

# AGENDA

## Health Scrutiny Committee

Date: **Friday 31 July 2009**

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Time: **10.00 am**

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Place: **The Council Chamber, Brockington, 35 Hafod Road,  
Hereford**

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Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

**Tim Brown, Committee Manager Scrutiny**

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# Agenda for the Meeting of the Health Scrutiny Committee

## Membership

<b>Chairman</b>	<b>Councillor PM Morgan</b>
<b>Vice-Chairman</b>	<b>Councillor AT Oliver</b>
	<b>Councillor WU Attfield</b>
	<b>Councillor PGH Cutter</b>
	<b>Councillor MJ Fishley</b>
	<b>Councillor RC Hunt</b>
	<b>Councillor P Jones CBE</b>
	<b>Councillor G Lucas</b>
	<b>Councillor GA Powell</b>
	<b>Councillor A Seldon</b>
	<b>Councillor AP Taylor</b>

## **GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS**

The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.

A personal interest is an interest that affects the Councillor more than most other people in the area. People in the area include those who live, work or have property in the area of the Council. Councillors will also have a personal interest if their partner, relative or a close friend, or an organisation that they or the member works for, is affected more than other people in the area. If they do have a personal interest, they must declare it but can stay and take part and vote in the meeting.

Whether an interest is prejudicial is a matter of judgement for each Councillor. What Councillors have to do is ask themselves whether a member of the public – if he or she knew all the facts – would think that the Councillor's interest was so important that their decision would be affected by it. If a Councillor has a prejudicial interest then they must declare what that interest is. A Councillor who has declared a prejudicial interest at a meeting may nevertheless be able to address that meeting, but only in circumstances where an ordinary member of the public would be also allowed to speak. In such circumstances, the Councillor concerned will have the same opportunity to address the meeting and on the same terms. However, a Councillor exercising their ability to speak in these circumstances must leave the meeting immediately after they have spoken.

## AGENDA

	Pages
<p><b>1. APOLOGIES FOR ABSENCE</b> To receive apologies for absence.</p>	
<p><b>2. NAMED SUBSTITUTES (IF ANY)</b> To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.</p>	
<p><b>3. DECLARATIONS OF INTEREST</b> To receive any declarations of interest by Members in respect of items on the Agenda.</p>	
<p><b>4. MINUTES</b> To approve and sign the Minutes of the meeting held on 27 March 2009.</p>	1 - 8
<p><b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b> To consider suggestions from members of the public on issues the Committee could scrutinise in the future.</p>	
<p><b>6. HEALTH AND SOCIAL CARE ICT LINKAGES</b> To consider a progress report on health and social care ICT linkages.</p>	9 - 18
<p><b>7. HEREFORD HOSPITALS NHS TRUST UPDATE</b> To receive an update from the Trust.</p>	19 - 24
<p><b>8. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST</b> To receive an update from the Trust. <i>(Report to follow)</i></p>	To Follow
<p><b>9. PROVISION OF SERVICES BY PRIMECARE</b> To receive an update on the provision of the out of hours service and the development of the GP led walk-in health centre.</p>	25 - 28
<p><b>10. NHS HEREFORDSHIRE - UPDATE</b> To receive an update from the Primary Care Trust. <i>(Report to follow)</i></p>	To Follow
<p><b>11. LOCAL INVOLVEMENT NETWORK UPDATE</b> To consider an update on the development of the Local Involvement Network.</p>	29 - 42
<p><b>12. WORK PROGRAMME</b> To consider the Committee's work programme</p>	43 - 46



## **PUBLIC INFORMATION**

### **HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES**

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

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At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

#### **2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings**

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(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

## **Remits of Herefordshire Council's Scrutiny Committees**

### **Adult Social Care and Strategic Housing**

*Statutory functions for adult social services including:  
Learning Disabilities  
Strategic Housing  
Supporting People  
Public Health*

### **Children's Services**

*Provision of services relating to the well-being of children including education, health and social care.*

### **Community Services Scrutiny Committee**

*Libraries  
Cultural Services including heritage and tourism  
Leisure Services  
Parks and Countryside  
Community Safety  
Economic Development  
Youth Services*

### **Health**

*Planning, provision and operation of health services affecting the area  
Health Improvement  
Services provided by the NHS*

### **Environment**

*Environmental Issues  
Highways and Transportation*

### **Strategic Monitoring Committee**

*Corporate Strategy and Finance  
Resources  
Corporate and Customer Services  
**Human Resources***

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## **HEREFORDSHIRE COUNCIL**

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HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 27 March 2009 at 10.00 am**

**Present:** Councillor JK Swinburne (Chairman)  
Councillor AT Oliver (Vice-Chairman)

**Councillors:** WLS Bowen, PGH Cutter, MJ Fishley, Brig P Jones CBE, G Lucas, A Seldon, AP Taylor and PJ Watts

**In attendance:** Councillors PA Andrews, PJ Edwards and PM Morgan

**46. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors WU Atfield and GA Powell. Apologies were also received from Mr J Wilkinson of the Local Involvement Network.

**47. NAMED SUBSTITUTES**

Councillor WLS Bowen substituted for Councillor GA Powell.

**48. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**49. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 25 February 2009 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions.

**51. PRESENTATION BY PRIMECARE**

The Committee considered a presentation on Primecare's plans for the out of hours service and GP led walk-in Health Centre in Hereford.

Helen Kelly, Operations Director, and Dr Peter McKay, Local Medical Advisor delivered the presentation. A number of their colleagues were also present to assist in answering any questions.

The presentation set out the background to Primecare's services in Herefordshire.

Key changes to current services included: enhanced senior management focus, enhanced local medical and clinical focus, local triage skill mix and seamless care 24/7 and efficiencies as a result of the co-location of services.

Key principles in the delivery of a quality service were that it should: be Patient

centred –meeting local need and offering patient choice, improve access and target the reduction of inequalities, support service progression through innovation/and addressing inappropriate admission strategies to the Accident and Emergency Department (AED), be responsive to changes in need, be a quality driven service with compliance with national quality requirements underpinned by high standards of clinical governance, be clinically effective –creating a learning environment and promoting best practice, and be cost efficient but provide effective care

The Primary Care Trust had identified the need to focus on AED referrals with currently >10% referred to the Out of Hours Service (OOH). AED peaks were between 8am and 7pm each day, and hard to reach groups tended to use AED as their default. A pilot GP in Hereford Hospital AED showed that up to 60% of patients could be seen by a Primary Care Team. The PCT had also identified commuter needs. In addition some 6,000 migrant workers came to work in the area in the summer months needing healthcare.

Primecare's aspiration was to deliver Health Equality across populations, support individual wellbeing, ensure care was provided in the right setting, provide timely convenient and responsive care, deliver high quality clinical outcomes achieve efficient and effective delivery of services, and financial balance across the local health economy.

Improved health outcomes would include access to planned care, rather than unscheduled care, integrated patient notes, sound clinical governance, an unscheduled care network, increased integration between Health and Social Care and evidence based interventions.

It was proposed that there would be health promotion outreach to migrant workers' workplaces, schools, community centres, places of worship, Wednesday markets, Mental Health, and integrated working with the Herefordshire Drugs Service (DASH) and Obesity Services

It was emphasised that Primecare intended that the services it provided would be locally managed and delivered, drawing on support in terms of governance and efficiencies that Primecare corporately could provide.

In terms of the Walk-in Health Centre it was stressed that the service was not designed to compete with existing local practitioners, noting amongst other things the limitation placed on the number of patients the Centre could register.

