

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Wednesday 11 June 2014 at 3.00 pm**

**Present:** Councillor CNH Attwood (Chairman)  
Councillor MD Lloyd-Hayes (Vice Chairman)

Councillors: PA Andrews, MJK Cooper, KS Guthrie, JLV Kenyon, SJ Robertson, J Stone and GA Vaughan-Powell

**In attendance:** Councillors GJ Powell, Cabinet Member (Health and Wellbeing) and AJW Powers

**Officers:** G Hughes (Director for Economy, Communities and Corporate), H Coombes (Director for Adults Wellbeing), J Davidson (Director for Children's Wellbeing), A Brookes (Executive Manager) and D Penrose (Governance Services)

**1. APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Councillors PL Bettington, Brig P Jones CBE, NP Nenadich and CA North.

**2. NAMED SUBSTITUTES (IF ANY)**

None.

**3. DECLARATIONS OF INTEREST**

None.

**4. MINUTES**

The Minutes of the Meeting held on the 27 May 2014 were approved and signed as a correct record. The Chairman thanked Councillors J Jarvis and WLS Bowen for all their work on behalf of the Committee over the years.

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

There were no suggestions for issues for future scrutiny.

A Member suggested that items and questions submitted by the public should be recorded and that any written answers from Officers should also be included as an appendix to the minutes.

**6. QUESTIONS FROM THE PUBLIC**

None.

**7. ACCOUNTABILITY SESSION - WEST MIDLANDS AMBULANCE SERVICE**

The Committee received a presentation on the West Midlands Ambulance Service from Ms M Brotherton General Manager (West Mercia) West Midlands Ambulance NHS Foundation Trust.

During her presentation, Ms Brotherton highlighted the following areas:

- The transformational change agenda that the Service had been undertaking over the previous year that had embedded the implementation of the Make Ready ambulance service. This allowed for faster treatments of patients and maximised the efficient use of the ambulance fleet.
- The success of the Community Ambulance stations, which allowed ambulances from the main hub in Hereford to be based in the Market Towns.

In the ensuing discussion, the following points were raised:

That the service had achieved 66.7% against a 75% target for Red 1 calls. These were the most time critical and cover cardiac arrest patients who were not breathing and did not have a pulse, and the target was to get an ambulance on to the scene within eight minutes. This was a challenging target in a rural county but these were relatively uncommon calls in Herefordshire, and the Service only received approximately one a month. Work had been undertaken with local councils to promote the community defibrillation scheme and the Community First Responder schemes For Red 2, which were serious but less immediately time critical calls, the Service had achieved 75.7% response against a national target of 75%. Red 19 calls, which required an ambulance to respond within nineteen minutes, had a target of 95%, and the Service had missed this by .3%. An ambulance had now been stationed in Leominster in order to be able to achieve this target. It was important to note that demand for services was rising by around 5% a year.

In reply to a questions she said that:

- Green 2 targets were 30 minutes, and 90%, both of which had been reached. This category was for falls and similar injuries.
- The triage of calls was on the whole effective, but when the paramedic arrived on the scene the situation could vary from what had been expected.
- That demand did fluctuate in rural areas, and Leominster had proved to be challenging in April, whilst Hay-on-Wye had in May.
- There was a concern around the transfer of patients from the acute hospital to others in the area, as this reduced the resources available for calls.
- That the conveyance rate of patients to hospital was 58%, which meant that 42% were treated at home or on alternative clinical pathways.
- There was mandatory training for all staff of two days a year, and virtual learning was used. Clinical team mentors were employed to work directly with crews. The crew were trained to look at care pathways that did not involve the hospital.
- The Service undertook a great deal of campaigning to keep calls to a minimum, and were active in print and social media.
- That whilst the Fire Authority had a budget to invest in visiting the community, the Ambulance Service was run on a much leaner model, and were not able to undertake as much outreach work. The Community Responder Manager would go into schools and parish council meetings if asked.

- That if transfers to other hospitals in the region were proving to be an issue in a locality, then ambulances from elsewhere would be used to backfill the gap. When deploying an ambulance, the nearest available vehicles went to the call.
- That should the work of the hospitals be reconfigured in a way that would increase the job cycle times by making more vehicles go out of County, then the Service would need to be commissioned to increase the number of available ambulances. The Service was working with the Wye Valley NHS Trust as the Trust undertook its service modelling.
- That all ASDA stores would be rolling out defibrillators nationally and that there was now one in the store in Hereford.

The Chairman thanked Ms Brotherton and Mr Holloway for the presentation.

## **8. ACCOUNTABILITY SESSION - 2GETHER NHS FOUNDATION TRUST**

The Committee received a presentation on the work of the 2gether NHS Foundation Trust. Mr Clee, Chief Executive of the Trust, presented the report, and highlighted the following areas:

- That there was a national increase in mental health which was largely as a result of four main factors. The population growth within the country; the demographic shift that had seen an increase in elderly; a decrease in the stigma associated with mental illness and increased access to services; more prevalence amongst the population as a result of old age, substance misuse and other factors.

