

A G E N D A

Health Scrutiny Committee

Date: **Thursday, 29th January, 2004**

Time: **10.00 a.m.**

Place: **Brockington, 35 Hafod Road,
Hereford**

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

For any further information please contact:

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**County of Herefordshire
District Council**

AGENDA

for the Meeting of the Health Scrutiny Committee

To: Councillor W.J.S. Thomas (Chairman)
Councillor T.M. James (Vice-Chairman)

Councillors Mrs. W.U. Attfield, G.W. Davis, Mrs. J.A. Hyde, Brig. P. Jones CBE,
G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

	Pages
1. APOLOGIES FOR ABSENCE To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY) To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.	
3. DECLARATIONS OF INTEREST To receive any declarations of interest by Members in respect of items on this agenda.	
4. MINUTES To approve and sign the Minutes of the meeting held on 13th November, 2003.	1 - 4
5. EAR, NOSE AND THROAT SERVICE CONSULTATION To provide the Committee with an update on the process for responding to the Ear, Nose and Throat Service consultation exercise.	5 - 6
6. REVIEW OF MANAGEMENT OF LEGIONNAIRES DISEASE OUTBREAK To consider a draft scoping statement to guide the work of the Committee in relation to its review of how the recent outbreak of Legionnaires disease was managed.	7 - 10
7. EMERGENCY CARE ACCESS (TO FOLLOW) To consider a draft scoping statement for the review of emergency care access.	
8. CAR PARKING - HEREFORD HOSPITAL To receive an update on car parking provision at car parking at Hereford Hospital.	11 - 12

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Education, Environment, Health, Social Care and Housing and Social and Economic Development. A Strategic Monitoring Committee scrutinises Policy and Finance 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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- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least three clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of the Cabinet, of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at Town Hall, Hereford on Thursday, 13th November, 2003 at 10.00 a.m.

Present: Councillor W.J.S. Thomas (Chairman)

Councillors: Mrs. W.U. Attfield, G.W. Davis, Mrs. J.A. Hyde, Brig. P. Jones CBE, G. Lucas, R. Mills and Ms. G.A. Powell

In attendance: Councillors W.L.S. Bowen, P.E. Harling and Mrs. M.D. Lloyd-Hayes

At the start of the meeting Members paid tribute to the late Councillor D.C. Short and held a minute's silence in his memory.

9. APOLOGIES FOR ABSENCE

Apologies were received from Councillors T.M. James and J.B. Williams.

10. NAMED SUBSTITUTES

There were no named substitutes.

At the start of the meeting Members paid tribute to the late Councillor D.C. Short and held a minute's silence in his memory.

11. DECLARATIONS OF INTEREST

There were no declarations of interest.

12. MINUTES

RESOLVED: That the Minutes of the meeting held on 8th October, 2003 be confirmed as a correct record and signed by the Chairman.

13. IMPROVING PUBLIC HEALTH

The Committee received a briefing on public health issues in Herefordshire and the work of the public health team.

The presentation had been requested as a means of progressing one of the three main areas identified in the Committee's proposed work programme: Improving Public Health. It had been suggested that having received a detailed briefing on the work of the public health team it would then be possible at a later date to look at the extent to which the Director of Public Health's recommendations had influenced the policy and decision making of public agencies within the County.

Dr Kathryn Millard, consultant in public health medicine, advised the Committee that because of the outbreak of Legionnaire's Disease in Hereford she was attending the Committee in place of Dr M Deakin, Director of Public Health.

She outlined the various roles of the Director of Public Health, and the structure of the Directorate of Public Health. Key roles of the Directorate included the following:

- surveillance and assessment of population health collecting statistical information which informed the production of the annual report on the health of the population of Herefordshire.
- Promoting and protecting public health through a range of services.
- Working collaboratively, building partnerships with other agencies, to improve health and reduce inequalities.
- Developing effective health programmes and services.

In response to questions Dr Millard elaborated on the programmes to encourage the consumption of five portions of fruit and vegetables a day and curb smoking.

The Chairman informed Dr Millard that the Committee would in due course be reviewing the response to the outbreak of Legionnaire's Disease in Hereford. However, it was incumbent on the Committee to take the opportunity of asking her to comment on the latest position.

Dr Millard advised that she was not directly involved in the response but explained that once a cluster of cases had become apparent investigations of likely sources had begun and these were still ongoing. A lot of work was being done in an attempt to resolve the matter.

The Chairman thanked Dr Millard for her attendance.

14. WORK PROGRAMME

The Committee gave further consideration to items for inclusion in its work programme.

The report restated the basis on which the Committee had agreed to structure its work programme in its initial discussion of the matter in October. In addition to focusing on three main areas: managing public expectations and public involvement, improving public health, and access and waiting it had proposed the formation of groups to look at delayed discharges (henceforth to be known as the safely home project), car parking at the county hospital, communication and morale, and proposals affecting the ear, nose and throat service. It was reiterated that the Committee would also respond to major consultations as required and noted that the Committee would also need to consider the operation of the new contracts for General practitioners at some point. A draft work programme incorporating these activities and suggesting a timescale was appended to the report.

