



Buckinghamshire County Council

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 2 MARCH 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.09 AM AND CONCLUDING AT 12.40 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)
Mrs P Wilkinson MBE, Mr S Adams and Mrs P Birchley

District Councils

Mr D Rowlands	Aylesbury Vale District Council
Sir J Horsbrugh-Porter	Chiltern District Council
Mrs J Woolveridge	South Bucks District Council
Mrs W Mallen	Wycombe District Council

Officers

Mrs S Moore, Democratic Services Officer
Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Mr B Allen, Chairman, Adult Services OSC
Mrs C Capjon, Policy Officer (Adult Services)
Ms L Dawson, Director of Service Delivery, South Central Ambulance Service NHS Trust
Mr W Hancock, Chief Executive, South Central Ambulance Service NHS Trust
Ms J Taptiklis, Head of Joint Care Commissioning, Buckinghamshire PCT

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence were received from Mrs M Aston, Mrs P Bacon, Mrs M Baldwin and Mrs M Royston with Mrs J Woolveridge substituting for this meeting only.

2 DECLARATIONS OF INTEREST

There were no declarations made.

3 MINUTES

The Minutes of the meeting on 2 February 2007 were confirmed as a correct record subject to an amendment on page 5, indicating that Mrs Mallen had accompanied Mrs Wilkinson to Thame Cottage Hospital rather than Mrs Aston.

4 SOUTH CENTRAL AMBULANCE TRUST

Will Hancock, Chief Executive of South Central Ambulance Service NHS Trust, gave an informative presentation on the recent performance of the Trust against national targets and outlined key challenges facing the organisation in delivering ambulance services in Buckinghamshire. A copy of the slides was circulated with the agenda papers.

A Member expressed disappointment at the performance of the Trust within Buckinghamshire. He gave an example of a patient with multiple injuries who had been transported by ambulance to Stoke Mandeville, only to be redirected to Wycombe and then back to Stoke Mandeville. The Member hoped that such issues with the acute Trust would be ironed out within the year.

The Chief Executive of the Ambulance Trust observed that restructuring, such as under Shaping Health Services, could be disruptive and he recognised the impact this had on the Ambulance Trust and its staff. He too hoped that any outstanding issues would soon be resolved. The Ambulance Trust was working closely with the Hospital Trust in this regard.

A Member commented on the standard of the non-emergency transport service provided by the Ambulance Trust. Will Hancock acknowledged that this service was often of more concern to patients than emergency ambulance service provision, but had been less of a focus than ought to have been the case. Unfortunately, the service had been a victim of financial constraints and had been neglected. The Chief Executive was happy to return to the OSC on another occasion to discuss this further.

In response to a question about the possible introduction of scanners on board ambulances, Will Hancock said that the Trust was looking into the use of additional technology on board as this would enable staff to take on a wider role.

With respect to training, the Chief Executive explained that the Trust took responsibility for training its staff. A 13 week course was undertaken by staff with no medical experience or training to become a trainee technician. After a year's experience on the job, that member of staff would be a fully fledged ambulance technician. Paramedics took 2 ½ - 3 years to train. Paramedics could then train to become emergency care practitioners through pursuing a higher education qualification.

A Member sought reassurance that the Trust's performance within Buckinghamshire would improve despite financial pressures. The Chief Executive explained that in many areas Buckinghamshire was performing better than other parts of the Trust. The issue in Buckinghamshire was around achieving the 8 minute standard for responding to presenting conditions which may be immediately life threatening. Improvements had already been made but performance around the A8 target was erratic, rather than consistently below par. The Trust was fully funded by Buckinghamshire PCT in terms of the "call connect" project and Will Hancock was confident that the A8 target would improve. The Member made a formal request for the Chairman of the OSC to ensure the committee is provided with regular updates from the trust in order to monitor the progress against the target.

Action Will Hancock

A Member queried a statement made in the presentation about the national expectation that, in future, ambulances would be taking a million fewer patients to A&E. The Officer explained that Ambulance Trust staff would be taking on a broader role and undertaking additional

assessment and treatment over the phone and in person. However, every year the patient load increased and Trust had to take action to keep pace. In terms of the growth agenda, the Trust would need to engage the PCT in discussions about planning for growth.

A Member asked whether station closures were anticipated as a result of the recent reorganisation. Will Hancock responded that it was possible that there would be a disposal of some sites and reopening of others as the Trust sought to improve the condition of the stations. A different model might be implemented with hubs and satellite points or standby stations. However, the collection of estates was being reviewed and no decisions had yet been taken.

A Member asked whether it was the intention to move to a smaller fleet of ambulances to avoid the need for drivers to obtain a C1 license. Training was very expensive and staff were expected to foot the bill. The Member wondered whether this was causing recruitment difficulties. Will Hancock explained that many Trust staff already had a C1 license. At present the vehicle of choice was 5 tons, but in future it was likely that the fleet would be made up of a range of vehicles. He was not aware of any recruitment difficulties being experienced specifically as a result of the cost involved in obtaining a C1 license.

