

A G E N D A

Health Scrutiny Committee

Date: **Thursday, 9th December, 2004**

Time: **10.00 a.m.**

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

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

For any further information please contact:

*Tim Brown, Members' Services,
Brockington, 35 Hafod Road, Hereford. Tel
01432 260239*

**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	1 - 6
To approve and sign the Minutes of the meeting held on 29th July, 2004.	
5. PRIMARY CARE TRUST BRIEFING	7 - 12
To discuss the following areas of interest: the local delivery plan process, NHS dental services and primary care led commissioning.	
6. FUTURE SUPPORT FOR PATIENT AND PUBLIC INVOLVEMENT IN HEALTH	13 - 20
To consider a draft protocol concerning future working arrangements between the Committee and the Patient and Public Involvement Forums (PPIFs); and, to provide the Committee with an opportunity to respond to a Department of Health questionnaire seeking views on changes to the system for patient and public involvement (PPI) in health.	
(NOTE: Appendix 2 has been issued to Committee members as a separate document. Copies are available for the public on request)	
7. EMERGENCY CARE ACCESS	21 - 24
To update the scoping statement for the review of Emergency Care Access.	
8. COMMUNICATION AND MORALE	25 - 28
To consider a draft scoping statement to guide the work of the Review Group in relation to its review of communication and morale throughout the health service, and its impact on morale.	

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

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- 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 five 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 Cabinet and 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, Cabinet, 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.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, its Committees and Sub-Committees and to inspect and copy documents.

Please Note:

Agenda and individual reports can be made available in large print. Please contact the officer named on the front cover of this agenda **in advance** of the meeting who will be pleased to deal with your request.

The meeting venue is accessible for visitors in wheelchairs.

A public telephone is available in the reception area.

Public Transport Links

- Public transport access can be gained to Brockington via the service runs approximately every half hour from the 'Hopper' bus station at the Tesco store in Bewell Street (next to the roundabout junction of Blueschool Street / Victoria Street / Edgar Street).
- The nearest bus stop to Brockington is located in Old Eign Hill near to its junction with Hafod Road. The return journey can be made from the same bus stop.

If you have any questions about this agenda, how the Council works or would like more information or wish to exercise your rights to access the information described above, you may do so either by telephoning the officer named on the front cover of this agenda or by visiting in person during office hours (8.45 a.m. - 5.00 p.m. Monday - Thursday and 8.45 a.m. - 4.45 p.m. Friday) at the Council Offices, Brockington, 35 Hafod Road, Hereford.

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to Assembly Point J which is located at the southern entrance to the car park. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 29th July, 2004 at 10.00 a.m.

Present: 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

In attendance: Councillor P.E. Harling

14. APOLOGIES FOR ABSENCE

There were no apologies for absence.

15. NAMED SUBSTITUTES

There were no named substitutes.

16. DECLARATIONS OF INTEREST

There were no declarations of interest.

17. MINUTES

RESOLVED: That the Minutes of the meetings held on 23rd June 2004 and on 28th June 2004 be confirmed as a correct record and signed by the Chairman.

18. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2003

The Committee considered the Director of Public Health's Annual Report for 2003.

Dr. Mike Deakin, Director of Public Health (DPH) for Herefordshire, informed the Committee that as Director he was statutorily required to produce an independent Annual Report on health in Herefordshire. The report commented on health issues in the County and made a series of recommendations designed to generate improvements.

Dr. Kathryn Millard, Consultant in Public Health for Herefordshire Primary Care Trust (PCT), gave a presentation on the Annual Report. She informed the Committee that the Annual Reports were designed to be read as an ongoing series reporting on health issues in Herefordshire. The reports did not feature every topic each year and she explained the main issues in each chapter of the 2003 report.

During the discussion the following principal points were made:

- Dr. Deakin explained that whilst the report was submitted to Government the intention was that the messages contained within it would be read and acted upon by the public. It was suggested to him that the document might be made

more accessible if an executive summary was produced.

