

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 29 March 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, G Lucas, GA Powell, A Seldon and AP Taylor

In attendance: Councillors PA Andrews, PJ Edwards and MD Lloyd-Hayes

32. APOLOGIES FOR ABSENCE

There were none.

33. NAMED SUBSTITUTES

There were none.

34. DECLARATIONS OF INTEREST

There were none.

35. MINUTES

RESOLVED: That the Minutes of the meeting held on 1 March 2009 be confirmed as a correct record and signed by the Chairman.

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

A member of the public speaking on behalf of the Mental Health Reference Group thanked the Committee for its support in connection with the location of the Equitable Access Centre.

The Director of Public Health commented that the successful negotiations to locate the Centre on the hospital site, rather than taking part of the grounds of the Stonebow Unit as required by an alternative proposal, generating a number of objections, was an outcome to be welcomed.

37. REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee considered an update on the response to the efficiency review of the West Midlands Ambulance Service NHS Trust (the Lightfoot Review) and the response to the findings of the Committee's scrutiny review of the ambulance service in Herefordshire, taking account of the inter-relationship between the findings of the scrutiny review and some of the findings of the Lightfoot Review.

Mr M Gough, A&E Operational Service Delivery Manager (South), presented the report discussing progress in the areas covered by the Committee's recommendations.

In discussion the following principal points were made:

- It was observed that response times in Ledbury and Ross-on-Wye remained below target. Asked about steps to improve performance Mr Gough commented that the appointment of a Community Response Manager for Herefordshire would improve the focus on hotspots in the County where response times were below target. Two new standby points had also been identified for ambulances. He noted that the severe winter weather had had an effect on response times.

Members commented on the importance of the County receiving a service that was comparable with other parts of the Region and requested a further report on performance in six months time. It was acknowledged that performance against targets might not tell the full story and information on patient outcomes should therefore be included in the report.

The practicality of meeting the national targets in parts of the County was discussed, noting that at the moment the targets were consistently not met in some areas. It was confirmed that the ambition remained to meet the national targets within all areas of the County. A more detailed breakdown of performance was requested showing by what margin targets were being missed, enabling the Committee to judge the scale of the challenge faced in seeking to meet the national targets.

The Director of Public Health commented that ultimately the level of performance was dependent on the resources available. The findings of the Lightfoot Review and the Scrutiny Committee's review were consistent and negotiations over the commissioning contract recognised the desire to ensure that no part of the County was disadvantaged and that capacity was increased.

- The WMAS response to the scrutiny review commented that the Community First Responder (CFR) schemes were significantly funded by charitable arrangements. Members acknowledged that charitable funding was welcome. However, they considered the Scheme should not be dependent on such funding and provision should be made by the NHS. It was requested that the Committee be provided with information on contractual arrangements with Community First Responders and the overall funding arrangements.
- It was noted that CFRs were issued with mobile phones but these did have shortcomings as a communication tool. Mr Gough said the matter was under review, but a digital radio system carried a significant cost. Members requested that the report on Community First Responders include details of the communication links with CFRs.
- That the Local Involvement Network was undertaking a survey of the patient transport service and if any issues came to light these would be reported to the Committee.
- Concern was expressed that the level of cross-border support to the Welsh Ambulance Service (WAS) was not reciprocated. Mr Gough said that the issue had been raised with the Welsh Service. Data was being collected on the previous 12 months of incidents where WMAS had helped the WAS, in particular in the Monmouth area, and further discussions would take place if the findings revealed a disparity.
- Asked about the out of hours GP Service the Head of Contracting commented that the service was closely monitored and he was not aware of any significant issues with the Service's operation. It was also noted that no particular problems had been reported to the Local Involvement Network.

- Disappointment was expressed that a significant amount of time had elapsed since the Committee's review but issues raised by that review were still not resolved. Responding to a question as to whether it was simply the case that there were not enough resources available to meet targets in the County, the Director of Public Health commented that simply providing additional resource was not the answer. Whilst there had been an improvement in service and more resources had been allocated, an assessment had to be made of a number of complex challenges, to which additional resource was not a realistic solution. Services had to be affordable and sustainable. The PCTs in the Region were still negotiating the 2010/11 contract with WMAS and consideration was being given to how this contract could be made locally responsive.
- It was noted that performance against the target for ensuring all emergency ambulance arrivals are accommodated safely in the hospital and ambulance was improving. An update was requested from Hereford Hospitals NHS Trust.