The Chairman expressed concern that, with the recent reorganisation of Ambulance Trusts and the formation of South Central Ambulance Services NHS Trust, that services would be centralised in Oxfordshire. He enquired as to what facilities were likely to be located in Buckinghamshire. The Chief Executive was unable to answer the question as the review had not been undertaken yet and there were no plans in place relating to control centers or headquarters at present. The Chairman responded by commenting on the need to share estates and best utilise the facilities of other public sector bodies. Will Hancock indicated that the estates strategy would be shared with other public sector bodies once developed and that many Ambulance Trust buildings were shared sites.

The Chairman thanked Will Hancock for his honest and informative presentation and the OSC looked forward to working with him in the future.

5 WORK PROGRAMME

(i) CONTINUING CARE

Jane Taptiklis, Head of Joint Care Commissioning from Buckinghamshire Primary Care Trust, emphasised that continuing care was an important issue and she was pleased that the OSC was looking into it. She gave a short talk on continuing care with reference to the care pathway diagram circulated with the agenda papers. In the discussion that ensued, several key issues were highlighted as follows:

- Waiting times for assessment
- Provision of services in patients' own homes in the community
- The possibility of joint assessment and joint provision
- Clarity around funding guidelines including any changes in the definition of care funded by Health and Social Care respectively
- Co-location of commissioning teams as a possible precursor to a pooled budget

At the request of a Member, Jane Taptiklis agreed to provide information on the criteria and guidelines for clinical assessment.

Action: Jane Taptiklis

Bruce Allen confirmed that the Adult Services Overview and Scrutiny Committee was keen to set up a joint working group to undertake this review. The Chairman sought volunteers from the Public Health Services OSC and Mrs W Mallen, Mrs P Wilkinson,

Mr S Adams and the Chairman all expressed an interest in participating.

The Chairman thanked Jane Taptiklis for attending the meeting.

(ii) TEENAGE PREGNANCY

Lynda Ayres, Young People's Sexual Health and Teenage Pregnancy Co-ordinator, gave a short presentation, a copy of which was circulated with the agenda papers. In addition to these papers Lynda Ayres presented the latest data, which had just been issued highlighting the fact that Buckinghamshire is not achieving its LAA targets around reducing teenage pregnancy by 45% by 2010 and, in fact, the gap is widening slightly.

A Member enquired after a cut in the Connexions budget of £4,000 that had resulted in the loss of a post focussed on addressing teenage pregnancy. Lynda Ayres and Steve Adams arranged to discuss this further outside of the meeting.

In the discussion that followed, the following points were made:

- The influence of the national media was an issue that was difficult to tackle at the local level
- The health implications of teenage pregnancy included increased infant mortality, greater risk of domestic abuse and greater risk of sexual exploitation
- A reduction of 10 or 20 pregnancies in Buckinghamshire would make a significant difference to the teams ability to meet the target of reducing the conception rate of under 18s by 45% by 2010
- Co-ordination of parenting classes/information might be an area the Committee would wish to explore

The Chairman thanked Lynda Ayres for attending the meeting and indicated that a decision on whether or not to undertake a review would be made in a few months time.

6 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)

The Committee agreed that a brief update and summary of the work of the PPIF for each of the NHS Trusts would be included as a regular agenda item at each meeting, effective from April 2007.

7 COMMITTEE UPDATE

The Committee noted the report from Mrs M Aston on the meeting of the Primary Care Trust Board meeting on 13 February 2007.

Mrs P Birchley, Chairman of the Eating Disorder Task Group informed the meeting that the report had been submitted to the County Council's Cabinet the previous Monday and the Task Group's recommendation that a small partnership working group be set up, had been agreed. The other recommendations had been approved in principle. The Children and Young People's Trust Board and the PCT's Professional Executive Committee (PEC) had also considered the report. The PEC had undertaken to review access to CAMHS as a result of the task group's report. Officers were thanked for their work in this regard. The Chairman of the Committee suggested that the task group report should be submitted to the Scrutiny Committees and Cabinets of the District Councils by each of the district representatives.

Action: District Representatives

A Member commented on the lack of action with regard to the Chesham Healthzone. The Committee agreed that the Chairman would write a letter to Janet Fitzgerald copied to Cheryl Gillan regarding the situation with respect the Chesham Healthzone.

Action: Mike Appleyard/ Angela Macpherson

The Chairman informed Members about a meeting of Scrutiny Chairmen and Support Officers he had attended where Mark Britnell, Chief Executive of South Central Strategic Health Authority, had set a programme of developing a range of community services locally, in primary care rather than in an acute setting. The Chairman expressed disappointment that Buckinghamshire Primary Care Trust did not have a strategy pertaining to the development of enhanced services at GP surgeries.

8 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is 10.00am on Friday 13th April 2007.

A decision was taken to move the May meeting of Committee from 4 May to 10.00am on the 11 May in Mezzanine Room 3 because of the District Council elections.

CHAIRMAN