In the course of discussion the following principal points were made:

- It was asked where the Walk-in Centre would be located and when it would be operational. It was noted in reply, on behalf of the Primary Care Trust, that commercially sensitive negotiations were continuing over the location. Co-location on Hereford hospital site was one option, but there were also potential advantages in a more central location. Account also needed to be taken of the timeframe within which the project could be delivered. It was noted that Primecare had commenced recruitment of staff to man the Centre as negotiations continued.
- In response to a question about prescription of out of hours of medication to those with drug abuse problems Primecare emphasised that it would need to work carefully with the DASH. Two Clinical Managers would be appointed who would look carefully at care pathways and protocols.
- Asked about the service currently provided out of hours at Ross Community

Hospital, Primecare replied that the service provided on Saturday and Sunday mornings would continue.

- In relation to recruitment of staff for the social care out of hours service the Director of Integrated Commissioning clarified the respective roles of the Council and Primecare noting that Primecare would be responsible for recruitment to support the triage element of the out of hours service.
- A question was asked about the extent to which Primecare worked in an integrated way with the Primary Care Trust. Primecare commented in reply that working arrangements were good and the Key Performance Indicators in the contract encouraged close working to meet the required performance levels. The link that had been established between Primecare and the Herefordshire Local Medical Committee was also noted.
- The Director of Integrated Commissioning commented on practical arrangements in place to foster co-operation and ensure information on patient care was shared. Primecare said that these arrangements for sharing information took account of the numerous cross-border patients from Wales.

The Chairman thanked the representatives of Primecare and suggested that their attendance at meetings of the Committee to provide regular updates on progress would be helpful

**RESOLVED: That Primecare be invited to provide a regular update to each scheduled meeting and send a senior representative to answer any questions the Committee might have.**

## **52. RESPONSE TO THE SCRUTINY REVIEW OF WEST MIDLANDS AMBULANCE SERVICE IN HEREFORDSHIRE**

The Committee considered the response to the recommendations made in the scrutiny review of the West Midlands Ambulance Service in Herefordshire.

The Committee had approved the scrutiny review of the Ambulance Service in February and invited responses. The joint response received from Herefordshire Primary Care Trust (PCT) and West Midlands Ambulance Service Trust (WMAS) and the response from Herefordshire Hospitals Trust had been circulated with the agenda papers. A revised response from Herefordshire Primary Care Trust and West Midlands Ambulance Service Trust had subsequently been issued.

In the ensuing discussion the following principal points were made:

- The Chairman of the Committee and the Chairman of the Review Group that had conducted the scrutiny review both expressed their disappointment at the formal written joint response from the PCT and WMAS. They considered that the response did not appear to reflect the initial comments made by the PCT and WMAS in response to the review at the Committee's meeting in February. In particular the formal response contained no acknowledgement that the concern about resource issues that had prompted the review had any foundation, despite the fact that the Chief Executive of WMAS had since promised and provided additional resource in Ledbury.
- The WMAS Locality Director commented that WMAS was in general supportive

of the recommendations in the scrutiny review and reiterated his thanks to the review group for the professional way in which they had conducted the review. He emphasised that WMAS was acting on the recommendations and he would report on progress.

He clarified that Ledbury had not formally been provided with 24 hours a day ambulance cover. However, as far as possible the service had maintained 24 hour cover of Ledbury, staffing resources permitting.

He added that in addition to resource, two of the main challenges raised by the scrutiny review were monitoring of patient outcomes and financial support for the Community First Responder Scheme.

- The Director of Integrated Commissioning stated that no assurance could be given that an additional vehicle would be deployed solely for use within Herefordshire. Vehicles needed to be deployed according to the operating model. This provided cover and flexibility and was in the best interests of residents as a whole.
- The Committee was informed that two further reviews of ambulance provision were underway. WMAS was undertaking its own review of provision in the County. In addition the Regional Specialised Commissioning Team, responsible for commissioning the ambulance service on behalf of the 17 PCTs in the West Midlands Strategic Health Authority area had commissioned an independent review looking at the operational and financial effectiveness of the ambulance service across the region. It was agreed to provide the Committee with the terms of reference of the reviews and the timetable for their completion.
- In response to questions about the funding and management of Community First Responders the Locality Manager reported that a Community First Responder (CFR) Manager had now been appointed for the County for the first time, previously one post having covered both Herefordshire and Worcestershire. He personally supported increased financial support for the Scheme but if it were to be fully funded this would have implications across the Country. A Member suggested consideration should be given to using Herefordshire as a pilot for a fully funded CFR scheme to demonstrate the benefits to a rural community.
- A specific example was quoted where it had taken 45 minutes for an ambulance to reach a patient in the North West of the county and the patient had died.
- The response from the Hospitals Trust to the scrutiny review was welcomed as clear, open and self-explanatory. A specific question was asked about the detail of the protocol for ambulance handover set out at page 16 of the agenda papers which the Chief Executive undertook to revisit.
- The Locality Director reiterated that WMAS had little criticism to make of Hereford Hospital's performance in turnaround times. The difficulty was that because it was the only acute hospital, when a problem did arise it could escalate and become serious.

In conclusion Members indicated that they drew reassurance from the explanation given in reply to concerns expressed during the debate. It was proposed it be recorded that their noting of the receipt of the written response of the PCT and WMAS took account of those explanations.

**RESOLVED:**

- That (a) **the written responses to the findings of the review of the West Midlands Ambulance Service in Herefordshire be noted, on the basis that the further explanation provided in response to the concerns expressed by Members at the meeting provided reassurance that the scrutiny review findings and recommendations were being given serious consideration; and**
- (b) **on conclusion of the two separate reviews of the ambulance service led by WMAS and the PCT respectively their findings should both be reported to the Committee, together with a report on progress in response to the recommendations in the scrutiny review, at which time consideration would then be given to the need for any further reports to be made.**

**53. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST- UPDATE**

The Committee received an update from the Trust.

The Locality Manager highlighted the following points:

- That in the period of September – November 2008 the Trust had achieved its highest levels of performance against targets. However, there had been a significant decline in December 2008 as a result of an increase in the number of emergency calls, the closure of the Emergency Operations Centre at Bransford and the pressures on hospitals with increased turnaround times. The period January-February 2009 had seen a significant improvement. In March to date performance in meeting category A calls (respond to 75% within 8 minutes) stood at 76%.
- That the Locality would be first to have the new call and despatch system for the Region installed.
- That Hereford Hospital's performance in turnaround of ambulances was excellent.
- The appointment of a Community First Responder Manager for Herefordshire.
- The success of Paramedic students in passing the new degree course for paramedics.
- The agreement to provide 24 hour cover in Ludlow which would assist in providing enhanced cover to the Kington area.
- The loss of the Patient Transport Service Contract.
- The deployment of a number of medical first responders.
- That the Trust intended to apply for Foundation Trust Status on 1 April 2009.

The closure of the Emergency Operations Centre was briefly discussed. The Locality Manager again acknowledged that there had been technological difficulties associated with the move to the regional control at Brierley Hill and it had been a

challenging period. However, significant improvements had been made to restore performance to its previous levels. New technology would be installed in May 2009. Asked whether loss of local knowledge had contributed to the difficulties experienced he said that the key point was the retention of the local knowledge of the operational crews. The loss of local knowledge at EOC level, as stated during the consultation period preceding the reconfiguration, had had limited effect. No resources had been lost to the locality as a consequence of the reorganisation and because of the enhanced knowledge of the location of vehicles there had been a benefit to service delivery in particular on the border areas.

It was noted that WMAS had recently been asked what would happen to resources released from the disposal of their offices at Bransford. The Committee had previously requested any such resources should be reinvested in the County with CFRs being a good place to start. It was reported that to date no reply had been received.