- The statistics presented in the DPH Annual Report could not be used to assess health improvements year on year and it was not a progress report in that sense. The only way to observe improvements in health was over an extended period of time. For example, the 2001 DPH Annual Report contained a 40-year historical review which showed the significant improvements in life expectancy and decline in child mortality rates. Chapter 1 provided a review of the recommendations in the previous 3 Annual Reports.
- It was noted obesity was high on the health agenda and was set to feature in a specific chapter in next years DPH Annual Report.
- It was noted that a number of services were no longer provided by the Council. Leisure Services were, for example, provided by HALO. Dr. Deakin confirmed that mechanisms were in place to ensure health messages reached such bodies.
- It was noted that with the ever increasing cost of health services, improving public health and reducing the call on those services was an important objective. Dr. Deakin acknowledged that more resources would be beneficial noting how Herefordshire had spent more on reducing smoking than any other PCT in the region and had a success rate way above the average.
- Dr. Deakin felt that his recommendations did have an impact and cited examples of his previous Annual reports being quoted by others when the need for service improvement was being discussed. Articles had also appeared in the Hereford Times publicising the key issues.
- Members noted that a person would only have to cease from smoking cigarettes for four weeks to be recorded as a non-smoker in NHS statistics. The Committee felt that this target was too low as a person who had registered as a non-smoker could have resumed smoking after this short period. Dr. Deakin informed Members that this was a nationally set target which was practical to work with; it was also significant because 50% of smokers who had given up for 4 weeks would never smoke again.
- One of the report's recommendations was that there should be a specialist stroke unit in Herefordshire. Dr. Deakin explained that Herefordshire had an excellent Stroke Service but the evidence was that a dedicated specialist facility could provide an even better service. Members suggested that as the County's population contained a comparatively higher proportion of older people it might be worth considering whether a Stroke Unit in Herefordshire could be developed as a specialist centre of excellence. It was noted that the provision of a Stroke Unit would also have a significant benefit in relieving pressure on social care services.
- The Health Promotion Team provided advice and training to particular people (teachers, new nurses etc) so they could disseminate their knowledge to those for whom they were responsible. The Resource Centre in Blackfriars Street made available a wide range of resources but was not perhaps situated in the most convenient and accessible of locations.
- Only Herefordshire residents' deaths were reported in the Road Traffic Accident statistics. The figures represented in the statistics were therefore artificially low.

- Dr. Deakin advised that, alongside smoking, the take up of the MMR vaccine was a particular concern. Parents were encouraged to arrange for their children to have the combined MMR vaccinations. GPs were endeavouring to encourage greater take up of the vaccinations. Dr. Deakin believed that whatever steps could be taken to improve take up were being taken. However, parents could not be compelled to have children immunised.
- It was noted that rates of skin cancer were an issue in the County. Dr. Deakin commented that there was clear evidence that exposure to the sun was a risk. There were also concerns about the increase in mosquitoes and the associated diseases that they could bring with them.
- Binge drinking was recognised as a health problem and a burden on the health service through alcohol related injuries.
- Associated problems linked to smoking and alcohol abuse could be minimised by tougher enforcement of legal age limits.
- Whilst there was a good coronary care programme it was not appropriate to perform heart surgery in Herefordshire, as there were insufficient patients to enable doctors to maintain the high level of expertise required. The necessary specialist follow up care was also unavailable.
- Herefordshire Ambulance Trust was highly rated and recognised as being outstanding when dealing with coronary cases.
- It was noted that the Annual Report was externally audited. Dr. Millard commented the external audits had indicated that the Annual Reports were good. Dr. Andrew Richardson of the Strategic Health Authority had audited the DPH Annual Report 2003.

RESOLVED: That the Annual Report of the Director of Public Health 2003 be noted.

19. CANCER SERVICES

The Committee gave further consideration to issues concerning the provision of Cancer Services.

The report noted that in June the Committee had been informed that the Three Counties Cancer Network Board (CNB), responsible for overseeing the provision of cancer services across part of Gloucestershire, Herefordshire and South Worcestershire, was working on a series of action plans for each of the main types of Cancer. An action plan for the Upper-Gastrointestinal (UGI) Cancer service had so far been agreed. This proposed the centralisation of treatment at Gloucester.

At an informal meeting between the CNB and representatives of the relevant Overview and Scrutiny Committees some concern was expressed to the CNB about the lack of any consultation on the service change. The CNB's view was that the change was not significant enough to warrant a formal consultation exercise. However, it had agreed that further information would be circulated to each of three affected Scrutiny Committees and their views on the way forward requested by September 2004.

The Director of Social Care and Strategic Housing had expressed the view that, in the circumstances, there was little to be gained by seeking to request a formal consultation exercise in this instance. She did, however, think that the Committee might wish to request the opportunity to comment on issues flowing from the proposal, which should be set out in the action plan. As the additional information promised by the CNB had not yet been received she sought authority to respond to the CNB along those lines on the Committee's behalf, subject to nothing in the additional documentation from the CNB suggesting a need to reconsider this proposed approach.

The Director added that the discussions had highlighted the importance of proposals by the CNB, and other networks in the County, being notified to the Scrutiny Committee at an early stage to enable it to assess whether or not emerging proposals were substantial, and the need for protocols governing consideration of future proposals to be agreed. Members proposed that these points should be brought to the attention of the CNB and other networks and that consideration should be given to developing protocols which would be generally applicable.

