

To: All Members of the County Council
All Chief Officers

From COUNTY SECRETARY'S
DEPARTMENT

Ask for David Roberts
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**ADULT CARE AND HEALTH SCRUTINY COMMITTEE (SPECIAL MEETING)
21 AND 22 MAY 2003**

**MINUTES
ATTENDANCE**

MEMBERS OF THE COMMITTEE

COUNTY COUNCILLORS

E M Clarke, K J Coleman (Vice-Chairman), M Downing, J Gipps, A K Gray,
J Usher, *D Hills, B J Lamb, *D E Lloyd, R Mills (Chairman), *M H O'Neill,
D A A Peek, *S Quilty, P A Ruffles.

***DISTRICT COUNCILLORS**

M Farrington (Broxbourne District Council), J Smith (North Herts District Council)(22 May only), Tony Swendell (City and District of St. Albans).

***COMMUNITY HEALTH REPRESENTATIVES (4)**

(Invited as "temporary" replacements for Patients Forum Representatives.)

A Mendoza (East), T Edmonds (North) (21 May only),
E Glatter (North West).

**denotes members for health scrutiny matters only.*

Executive Members

J M Pitman

∅ Other Members present:

T G M Kent, S E Jones, I Simpson, D A Ashley, D B Lloyd, I Laidlaw-Dickson,
R J M Ellis, E N Singam, J T Metcalf

∅ = parts of meeting only

CHAIRMAN'S ANNOUNCEMENTS

Membership changes

John Usher replaced Fiona Guest for this meeting only.

Keith Gray had replaced John Morton as a member of the Committee on a permanent basis.

Michael Downing had replaced Ann Webb as a member of the Committee on a permanent basis.

Eddie Glatter was appointed as a non-voting member of the Committee filling the vacancy for a CHC representative until such time as the appropriate Patients' Forum representatives could be appointed.

1. "INVESTING IN YOUR HEALTH" CONSULTATION PAPER - BEDFORDSHIRE & HERTFORDSHIRE NHS STRATEGIC HEALTH AUTHORITY

Following the meeting of the Scrutiny Committee on 13 March 2003 17 letters were sent to local organisations with an interest in health services. In addition a general invitation to the public to contribute to the debate was issued via letters from the group spokesmen to all local papers. Responses were invited in writing or by email.

Full copies of the responses received had been circulated to Members of the Committee and placed in the Members Room.

The Committee were assisted by an independent consultant, Sian Flynn.

On the first day of this two day meeting, the Committee heard oral evidence from a range of people. Each 'witness' was given five minutes in which to address the Committee and Members of the Committee asked questions of them. The list of witnesses is attached at Appendix A.

The meeting adjourned at 4.40 p.m. until 10.00 a.m. the following morning.

On the second day the Committee received a presentation from Sian Flynn summarising the key issues as she saw them having analysed the consultation paper and heard the evidence and answers to questions the previous day. Sian's paper is attached as Appendix B for reference.

The Committee debated the issues.

Following the Committee debate the Scrutiny Support Officer prepared a draft response for the Committee's consideration.

After further debate the Committee AGREED the following:

The Committee wishes to wholeheartedly endorse the vision that the Strategic Health Authority has put forward for a model of Services in Hertfordshire that:

- *Shifts the Balance of Resources to Primary Care and*
- *Ensures the Safety and Improves the quality of Health Care in Hertfordshire*

The Committee agrees with the statement that “no change is not an option”

Criteria

In deciding whether to support the decision that the SHA makes on which option to pursue the Committee will be applying the following criteria.

1. *Affordability*

The committee would wish to be assured that the financial calculations on which the option is based are entirely robust and in particular:

- *That full account has been taken of the costs to the Beds and Herts Ambulance Service of the transport requirements of the different options and of the changing way that people are cared for*
- *That the commitment to shifting resources to primary and intermediate care will be maintained and that unforeseen overspends on developments in the acute sector will not be funded by curtailing developments in the primary sector*
- *That the funds needed for transition have been fully accounted for including the need for a period where there is duplicate provision in some areas*
- *That the “knock on” implications for other services – in particular homecare, therapy and residential care – have been taken into account and there are plans in place to address them*
- *That the resources needed to address the current backlog in maintenance of existing provision have been taken into account*

2. *Development of Primary Care*

The Committee would wish to be assured that the developments required in primary care have been thought through (whilst recognising the constantly changing nature of healthcare) and that there are plans in place to build on the good practice which already exists to move towards equality of access and consistency of service.

3. *Transport*

The Committee would wish to be assured that the transport implications of the option chosen had been fully taken into account and the needs addressed including:

- *The difficulties of East/West transit in Hertfordshire*

- *Congestion on key routes*
- *Plans for Public Transport Links*
- *The accessibility of chosen sites*
- *Car parking*
- *The capacity of ambulance services*

4. *Deliverability/ Timescale*

The Committee would wish to be assured that the chosen option will be deliverable within a manageable timeframe in particular

- *That the risks of the chosen sites being unable to gain necessary planning consents have been minimised*
- *Whilst the development of a Medical School is supported as a long term vision the chosen option would be sustainable and achieve the stated objectives even if this were not realised in the foreseeable future*

5. *Quality of Care*

The Committee would wish to be assured that the chosen option:

- *Will enhance the quality of care received by the people of Hertfordshire*
- *That the option chosen will not unfairly disadvantage any group for geographical or any other reasons*
- *That the option will enable the development of a centre of excellence in Hertfordshire*
- *That the recruitment difficulties will be addressed in the immediate future*
- *Recognises the need to provide alternative community facilities before making changes to switch from acute to primary care*

Additional Comments

In addition the Committee made the further observations which they would wish the SHA to take into consideration when making their decision and further developing the chosen option.