It was also noted that the Committee needed to complete the annual healthcheck commentaries for transmission to the Herefordshire Primary Care Trust, Hereford Hospitals NHS Trust and West Midlands Ambulance Service NHS Trust.

**RESOLVED: That authority be given for the annual healthcheck commentaries to be finalised in consultation with the Chairman for transmission to the Herefordshire Primary Care Trust, Hereford Hospitals NHS Trust and West Midlands Ambulance Service NHS Trust.**

#### **54. HEREFORDSHIRE PRIMARY CARE TRUST - UPDATE**

The Committee was informed of progress on the Provider Services Review since the report to the Committee in December 2008. It was noted that proposals may be available for consideration by the Committee in June 2009.

#### **55. HEREFORD HOSPITALS NHS TRUST - UPDATE**

The Committee received an update on the operational and financial performance of the Trust to the end of January 2009 together with a summary briefing on key developmental issues for the organisation.

Mr Woodford, Chief Executive, presented the update commenting briefly on the report. He highlighted the provision of 16 additional beds through reopening the Kenwater Ward; the receipt of the final report from the Healthcare Commission following an unannounced hygiene code visit in 2009; and that the Trust had secured a five year accreditation to undertake bowel cancer screening.

The reduction in readmission rates was discussed and it was noted that this was attributable to a range of factors, including a more structured discharge policy operated by Social Care, and the Primary Care Trust.

In response to a question it was clarified that the rationale for the proposed Clinical Decisions Unit was not dependent on the GP-led walk in health centre being developed on the hospital site.

Progress in developing radiotherapy services at the hospital and the provisional opening date of April 2012 was noted.



**56. INTEGRATED FALLS PREVENTION AND MANAGEMENT STRATEGY FOR HEREFORDSHIRE 2009-2014**

The Committee considered the Integrated Falls Prevention and Management Strategy for Herefordshire 2009-14, due to be submitted to the Primary Care Trust Board for approval

Dr Arif Mahmood, Consultant in Public Health Medicine presented the Strategy highlighting the key points set out in the Executive Summary.

Members expressed support for the strategy. However, noting that the extent of the issue and the impact of preventative and intervention measures was not known, there was concern that additional resources may be needed to ensure its successful implementation.

The Director of Public Health explained measures in place to publicise the strategy and confirmed that GPs and the Community Hospitals were aware of the plans.

**RESOLVED: That the Primary Care Trust Board be urged to approve the Strategy and ensure that it is funded appropriately.**

**57. SCRUTINY REVIEW OF GENERAL PRACTITIONER (GP) SERVICES IN HEREFORDSHIRE**

The Committee considered the scoping statement for a review of GP Services in Herefordshire.

In discussion it was emphasised that the review had been prompted by the desire of local people and Councillors, having regard for example to the development of a GP led walk in health centre in Hereford City, to ensure equitable health provision across the County. There was no intention to denigrate the services currently being provided. The aim was to seek to secure improved benefits for the health of local people, with consideration given to the access to services out of hours and at weekends and preventive intervention measures. The Chairman agreed to seek to meet representatives of the Local Medical Committee to ensure that the Committee's intentions were clearly understood.

**RESOLVED:**

**That (a) the scoping statement as appended to the report be approved;**

**(b) a Review Group be established comprising Councillors PGH Cutter, P Jones, G Lucas, GA Powell, A Seldon, PJ Watts; and**

**(c) Councillor A Seldon be appointed Chairman of the Review Group.**

**58. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2008**

The Committee noted that the Director of Public Health's Annual Report had been published and would inform future work.

**59. WORK PROGRAMME**

The Committee considered its work programme.

The following additions to the Programme were noted:

- a report on the completion of the two reviews of ambulance service provision being undertaken by the West Midlands Ambulance Service Trust and the Regional Commissioning body and an update on the progress in response to the Committee's Scrutiny review.
- Progress on the Provider Services Review.

**RESOLVED: That the work programme be approved and reported to the Strategic Monitoring Committee.**

The meeting ended at 12.33 pm

**CHAIRMAN**



<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>31 JULY 2009</b>
<b>TITLE OF REPORT:</b>	<b>HEALTH AND SOCIAL CARE ICT LINKAGES</b>
<b>REPORT BY:</b>	<b>DIRECTOR OF ICT (HEREFORDSHIRE NHS), INTERIM HEAD OF ICT &amp; INFORMATION SERVICES (HEREFORDSHIRE COUNCIL)</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To consider a progress report on health and social care ICT linkages.

### **Recommendation**

**THAT the report be noted, subject to any comment the Committee wishes to make.**

### **Introduction and Background**

1. On 23 September 2008 the Health Scrutiny Committee resolved that a further report on health and social care ICT linkages be added to the work programme. This was in response to a question asked around the progress of development of such linkages.
2. There are a number of levels to ICT linkages between health and social care. These include:
  - Information Governance and Security;
  - Local electronic linkages between health and social care;
  - National electronic linkages between health and social care.
3. Timescales are dictated by national programmes rather than local requirements. However, there are a number of activities being carried out locally to ensure that both the Council and NHS are ready to take advantage of these linkages when they are ready and to put in place interim mechanisms to ensure appropriate sharing of records.
4. A presentation, a copy of which is attached, will be made at the meeting.

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Further information on the subject of this report is available from Zack Pandor Director of ICT (Herefordshire NHS), Interim Head of ICT & Information Services (Herefordshire Council) on (01432) 260225

## **Financial Implications**

5. Current activities are contained within authorised budgets.

## **Background Papers**

- None

# Health Scrutiny Committee

## Health and Social Care ICT

### Linkages

30 July 2009



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## Contents

- What do we mean by ICT linkages & benefits?
- Current and Planned Linkages
- Sharing information - the importance of governance arrangements



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Herefordshire

## What do we mean by ICT linkages?

- Enabling information to flow between systems in a secure and managed process that facilitates the appropriate sharing of information between staff and organisations.
- The benefits of linking ICT systems is that relevant Information is available to various professionals across different departments and organisations who are involved in the care of patients/service users.
- Information Sharing is facilitated by linking ICT systems, however, appropriate sharing of paper records also takes place where ICT linkages are not possible.
- All information sharing within and between organisations has to be the appropriate governance frameworks, specified by legislation and best practice.



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## What linkages do we have at the moment?

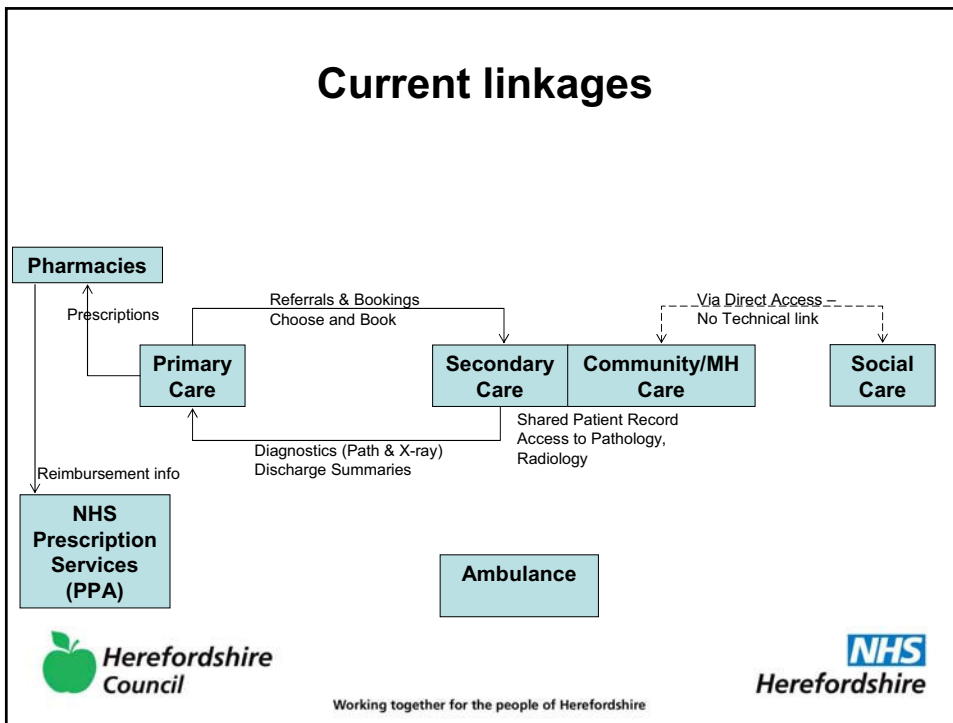
Across healthcare and beyond . . .



