

MINUTES of the meeting of the Health and Care Partnership held at Brockington, 35 Hafod Road, Hereford on 5th July, 2004 at 10.30 a.m.

Present:

Herefordshire Council:

Councillors: Mrs L O Barnett (Chair of Health and Care Partnership), Mrs M D Lloyd-Hayes, D W Rule, W J S Thomas.

**Ms S Fiennes (Director of Social Care and Strategic Housing),
Ms A Heath (For Dr E Oram, Director of Education)**

Herefordshire Primary Care Trust:

Mr P Bates (Chief Executive), Dr I. Tait (Chair of Professional Executive Committee), Mr T Willmott (Chair of PCT and Vice-Chair of Health and Care Partnership),

Hereford Hospitals Trust:

Mrs C Moore (Chair), Mr D Rose (Chief Executive)

Hereford & Worcester Ambulance Service:

Mr R. Hamilton, Mrs J Newton (Chair)

Other Member Representatives:

Mr W. Lyons (Chamber of Commerce)

In attendance: Ms J. Bruce, Mrs Y. Clowsley, Councillor P E Harling

Note: The outgoing Chair, Mr T. Willmott, took the meeting for the first item (ELECTION OF CHAIR). The newly elected Chair, Councillor Mrs L.O. Barnett, then took the remainder of the meeting.

1. ELECTION OF CHAIR

RESOLVED: That Councillor Mrs L.O. Barnett be elected Chair for the ensuing year.

2. APPOINTMENT OF VICE-CHAIR

RESOLVED: That Mr T. Willmott be appointed Vice-Chair for the ensuing year.

3. APOLOGIES FOR ABSENCE

Apologies were received from Dr M. Deakin, Mrs J. Frances, Mr S. Hairsnape, Ms J. Jones, and Councillor R. Phillips.

4. NAMED SUBSTITUTES

Ms A. Heath for Dr E. Oram.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. MINUTES

With reference to the minutes of the meeting held on 1st April, 2004, the following progress reports were noted:

- **Health and Care Partnership Away Day:** Subsequent to the resolution taken on 2nd February, 2004, the difficulties of holding an Away Day involving key Health Professionals had become apparent. It had therefore been decided to have the discussion on the key issues affecting the partnership organisations as an agenda item later in the next scheduled meeting.
- **Developing a Stroke Service in Herefordshire:** Mr P. Bates reported that the proposed options for provision of a stroke service were being finalised. One of the next key issues would be to identify funding.
- **Annual report of the Health and Care Partnership:** Mrs Y. Clowsley circulated copies of the finalised report at the meeting. Mr P. Bates said that he would welcome comments on the document at a future meeting.

RESOLVED: that the minutes of the meetings held on 2nd February and 1st April, 2004 be approved as a correct record and signed by the Chair.

7. JOINT HEALTH AND CARE COMMISSIONING GROUP BRIEFING NOTES

The Partnership received a report on issues dealt with by the Joint Health & Care Commissioning Group, and the report indicated where further information could be obtained.

During the ensuing discussion, the following key points were raised:

- **Joint Health & Care Commissioning Group:** The Partnership was informed of changes to the Joint Health & Care Commissioning Group (formerly the Health and Care Executive), including style and membership. It was noted that further changes were likely later in the year with the launch of the Children's National Service Framework and The Children's Bill. At that point, it would be possible to finalise commissioning arrangements.
- **Review of the Planning and Partnership Team:** Mrs Y. Clowsley reported that she had undertaken a review of the Planning and Partnership Team, and the implementation of the revised structure would begin immediately. The review had become necessary to ensure continuing good management of change principles and a clear multi agency approach to service planning and development in the future. The Team had been renamed IMPACT (Integrated Modernisation, Planning and Change Team). Mrs Clowsley was congratulated on securing the permanent post of Head of IMPACT.
- **Teenage Pregnancy Annual Report:** Councillor Mrs M.D. Lloyd-Hayes felt that the report was excellent, although it would have been beneficial to include contact details in respect of the various issues it had addressed. She said that it was imperative to involve schools more fully in sex education and strategies aimed at preventing unplanned teenage pregnancies. She reported that Dr C. Chima-Okereke, Director of Sexual Health Services, had offered to be directly involved with sex education in schools. In addition, Councillor Mrs Lloyd-Hayes suggested using the Courtyard Theatre as a

contact point from which to promote the teenage pregnancy strategy, because this venue was frequented by young people and was open during the evening, when other services, such as Connexions, were unavailable.

