | Item   | Resolution   | Commentary |
|------------------|--|--|------------|
| 22 November 2010 | Herefordshire Joint Strategic Needs Assessment | <p>lessons can be learned from this exercise and the outcome of the review be reported to the Committee.</p> <p><b>THAT (a)</b> Key Points and Recommendations from the 2010 JSNA be noted; and</p> <p><b>(b)</b> the use of the findings of the JSNA across the local health and social care economy, to inform future plans, strategy development, budget decisions and commissioning of services be encouraged.</p> |            |