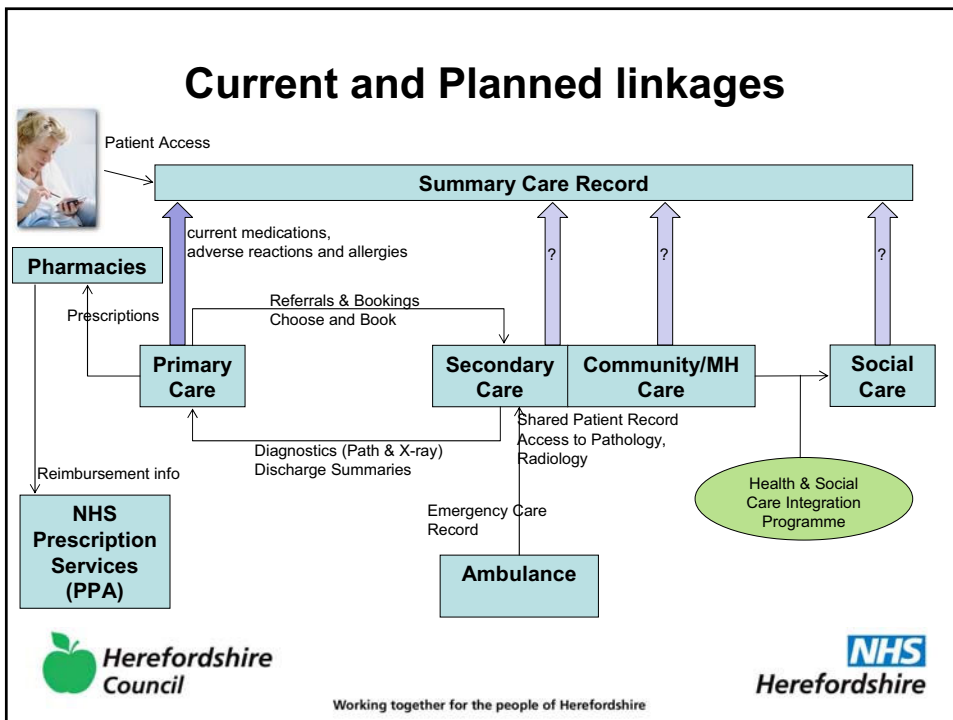
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## Current linkages



## Current and Planned linkages



## Health & Social Care Integration Programme - 1

- Enabling relevant information to be shared between the NHS Care Records Service and adult electronic social care records systems.
- Approach includes:
  - Upgrading existing social care IT systems
  - Enabling social care systems to obtain NHS number
  - Using 'NHS Data Spine' to share health and social care assessments and care plans between care practitioners.
  - Ensuring appropriate Information Governance including the requirement for any information sharing between the NHS and social care only with the individual's consent
- Work commenced on:
  - Contact assessment
  - Overview assessment
  - Specialist assessment outcome
  - Integrated care/support plan



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## Health & Social Care Integration Programme - 2

- Demonstrator sites
  - Phase 1 – 9 sites (Barnsley, Camden, Hampshire, Lincolnshire, Rochdale, Shropshire, Stockport, Warwickshire and Westminster)
  - Aim: **“test and evaluate innovative approaches to effective information sharing between health and social care, and partner organisations”**
- Timescales
  - April 2010 - planned date for health systems to be enabled for exchanging messages with social care systems
  - But..
  - Actual implementation dates not yet confirmed
  - Social Care systems connectivity dates not yet confirmed, Frameworki working with Greenwich to develop and test NHS connectivity – good progress to date.



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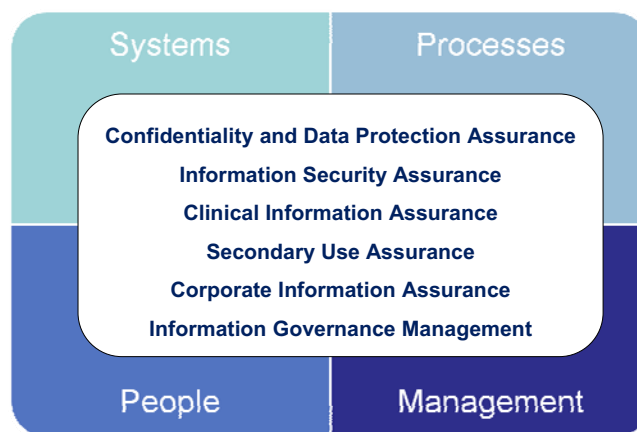
# Sharing information - the importance of governance



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# Information Governance



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# Information Governance Toolkit

Standards	2006/07	2007/08	2008/09
Confidentiality and Data Protection Assurance	50%	74%	75%
Information Security Assurance	76%	92%	85%
Clinical Information Assurance	33%	75%	91%
Secondary Use Assurance	NA	52%	71%
Corporate Information Assurance	8%	75%	100%
Information Governance Management	64%	87%	93%



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## Final Thought.....



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# Summary

- Information exchange across organisations is a national issue, hence being addressed nationally
- We have a number of local interim processes to provide a solution address short-term requirements
- The issues are not all technical – Information Governance



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<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>31 JULY 2009</b>
<b>TITLE OF REPORT:</b>	<b>HEREFORD HOSPITALS NHS TRUST UPDATE</b>
<b>REPORT BY:</b>	<b>CHIEF EXECUTIVE OF THE TRUST</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To receive an update from the Trust.

### **Introduction and Background**

1. The Chief Executives of Health Trusts are asked to provide reports to each scheduled meeting of the Committee to update the Committee on key issues. A report is attached.

### **Background Papers**

- None identified.

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Further information on the subject of this report is available from  
Martin Woodford, Chief Executive, on (01432) 364000



**HEALTH SCRUTINY COMMITTEE MEETING  
31<sup>st</sup> JULY 2009**

**CHIEF EXECUTIVE'S UPDATE REPORT  
JULY 2009  
HEREFORD HOSPITALS NHS TRUST**

**1) Introduction**

This report provides committee members with an update on the operational and financial performance of the Trust to the end of June 2009. A summary briefing on key developmental issues for the organisation is also provided.

**2) Operational Performance**

**2.1 Patients treated**

Emergency activity levels significantly exceeded expected levels during the first quarter of 2009/10, continuing a trend from December 2008. Day-case activity was also significantly above plan for the same period in spite of a dip in May. Conversely both elective in-patient activity and new out patient attendances were below plan for the first quarter

- Emergency inpatients +12.7% against plan
- Daycases: + 6.5% against plan
- Elective inpatients: - 9.2% against plan
- New outpatients: - 2.2% against plan
- Follow up outpatients +4.9% against plan

The Trust has been able to accommodate a significant overall increase in patients requiring admission during 2009/10 by retaining additional flexible bed capacity on Kenwater Ward (10-15 beds). This has also largely obviated the need to utilise the Daycase Unit as an inpatient facility, enabling daycase activity to be increased.