Mr P. Bates emphasised that the intention with such reports was to provide sufficient information without overwhelming the reader. He added that further information could be obtained from the authors of the reports when required. He intended to provide executive summaries for wider distribution, thereby limiting the circulation of the full report and saving resources. Members felt that this was an appropriate method of providing information, and agreed that any issues emerging from the reports which were felt to be more significant, would be put on future Partnership agenda.

- **Local Public Service Agreement 2:** This had been prepared by the Herefordshire Partnership and would be taken forward by Mrs J. Howard, Assistant Director, IMPACT. The Chair emphasised the need to focus on key issues in Local PSAs, due to the pressure on resources. Ms S. Fiennes said that she and Mr P. Bates would monitor progress and keep the Partnership informed.

RESOLVED: That the report be noted.

8. REPORTS ON THE CURRENT SECTION 31 ARRANGEMENTS

The Partnership considered a report in respect of the current Section 31 Agreements in place in Herefordshire. The report outlined the broad themes of each Agreement, and highlighted any common themes and any potential risks. An appendix to the report, listing the Section 31 Partnership Board Members, was circulated at the meeting. In addition to the report, the following points were made:

- **Section 31 Partnership Board Membership:** Councillor D. Rule questioned why only one elected member appeared on the Membership lists, and why input from Education had not been envisaged. Ms S. Fiennes explained that the membership had been chosen to reflect the services which formed part of the Agreements, and as such, had been specific to PCT and Social Care representatives. Mr P. Bates added that reports on the Agreements would be considered at regular intervals by Health and Care Partnership
- **Joint Community Equipment Store:** This facility had been the subject of an information report at a previous Partnership meeting and was continuing to develop. The Section 31 Agreement had been signed in response to a need to improve the performance of the service and the associated performance indicators.
- **Hillside Intermediate Care Resource:** Hillside had proved to be a highly successful and modern way of delivering health care. The Partnership felt that its unique ethos would have applications not only in health care, but in commercial and industrial settings also. It was hoped that Hillside would also be developed as an alternative to the hospital's Accident and Emergency Department in helping to prevent unnecessary hospital admissions, as a means of helping to reduce unnecessary referrals.

- **Integrated Mental Health and Learning Disability Services:** Mr P. Bates emphasised that insufficient funding had hampered some of the work required in these fields. Both services required a thorough review, particularly issues surrounding single assessment, information gathering and ICT. He explained the difficulties involved in creating a joint ICT system, and reported that the initial one-year timescale had proven to be unrealistic. He had sought advice on these issues from the Commission for Health and Audit. Members noted that, from a managerial perspective, the integration of the service at frontline level had brought marked improvements.

Overall, members felt that the Section 31 Agreements had worked exceptionally well, and noted that they had received no challenges from Audit. They acknowledged, however, that there remained several key issues which would need to be addressed in the near future.

Further progress with the Agreements would be reported at a future meeting.

RESOLVED: That the report be noted.

9. KEY ISSUES FACING PARTNERSHIP ORGANISATIONS

The Partnership received presentations from the following organisations on the principal issues which would need to be addressed in the forthcoming year and beyond:

Primary Care Trust

Mr P. Bates set out the current NHS Improvement Plan principles and said that the challenges facing the NHS were set in this context. The Plan stipulated that, by the year 2007/08, the NHS will offer:

- A maximum wait of 18 weeks for admission for treatment following referral by a GP;
- A choice of providers;
- Treatment by any facility that meets NHS standards and price;
- A wider range of service in Primary Care;
- Electronic prescribing;
- The expansion of Direct Payments for social care;
- Regulation and inspection by CHAI;
- Community matrons;
- Major investments to tackle chronic diseases;
- Progress to achieving a 40% reduction in death rates from heart disease and stroke;
- A health service making inroads into levels of smoking, obesity, etc;
- Local communities having greater influence over local services;
- All NHS Trusts to apply for Foundation Trust status;
- An expansion in staff number.