1. *Many of the issues thrown up by the Proposals involve several of the organisations serving Hertfordshire residents. The Committee proposes that there should be a joint approach with County and District Councils and Voluntary organisations to planning for:*

- *Recruitment and Retention of Staff including professions allied to medicine as well as Doctors and Nurses*
- *Transport*

The Adult Care Scrutiny committee has done useful work on the provision of residential and nursing home care and home care, which they would commend to the authority

2. *The Committee would wish that some account of mental health services be made in*

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the proposals including ringfencing resources

3. *The Committee would like to see more detailed proposals for Diagnostic and Treatment centres including the likely locations and (recognising that treatments develop) the needs that they will be able to meet.*
4. *The committee is concerned that, although the proposals aim for a fundamental shift towards primary care the proposals for development in primary and intermediate care services appear less well developed than those for the reconfiguration of acute services do. Existing Community Hospital need to be better used and have a higher profile and intermediate care developed to ensure that it offers the best environment for rehabilitation and recovery, not just a way of freeing up acute resources.*
5. *Emphasise the benefits of a medical school on recruitment and retention of staff.*

This would form the basis of a further report to the meeting of the Committee on 12 June 2003 when the Committee would be invited to agree the final response for submission to the Strategic Health Authority.

List of witnesses/ speakers - 21 May 2003

Barrie Taylor	South West Herts CHC
Zena Bullmore	Dacorum Hospital Action Group
Pauline Dye	Director of 02H Campaign and CHC Chief Officer
Mrs Brereton	Service user Bishop's Stortford
Norman Gurney	Chairman, Breath Easy
Toni Horn	Chief Executive, Primary Care Trust.
Wendy Mahaffey	District Nurse, Chorleywood
Dr Mike Edwards	GP –Professional Executive Chair of Hertsmere PCT
Nicola Jones	Physiotherapist, Welwyn Hatfield PCT
Caroline Tapster	Director, Adult Care Services, HCC
Simon Wood	Director of Strategy, Beds & Herts Strategic Health Authority
Dr Steve Laitner	Consultant in Public Health St Albans & Harpenden PCT
Miss Jane McCue	Medical Director - E & N Herts Trust
Mr John Pickles	Medical Director - Luton & Dunstable Trust
Dr Danny Boxer	Associate Medical Director - West Herts Hospitals Trust
Dr Jane Halpin	Cancer Lead, Mount Vernon Cancer network
Prof. Mike Pittilo	Pro. Vice Chancellor, University of Hertfordshire
Anne Walker	C.E. Beds and Herts Ambulance and Paramedic Trust.
Dave Humby/Jon Tiley	Head of Transport Planning and Policy HCC – Strategic planning
Graham Winwright	Dacorum Borough Council
Chris Conway	Welwyn Hatfield District Council
Alan Warren	Director of Finance, Beds & Herts Strategic Health Authority
Ian White	Chairman Beds & Herts Strategic Health Authority

**A response to the consultation document 'Investing in your Health' -
Bedfordshire and Hertfordshire Health Authority**

- Health is determined by factors well beyond the influence of health services
- Adequate provision of health services is extremely important to local people – this is the responsibility of a range of agencies in Hertfordshire
- The Council has a duty to consider the implications of the consultation document for all local people
- There are some passionately held, and sometimes conflicting views from local residents
- Within the inevitable constraints of the system – geography, finance and staffing – the health professionals proposing these changes do so with the quality of health services at the forefront of the proposals
- Wide consultation has already taken place
- The status quo is not an option
- A clear and timely decision will bring benefits
- Modern healthcare depends on flexible and responsive teamworking by highly trained professionals
- Some excellent local examples of innovative practice

- A strongly expressed view that enhanced primary and intermediate care services need to be in place before instituting changes in acute services

Reassurances need to be sought in the following areas

- Quality of care is the primary reason for the proposed changes
- Centralisation of services should only be considered where this improves the quality of care
- Providing safe services within the current staffing constraints must be paramount
- Adequate work needs to be done to take account of the congested road system in Hertfordshire
- The access needs of an ageing population must to be taken into account
- Collaborative working to prevent unnecessary hospital admissions needs the full commitment of all partners
- There must be a commitment to using existing facilities to their fullest extent
- Further development of effective joint working between primary and community care, acute hospitals, adult care services and the voluntary sector needs to take place
- A review of current and projected needs for nursing and residential home places should be considered
- Planning for the development of new hospital, primary care, intermediate care and surgicentre facilities needs to be robust, and done in close consultation with other relevant authorities
- Collaborative working to ease the problem of delayed discharges needs the full commitment of all partners
- There needs to be great clarity about the nature of accident and emergency services on each site, and how this will be communicated to

the public

- Additional staff and ambulances as well as appropriate training needs to have been provided to the Ambulance Trust before major changes are implemented
- Confirmation of the robustness of the proposals for specialist cancer services be sought, following the outcome of neighbouring reviews
- Adequate consultation has taken place with neighbouring authorities and appropriate account has been taken of major planning proposals in and around Beds and Herts.
- Every effort is currently being made to address recruitment and retention difficulties
- Maternity and paediatric provision will offer high quality, safe services
- Appropriate transfer arrangements will be in place for very sick babies and children
- There is a commitment from health professionals to change historical working patterns to deliver this vision
- The financial consequences of these proposals have been properly worked through
- Full account has been taken of the need to shift resources into primary care, and PCTs will be supported to make this happen
- The costs of technology and equipment have been adequately calculated
- Transitional costs have been budgeted for
- Financial planning gain may be retained for the benefit of the local people