**2.2 Accident & Emergency (4 hour waits)**

Accident & Emergency attendances averaged 3800 per month for the first quarter compared with 3600 in the corresponding period last year and 5.1% above plan overall.

The national target is that 98% of patients should be seen within 4 hours in A&E. Despite the increased pressure, performance against the 4 hour target was achieved at 98.1%.

The Trust has also set a local target to see 65% of A&E attenders within 2 hours. For the first quarter, performance of 58% was achieved.

### **2.3 18 week access target**

The national target is that 90% of admitted and 95% of non admitted patients should be treated within 18 weeks from referral by their GP.

In June 2009, the Trust treated 97% of admitted patients and 98% of non admitted patients within 18 weeks. This is against a backdrop where GP referrals were up by 1.7% on the same period last year.

### **2.4 Healthcare Associated Infections (HCAI's)**

The Trust is successfully continuing its drive to reduce healthcare associated infections. There were no MRSA bacteraemia infections in the hospital during the first quarter and only 8 post 48 hour C-Difficile cases for the same period. The Trust continues with a range of measures to combat infections as part of its zero tolerance approach:-

- Hand hygiene compliance
- MRSA screening for all admissions (including daycase and surgery)
- Appropriate antibiotic prescribing
- General compliance with the Hygiene Code

### **2.5 Other Clinical Indicators**

The Trust Board is now focusing on a range of other clinical indicators, a selection of which is summarised below:-

- Readmission rates for June 2009 were 3% of emergency admissions, a favorable reduction over the 3.5% reported in May 2009 and 5.2% reported in April 2009
- The day-case rate (for a standard basket of 25 procedures) was 84.1% in June 2009 compared to 83.4% in the preceding month
- The risk adjusted mortality for June 2009 was 84 compared to 80 in the preceding month (anything below a rate of 100 is better than average)

### **2.6 Standards for Better Health / Annual Health Check 2008/09**

#### **Publication of the annual health check performance ratings**

The Care Quality Commission (CQC) intend to make the 2008/09 annual health check performance ratings publicly available from Thursday 15 October 2009.

Due to the CQC not publishing the thresholds for some indicators until October it is not possible to predict the overall annual performance rating at this stage.

#### **Core standards declarations and inspections**

All trusts have now submitted their declarations for this year's assessment of the core standards. CQC are currently screening all of the declarations before a series of targeted follow up inspections start this month. Inspections will take place in approximately 20% of trusts to understand the basis on which they made their declarations.



### **Existing commitments and national priorities data ratification process**

The ratification of the data CQC will use in the assessment of our performance against the existing commitments and national priorities began on Wednesday 20 May via the CQC website. Indicator data will be published on the website in a series of phased uploads.

## **2.7 Standards for Better Health 2009/10**

CQC have now confirmed that Standards for Better Health remain in place until 31<sup>st</sup> March 2010.

NHS providers will be assessed against these standards via a core standard declaration in November 2009. Although not clarified, CQC have suggested that this may take the form of a 'refreshed' declaration based on the declaration made in May 2009.

Information from the November 2009 declaration will inform the CQC assessment of providers who may be at risk of new meeting the new registration standards.

## **2.8 In-patient survey**

The In-patient survey is part of a national patient survey programme required by the Care Quality Commission. The survey was conducted on behalf of the Trust by 'Patient Perspective'. The survey has been conducted annually for the last five years and is due to be undertaken again in August 2009.

The results for 2008 were considered by the Board in its Public Board meeting in May 2009. It showed a marked improvement against one question ('rating of food') and no other significant changes since the last survey in 2007. A full action plan has been developed for implementation and will be discussed by the Trust Board on 27<sup>th</sup> July 2009.

## **2.9 Finance**

At the end of June the Trust reported a £455k deficit which represented an adverse variance of £294k against plan. Operating income was £122k ahead of plan but was more than offset by an operational overspend of £483k. The initial income plan has been increased by £1.2m in order to recognise current income expectations.

A key challenge for the remainder of the year, which will be a focus for Board attention, will be the delivery of a £4.5m cost improvement plan.

## **3) Service and Site Development**

### **3.1 Hereford Hospitals Response to the Healthcare Commission Report on Mid Staffordshire NHS Foundation Trust**

The Healthcare Commission undertook an investigation into apparently high mortality rates at Mid Staffordshire NHS Foundation Trust from May – October 2008. The report on the outcome of the investigation was published in March

2009 and uncovered a number of significant clinical, clinical governance and board related issues for that Trust.

Hereford Hospitals Trust reviewed the report in great detail at its Board meeting in June 2009 and a further report is being presented for approval to the July Public Trust Board meeting with an action plan for improvement in any areas identified. A key consideration for the Board is that although there are no material grounds for concern about service quality at the County Hospital, it is always possible to learn from experiences elsewhere particularly where a similar sized Trust is involved.

**Martin Woodford**  
**Chief Executive**  
**Hereford Hospitals NHS Trust**

<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>31 JULY 2009</b>
<b>TITLE OF REPORT:</b>	<b>PROVISION OF SERVICES BY PRIMECARE</b>
<b>REPORT BY:</b>	<b>GENERAL MANAGER OF PRIMECARE, HEREFORDSHIRE</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To receive an update on the provision of the out of hours service and the development of the GP led walk –in health centre.

### **Introduction and Background**

1. On 27 March the Committee received a presentation on Primecare's plans for the out of hours service and GP led walk-in Health Centre in Hereford. The Committee agreed that Primecare be invited to provide a regular update to each scheduled meeting and send a senior representative to answer any questions the Committee might have. A report from Primecare is attached.

### **Background Papers**

- None identified.



**HEALTH SCRUTINY COMMITTEE MEETING  
31<sup>st</sup> JULY 2009**

**REPORT OF THE GENERAL MANAGER, PRIMECARE, HEREFORDSHIRE**

**Introduction**

This report aims to provide committee members with an update on the out of hours services provided by Primecare within Herefordshire, and on the development of the “Equitable Access Primary Medical Centre” (EAPMC) in Hereford city

**Out of hours service provision**

The 2009 contracts for **medical, dental, and district nursing services**, came into effect on April 1<sup>st</sup>. New auditing and reporting mechanisms are being developed between the Primary Care Trust and Primecare in order to provide the level of detailed performance analysis required by the commissioners. A performance report is submitted 10 days after the end of each month. The contents of this are reviewed for data quality and evidence that agreed clinical standards are being achieved

The out of hours service for **adult social care** was fully transferred from Worcestershire Emergency Duty Team (EDT) to Herefordshire on 1<sup>st</sup> June. This new service is being carefully monitored but significant problems have not been experienced.

Primary Care Centres (PCC) continue to operate for short periods at weekends in Leominster, Kington and Ross-on-Wye. These are in addition to services in Hereford.

A new development for the out of hours service is the introduction of nurse triage and assessment. This is being introduced gradually to ensure that the service offered is appropriate to the needs of patients and contributes to the effectiveness of the service overall. All staff engaged in this work are experienced in this area and have undertaken further in-house training to ensure they are working to the high standards expected by Primecare and the PCT.

**Premises**

To ensure best value for money and connectivity, Primecare’s business case for medical out of hours and the EAPMC in Herefordshire requires that the two services should be co-located within the city. A preferred site has now been identified and plans prepared. Once financial approval has been obtained these will be submitted to the Planning Department.

