

Minutes

OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 1 JUNE 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 1.10 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mrs P Wilkinson MBE, Mrs M Aston, Mr H Cadd and Mrs C Willetts

District Councils

Sir J Horsbrugh-Porter

Chiltern District Council

Mrs W Mallen

Wycombe District Council

Mr D Rowlands

Aylesbury Vale District Council

Officers

Mrs C Gray

Mrs A Macpherson, Policy Officer (Public Health)

Others in Attendance

Ms C Langlely, Head of Primary Care, Buckinghamshire Primary Care Trust

Mr D Bradley, Chief Operating Officer, Oxfordshire & Buckinghamshire Mental Health Partnership NHS Trust

Mr T Elrick, Operations Director, Harmoni

Ms L Morris, Director of Finance and Business Management, Buckinghamshire PCT

Mr T Travers, Financial Director, Buckinghamshire Hospitals Trust

1 ELECTION OF CHAIRMAN

RESOLVED

That Mr M Appleyard be elected Chairman of the Overview and Scrutiny Committee for Public Health Services for the ensuing year.

2 APPOINTMENT OF VICE-CHAIRMAN

RESOLVED

That Mrs P Wilkinson MBE be appointed Vice-Chairman of the Overview and Scrutiny Committee for Public Health Services for the ensuing year.

3 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence were received from Mrs P Bacon, Mr R Woollard and Mrs M Royston (South Bucks District Council). Mrs C Willetts temporarily replaced Mrs A Davies for this Meeting.

4 DECLARATIONS OF INTEREST

There were no declarations of interest for this Meeting.

5 MINUTES

The Minutes of the Meeting held on 11 May 2007 were agreed as a correct record.

6 OUT OF HOURS SERVICES

Caroline Langley, Head of Primary Care Buckinghamshire PCT and Tom Elrick Harmoni Operations Director, gave an informative presentation on the Out of Hours Services, which has been highlighted as an area of public concern in recent months. A copy of the slides was circulated with the agenda papers.

After the presentation the following points were made through questions asked:-

PCT Involvement

- Harmoni had won the contract for providing an out of hours service for Buckinghamshire in 2004. With the exception of 2 practices that contract with Harmoni directly (Denham Green and Iver Medical Centre), the PCT set up the contract with Harmoni on the GPs behalf. These 2 practices however are included in the overall monitoring figures.
- Previously the PCT held monthly monitoring meetings with Harmoni, which covered service provision, quality standards and complaints. These have now been changed to quarterly because of the improvement in performance. These Reviews are conducted in accordance with National Quality Standards. The PCT is satisfied with the contract held with Harmoni.
- The next review of the Harmoni Contract is October 2007 and the PCT Board are looking to extend this contract for one year.

Harmoni

- If a patient rings up and is semi-coherent and alone, the call handler will pass the call immediately to a clinician to make an assessment. If the clinician believes that if the patient is unsafe they would send for an ambulance or conduct a home visit. If the patient has rung up during GP surgery hours they are asked to contact their GP.
- The Single Point of Access Service (SPA) has been developed to ensure patients receive appropriate care from the most appropriate care team, which should save time on referral and assessment processes. Admissions to Accident and Emergency should be reduced by maximising the skills of community teams and maintaining the patients safety in their own homes. A pilot was currently being conducted in Somerset.
- With reference to the SPA, a Member expressed concern about what hospitals would be used within this Service, as Milton Keynes Hospital was closer to him, than Stoke Mandeville Hospital, which was within the County. He was reassured that Harmoni refer patients out to Milton Keynes Hospital routinely. They use the ambulance guidelines as to which hospital the patient should visit.
- Caroline Langley reported that people in the South of the County and East Berkshire used Wexham Hospital.
- It was noted that there would be future modelling of the community hospital in Buckingham to maximise the effectiveness of its service provision.
- In response to a question regarding whether there was a deadline for patients to receive appropriate care, members noted that Harmoni were in constant contact with their patients. Interventions were usually very quick and if it took any longer then they would be referred to another service. If there were any changes in service provision

they would contact the patient to obtain their agreement. If the patient's condition got worse then another level of care is provided. Most patients do not mind waiting as long as they are kept informed. Their condition is monitored regularly to ensure that they are still safe.

- It was agreed that the figures provided on targets should be broken down to District Council areas and also to include numbers rather than percentages as this gave Members a better understanding of local need.