Standards for better health were diverse, and covered: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, public health, and care environment and amenities. The standards given were meant to be a minimum, and it was envisaged that the actual targets set would exceed those standards wherever possible.

For Herefordshire, the Primary Care Trust would aim to achieve the following:

- An increase in capacity and efficiency;
- Achievement of all access times;
- Prepare for the new marketplace of choice, and subsequent funding flows.
- Prepare for payment by results and Foundation Trusts;
- Maintain financial balance;
- Ensure wise investment in ICT;
- Focus on Public Health;
- Plan for the future, for example, developing a strategy for acute services;
- Investment in emergency medicine;
- Develop robust processes of chronic disease management;
- Design and implementation of new Out of hours service;
- Improvement in Stroke Services;
- Greater emphasis on Children's Services.

It was envisaged that the above would be achieved through partnership working, investment in staff pay, managing expectations and difficulties, and by being imaginative. New contracts and initiatives, such as Agenda for Change, would ensure that the Health pay bill would increase by 7.5 % in a couple of years, although it was noted that much of this funding had already been earmarked.

Social Care and Strategic Housing

Ms S. Fiennes outlined the priorities for Social Care and Strategic Housing as follows:

- Improving older people's services: Performance on assessment and care management; equipment/adaptations;
- Developing older people's services: Home Care changes; STARRS; Consolidating the SHAW transfer and development programme; Extra care housing in Hereford;
- Impact through partnership: Making capacity work to best effect, Every Child Matters/Herefordshire Child Concern Model; Decent housing and homelessness developments; Improving processes for vulnerable people (HHT and PCT, Ross Community Hospital, waiting and delays); Voluntary Sector (The Alliance and commissioning future services);
- Prospects/Capacity for improvement: Retention of excellent prospects for Children's services and ensuring promising prospects for adult services; Retaining housing performance at a high level.

Hereford Hospitals NHS Trust

Mr D. Rose reported that the Hospitals Trust would aim to achieve the following:

- **Creating a vibrant hospital team:** A staff survey had revealed that the Trust was felt to have overall good performance, with some weak areas. The results of the survey had been made available shortly after Mr Rose took up post, and had provided a useful snapshot. In order to regain some vibrancy in the hospital environment, it would be necessary to increase the presence/visibility of managers. Three clinical leaders, or chiefs of staff, would be appointed as a result. Recruitment and selection processes would be revised to ensure that the best staff were in post, and a new award system, called "One of the Hospital's Best" would be launched to improve staff motivation.
- **Improving customer confidence:** It would be necessary to give greater media publicity to achievements and improvements, to provide a smiling front-line team, and emit positive messages about what it was like to work in the hospital.
- **Delivering a financial balance:** The current £3.5 million gap between income and expenditure would have to be reduced.
- **Achieving capacity in the right places:** Work had already started on capacity management in the areas of emergency care and chronic disease management, and it was estimated that it would take under 2 years to address acute bed shortages.
- **Supporting some key services:** The Trust's work on a joint Paediatric plan with the PCT was cited as an example of the way in which key services could be supported. Areas such as Accident and Emergency would also be targeted.
- **More stars and preparing for Foundation status:** The Trust was working towards achieving a 3 star rating in the current year. Foundation status represented a fundamental policy change, and was undoubtedly the way to progress.
- **Playing a part in the local community.**

Hereford and Worcester Ambulance Service

Mr R. Hamilton reported that the Ambulance Trust was making significant changes to its service provision. He said that he had been appointed to post at a time when there were high levels of committed staff within the organisation, and that this would enable the Trust to progress positively:

- **Patient Centred Care:** The Trust would need to work towards improving its Key Access targets, and the public's understanding of them.
- **Information Technology:** The Trust had been heavily engaged in implementing cutting edge technology to improve its service. Currently, it was possible to send information about the condition of a patient directly from ambulance to hospital, and the aim would be to increase the use of this type of technology. The Service was aiming to be the first in the country to use similar diagnostic links between ambulance and GP, and to explore use of the same technology in relation to ultrasound and x-ray. Issues surrounding stroke care, and chronic disease management would also be researched.

