

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 18 March 2011 at 10.00 am**

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

Councillors: WU Attfield, MJ Fishley, Brig P Jones CBE, G Lucas, GA Powell, A Seldon and JD Woodward

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

**58. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors PGH Cutter, RC Hunt and MD Lloyd-Hayes.

**59. NAMED SUBSTITUTES**

Councillor JD Woodward substituted for Councillor MD Lloyd-Hayes.

**60. DECLARATIONS OF INTEREST**

There were none.

**61. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 21 January 2011 be confirmed as a correct record and signed by the Chairman.

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

There were none.

**63. MENTAL HEALTH & LEARNING DISABILITY SERVICES - MOBILISATION OF NEW CONTRACT WITH 2GETHER NHS FOUNDATION TRUST**

The Committee was informed of the appointment of the new provider for Mental Health services (health and adult social care) and Learning Disability services (health) and progress with mobilisation of the new contract, due to come into force on 1 April 2011.

Mr Shaun Clee, Chief Executive of 2gether NHS Foundation Trust, the new provider, gave a presentation.

The Trust's purpose was: "To make life better. All of our focus is on improving lives for the people we serve and this will be a key test of strategy decisions."

The Vision was: "We will offer services that are desirable to individual customers, that our staff want to deliver and at a price commissioners can afford."

The Core Values were **Seeing** from a service user perspective, **Excelling** and improving, **Responsive**, **Valuing** and respectful, **Inclusive**, open and honest, **Can do**, **Efficient**, effective, economic and equitable.

He commented on the existing connections between Gloucestershire, where the Trust currently operated, and Herefordshire, including clinical networks.

The Trust's proposed approach involved a dedicated Herefordshire locality Strategic Service Unit with local leadership and full access to central support services. He commented on steps taken to date to engage with staff and service user and carer groups, demonstrating the Trust's aim of being accessible and responsive. The Service user voice would be heard.

His own approach would be straightforward and honest. The Trust would not get everything right. Where it had made a mistake it would own up and seek to correct it. Where, having investigated a complaint, the Trust considered it had acted correctly it would robustly defend its actions.

There would be an increase in the following, which the Committee could monitor and challenge:

- Access rates per 100,000
- % of individuals provided with appropriate alternative to admission via crisis and home treatment services (He noted that the number of people admitted to hospital in Herefordshire was considerably higher than in Gloucestershire. Community Services needed to be bolstered to support people living in their own homes.)
- Year on year patient satisfaction scores
- Service User and Carer, Staff and Whole Systems Partners satisfaction
- Compliance with CPA to 100%
- % of individuals discharged from inpatient care seen within 5 days face to face (not 7 days)

The Trust also expected to make significant reductions in the following:

- % of unplanned readmissions within 28 days and 90 days
- Waiting time for routine provision
- Year on year sickness levels
- Length of stay for those requiring admission
- Reliance on agency leading to improved productivity and quality consistency
- Reduction in delayed transfers of care
- % of individuals in contract with services who spend time as an inpatient
- Year on year harm from serious untoward incidents
- Beds within the service
- Expenditure on anxiolytics within Primary Care
- GP appointments for individuals with mild to moderate symptoms of depression, anxiety and obsessive compulsive states

He viewed the Scrutiny function as a critical friend and would be happy to provide updates to the Committee as required.

In discussion the following principal points were made:

- In relation to learning disability services Mr Clee reassured the Committee that the Trust had a large learning disability service and would provide the health component of care recognising the importance of joined up working with social care. The Trust was also working with the Commissioners to deliver appropriate packages of care within the County that would allow people who currently had to have their care provided out of County to return to the County.
- It was noted that the contract was for 3yrs with an opportunity at that point to extend the contract for a further two years.
- Mr Clee commented on the ability within Gloucestershire (Increasing Access to Psychological Therapies) for people to access services without the requirement of a GP referral. Discussions were taking place with GPs about care pathways.
- Mr Clee acknowledged that provision for children and adolescents with mental health problems was one of the most challenging areas of service. He was proposing a different model of working and expected there would be some robust discussions over this issue.
- Mr Clee commented that one of the Trust's priorities was to reduce the number of in patient beds from 29 to 16 by the end of the first year of the contract. Benchmarking with other providers indicated that no more than 16 beds should be required. However, this did depend on safe services being available in the community and risk being managed appropriately. He assured the Committee that the service would be operating 24 hours a day seven days a week so there should be no gap in service provision.
- He reassured the Committee that the proposed reduction in beds was not to meet a national target but had been negotiated locally with Commissioners. He considered this was the right approach for the Community. The Trust had implemented this approach successfully in Gloucestershire and was aware of potential risks.
- Asked about the implications for the Stonebow Unit, Mr Clee said that as he had indicated earlier the agreement with commissioners was to reduce the number of adult acute beds from 29 to 16 by the end of the first year. The number of beds for older adults currently appeared about right and there were no current plans to change the number of older adults beds at the Unit.

