

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 25 September 2009 at 10.00 am

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

Councillors: WU Attfield, PGH Cutter, RC Hunt, Brig P Jones CBE, GA Powell, A Seldon and AP Taylor

In attendance: Councillors PA Andrews and MD Lloyd-Hayes. Mr J Wilkinson of the Local Involvement Network was also in attendance.

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors MJ Fishley and G Lucas.

2. NAMED SUBSTITUTES

There were no named substitutes.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 31 July 2009 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the public.

6. WEST MIDLANDS AMBULANCE SERVICE TRUST

The Committee considered an update from the Trust.

Members noted that targets were not being met in a number of areas within the County and that the findings of the independent review of the Service were due to be published shortly.

The importance of Community First Responders was acknowledged. Members requested sight of the business plan for training sufficient numbers.

Members also noted the outcome of a Care Quality Commission inspection of the Trust focusing on infection prevention and control and that action plans had been put in place at each ambulance station to address the findings.

7. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee considered an update from the Hospitals Trust.

Members noted the local target to see 65% of A&E attendees within two hours, the national target being that 98% of patients should be seen within four hours. Mr Coupe, Director of Business Development commented on the complexity of predicting patient flows and ensuring that sufficient staff with the right skill mix were on duty to provide the necessary treatment at A&E within targets. He also noted the extent to which the efficient operation of A&E was dependent on a wider set of processes within the hospital.

A question was asked about the delivery of a £4.5 million cost improvement plan described in the update. The Director of Business Development acknowledged that it would be difficult to achieve the plan. The intention would be to seek to do so by exploring further improvements to the design of care pathways whilst maintaining quality and efficiency of service. However, the Trust considered it was operating efficiently and in the longer term performance against targets could not be improved without further resources.

8. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Primary Care Trust.

The Director of Integrated Commissioning highlighted the following issues:

- That the number of cases of swine flu was increasing. The PCT was working with Partners to take appropriate measures.
- The launch of a new bowel cancer screening service was imminent.
- New adult safeguarding procedures were being put in place.
- There were a number of areas of concern where there had been a recent dip in performance (% age seen within 48 hours in a GUM clinic, cancer waiting times from urgent GP referral to treatment, breast cancer symptom waits; and delayed transfers of care from hospital to home).
- The publication of an independent report on the West Midlands Ambulance Service was now imminent. He noted in particular the finding that further investment should be made in community first responders.
- There were high levels of inappropriate attendance at the Accident and Emergency Unit (A&E). In this regard he noted that it had always been envisaged that the development of the Equitable Access Centre (GP led health centre) would reduce attendance at A&E. The preferred solution was co-location on the Hospital site which it was thought would best contribute to this aim.

However, as a contingency, planning permission was to be sought to use part of the garden at the Stonebow Unit for the development. He acknowledged that carers and service users had expressed concern about this proposal and discussions with them were taking place. He reiterated that the firm preference remained to develop the Centre on the hospital site.

- That through a concerted effort, progress was being made in the uptake of the MMR vaccine.

In discussion the following principal points were made:

- In response to a request the Director agreed to provide a Member with details of the possible sites considered for the GP led health centre.

A number of concerns were expressed about the suitability of the Stonebow Unit site, in particular, for the GP led health centre. It was also questioned whether the preferred site at the hospital was in fact the best site.

Clarification was sought on the assertion in the report that 43.8% of patients presenting to A&E did not require any follow up treatment and could therefore attend the GP led health centre, making a strong case for co-location. The Director replied that national studies supported this view. He agreed to supply a copy.

Asked to clarify when the PCT would be able to confirm whether it could proceed with its preferred site, the Director said that he expected that negotiations would be concluded within two weeks. He agreed to confirm the outcome to Members of the Committee.

It was proposed that the Committee should request that the planning application for the Stonebow Unit site should be delayed on the understanding that the outcome of negotiations on the hospital site would soon be known. If it were decided eventually to proceed to seek planning permission for the Stonebow Unit site it was suggested that Members of the Committee should visit the site.

A member of the public, made a statement to the Committee stating that she represented several groups including Carers in Mind, the Herefordshire Mental Health Regeneration Forum and the Mental Health Reference Group. She commented on the value of the Stonebow Unit garden to service users and opposed the proposed use of the site for the GP led health centre.

Questions from the public had been submitted on the GP led-health centre and on mental health provision on the site. These were not answered specifically at the meeting necessitating a written response to be made.

- Asked for more information about the swine flu outbreak, the Director of Public Health reiterated that the number of cases had begun to rise. Plans were in place to do as much as possible to manage the situation and protect public health.
- A question was asked about the proposed changes to the provision of mental health services. The Director of Integrated Commissioning commented that the proposed changes would reduce the cost of the overheads incurred as a small Trust, strengthen governance standards and increase the ability to recruit and retain staff and ensure appropriate training and development.
- In relation to Chlamydia screening the Director of Public Health confirmed that means of communicating more effectively with young people using methods they favoured, such as new technology, were being explored. It was noted that performance against the new national target of screening 25% of young adults stood at 12.5 %. The PCT was one of the few PCTs currently achieving above 10%. The aim was to increase the extent of screening systematically, a target of 15-17% having now been set locally.
- Asked about the launch of the bowel cancer screening service, the Director of Public Health commented on arrangements being made to invite men and women

aged 60-69 to be screened and the planned arrangements for future monitoring and recall of patients.

- The report stated that the Hospitals Trust was forecasting an over-performance of about £3 million, with the primary drivers being emergency and A&E activity. It was proposed to mitigate this by demand management actions. Asked for clarification the Director of Integrated Commissioning explained that by working with GPs and the Trust more could be done to manage conditions to prevent the need for acute services arising. In addition, whilst most attendances at A&E were not out of hours the PCT was working with the out of hours service to make sure protocols were appropriate and A&E was not used by default.
- In relation to the outcomes listed under the World Class Commissioning regime, the Director of Public Health drew particular attention to plans to strengthen intervention by GPs on smoking and alcohol which would have both health and financial benefits.
- Child obesity was also discussed noting that this was an issue of major importance, with 25% of children in year 6 being either overweight or obese, one of the highest levels in the Country. The Director of Public Health commented on the health implications of obesity, including the effect on life-expectancy, and some of the steps that were planned to address this issue.

RESOLVED:

- That**
- (a) the preferred option to site the GP-led health centre on the Hereford Hospital Trust Site be supported;**
 - (b) to request that the proposed application for planning permission to site the GP led health centre on part of the grounds of the Stonebow Unit should not be brought to the next relevant Planning Committee meeting but held back until a subsequent meeting, mindful that negotiations with the Hereford Hospitals NHS Trust over the possible use of a site at the hospital were expected to be concluded shortly;**
 - (c) the Committee be notified of the outcome of the negotiations with Hereford Hospitals NHS Trust as soon as this was known; and**
 - (d) a visit to the Stonebow Unit site be undertaken by the Committee if it were proposed to proceed with a proposal to use the site for the GP led health centre.**

The meeting ended at 11.40 am

CHAIRMAN