The Committee was also asked to consider the establishment of special relationships with health partners.

A development programme to assist Members of the Committee in their role, based on training provided by the Patient Advice and Liaison Service to lay Members of relevant bodies, was also appended to the report.

It was also suggested that after the abolition of the Community Health Council (CHC) in December, Members of that body should be invited to act as a source of advice to the Committee as appropriate until the Patients Forums had become established.

The Chairman reported that the Primary Care Trust and the Hospital Trust had both indicated to him that the draft work programme was appropriate.

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

- It was reported that the Members of the Community Health Council had only received cursory thanks for their service. The Committee considered that the CHCs had been treated atrociously and felt that a letter should be sent on the Committee's behalf to recognise formally the commitment shown by the Members of the CHC to improving the health of the people of Herefordshire.
- That links with voluntary bodies who had served on the CHC should be maintained.
- That efforts should be made to establish good communication links with the new Patients Forums at the earliest opportunity.
- The Director of Social Care and Strategic Housing informed the Committee that the Government had announced a one-off payment of £2.25 million to help local authorities in their new health scrutiny role. However, the payment was to be made to the Centre for Public Scrutiny to aid development of the function in association with the Local Government Association. In terms of capacity to support the Committee directly in its work it was therefore rather disappointing.
- That a review of the response to the outbreak of legionnaire's disease in Hereford City should be added to the work programme and be undertaken as a priority as soon as the outbreak was over. There was agreement that the Committee as a whole should conduct this exercise. It was also acknowledged that this would be complementary to and not a substitute for the more detailed review which would doubtless be undertaken by NHS bodies and others.
- In relation to delays in discharging patients from hospital the Director of Social Care and Strategic Housing reported that for the last two weeks there had been no delays connected to social care within the County Hospital.
- That whilst being mindful that resources were limited the Committee must be enabled to discharge its responsibilities effectively.

- THAT**
- (a) the broad content of the work programme as set out in appendix 1 to the report be approved;**
 - (b) scoping of any Reviews be undertaken after consultation with the Chairman and reported back to the Committee as appropriate;**
 - (c) outgoing Members of the Community Health Council be thanked formally for their work and invited to act as a source of advice to the Committee, providing views to the Committee on request, until 29 February, 2004.**
 - (d) the Chairman take the lead liaising with health partners on choice;**
 - (e) a member be nominated to take the lead liaising with health partners on consultation;**

(f) the training proposals as set out in appendix 2 to the report be welcomed;

and

(g) efforts should be made to establish good communication links with the new Patients Forums at the earliest opportunity.

The meeting ended at 12.00 noon.

CHAIRMAN

EAR, NOSE AND THROAT SERVICE CONSULTATION

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To provide the Committee with an update on the process for responding to the Ear, Nose and Throat Service consultation exercise.

Financial Implications

2. No significant resource implications have been identified in relation to the current proposal for the Ear, Nose and Throat Service consultation exercise.

Background

3. At its meeting on 8th October, 2003, the Committee resolved that a Sub-Group should be established to consider proposals affecting the Ear Nose and Throat Service, consisting of Councillors TM James, Brig P Jones, G Lucas, WJS Thomas and JB Williams.
4. It is anticipated that the Primary Care Trust Board will approve its consultation document on the future arrangements for the Ear Nose and Throat Service on 28th January, 2004 and the report will then be circulated to all Sub-Group and Committee Members.
5. Arrangements have been made for the Sub-Group to meet on the 26th and 27th February, 2004 at the Shirehall, Hereford to gather evidence from NHS staff on the impact of the proposed changes.
6. Further interviews and site visits may be undertaken as a result of the evidence presented on the 26th and 27th February, 2004. A draft response to the consultation exercise will then be prepared for consideration by the Committee.
7. Depending on progress and the length of the consultation period, it may be necessary to arrange an additional special meeting of the Committee prior to the next scheduled meeting on 6th April, 2004 in order to approve its response to the consultation.
8. Government guidance (para 4.3.3) states that, "when the scrutiny review has been completed it is the responsibility of the overview and scrutiny committee itself to make its report to the NHS body or bodies concerned. The report is made on behalf of the Committee, not the local authority, and therefore there is no requirement for the executive or full Council to endorse the report. However, good practice would suggest that both should receive a copy of the report and a briefing identifying the main implications".

Further information on the subject of this report is available from Alan Blundell, Head of Policy and Communication on (01432) 260268

RECOMMENDATION

THAT the Committee approve the arrangements for undertaking its response to consultation report on the future arrangements for the Ear Nose and Throat Service.

BACKGROUND PAPERS

- None identified

Further information on the subject of this report is available from Alan Blundell, Head of Policy and Communication on (01432) 260268

REVIEW OF MANAGEMENT OF LEGIONNAIRES DISEASE OUTBREAK

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To consider a draft scoping statement to guide the work of the Committee in relation to its review of how the recent outbreak of Legionnaires disease was managed.

