

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 2 August 2010 at 2.00 pm

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

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

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

14. APOLOGIES FOR ABSENCE

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

15. NAMED SUBSTITUTES

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

16. DECLARATIONS OF INTEREST

There were none.

17. MINUTES

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

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

There were none.

19. HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME

The Committee considered the Herefordshire Service Integration Programme.

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

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

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

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

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

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

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

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

In discussion the following principal points were made

- It was noted that mental health would be provided by a separate organisation, with a decision on who that provider would be due to be taken in the Autumn.
- That a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.
- It was suggested that the Council's Partners and Communities Together Meetings (PACTs) should be added to the engagement plan.
- That consideration should be given to seeking views from those who had not been to hospital or visited their registered GP with any frequency.
- It was asked what steps were being taken to ensure the significance of the changes was made clear to service users and carers. In reply it was reported that Herefordshire Carers Support and the Herefordshire Alliance had been involved in the engagement process.
- Members emphasised that it was important to make clear what the practical differences would be under the proposed system. The IMDPS commented, in summary, that the key changes would be that individuals known to the health service would be monitored regularly and if there were signs of a person being unwell, and a trigger point reached, everything would then be done to provide a package of care, in accordance with a previously prepared and documented plan of care, to keep that person at home. As part of the engagement process an example of how this would work in practice had been prepared. Recognising that there would be some circumstances in which it would still be appropriate to go to hospital, a further example illustrating this scenario had also been prepared.
- That the planned engagement event for the Committee to review the proposed service model should be extended to involve all Councillors. It was noted that a formal response to the consultation on the proposals would need to be made by the Committee. In making this response the Committee could take account of any issues arising from the engagement event. In addition a report was to be prepared in

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

- A concern was expressed about the availability of domiciliary workers to provide the level of care at home envisaged under the proposals and the level of pay and training that would be available to ensure that the appropriate quality of care was provided. It was agreed that this would need to be considered as part of the engagement event involving the Committee.
- The need for the proposals to be explained in plain English was noted.
- Clarification was sought on IT compatibility. Mr Woodford commented that this was being considered as part of the project, with an initial focus on what immediate practical steps could be taken, before considering more ambitious changes. He observed that if a single organisation were to be created as proposed, IT arrangements would become easier.

RESOLVED:

- That**
- (a) the engagement programme be supported, with the recommendation that it be extended to involve presentations to the PACTs, to seek views from those who had not been to hospital or visited their registered GP with any frequency and to provide an engagement event for all Councillors rather than for the Committee alone;**
 - (b) following the planned engagement event for Councillors a report be made to the Committee seeking the Committee's formal response to the consultation on the proposals, allowing the Committee to take account of any issues arising from the engagement event;**
 - (c) that the report to be prepared in December 2010 describing the overall engagement process, the responses and any changes made to the services as a result should also be presented to the Committee, at which point the Committee would make further observations as it saw fit; and**
 - (d) a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.**

20. POPULATION HEALTH - ALCOHOL MISUSE AND SMOKING

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

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

In discussion the following principal points were made.

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

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

- The evidence supporting the establishment of alcohol health workers and alcohol liaison nurse posts to deliver the Identification and Brief Advice programme was also requested.
- The availability of cigarettes and alcohol in supermarkets and where these products were displayed in stores was discussed. Dr Merry commented that the Public Health Service was working closely with the Environmental Health Service on this aspect.
- The suggestion in the PHIP that “babies are born with a health lifestyle” was questioned. Dr Merry acknowledged this might need to be rephrased recognising the importance of the family environment.

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

21. INTERIM TRUST UPDATES

The Committee considered updates from the Health Trusts.

Hereford Hospitals NHS Trust

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

NHS Herefordshire

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

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

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

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

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

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

22. WORK PROGRAMME

The Committee considered its work programme.

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

The meeting ended at 3.15 pm

CHAIRMAN