As this would be an entirely new build the opening of the new health centre will be delayed – probably into the early part of 2010. However, the location and planned design of the building would facilitate the delivery of extensive, high quality services which would enable the expectations expressed in the contract to be realised.

In the meantime the medical out of hours services continue to be provided from the Primary Care Centre next to A&E, and rooms within the Gaol Street Clinic.

## **Health Centre Planning and Development**

Although premises have yet to be confirmed, those staff already working on this project are putting in place some of the administrative and organisational infrastructure that will be needed. This includes the development of policies and procedures, training, IT systems, and learning from those clinics already in operation – or with start dates imminent.

## **Staff**

In June, Jon Allen came into post as the first of two Clinical Services managers for Herefordshire. He trained at the University of Worcester and has since held various nursing posts within Herefordshire, most recently as Clinical Site Manager at Herefordshire County Hospital. Emma Durmaz has been appointed as Medical Auditor and will take up her post at the end of July.

## **Stakeholder Engagement**

Primecare representatives have regular meetings with representatives of the PCT and both parties recognise the value of pro-active, meaningful communication.

As part of the contractual commitments, Primecare have initiated a Clinical Advisory Group to give appropriated parties an opportunity to understand, support and advise the new services. Participants will eventually include representatives of general practice, dental services, district nursing services, social services, the PCT, and LINKs

Mr Jim Wilkinson, Chairman of LINKs, has agreed to be involved in this group and will represent the interest of local patients and the general public in respect of the new services. On 17<sup>th</sup> July a patient forum was held to obtain views of the service from those who had used it in the past 3 months. Unfortunately attendance was lower than expected and further attempts to gauge patient opinion are being planned.

Dr Peter McKay, Local Medical Director, regularly attends LMC meetings and is always available to respond to questions or concerns regarding the clinical aspects of Primecare's operations. Malcolm Sampson, Health Centre Manager, has been invited to join the Herefordshire Practice Managers' group and aims to forge strong links with colleagues throughout the county

Angela Maile  
General Manager  
Primecare, Herefordshire



<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>31 JULY 2009</b>
<b>TITLE OF REPORT:</b>	<b>LOCAL INVOLVEMENT NETWORK UPDATE</b>
<b>REPORT BY:</b>	<b>LINK HEREFORDSHIRE TEAM LEADER</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide

### **Purpose**

To consider an update on the development of the Local Involvement Network.

### **Recommendation**

**THAT the report be noted, subject to any comments the Committee wishes to make.**

### **Introduction and Background**

1. The Committee was informed in April 2008 of the appointment of the Carers Federation Ltd, an Organisation based in Nottingham, as host organisation for the Local Involvement Network (LINK).
2. The Committee was given an initial progress report in September 2008. A progress report showing the development and work done by the host and Local Involvement Network up to March 2009 is appended.

### **Background Papers**

- None

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Further information on the subject of this report is available from  
Richard Gallagher, LINK Herefordshire Team Leader, 01432 373605





## Herefordshire Local Involvement Network (LiNK) Update

Report By: Team Leader of the Host Organisation

### 1) **Introduction**

This report provides committee members with an update of the operational performance of the Host organisation (Carers Federation) performance to the end of March 2009, together with the key developments of the LiNK during this period.

### 2) **Setup**

#### **2.1 Host organisation setup**

Team Leader Mike Vials recruited and began on 2<sup>nd</sup> June 2008. ½ time Community Engagement Worker, Richard Gallagher appointed on 23/06/08. Full-time secondment via Herefordshire Council enabled Richard to take up his post at October 1<sup>st</sup>.

In November 2008 Mike Vials promoted within Carers Federation and Team Leader Richard Gallagher was recruited and began on 2<sup>1st</sup> December 2008.

½ time Community Engagement Worker, Esther Grisenthwaite started 26/01/2009.

Sarah Epps employed temporarily 05/01/2009 for 15 ½ hours P/W The review in April took place and the LiNK agreed to fund the position for a further 12months to provide extra resource to the LiNK.

#### **2.2 Office accommodation**

Premises found at Berrow's House and lease was being processed by Carers Federation solicitors. But at June 12<sup>th</sup> we were informed by landlord that this could not be progressed.

Alternative premises found at the Rural Enterprise Centre Rotherwas and moved in at 29<sup>th</sup> August 2008. The building is fully DDA compliant and has meeting and training rooms on the ground floor.

### **3) LINK Development**

#### **3.1 Establish LINK**

In partnership with Herefordshire PCT Involving People Team and Herefordshire Council 16 engagement events across the county were held to gain nominations for the LINK steering group. This resulted in 51 applications from individuals and organisations to serve on the LINK Steering Group.

#### **3.2 Consultation with community regarding appropriate model for the LINK**

The community was consulted at the events leading to a general meeting on September 11<sup>th</sup>, where proposals were carried to enlist 20 people onto the steering group and that members must be Herefordshire residents. All nominations were split into postcode area they came from, with the aim of producing 'local champions' to give representation and a voice to their locality. Voting at this meeting elected the full Steering Group of 20. The group consisted of a 60/ 40 split of individuals and local organisations and was representative of Herefordshire.

#### **3.3 LINK Governance**

The issue of Governance was considered by the Full Steering Group at its first meeting on October 15<sup>th</sup>. The LINK elected its Chair and decided upon Sub-Groups to deal with Finance, Governance, Marketing and Communications and Delivery to the Health and the Social Care Scrutiny Groups.

Draft documents were developed by Host and considered by the Governance subcommittee and in accordance with Statutory Instrument 2008 number 528 Herefordshire Local Involvement Network (LINK) consulted on and completed all necessary governance within the specified timescales of 31<sup>st</sup> December 2008, which included;

- Role of the Host
- Code of Conduct

- Procedure for dealing with Conflicts of Interest
- Code of Conduct for Enter and View
- Expenses Policy
- Equal Opportunities Policy
- Complaints Policy
- CRB Policy in place and implemented
- Health & Safety Policy
- Procedure for identifying and reporting abuse with supporting guidelines.
- Agreement of Roles and Responsibilities
- LINK Terms of Reference
- Register of Interests

### **3.4 AGM and Elections**

The Host supported the LINK Steering group to move from an interim group to a fully elected Management Committee prior to the LINK AGM and launch on the 24<sup>th</sup> March 2009. From the 20 places available a management committee of 15 people were elected with the further option to co opt members to the Management Committee which the group feels bring further representation and knowledge to the LINK.

### **3.5 Membership**

Herefordshire LINK's main aim is to reach out to as many members of the population of Herefordshire as possible. The LINK has 67 full members and a further 161 people have registered their interest in joining and participating in the LINK. All of these receive a regular newsletter and updates on LINK activities. If they wish to become more involved there is an opportunity for members to join a working group or a group looking at a specific work stream in the work plan.

### **3.6 Enter and view**

Currently Herefordshire LINK has 4 authorised representatives to carry out 'Enter and View' activity. This group will expand throughout the year with more training for those members who are interested being planned. The LINK have an 'Enter and View ' policy in place and anyone interested in becoming an authorised representative needs to undergo a CRB check and the relevant training provided by the Host team. In addition, all representatives also undergo 'Safe guarding adults' and 'Community hospital

visit' training from Herefordshire Council and Herefordshire PCT respectively. Any member can be an authorised representative and those with specialist knowledge of a particular area will be chosen to enter and view that particular area.