Action Tom Elrick

- A Member enquired as to how calls for mental health related issues were handled. It was stated that only 2-3% were calls relating to mental health but acknowledged that this was an important issue.
- A commercial report was produced in July with detailed performance. Members suggested that it would be useful for Harmoni to produce an Annual Report and it was agreed that Members should feed in ideas about what information should be included.

Action Policy Officer

- It was agreed that further information should be provided on secondary care in the North of the County, particularly in relation to housing growth and the contract with Milton Keynes Hospital.

Action Caroline Langley

- Targets were sometimes not met because of a rise in call numbers. Work was undertaken to predict demand by looking at previous statistics, for example, there was a large number of calls in December and by liaising with other organisations, such as the Met Office, for example for Hay Fever and breathing difficulties.
- There was a discussion about NHS Direct. One of the aims of NHS Direct was to take a 'cautious' approach and if there were any doubt, NHS Direct would refer the caller to the Out of Hours Service. 5-10% of calls to Harmoni had originated with NHS Direct and 90% of those calls would be logged as the nurse giving advice to the patient. Tom Elrick reported that NHS Direct provided a good service but as they were risk averse, this meant the patient was often referred. NHS Direct were currently reviewing how they worked and were looking to re-launch the Service in 6-12 months.
- In terms of bed availability, Harmoni dealt with a wide area including Hertfordshire, London and St Albans, as the organisation covered this area contractually anyway.
- The unscheduled care strategy was a new vision to have a joined up integrated health service for 24 hours, so Harmoni would not be providing an out of hours service in isolation.
- There was currently limited access to information on patients, except for their own records but electronic patient records would be provided in the future.

The Chairman thanked Caroline Langley and Tom Elrick for attending the Meeting and providing an interesting overview of how Harmoni operated. The Committee agreed that it would be useful to visit the call centre in Aylesbury to see the Service in operation and to have a meeting following the visit to look at this area in more detail.

Action Tom Elrick

7 MENTAL HEALTH TRUST ESTATES PROPOSALS

David Bradley, Chief Operating Officer from the Mental Health Trust attended the Meeting to outline the proposals arising from the Putting People First consultation in 2005.

The following points were made:-

Frith Ward, Haleacre Site

- There were concerns about Frith Ward, which included the state of the building. Work had been undertaken to improve the environment. Clients in Frith Ward were in the ward for a relatively short period with an average stay of 40 days. Some of these clients had been sectioned, whilst other clients had been admitted on a

voluntary basis. These clients had an acute period of problems, which could not be supported by nurses, social workers or psychiatrists. These clients were usually treated with medication and therapy. There are hazards in the building such as fixtures where clients could hang themselves. £1.1 million was required to bring Frith Ward up to standard where there would be no hazards to clients. Therefore the Trust was looking at the most effective way to provide this Service.

- One of the options was to close Frith Ward and to move the service provision to Tindal Ward at the Manor Hospital site in Aylesbury. Discussions were being held about how many beds were required and whether some of these clients needs could be met by community services.
- Many clients stayed in hospital longer because of locum consultants who did not know the local area and therefore took longer to refer the client to the appropriate local community teams. Currently the Trust held no vacancies for consultants in this area; therefore this should mean shorter stays.
- If Frith ward was closed, the clients would be moved to a better environment and funding could be invested in higher levels of nursing care in line with the Putting People First Consultation.
- Members were concerned about the transportation issue for the client's family and friends. The representative from the Patient and Public Involvement Forum also commented on the need to travel to Care Programme Reviews, which were conducted in Slough. David Bradley informed Members that information would be provided on transport links, they had commissioned Dial a Ride to help with transportation although this did not cover weekends and they would also help with the cost of travelling. Taxis could also be provided and the Trust had looked into whether it would be worth investing in a minibus.
- In relation to Service Provision in the South of the County it was noted that the Trust had 28,000 staff, of which there were 121 staff looking after Frith Ward. The vast majority of staff worked in the community all over the County.
- Regarding a question about a shortage of beds, it was noted that more services would be provided in the community so that the client could stay at home. They provided a Crisis Service that could help clients with acute problems. In addition they were also looking at reducing the average length of stay from 40 days to 21 days with the provision of better nursing care.

Embleton Unit, Buckingham Hospital

- There were concerns about the future of the Embleton Unit. David Bradley reassured Members that the Embleton Unit was not going to close but there had been changes to the service provision. David Bradley informed Members that he would get a member of staff to update them on the situation as this was not his area of responsibility.