In the ensuing discussion the following issues were highlighted:

- That all the Department of Health Key Performance Indicators had been met apart from the 'no children under the age of 18 to be admitted to adult in-patient wards'. That this had been necessary was an undesirable state of affairs, and had taken place because it was the least worst option for the patient. The Trust had not been commissioned to provide any under 18 services, as this was dealt with at a regional and national level by the NHS Local Area Teams. This was a serious issue for the Trust, and it had been raised with NHS England as there was a nationwide bed shortage for children.
- That the adult bed base number had not been reduced from 29 to 16. This had been a contractual obligation, but the number of beds had only been reduced to 21 as little progress had been made with mental health service liaison services in the community, and the crisis teams had been obliged to spend time supporting work in A&E, rather than in the home. There had been no change in the triage arrangements, and patients who had needed to be admitted had been provided with a bed. The percentage of patients admitted had been reduced from 12% to 8% and no patients had been sent out of area.
- Mr Clee undertook to provide a briefing paper to the Committee outlining the headline detail behind the Performance Indicators.
- As there was no forecast for a reduction in demand, 2gether would look to work in different ways with partners and commissioners. The Director of Children's Wellbeing undertook to provide the Committee with a briefing note on changes to the services.

- That 2gether was working on awareness around suicide risk, and talking to a wide variety of services to this end. Areas such as building planning was being discussed to make planners aware of potential hazards around tall buildings.
- That there was an issue with the A&E Department of the hospital, where patients needed mental health assessments, especially for the over 65 age group, where dementia was an increasing issue.
- Assessments were done within four weeks and based on individual need and clinical process.
- That work was put into socially inclusive initiatives that were funded by 2gether as well as Council funded ones such as the Healthy Lifestyle programme. Workshops were held in the colleges on mental health issues and diet which were run by service users with support from 2gether staff.
- That whilst 2gether held a £1.2m contract with the Local Authority for mental healthcare, for which it offered a range of services, it was one portion of the spectrum of care that was offered in the County. There was a significant financial squeeze on services, and it was expected that another £1m of services would be delivered in 2014-15 to meet the rising demand. Alternative ways of working were being looked at in order to deliver more effective and cost effective ways of treatment.
- That counselling services were being decommissioned and Improving Access To Psychological Therapies (IAPT) thresholds were being changed for 2014-15 nationally. There was significant patient involvement in the service, and 2gether were ahead of the contracted target. The service offered a stepped model of care for those with mild to complex psychosis. Alternative methods of delivery would be considered.
- That there would be a benefit for a System Leader in Mental Health in the County. This model was used in Bristol, where the lead provider for mental health ensured the most effective use of resources and services as well as providing a simpler service for users. Mr Clew undertook to provide a briefing paper on this model for the Committee.

In reply to a Member's question regarding access to services for young people, Mr Clew went on to say that there were no beds in the County for young people, and the service was commissioned nationally. Work was undertaken with schools, and every Year 6 pupil in the County was provided with the opportunity to consider mental health and safeguarding issues. As a result of the complexities of children's legislation, self-referral was not possible for a child.

The Independent Chairman of Healthwatch Herefordshire said that he had attended the 2gether NHS Trust AGM and The Trust and the Chief Executive had always made it clear that they valued feedback. He believed the organisation to be effectively led, with involvement in the Health & Wellbeing Board at Chief Executive level.

He went on to point out that the contract for the 2gether NHS Trust would shortly be coming up for renegotiation, and this was a chance to look for opportunities within the challenges presented in the field, but care should be taken not to lose both stability and continuity in the service.

In reply to a question from the Chairman, Mr Clew said that there were a number of risks surrounding a new contract.

- There were concerns around the demands made to support the Wye Valley NHS Trust's A&E Department.

- There was an ageing population within the County.
- There was no powerful social housing provider to lobby on behalf of residents as there was in Worcestershire, and to work to support their residents through recovery.
- There was challenge to meet the needs of a significant proportion of service users with complex multiple needs.

**RESOLVED:** That further briefing on headlines for Key Performance Indicators for Monitor and the Department of Health be provided before the next meeting, together with an indication of where the patient evidence comes from as part of the 2gether user satisfaction survey.

## **9. COMMITTEE WORK PROGRAMME**

The Committee noted its Work Programme.

**Resolved:**

**That:**

- a) A Task and Finish Group be held to help inform the Council's response to the Government's consultation on the draft regulations on the level of care, funding and self-funding under the Care Act 2014. Members would include Councillors PA Andrews, MD Lloyd-Hayes and GA Vaughan-Powell; and;**
- b) The Task and Finish Group on Children's Safeguarding should reconvene to follow up on the Action Plan that had been provided by the Executive following the submission of its initial report to the Committee on the 11 October 2013. Members would include Councillors MD Lloyd-Hayes and SJ Robertson (Chair).**

The meeting ended at 5.10 pm

**CHAIRMAN**