#### **4) Finance**

##### **4.1 Budget**

Herefordshire Council allocated Herefordshire LINK a budget of £118,977 per year. Of this £54,627 was allocated to the Host team and has been used to hire premises for the LINK office and to pay for office overheads, salaries, equipment and stationery. The remainder of the money was allocated to the LINK. This has been spent on things such as advertising, work planning, training, volunteer expenses and printing.

##### **4.2 Expenses policy**

Expenses policy has been agreed and new working procedures are currently being rolled out which will provide a local bank account for more prompt payment of volunteer out of pocket expenses.

##### **4.3 Budget monitoring**

With support from the Host, the Finance Sub group review the budget on a monthly basis. This group agree budgets for Marketing and Communication activities, volunteer expenses, delivery and operational running of the LINK and training and support in conjunction of priorities from training matrix issued by the Host.

#### **5) Promotion of the LINK**

## **5.1 Communication**

As mentioned, the Host initially, working in partnership with the PCT/Council and also independently contacted over 190 organisations three times and advertised for three weeks in most of the local papers to encourage both individuals and those representing organisations to attend the 16 events held across the County.

Additionally over eighty thousand copies of a leaflet describing the new Herefordshire LINK were sent out in local papers, and the Council produced 'Herefordshire Matters'.

Additionally we benefitted through articles in the local media and in newsletters published by local organisations and 'Herefordshire Matters', September issue. Articles have also been published in a number of parish magazines.

The LINK communicates with all members and interested parties via the quarterly newsletters and promoted the election special newsletter produced by the Host organisation.

A freepost address is established for Herefordshire LINK and a new leaflet on Herefordshire LINK is to be produced. This will also provide a self sealing survey for any issues which the public can raise issues for the LINK to consider.

The LINK AGM was also heavily advertised in the local press. The Joint Chief Executive Chris Bull gave his support and a presentation and the LINK was formally launched by the Mayor of Hereford.

Information is also found on the Herefordshire LINK website which launches officially in June 09, which as well as info, newsletters etc will also have videos and adverts about the LINK giving information in another accessible format. Herefordshire LINK also has a Facebook group, this will hopefully engage with those younger citizens of Herefordshire and is useful for promoting activity and asking for short meaningful feedback on issues raised. The LINK has also been trying to engage with those not normally part of a project such as this. We have a pitch side advertisement at Hereford United football ground giving details on the LINK and how to contact them or raise concerns. This has provided both advertising in the local press but also nationally on TV.

The Host has also produced, in conjunction with the LINK, two radio adverts detailing the LINKs work and how to get involved. One of the adverts features an Eastern European voice to engage with that hard to reach group and encourage them to also raise concerns or issues.

## **5.2 Networks**

The Host has mapped and contacting 160 groups in Hereford to arrange talks and consultations to look at issues around Health and social care. The Host

with LINK members have also attended over 20 events across Herefordshire to display and promote its activities.

The LINK is starting to raise its profile in Herefordshire and the numbers of interested parties who wish to be a part of this is encouraging for a new 3<sup>rd</sup> sector organisation.

Whilst remaining independent, we are working in close association with the PCT and Council involvement teams to determine how people wish to be involved and we are active as a member of the Joint Involvement Working group.

During the past 10 months the Host has also been working with other Hosts and through LINK exchange and monthly, regional CSIP meeting to benefit through best practice and with potential working associates such as ICAS, PALs, CSIP, CSCI and the newly formed CQC.

## **6) Consultation and engagement with the public**

### ***6.1 Engagement with the public***

As mentioned the previous 16 events across the County gave a steer of issues both across the county and also concerns particular to the communities where the events were held.

Also legacy work from previous PPI forums has been used to inform and request information from Herefordshire PCT, Hereford Hospital and Herefordshire Council.

The LINK during this summer is also rolling out a number of 'Road shows' to further promote the LINK and its activities. The other purpose of these is to further ask the citizens of Herefordshire for feedback on services which contribute to the work plan of the LINK.

### ***6.2 Engagement with 'Hard to reach' and 'Seldom heard' groups***

Herefordshire LINK has been working hard to make sure seldom heard and hard to reach groups have a voice on services in Herefordshire. We have been engaging with a number of Learning Disabled groups, Deaf Direct Herefordshire and National College for the Blind and feedback from this has lead to accessibility being a key work stream for the LINK next year. Herefordshire has very rural demographics and has been working in

partnership with Age Concerns Rural outreach team to make sure all of Herefordshire is aware and engaged in the process. Herefordshire also has a small and seasonal BME community. One of our Management Committee members is from this community and is a valuable conduit for feedback and information from this normally seldom heard group. One to one conversations with the community have raised commentary and issues taken up with the PCT around language barriers and treatment.

## **7) LINK work**

### ***7.1 Requests for information, reports, recommendations and work planning***

Herefordshire LINK has made a number of requests for information. These have been made to Herefordshire PCT, Herefordshire Hospital and Herefordshire Council around a number of issues raised by both members of the public and the board. All responses from both Herefordshire PCT and Herefordshire Hospital were received in writing within 20 working days of receipt. The answer to the request sent to Herefordshire Council was not received within 20 working days but they have since sent a formal reply to the request.

Information and responses requested are:

#### **MRSA Infections**

Requesting information on:

- The total number of MRSA bacteraemia in past quarter
- The total number of MRSA infections at sites other than the bloodstream
- The total number of MRSA isolates in this period/ total number presenting with MRSA in this period

The total number of patients discharged with non-bacteraemia MRSA in this period

#### **Question around the continuation COMPIC (Communication and Public Involvement Committee)**

Requested information on:

- Why is COMPIC finishing?
- What will take COMPIC's place?
- What will happen to the ongoing work?

- How will communication with the public continue?

What is the effect on the PCT's involvement policy?

### **Concerns around the treatment of sexually transmitted infections in Herefordshire in a community pharmacist setting.**

Requested information:

- The confidentiality issues associated with discussions/ diagnosis in a community pharmacist setting.
- The accuracy of diagnosis, especially of mixed infections (for example Chlamydia plus gonorrhoea) in the community setting.
- The accuracy of disease surveillance in this setting to ensure that accurate local and national statistics are collected.
- How to ensure treatment compliance.
- The training of community pharmacists in this difficult area.
- How will the PCT ensure quality, choice and cost effectiveness.
- How will the PCT ensure that, in line with government policy, that genitourinary medicine (GUM) clinic access remains a priority.
- What is the current waiting time for an appointment at the local GUM clinic?
- How will the PCT ensure that sex and Relationships education is monitored in county schools

### **Bowel Cancer screening programme**

Requested information:

The NHS Bowel Cancer Screening Programme will offer screening every two years to all men and women aged 60 to 69. People over 70 can request a screening kit by calling a freephone helpline when the programme reaches their area.



The screening centres should provide endoscopy services and specialist screening nurse clinics for people receiving an abnormal result. Screening centres are also responsible for referring those requiring treatment to their local hospital multidisciplinary team.

The Link members wish to know the following:

- When will this service be rolled out in this county?
- Does HCH have the necessary nursing and endoscopy resources?
- Do general practices been informed of these plans and do they have the necessary resources to implement them?

### **Influenza immunisation programme**

### **The promotion and awareness raising of male health issues**

**Request for Project lead at Herefordshire Council to talk to the group about the personalised agenda.**

### ***7.2 Working Groups and Work Plan groups***

Herefordshire LINK has working groups that look at finance, governance and marketing and communications for the LINK. The role of the work plan groups is to look at particular community issues and concerns. Members or individuals can join any group if they have a particular interest in an issue or have experience or knowledge in the area. The work plan groups aim to both work on and resolve community concerns and issues. At the moment Herefordshire LINK has 4 working groups which are:

- PCT
- Hospital
- Social Care
- Accessibility

### ***7.3 LINK 3<sup>rd</sup> Party Commentary on PCT and Hospital Declarations***

The LINK has been able to provide 3<sup>rd</sup> party commentary on both the Hospital and PCT declarations.