Financial Implications

2. No significant resource implications have been identified in relation to the current review proposal.

Background

3. At its meeting on 13th November, 2003 the Health Scrutiny Committee agreed that it would scrutinise the management of the Legionnaires disease outbreak as soon as the outbreak was over. There was agreement that the Committee as a whole should conduct this exercise.
4. Attached at appendix 1 is a draft scoping statement that has been prepared for consideration by the Committee.
5. In view of the cross cutting issues associated with the outbreak, the Committee may wish to invite representation from the Environment Scrutiny Committee.
6. It is proposed that evidence be sought from the following:
 - Health Protection Agency (HPA)
 - Herefordshire Primary Care Trust
 - Environmental Health
 - Local Media representatives
 - Public Relations staff

RECOMMENDATION

THAT (a) the Committee consider and agree the draft scoping statement attached at appendix 1;

and

- (b) the Committee consider whether it would be appropriate to invite representation from the Environment Scrutiny Committee to support the review of how the recent Legionnaires disease outbreak was managed.

BACKGROUND PAPERS

- None identified

REVIEW:	REVIEW OF MANAGEMENT OF LEGIONNAIRES DISEASE OUTBREAK	
Committee:	Health Scrutiny Committee	Chair: Councillor WJS Thomas
Lead Officer:	Director of Social Care and Strategic Housing	

SCOPING AND TIMETABLE

Terms of Reference
<p>The key areas of interest are as follows;</p> <ol style="list-style-type: none"> 1. The role of the Health Protection Agency and chronology of events from the diagnosis of the first case in Herefordshire through to the winding up of the special management arrangements put in place; 2. Any national criteria used to trigger the decision to change the status of a disease outbreak and any other associated policies regarding publicity etc; 3. The actions taken by the Primary Care Trust to manage the outbreak; 4. The actions taken by the Council's Environmental Health service to identify the source of the outbreak; 5. The arrangements put in place in order to communicate with the public via the media.

Desired outcomes
<ul style="list-style-type: none"> • To make recommendations to improve the overall management arrangements for dealing with outbreaks of serious diseases such as Legionnaires; • To make recommendations on the specific role of the Primary Care Trust in dealing with outbreaks of serious diseases such as Legionnaires; • To make recommendations on the specific role of the Council's Environmental Health service in dealing with outbreaks of serious diseases such as Legionnaires; • To make recommendations on the arrangements for communicating with the public via the media when dealing with outbreaks of serious diseases such as Legionnaires

Key questions
<ul style="list-style-type: none"> • What was the chronology of events from the diagnosis of the first case through to the winding up of the special management arrangements put in place? • Are there any national criteria used to trigger the decision to change the status of a disease outbreak and any other associated policies regarding publicity etc? • What were the main actions taken by the Primary Care Trust to manage the outbreak? • What were the main actions taken by the Council's Environmental Health service to identify the source of the outbreak? • What were the main arrangements put in place in order to communicate with the public via the media? • How have similar outbreaks of Legionnaires Disease been dealt with elsewhere on previous occasions and what lessons have been learned as a result?

Timetable	
<i>Activity</i>	<i>Timescale</i>
Receive initial report from the Director of Public Health	Mid-February 2004
Collect outstanding data	February 2004
Programme interviews of witnesses	February 2004
Carry out programme of interviews	March 2004
Prepare options/recommendations	April 2004

Members	Support Officers
All members of Health Scrutiny Committee and representation from the Environment Scrutiny Committee as appropriate.	Head of Policy and Communication

CAR PARKING – HEREFORD HOSPITAL**Report By: Central Division Planning Officer****Wards Affected**

County-wide

Purpose

1. To receive an update on car parking provision at car parking at Hereford Hospital.

Background

2. Following visits in the summer of 2003 the Committee gained an awareness of a number of issues faced in relation to health in the County. One issue identified as a source of discontent was the provision of car-parking at Hereford hospital and the Committee identified it as an item for inclusion in its Work Programme.
3. At the Chairman's request, the Head of Planning Services and Central Divisional Planning Officer have now had the opportunity to meet representatives from the Trust and Mercia Health Care to discuss car parking issues on the hospital site. Officers have identified possible areas where additional car parking could be provided within the constraints of the site. The Trust and Mercia Health Care are to investigate possible schemes and report back to Planning Services. It was agreed that future meetings should take place to take this important matter forward. The Trust/Mercia Health Care is to monitor the car-parking situation at the hospital as an ongoing action.
4. From an inspection of the site it is noted there is still additional car parking approved under the terms of the original planning permission for the hospital which is yet to be implemented and available for public use. The additional car parking is anticipated to be available in March/April of this year when site offices and compounds are removed. At this stage all car parking approved for this site will be available.

BACKGROUND PAPERS

- None