In conclusion Mr Clee assured the Committee of his commitment to work with partners to raise awareness of mental health issues and seek to ensure that the attitude to people with mental health problems changed.

**RESOLVED: That it be recommended that a progress report be made in 9 months time as part of the scrutiny work programme.**

#### **64. PUBLIC HEALTH WHITE PAPER - CONSULTATION**

The Committee considered the Public Health White Paper - 'Healthy Lives, Healthy People the Government's Strategy for Public Health in England, and the supporting consultation documents.

The interim Director of Public Health presented the report. She highlighted the principles that underpinned the proposed changes to public health services, designed to reduce inequalities in health that continued to persist despite the many initiatives that had been pursued.

Members discussed the difference between inequality of access to services, for example for geographical reasons; factors that it was recognised made it more difficult for some to enjoy good health than others, such as social and economic considerations including poor quality housing; and differences in health that were a result of individual lifestyle choices where public health education had a key part to play. The Committee did not consider that differences in health resulting from lifestyle choices could properly be described as inequalities. It was suggested that the terminology required clarification.

It was proposed that authority be granted for comments on the documents to be submitted to the Executive following consultation with the Chairman.

**RESOLVED;**

- That**
- (a) the Government's intention to transfer responsibility for improving population health and health protection to Local Authorities, supported by the transfer of public health staff at a local level and the creation of a Public Health Service for England be noted; and**
  - (b) authority be granted for comments on behalf of the Committee to be submitted to the Executive on the Public Health White Paper and the supporting consultation documents, following consultation with the Chairman.**

**65. RESPONSE TO SCRUTINY REVIEW OF GENERAL PRACTITIONER SERVICES**

The Committee considered an update on progress in response to the recommendations made in the Scrutiny Review of GP Services.

The Appendix to the report setting out progress in response to the recommendations in the scrutiny review, last reported to the Committee in June 2010, had been circulated separately.

In the course of discussion the following principal points were made:

- It was suggested that access to GP services for Children and Young People and links to schools needed further consideration. The interim Director of Public Health reported that a programme 4us was in place to develop primary care in a local setting working with local schools. It was noted that the development of locality working by the Council and NHS Herefordshire was intended to bring all partners, including schools, together in planning services.
- Members continued to be concerned about the inappropriate use of the Accident and Emergency Unit. The Director of Quality and Clinical Leadership commented that previous reports to the Committee had outlined measures being taken to seek to address a national problem. She reported that patients attending the walk in centre at Asda were asked to complete a survey. One quarter of attendees had indicated that they would have gone to A&E had the Centre not been there. The Director of Nursing and Operations (Hereford Hospitals NHS Trust) commented on work to publicise alternatives to A&E attendance.
- It was noted that in relation to end of life care 19 out of the 24 Herefordshire GP practices were providing a service that met the-relevant quality markers. The Director of Quality and Clinical Leadership commented that this compared favourably with other Trust areas. the remaining five practices did provide end of life care and were committed to meeting the quality markers.

- That planning for access to health services should be the subject of further scrutiny.

#### **RESOLVED:**

- That**
- (a) the update on progress in response to the recommendations made in the Scrutiny Review of GP Services be noted; and**
  - (b) it be recommended that a progress report on access to GP services for Children and Young People and links to schools; inappropriate use of the Accident and Emergency Unit, end of life care and planning for access to health, be made as part of the scrutiny work programme.**

#### **66. INTERIM HEREFORD HOSPITALS NHS TRUST UPDATE**

The Committee received an interim update from the Trust.

##### **Integrated Care Organisation**

Mr Tim Tomlinson, Director of Nursing and Operations added to the published update by reporting on progress in establishing the Integrated Care Organisation (ICO). Further to the report to the Committee in January the Hospitals Trust Board and the NHS Herefordshire Board and considered the business case and a formal agreement was being prepared to establish the ICO with effect from 1 April 2011. The ICO would be known as the Wye Valley NHS Trust (provider of health and social care).