- High Quality Clinical Care: Efficient use of data would help to develop services and create capacity. Improvements to quality would also be achieved by Implementing National Service Frameworks (Thrombolysis treatment, delivered as a NSF, had already been hugely successful), focussed training in key areas, empowering clinical and managerial staff to use their skills, attaining CNST/RPST accreditation, and developing a CHAI action plan.
- Improved health and reduction in inequality: The ambulance service would take a more active role in promoting public health, for example, smoking cessation, 'flu vaccination. It was intended to improve the health of the workforce along similar lines, so that they would be able to promote the issues from a point of understanding their merits firsthand.

Improving equality for Herefordshire and Worcestershire would mean providing a better service to rural locations, so that they were reached within the 8-minute target. This might be achieved through employing "Basic Doctors" in rural areas, who would be able to attend the patient ahead of the ambulance. Mr Hamilton reported that the Trust's funding bid through the New Opportunities Fund/British Heart Foundation had been approved today, which meant that staff could now be trained as "first responders".

- First Class Workforce: An operational Services Review was currently examining the staff skill mix, resources, vehicles, and the type of people employed, as a way to improve the overall effectiveness of the workforce;
- Involvement of Patients and Public;
- Increased value for money: The Trust would change its ethos so that some patients would be treated at home and, when appropriate, not taken to hospital.

Mr W. Lyons reported on the significant demographic change that had occurred in Herefordshire, resulting in the county having a 20% higher number of residents aged 65 and over, than any other area in the West Midlands. The Partnership agreed that these figures would have an impact on the delivery of health services in Herefordshire. Mr P. Bates confirmed that the Health Service could make better use of these figures to date. Funding per capita was weighted in accordance with the population base, but it had not effectively kept pace with the increase in the number of elderly residents.

The Partnership identified the need to improve information sharing between the Council and the Health Service. Mr Hamilton commented that the Ambulance Trust held a wealth of useful information, but due to its small size, it lacked the people with the best skills to use and interpret it. Members agreed that this was a common problem, which needed to be solved. It would become necessary to share ICT systems, so that investment in equipment produced the maximum benefits to all partners.

Dr I. Tait expressed concern about the growing trend towards obesity in the younger generation, who might have greater need of health services in years to come, due to changes in lifestyle. This generation also had higher expectations of the health service. Members agreed that more work needed to be done to encourage people to improve their own health and fitness, and to understand the crucial role that they played.

It was agreed that greater use should be made of the voluntary sector, and one obvious service area was patient transport.

RESOLVED: That the reports, and subsequent discussion be noted, and arising therefrom, an action plan be devised for the Partnership.

10. PRIORITIES/FUTURE AGENDA ITEMS FOR THE HEALTH AND CARE PARTNERSHIP (BASED ON THE PRESENTATIONS GIVEN EARLIER IN THE MEETING)

Arising from the above discussion, the following actions were agreed:

- Mrs Y. Clowsley would put a draft agenda of priorities to IMPACT, and the Joint Health and Care Commissioning Group for discussion. The Group would then devise a list of actions for the Health and Care Partnership to undertake, based on what could be achieved with the existing resources. Particular attention would be paid to priorities over the next 12 months. As a starting point, some common themes had been identified which the Partnership might work on, and these included:
 - Decreasing the number of people staying unnecessarily in hospital, and being referred unnecessarily or inappropriately to hospital;
 - Older people, and managing their health care;
 - Children's Services (in particular, child protection);
 - Young people, and educating them to take greater responsibility for their own health care;
 - Co-ordinating and sharing public health information;
 - Steering/giving guidance to Section 31 Agreements;
 - Managing public expectations and improving public confidence;
 - Improving patient choice, and as professionals, gaining a greater understanding of what it was like to be a patient so that services would be tailored to the patients' experiences. It was noted that this approach might require a shift of team resources, and a different way of working, and this was to be explored;
 - Expanding on the role of the community/voluntary sector.
- The Partnership would receive a presentation on Economic Strategy.

11. ANY OTHER BUSINESS

There was no other business.

RESOLVED: That the report be noted.

12. DATE OF NEXT MEETING

It was noted that the next meeting of the Health and Care Partnership would be held at **10:30 a.m. on Monday 25th October, 2004 at Brockington, 35 Hafod Road, Hereford.**

The meeting ended at 4.07 p.m.

CHAIRMAN