HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Overview and Scrutiny Committee held at Council Chamber - Brockington on Monday 5 March 2012 at 10.00 am

Present: **Councillor A Seldon (Chairman)**
Councillor JW Millar (Vice Chairman)

Councillors: AM Atkinson, PL Bettington, WLS Bowen, MJK Cooper, EPJ Harvey, MAF Hubbard, RC Hunt, TM James, Brig P Jones CBE, JLV Kenyon, R Preece, SJ Robertson, P Rone and PJ Watts

In attendance: **Councillors RB Hamilton and RJ Phillips**

Officers present: **Dr S Aitken (Interim Director of Public Health), J Jones (Head of Governance), D Penrose (Democratic Services Officer) and D Taylor (Deputy Chief Executive)**

Also in Attendance: **Mr N Henry (General Manager, West Midlands Ambulance Service NHS Trust) and Mr P Murtagh (Commissioning Director, West Midlands Ambulance Service NHS Trust)**

76. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Cutter.

77. NAMED SUBSTITUTES

None.

78. DECLARATIONS OF INTEREST

Councillors RC Hunt and Brigadier P Jones, personal interests as Trustees and Directors of Leominster Tourist Association.

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

None.

80. QUESTIONS FROM THE PUBLIC

There were no questions from the public.

81. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee received a presentation from Mr P Murtagh, Commissioning Director West Midlands Ambulance Service. A copy of the presentation has been placed with the Agenda Papers on the Minute Book. During the presentation, he highlighted the following areas:

- That there was a transformational strategy in place to move from functioning as a traditional ambulance service to becoming an integrated healthcare provider.

- That the Service was the only Ambulance Service to have achieved all its operational performance indicators in 2010-11. This was challenging in rural areas of Herefordshire.

- That the Quality and Risk Profile was improving on a monthly basis.

- That the move to Foundation Trust status was entering its final phase and the Trust should become a Foundation Trust by the end of the July 2012. The change would mean greater involvement from the public, and accountability for the Trust. There were 8,500 public members, from which 15 Members of the 29 Council of Governors were elected.

- The Make Ready system was in place, with large hubs which serviced local ambulance crews. Herefordshire was one of the first counties to open a hub, a system that maximised the time paramedics could be on the road by providing them with operational ready ambulances.

In the ensuing discussion, the following points were raised:

- That there was concern over the principal timing of the consultation that had been issued regarding the operational change to the service and the subsequent closure of ambulance stations. The consultation had been issued over the Council's purdah period during the elections in 2011, and no response had been possible.

- That the work that was being undertaken by the Service was designed to free up resources by improving clinical performance and efficiency. The Make Ready Hubs would allow clinical staff more time with patients. Mr Murtagh added that greater clarity would be provided by including local ambulance stations on the map in the presentation. The Hubs would only have ambulances in them at night, because operational crews would be spread across the County during the day.

- That whilst there had been a drop in performance against targets in July and August 2011, this was as a result of a number of staff undergoing advanced paramedic training. At the lowest point, the Service had still attained 84.62% of its targets. Following the training, the Bromyard community paramedic scheme had hit 100% of its target (to reach all cases within 8 minutes) in September. This scheme had proved to be invaluable, and would be rolled out across the County from April. The Chairman commented that whilst this was a welcome scheme, he did not want to see the County's resources stretched with an emphasis on achieving targets in urban areas.

- Herefordshire would not be marginalised, and the service would still be a local one throughout the County. It was important that a rural presence should be maintained, and there were staff within the call centres who were dedicated to specific local areas within the area covered by the centre. In reply to a specific question from a Member, Mr Murtagh went on to say that there was both a local and regional Gold Command structure.

- Mr N Henry (General Manager, West Mercia Ambulance Service) undertook to provide the Committee with data on the number of Community First Responders

that there were in the County. Whilst it was relatively simple to become a First Responder, it was much harder to gain experience in the role, as there were few callouts in rural areas.

- It was noted that 94% of ambulances in Herefordshire carried paramedics.

- That whilst the Make Ready system was based on a South Staffordshire model which had not achieved its targets for a year, performance in South Staffordshire would have been significantly lower without the system in place.

- That the NHS Pathway model had been instigated in June 2011, and had gone live in Herefordshire in September 2011. There had been a steady rise in calls that were able to channel patients through alternative care pathways than the acute hospital. The Vice Chairman asked that statistical evidence that demonstrated the improvements should be provided to the Committee.

- That the correct drugs were available on ambulances to treat conditions such as cardiac thrombosis.

- A Member pointed out that whilst 1 in 4 ambulances were not attaining the target of reaching the patient in eight minutes, there was apparently no measure to indicate how long these calls were taking. He asked whether there was an analysis of those calls where the target was not hit, and where in the County this was most likely to occur. Mr Murtagh said that the Community Response Manager was looking at this area.