Members emphasised the need to ensure that the Trust's roles as a provider of health and social care services was made explicit in any correspondence and documentation.

##### **Stroke Services**

In relation to the report on stroke care, produced in response to the Committee's request for more detail on this issue at its last meeting, Mr Tomlinson reported demonstrable improvements. However, further work remained to be done. He remarked that recruitment of a second stroke specialist was proceeding but there was a shortage of such specialists nationally.

Members proposed that preventative measures to guard against strokes should be the subject of further reporting

The report stated that work to develop the Hillside Intermediate Care Centre as a Stroke Rehabilitation Unit was continuing. In January the Committee had sought assurance that the needs of those who previously would have received intermediate care at the Centre would be appropriately met. Mr Tomlinson reported that the intention was that 12 of the 22 beds at Hillside would be allocated for intensive stroke rehabilitation delivered by a specialist team. This approach would enable people to return to their homes as soon as possible. The Committee needed to bear in mind the changes to care to be introduced by the Integrated Care Organisation which were based on the principle of locality teams providing intermediate care closer to home.

Members remained concerned that there appeared to be an uneven provision of care across the County with Cottage Hospital beds available in Bromyard (14), Leominster (29) and Ross on Wye (25). People from Hereford City were being accommodated in these beds placing strain on patients and relatives who had to travel to visit them.

Mr Tomlinson commented that changes to care would be likely to free up some bed capacity in the County Hospital.

The Director of Quality and Clinical Leadership emphasised the need to distinguish between the specialised intermediate care that Hillside was designed to provide and the need to use that facility appropriately and the type of care that was provided in a Community Hospital. She reinforced the point that the new care pathways were designed to move away from a bed based model of care, focussing instead on providing support to patients in their own homes.

Members continued to have reservations about provision in Hereford. It was proposed that this issue should continue to be reviewed as part of the Scrutiny work.

**RESOLVED:**

- That (a) **it be recommended that provision of beds for care for patients not in need of acute care, in particular for residents of Hereford City, should be kept under review as part of the future scrutiny work programme; and**
- (b) **it be recommended that preventative measures for Stroke, should be kept under review as part of the future scrutiny work programme.**

**Quality Accounts**

The Chairman informed the Committee that the process for the Committee's contribution to the production of Quality Accounts required further consideration in consultation with officers. The forthcoming elections complicated the submission of comments within the required timescale.

However, the Trust had also invited the Committee to suggest matters for inclusion in the improvement programme for the Integrated Care Organisation.

It was suggested that the improvement programme should include a focus on complex discharges of patients with continuing health and social care needs.

**RESOLVED: That the Trust be recommended to include a focus on complex discharges of patients with continuing health and social care needs in the improvement programme for the Integrated Care Organisation.**

**67. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE**

The Committee had expected to receive a report analysing the experience of the ambulance service in the three postcode areas within the County where performance has been best and the three areas where performance has been least good.

The Committee had requested that the report should analyse what factors were considered to contribute to the comparative differences in performance in the six areas and what would be needed to bring performance across these areas up to the same standard.

The Locality Manager was unable to attend the meeting and it was agreed that the need for the report should therefore be added to the future scrutiny work programme.

**68. NHS HEREFORDSHIRE UPDATE**

The Committee noted an update from the Trust.

It was noted that the integration of public health and the licensing team within one Directorate had been beneficial in processing applications for alcohol licenses.

## **69. WORK PROGRAMME**

The Committee considered its work programme.

It recommended the following additions to the scrutiny work programme:

- A progress report from 2gether NHS Trust on Mental Health and Learning Disability Services in 9 months time.
- A progress report on access to GP services for Children and Young People and links to schools; inappropriate use of the Accident and Emergency Unit, end of life care and planning for access to health, be made as part of the scrutiny work programme.
- Provision of beds for care for patients not in need of acute care, in particular for residents of Hereford City.
- Preventative measures for Stroke should be kept under review as part of the future scrutiny work programme.
- Report from West Midlands Ambulance Service NHS Trust in response to Committee's specific request for a report analysing performance in selected postcode areas. (Minute no 67 refers)

**RESOLVED: That the work programme, as amended, be approved and reported to the Overview and Scrutiny Committee.**

The meeting ended at 12.15 pm

**CHAIRMAN**