

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 21 January 2011 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 and A Seldon

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

47. APOLOGIES FOR ABSENCE

Apologies were received from Councillors MD Lloyd-Hayes and GA Powell.

48. NAMED SUBSTITUTES

There were none.

49. DECLARATIONS OF INTEREST

There were none.

50. MINUTES

RESOLVED: That the Minutes of the meeting held on 22 November 2010 be confirmed as a correct record and signed by the Chairman.

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

There were none.

52. WEST MIDLANDS AMBULANCE TRUST - FOUNDATION TRUST STATUS

The Committee received a presentation on plans for the Trust to become an NHS Foundation Trust and considered points it would wish to include in its response to the Trust's consultation exercise on its proposals.

Mr C Harris, Foundation Trust Project Manager, gave the presentation on the plans. The principal areas covered were: the fact that the Government had announced that all NHS Trusts would become Foundation Trusts by 2013 either by moving through the process themselves, joining with an existing Trust, or being dismantled and incorporated within other Trusts; the background to the Trust and the challenges it faced as the second largest Ambulance Trust in terms of area; current performance levels and the Trust's focus on training its staff; the background to how Foundation Trusts operate and the proposed governance arrangements for the Trust.

The Trust considered that as a Foundation Trust it could deliver more benefits, more choice, better facilities and improved quality. The way it intended to achieve this was by workforce development including reaching a 70% paramedic skill mix; increasing efficiency and maximising ambulance availability including the introduction of the Make Ready system across the Region; implementing a single triage system giving access to emergency and primary care pathways; using the ethnically representative Membership to inform developments; supporting implementation of NHS reform agenda; and becoming an integrated emergency healthcare provider and developing a wider range of services.

In discussion the following principal points were made:

- The wording of the Trust's proposed vision was questioned, noting in particular that it made no reference to the provision of emergency care and was very general.
- In terms of service improvements Members considered that there was scope for improved integration of frontline emergency services.
- The Committee was well aware, through the review it had undertaken of the ambulance service and the regular updates to the Committee, of the challenges posed by the geographical area covered by the Trust, consisting as it did of large conurbations and extremely rural sparsely populated areas. It was recognised that the Trust had to meet a performance target for the Trust's area as a whole and that this could be achieved by focusing resources on the conurbations. It was essential that as pressures on resources increased the needs of the rural areas were recognised and response targets in those areas were met.

Mr N Henry, the Locality Manager, commented that although the Government had yet to finalise its position on targets for the ambulance service the expectation was that there would be a requirement to achieve a minimum uniform standard of performance across the Trust's area to avoid the possibility of underachievement in any one section of it.

- Part of the plans to increase efficiency and maximise ambulance availability included the introduction of the Make Ready system. Mr Harris stated that the intention was that different models would be applied across the Trust's area recognising the different circumstances in the urban and rural areas.
- Members noted that in many ways the ambulance service, like the Accident and Emergency Service, was resorted to by the public almost by default because it could be relied upon to provide treatment. Part of the proposed efficiency savings were therefore based on a revised triage system that directed the public to the most appropriate provider of treatment.
- The continued investment in training including increasing the number of paramedics was a further way in which improved services and efficiencies would be delivered.
- It was observed that the governance arrangements were different for each of the three emergency services. The aim should be to keep the governance provisions as simple and straightforward as possible. It would be easier for the public to understand if governance arrangements were standardised.
- The proposal that young people should be admitted as members of the Foundation Trust from the age of 16 was considered acceptable. However, Members agreed that established mechanisms for engaging with young people, such as via Children's Trusts, might provide a more effective voice than individual membership and should

be incorporated into the Foundation Trust's Governance arrangements alongside the provisions for individual membership.

- The consultation document proposed 15 public governors elected by the public members from the five constitutional groups into which the Trust's area was proposed to be divided. This meant 3 public governors for the West Mercia Region comprising Herefordshire, Shropshire and Worcestershire.

It also provided for nine appointed governors from key partner agencies to include two governors from local authorities, one urban and one rural.

The Committee was concerned that this did not guarantee representation from Herefordshire.

It was noted that the Trust was seeking to achieve a representative public membership across the Trust's area proportionate to populations. However, the Committee did not consider that this was a satisfactory substitute for direct representation for the County on the Members Council.

- It was suggested that given the increasing importance of the voluntary sector in service delivery one appointed governor was insufficient.
- The Committee acknowledged the cost to the Trust of each public Member and its intention to have two levels of public membership, developing engagement with an active membership of a few thousand, rather than a membership of 100,000 as developed by one current Foundation Trust.

RESOLVED: That a draft response be circulated to Members of the Committee for comment and authority granted for a response then to be submitted to the West Midlands Ambulance Service NHS Trust after consultation with the Chairman.

53. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee received an update from the Trust.

In discussion the following principal points were made:

- Clarification was sought on the increase in category A calls. The interim Director of Public Health commented that the severe weather and a second wave of swine flu had contributed to an increase in those requiring critical care. The business continuity plans of both the acute hospital and the Ambulance Trust had proved robust.
- There was further discussion of the proposal to revise triaging arrangements, touched on in discussing the application for Foundation Trust status as referred to in Minute number 52 above, and how the effectiveness of these revised arrangements would be assessed. It was noted that currently the only relevant performance indicator was the one that measured non-conveyance to hospital. However, the Government had indicated its intention to develop measures of clinical outcomes and consultation was taking place. The Committee looked forward to targets measured by clinical outcome.
- Clarification was sought on studies available that provided the evidence supporting the clinical justification for the prescribed ambulance response times.