RESOLVED:

- That**
- (a) a further report be made in six months time reviewing performance against targets including comparative information for the West Midlands Region and a more detailed breakdown showing by what margin targets were being missed, and also providing information on patient outcomes;**
 - (b) a report be provided to the Committee on the Community First Responder funding plan and communication links with Community First Responders and the Community Response Manager be invited to attend the meeting;**
 - (c) the Committee be advised of the amount and nature of cross-border work with the Welsh Ambulance Service and the extent to which this was reciprocated.**
 - (d) an update be requested from Hereford Hospitals NHS Trust on performance against the target for ensuring all emergency ambulance arrivals are accommodated safely in the hospital;**
- and**
- (e) the invitation from WMAS to visit the Emergency Operations Centre at Dudley be accepted.**

38. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee noted the update from the Trust.

Mr Gough highlighted the essential contribution made by voluntary services during the severe winter weather.

39. POPULATION HEALTH

The Committee deferred consideration of this issue.

40. **WORLD CLASS COMMISSIONING STRATEGY**

The Committee was briefed on the World Class Commissioning (WCC) Strategy.

The Director of Public Health outlined the strategic priorities and cross cutting objectives of NHS Herefordshire's Strategic Plan 2010-2015, as set out in the executive summary of the Plan included with the agenda papers.

The interim Director of Integrated Commissioning and the Director of Resources (NHS Herefordshire (NSHH)) gave a presentation on the Strategy.

The interim Director highlighted the following elements of the Strategic Plan:

- Programme budgeting to be used as a basis to match investment with outcomes
- Procurement of a new provider for mental health services
- Establishment of a Transition Board to develop a recommendation on potential provider reconfiguration involving provision of high volume/high value pathways, locality based health and social care systems, urgent care system design, viable futures (eg Hereford Hospitals NHS Trust and divesting PCT provider Services.)

It was noted that five pathways had been identified as priorities: stroke, frail elderly, chronic obstructive pulmonary disease, diabetes and lower back pain. The Stroke pathway was then discussed in more detail.

Plans for working with partners were outlined including: practice based commissioning – clinical leadership of change and quality improvement, active listening with patients and customers, positive engagement with all stakeholders, work with the Voluntary Sector, and with Hereford Hospitals NHS Trust and Herefordshire Provider Services.

The Director of Resources (NHS) outlined a number of proposals designed to drive out efficiencies in 2010/11 to prepare for reduced investment in 2011/12 onwards:

- Reinvestment of savings from care pathway reviews into screening and care closer to home and to meet demographic and technological demands
- Disinvesting in low priority and ineffective treatments ensuring value for money for the taxpayer, benchmarking Herefordshire against good practice indicators
- Ensuring the long term sustainability of high quality, clinically safe services in Herefordshire
- Ensuring that investments are made only on the basis of programme budgeting priorities and data, and even then only when sustainable financial resources are available
- Achieving the target of transferring 5% of activity from the secondary to the primary sector and community services in each of the coming five years
- Upstream investment in Health and Wellbeing e.g. Smoking cessation
- More efficient use of the Estate to meet the new pattern of services
- Rationalisation of back office functions (Shared Service Review)
- Reducing Management costs

In discussion the following principal points were made:

- The proposed reduction in the number of hospital beds was questioned. In reply it was stated that a lot of people were in hospital beds for whom alternative forms of care would be better. Investment in health and social care would enable care to be provided in other settings. The transformation of community services was being considered by the Transition Board. It was suggested that the reasons for reducing hospital bed numbers needed to be effectively communicated.
- That the scrutiny review of GP services had identified that GPs had some reservations about the operation of the practice based commissioning (PBC) arrangements. The Integrated Director of Commissioning said that the establishment of one PBC group should improve the system's operation and efforts were being made to engage GPs in the work to revise care pathways. The Director of Quality and Clinical Leadership reported that to date 70% of PBC proposals had been accepted. The Director of Resources (NSHH) commented that PBC was critical to clinical leadership of change to improve patient care and practice based commissioners held 80% of the NHH budget.
- The Associate Director of Integrated Commissioning commented that adult social care had been involved in the development of the WCC Strategy and was undertaking complementary developments, for example in the renegotiation of contracts with independent sector providers and the commissioning of mental health services, exploring care in community and primary care settings.
- Preventative population health measures such as reducing smoking and the provision of housing were raised. It was noted that the need for consideration of these matters was reflected in the Committee's work programme.
- The effect a tighter financial regime on the stated priorities within the WCC Strategy was discussed. The Director of Public Health asserted that the priorities remained irrespective of the financial position. Efforts should be focused on ceasing to do things that were not effective.
- In response to a question the Director of Resources (NHS) confirmed that the scope for the more efficient use of public sector assets was being assessed.

RESOLVED: 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.

41. WORK PROGRAMME

The Committee considered its work programme.

It was agreed that the work programme needed to incorporate the following additional matters:

- Progress reports on West Midlands Ambulance Service reflecting the points raised in discussing the review of the Trust (Minute no 37 refers)
- Progress reports on the implementation of the World Class Commissioning Strategy (Minute no 40 refers)

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

The meeting ended at 12.32 pm

CHAIRMAN