### ***7.4 Work with Herefordshire PCT and Herefordshire Council***

The LINK through meetings with senior members of the new Quality and Clinical Leadership Directorate have been asked to be part of the new group replacing COMPIC. The LINK have agreed and the role and protocols are currently in production.

The LINK and host have also been asked to have representatives EAPMC Clinical Quality group to look at the performance of the Primecare contract supplying out of hours service. The LINK has also been asked to have input into Primecare's Public and Patient involvement strategy.

## **8) Challenges**

### ***8.1 Volunteer participation and recruitment***

As with any 3<sup>rd</sup> sector organisation participation and recruitment is a major challenge. The LINK aims to encourage participation at all levels, be it as an individual with a concern or an interested party who has knowledge of or indeed wishes to be part of a sub group that may interest them. The Host and LINK as well as promoting its activities at events is also holding a number of road shows across the county during the summer.

We are also currently looking at a training opportunities program to offer relevant training opportunities to LINK volunteers. The aim is to increase the skill sets of those engaged in the process to produce viable and meaningful work for the LINK but also contribute to volunteers' skills. This may encourage and help those out of work looking to increase their skill set and be involved but will also, hopefully, encourage volunteer participation.

The Host has also started on looking at involvement from young people and following recent meetings with students at Herefordshire Tec college we are looking forward to in Partnership with them producing a piece of work highlighting concerns for younger adults in Herefordshire.

### ***8.2 Community engagement***

The LINK needs to create a platform to create meaningful community engagement at any level. It is key that information and consultation work are accessible with many points of entry so citizens can engage at levels that best suit them.

Key priorities for the LINK are to also ensure 'buy in' of the project from Herefordshire. The group are currently working on identifying 'quick wins' which will be used to publicise and promote the LINK's work and also show citizens that through their involvement positive results can ensue as a result of their feedback. The new Community engagement strategy for year 2 is

currently in production and will be fed back to members along with the end of year report sent to the Secretary of State later this month to consider.

### **8.3 Cuts to LAA budgets**

The LINK has been advised of the proposed reductions in spending for area based grants, as the levels of grant being given to the LA is to be reduced. The LINK has been asked to present options for 10%, 15% and 20% reductions to current levels. These equate to £11,875.50 for 10%, £17,813.25 for 15% and £23,751 for 20%. Any reductions would have repercussions on both the Host and LINKs ability to work effectively. A report has been written and forwarded for consideration.

### **8.4 Year 3 Host exist strategy and LINK sustainability**

Funding for the LINK has been agreed for 3 years but as a Host it is vital that, in collaboration with the LINK together we look at ways to find extra funding and make the LINK sustainable and embedded in the community. To look at this a meeting of all LINKs with the Carers Federation as the Host (12 in total) will be meeting in July to look at and discuss organising ourselves to increase overall local community engagement through partnership working. It will look at the wider community and even wider involvement beyond health & social care.

Also the Host can, and intends to, investigate and apply for external funding and look into the idea of 'contract' work where possible and necessary, in order to supplement the funding given through the Council from central government, as that amount is already fully committed to contractual costs including existing levels of engagement work.





<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>31 JULY 2009</b>
<b>TITLE OF REPORT:</b>	<b>WORK PROGRAMME</b>
<b>REPORT BY:</b>	<b>DEMOCRATIC SERVICES MANAGER</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To consider the Committee's work programme.

### **Recommendation**

**THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.**

### **Introduction and Background**

1. As reported to Council in May, work is ongoing on the response to the findings of the external healthcheck of the scrutiny function, undertaken by the Leadership Centre, which is also looking at the Council's governance arrangements as a whole and Member Development. Members of the Strategic Monitoring Committee have met informally to discuss the findings, some of which relate to the content of annual Work Programmes. Further work is being programmed. Work Programmes of all the Scrutiny Committees will need to be reconsidered in the light of these discussions. The Committee should have the opportunity to consider a revised work programme at its next meeting.
2. Pending the outcome of the above work, a report on the Committee's current work programme will be made to each scheduled meeting of this Scrutiny Committee. A copy of the work programme is attached as an appendix
3. The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director in response to changing circumstances.
4. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
5. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

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Further information on the subject of this report is available from  
Sara Siloko, Directorate Services Officer (Health) on (01432) 261804

## **Background Papers**

- None identified.

## Health Scrutiny Committee Work Programme 2009/10

<b>25 September</b>	
	<ul style="list-style-type: none"> <li>• Updates by Chief Executives of Health Trusts</li> <li>• Report on Reviews of the Ambulance Service by PCTs and WMAS and Scrutiny Review of the West Midlands Ambulance Service in Herefordshire – Progress Report</li> <li>• Progress reports on EOC Reconfiguration (including assurance on resource drift performance) (Ambulance Service Review Feb 2009)</li> <li>• Provider Services Review – Progress Report</li> <li>• Head and Neck Cancer Services</li> </ul>
<b>30 November</b>	
	<ul style="list-style-type: none"> <li>• Updates by Chief Executives of Health Trusts</li> </ul>
Scrutiny Reviews	<ul style="list-style-type: none"> <li>• Report of Scrutiny Review of GP Services in Herefordshire</li> </ul>
<b>22 January</b>	
	<ul style="list-style-type: none"> <li>• Updates by Chief Executives of Health Trusts</li> <li>• Response to Scrutiny Review of GP Services in Herefordshire</li> </ul>
<b>26 March</b>	
	<ul style="list-style-type: none"> <li>• Updates by Chief Executives of Health Trusts</li> </ul>
<b>To be scheduled</b>	
	<ul style="list-style-type: none"> <li>• Provision of services for children with special needs (from April 2008)</li> <li>• Stroke Services – progress report (from June 2008)</li> <li>• Sexual Health – National Support Team Report (from June 2008)</li> <li>• Audiology Services – outcome of external review (from June 2008)</li> <li>• Intermediate Care – monitoring of progress (from June 2008)</li> <li>• `Workforce plan including training, recruitment and retention issues for the Primary Care Trust, social care and provider organisations in the independent sector (in response to report on the development of high-performing health and social care services by 2012 to meet the expected future needs of 18-64 year-olds in Herefordshire with mental health problems and physical disabilities.) (from March 2008)</li> <li>• Preventative Agenda</li> <li>• Arising from the Ambulance Service Review – (feb 2009) <ul style="list-style-type: none"> <li>- Review of the Patient Transport Service – possibly in collaboration with the Local Involvement Network</li> <li>- Progress achieved by the Community First Responder Organiser</li> </ul> </li> </ul>

	- Out of hours service provision in the County
	On Hold - <ul style="list-style-type: none"> <li>• Oral Health/Fluoridation (from September 2008)</li> <li>• Sexual Health</li> </ul>
Scrutiny Reviews	<ul style="list-style-type: none"> <li>• Scoping of work on access to Healthcare in the South Wye – To consider appropriate health care in the South Wye Area in view of the fact of the lower health outcomes for this area and the expanding population.</li> <li>• Access to health 1) for ethnic minorities – Scoping Statement</li> <li>• Access to Health 2) Scoping Statement</li> </ul>
<b>Other issues</b>	
<ul style="list-style-type: none"> <li>• Proposal to look at the long-term implications for people in the county of having an inappropriate diet.</li> </ul>	

Further additions to the work programme will be made as required