- A briefing note was requested on the Make Ready system for managing the provision of ambulance services and in particular a description of community response posts.

RESOLVED: That a briefing note be provided on the Make Ready system and in particular a description of community response posts.

54. HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME

The Committee considered the outcome of the engagement exercise with patients, public and stakeholders on proposals to integrate services.

Mr A Dawson, Associate Director Hereford Hospitals NHS Trust presented the report.

He emphasised the extensiveness of the consultation that had been undertaken and how similar the themes that had emerged had been.

The Committee noted that it had not had sight of the financial model demonstrating the financial sustainability of these proposals and that officers intended to present reports to the NHS Herefordshire and Hereford Hospitals NHS Trust Boards in February 2011.

RESOLVED:

- That (a) the extent to which stakeholders had been engaged in the consultation exercise be recognised;**
- (b) the feedback from the various stakeholder groups and the response to that feedback be noted; and**
- (c) the NHS Herefordshire Board, the Hereford Hospitals NHS Trust Board and the Cabinet be advised that in welcoming the aspiration underpinning the proposals to integrate services through the establishment of an Integrated Care Organisation, the Committee wished to emphasise the importance of both Boards and the Cabinet satisfying themselves that the proposals were sustainable in terms of cost; noting that the financial model and business case had not been presented to the Committee but were to be presented to both Boards.**

55. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee received an update from the Trust.

Mr T Tomlinson, Director of Nursing and Operations, presented the report.

He highlighted the following points:

- A continued reduction in the delayed transfers of care to the lowest level ever reported to the Committee.
- An increase in the number of emergency patients that had led to a high number of elective surgery cancellations, although urgent cases and cancer cases had continued to be treated.
- Performance against the 18 week access target, that had been retained as a local target, would decline because of cancelled surgery, A recovery plan was being developed to return performance to the previous 99% achievement.

- Infection control measures were proving effective, reducing the need for ward closures. This had helped in meeting the increase in the number of patients admitted as an emergency.
- Improvement actions had been implemented on Stroke care.
- There was good progress on the development of the Macmillan Renton Unit.

In discussion the following principal points were made:

- Concern was expressed at the report that 11.4% of patients admitted with Stroke had arrived at a time when thrombolysis was not available. Mr Tomlinson reported that the service, which was not clinically appropriate in every case, was currently available in Hereford from (8.30 am to 6.00 pm) Monday to Friday because there was only one specialist Stroke Consultant. Action was being taken to draw on support from other consultants and increase the number of physicians able to provide thrombolysis. This would begin to provide cover 7 days a week.
- The development of Hillside Intermediate Care Centre to operate as a Stroke Rehabilitation Unit alongside the continued provision of intermediate care was questioned. It was noted that re-enablement beds were available in the Community Hospitals at Bromyard, Leominster and Ross-on-Wye. However, Members were concerned that this provision did not meet the needs of residents of Hereford City.

Mr Tomlinson commented that the provision of a specialised stroke rehabilitation unit had been considered essential. He added that some intermediate care provision would be retained at Hillside but this would be aimed at meeting more specialised rehabilitation needs. Some provision would also be available in Hereford hospital itself. The focus on providing re-enablement care to people in their own homes would reduce the need for intermediate care beds.

- Asked about the incidence of flu the Interim Director of Public Health reported that to date no one who had been vaccinated had been seriously ill. The Health Protection Agency was conducting a review of the arrangements that had been in place for immunisation in 2010.
- The Trust's financial position was noted and that despite funding support from the Strategic Health Authority breaking even was a challenge. Remedial measures remained in place to improve the position.
- Mr Tomlinson confirmed that there were no plans to delay admissions for routine operations on financial grounds. The cancellations that had taken place had been due to pressures from emergency medical admissions as described in the update report.

RESOLVED: That a fuller report on stroke care provision and the arrangements for the use of Hillside Intermediate Care Centre for specialist stroke care and specialist rehabilitation should be made to the next meeting, together with assurance that the needs of those who previously would have received intermediate care at the Centre would be appropriately met.

56. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Trust.

The interim Director of Public Health gave an update at the meeting. Notes upon which the update was based have been placed on the Minute book.

In discussion the following principal points were made:

- It was noted that a survey on the use of the Accident and Emergency Unit was being undertaken by the Local Involvement Network.
- Information was requested on the number of people in the County who did not engage with the Health Service at all.

RESOLVED:

That (a) a full NHS Herefordshire update report be made to the next meeting;

(b) the update should include a briefing on the implications of the Health and Social Care Bill;

(c) consideration should be given to how various ongoing consultations should be incorporated into the Committee's work programme;

(d) that the new mental health service provider should be invited to attend the next meeting to outline its plans for service delivery and in particular any substantial variations that might be proposed; and

(e) a briefing note be provided on the number of people in the County who did not engage with the Health Service at all.

57. WORK PROGRAMME

The Committee considered its work programme.

The following additions were agreed:

- Minute number 55 refers: -a further report on Stroke Care
- Minute no 56 refers: a full NHS Herefordshire Update, consideration as appropriate of current health related consultation papers, and a report by the new mental health service provider.

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

The meeting ended at 12.10 pm

CHAIRMAN