Action David Bradley

Future Service Provision

- A representative of the Patient and Public Involvement Forums asked about the previous consultation that took place and that there would be a new purpose built site for mental health clients. There was also concern that the move to the Tindal Ward would compromise the rehabilitation service. David Bradley reported that the new build was still in the Trust's plans but it was a major capital scheme and it was hoped that this Scheme would commence next year. However, in the meantime it was important to close Frith Ward for safety and environmental reasons, as it would not be good value for money to re-invest in this ward.
- The Chief Executive of the Trust was looking at the estate owned with regard to mental health services, which included the Manor House Hospital site.

Kimble Unit at Haleacre

- In relation to the Kimble ward at Haleacre in Amersham, this is a small intensive care unit for very acutely disturbed clients, who had all been sectioned, and is currently under review. The Unit only held 10 beds and it was underused. There are

currently 3 patients from Buckinghamshire and 3 from Milton Keynes. 16 people had been admitted last year. The Trust is looking at service provision in Buckinghamshire and Oxfordshire and the best way of providing intensive care. Transport to intensive care units would always be a problem as it was a small, specialist service.

- The general policy was that larger wards provided better clinical provision

The Chairman thanked David Bradley for updating the Committee and it was agreed that he should be invited back in the next few months when there were some proposals on the future of service provision in Buckinghamshire.

Action David Bradley

8 FINANCIAL OVERVIEW

Linda Morris and Tom Travers, the Financial Directors of Buckinghamshire PCT and Buckinghamshire Hospitals Trust attended the Meeting to update Members on the current financial situation for the Trusts. A copy of the slides is available on the following link http://www.buckscc.gov.uk/cabinet_papers/overview_public_health/ph_20070601_agenda.htm.

(i) LINDA MORRIS FINANCIAL DIRECTOR BUCKINGHAMSHIRE PCT

Linda Morris presented the financial position for 2006/7 and Plans for 2007/8 for the PCT. After the presentation the following points were made through questions asked:-

- The Strategic Health Authority were providing full support to the PCT for historical debt and also providing funding for external consultants to help deliver the financial plan.
- The Health Service in Buckinghamshire received poor per capita funding compared to the North of England, as they were considered to have greater need. However, there was a low uptake for health services in the North of the Country compared to the uptake in the South-East, as the local public were well informed about which services they could access.
- The emphasis was now on community services, the preventative agenda and keeping people out of hospital and treated closer to home. However, it was important to change the infrastructure to provide community support before any changes were made to hospital care.
- Pooled budgets allowed for more effective use of resources. However, budgets were still separated and budgets needed to be joined up for commissioning purposes.
- Out of county services were being looked at to see if these services could be provided more locally, which would be more beneficial for the patient and more economical.
- £10 million had already been identified as savings. Managers were now asked to attend Board Meetings to account for their budgets being overspent. This was a change in culture in how the PCT previously operated, to increase accountability.
- Changes in processes since the merger of the three PCTs last October should help improve financial management, for example there were previously 3 separate ledgers.

(ii) TOM TRAVERS FINANCIAL DIRECTOR BUCKINGHAMSHIRE HOSPITALS TRUST

Tom Travers presented the financial overview for 2007/8 for the Hospitals Trusts. After the presentation the following points were made through questions asked:-

- As it was expensive when patients did not turn up for their appointment, the hospital dealt with this by overbooking on the basis that 5% of patients would not attend appointments.
- There was a National IT Strategy to ensure ease of access, with the ability to choose and book appointments at GP surgeries tailored to individual need. This should be implemented in the next couple of years.
- A big piece of work was being undertaken on reviewing their Estates Strategy. There were a number of fixed financial commitments because of PFI initiatives, which would last for the next 30 years. A Member queried about PFI initiatives being good value for money. In response to this it was noted that all PFI's went through a tough scrutiny process and were compared to undertaking the Scheme through the public sector.
- Maternity services were also being reviewed to provide services outside of hospital and through primary care. Concern was expressed about additional pressures on GPs but this should be avoided by good collaborative working.
- If beds were not utilised there was concern about the building not being used to its full capacity. However, in response to this it was noted that it was better to close off the ward and make savings in staffing costs.

Linda Morris and Tom Travers were thanked for their presentations and invited back in a year's time to update the Committee on their progress.

9 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)

There was no update for this meeting.

10 COMMITTEE UPDATE

The Committee noted the following information:-

- The Continuing Care Group would meet for the first time on 11 June at 10am. Mr Steve Adams would be asked to chair the Group, as a previous Member of this Committee. A representative from the Patient and Public Involvement Forum would be invited to sit on the Group.

11 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting is 10.00am on Friday 6 July 2007.

CHAIRMAN