- That whilst there was no representation from Herefordshire on the proposed Members Council for the Foundation Trust, the Trust had asked the Local Government Association (LGA) to facilitate a system whereby local representatives could be selected to serve. Specific localities had not been selected by the Trust, but had been put forward using the LGA system.

The Chairman thanked Mr Murtagh for his presentation.

RESOLVED:

That

a) representations should be made at the highest level that there should be a Governor on the West Mercia Ambulance Service Foundation Trust Members Council from Herefordshire Public Services.

b) a half day review of the Make Ready and NHS Pathway Systems should be undertaken by a Task and Finish Group, chaired by Councillor JW Millar.

82. NHS WEST MERCIA CLUSTER

The Committee received a presentation from Mr Eamonn Kelly, Chief Executive of the NHS West Mercia PCT Cluster. The presentation is attached as Appendix 2. During the presentation, Mr Kelly highlighted the following areas:

- The national quality priorities for 2012/13. These included a general message concerning the needs to address the shortfalls in dealing with older people, and the pivotal role of carers. There was also an emphasis on the military and veterans' health.

- There were a number of national clinical outcomes against which there were quality measures. In the past there had been different standards for rural communities for measures such as ambulance response times, but these were now all of a single standard. The area of quality of life for those with long term conditions would continue to grow and managing this area would be a huge challenge; there were presently 145 different significant illnesses in this category.

- Key challenges for Herefordshire included meeting targets for C Difficile and A&E admissions. Wye Valley Trust were confident that both of these could be met in the coming year.

- That the reform of the commissioning system to complete the transition to the new NHS architecture would be radical. Across West Mercia there would be six Clinical Commissioning Groups under one Commissioning Support Organisation. This was considered to be the most effective model. The West Midlands would be one of the local parts of the single National Commissioning Board. Principal responsibility for public health would fall to the Local Authority.

- This would be a challenging time for staff, 45% of which would be employed by the Clinical Commissioning Group and the Clinical Support Organisation, 20% from the National Commissioning Board, 17% from the local authority, which left 18% to be determined. There were a number of schemes running to offer support, such as regular briefings, surveys and Q&A sessions.

- The QIPP (Quality, Innovation, Productivity and Prevention) plans would present a huge challenge for West Mercia, which would have to save £377m over 4 years. The providers would have the greatest challenge, having to save £21m out of a total of £295m

In the ensuing discussion, the following points were raised:

- That the Wye Valley Trust would provide integrated provider services, and the organisational model was currently being reviewed. The single management authority for the PCT would no longer exist after the abolition of the PCT. The Clinical Commissioning Group (CCG) would take its place with the Local Authority and would commission services from Hoople Ltd and Herefordshire Public Services (HPS)

- That the Care Quality Commission (CQC) would be responsible for regulating all healthcare providers; they were currently responsible for all community health care providers. The first responsibility for assessing providers would be to get the appropriate combination of PCT, CCG and Local Authority clinicians under the aegis of the Integrated Commissioning Directorate, the Public Health Directorate and the Health and Wellbeing Board.

In answer to a question, Mr Kelly said that whilst the changes were complex and appeared fragmented, there would be a net reduction of £1.7bn in national staffing costs. The intention was that there should be greater clarity and accountability locally as providers and commissioners worked in an integrated fashion with the Health and Wellbeing Boards providing an overview of the system and acting as a lynch pin. In answer to a further question, he went on to say that whilst alcohol consumption was not a national quality measure, it would be in Herefordshire.

The Deputy Chief Executive said that the work of the Health & Wellbeing Board was fundamental to the effective operation of local relationships within the County. The

Council was working with Mr Kelly and his team in order to minimise uncertainty during this transition period.

In reply to a further question, Mr Kelly agreed that the most formidable challenge would be to avoid staff losing heart during this process, not least as a result of the necessary 4% year on year efficiency savings, especially in the Wye Valley Trust. Restructuring would reduce costs in the wider organisation.

In reply to a question concerning the ability to mitigate risk, Mr Kelly said that the PCT was no longer a robust organisation and that whilst the cluster was not an ideal replacement, it was the best option for West Mercia. It would be run in a shadow form within the PCT umbrella, until the latter was abolished. The biggest risk would be attempting to return to the original system, whilst bringing forward the implementation date would be the best option.

Whilst there was a certain amount of opposition within the NHS as a whole, there was an appetite amongst GPs in the County to embrace the CCG. Real administrative improvements were being seen in the use of resources by GPs. They were seeking to rebuild the relationships with colleagues in hospitals. These relationships had broken down, but now there was a greater degree of communication.

RESOLVED: That the Committee would regularly monitor the activities of the Health and Wellbeing Board.

83. TASK AND FINISH REVIEW: TOURIST AND TEMPORARY EVENT SIGNAGE REVIEW

The Task & Finish Review Report: Tourist and Temporary Event Signage was deferred to the meeting to be held on the 19 March 2012.

The meeting ended at 1.10 pm **CHAIRMAN**