The Committee also requested that, in working on the establishment of a Joint Committee to respond to any formal consultation on Cancer Services, consideration be given to whether that Committee could be created as a standing Joint Committee with the ability to respond to consultations on other joint services.

In the course of discussion concern was raised regarding hospital transport arrangements and how an already problematic area would be affected by the centralisation of UGI cancer treatment in Gloucester. It was proposed that the CNB should be asked to afford the Committee the opportunity to comment specifically on this as one of the issues flowing from the proposal.

- That (a) the Director of Social Care and Strategic Housing be authorised to submit the view to the Three Counties Cancer Network Board on the Committee's behalf that it does not at this stage wish to revisit the proposed centralisation of Upper-Gastrointestinal (UGI) cancer treatment at Gloucester, subject to there being nothing in the additional documentation supplied by the Board to warrant reconsideration of this view;**
- (b) the Director of Social Care and Strategic Housing be asked to request the Three Counties Cancer Network Board that the Committee, or Joint Committee to be established as appropriate, be kept informed of the development of the proposed centralisation of Upper-Gastrointestinal cancer treatment at Gloucester and given the opportunity to comment on issues flowing from the proposal such as patient/visitor travel arrangements including hospital transport entitlement and after care arrangements;**
- (c) the Director of Social Care and Strategic Housing be asked to emphasise to the Three Counties Cancer Network Board the importance of proposals being discussed at an early stage with the Committee, or Joint Committee to be established as appropriate, to agree whether or not emerging proposals are substantial and the need for protocols to be put in place as soon as possible to govern how future proposals will be considered.**

- (d) in developing protocols relating to the Three Counties network Board, consideration be given to making them applicable to other similar Networks overseeing the delivery of health services in the County and action taken to remind those networks of the expectation that the Committee will be advised of proposed service changes, and consulted upon them when appropriate;

and

- (e) that in establishing a Joint Committee to deal with cancer services consideration be given to whether the Committee's terms of reference might be broadened to allow it to consider issues affecting other joint services should they arise.

20. REVIEW OF MANAGEMENT OF LEGIONNAIRES DISEASE OUTBREAK

The Committee considered the draft report of its review of the management of the outbreak of legionnaires' disease in Hereford City in November 2003.

It was suggested that the review's findings in relation to the benefits of local expertise, local knowledge and local working relationships and the importance of making legionnaires disease a notifiable disease were worthy of particular note.

For the avoidance of doubt it was requested that the penultimate bullet point of the summary of lessons learned, appended to the review report, be amended, deleting the first sentence and replacing it with the following: "Every outbreak of legionnaires disease is different, so that expert advice applicable to one outbreak may not be relevant to a different outbreak."

RESOLVED: That the report of the review, as amended, be approved and recommended to Cabinet and partner agencies affected.

The meeting ended at 12.24 p.m.

CHAIRMAN

PRIMARY CARE TRUST BRIEFING

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To discuss the following areas of interest: the local delivery plan process, NHS dental services and primary care led commissioning.

Background

2. A briefing paper produced by the Primary Care Trust is appended.

BACKGROUND PAPERS

- None

HEREFORDSHIRE PRIMARY CARE TRUST

BRIEFING PAPER FOR HEALTH SCRUTINY COMMITTEE

9th DECEMBER 2004

1. Introduction

This briefing paper covers three areas of current NHS interest:

- The Local Delivery Plan Process;
- NHS Dental Services;
- Primary Care Led Commissioning.

2. Local Delivery Plan Process

The NHS planning cycle operates on a three-year basis through the production of Local Delivery Plans. The next planning cycle starts on 1st April 2005 and runs until 31st March 2008. The PCT will therefore need to develop the new Local Delivery Plan in partnership with other NHS bodies and Local Authorities over the coming months. The Strategic Health Authority requires the final document to be submitted by end January 2005. The Local Delivery Plan will be a response to the published Health and Social Care Standards and Planning Framework and will include both the narrative and annual trajectories needed to ensure the delivery of national and local targets. The Plan will inform the Health Care Commission's performance rating assessment of the PCT. What is different about this Local Delivery Plan from the previous versions is that the PCT will continue to receive national targets but will derive most of its strategic inspiration from the local assessment of health needs and priorities.

Whilst the PCT will want to agree the Local Delivery Plan with Herefordshire Council's Directorate of Social Care and Strategic Housing, it is possible that full agreement will not be reached with Hereford Hospitals NHS Trust because of the changes in funding being introduced from 1st April 2005. Nevertheless the PCT will want to try to involve the Trust as much as possible in the process. Whilst the Plan is not intended to be a public document the PCT has always tried to produce it in a "user friendly" way so that local people can understand how health and social care priorities are being addressed locally.

3. NHS Dental Services

Access to NHS dental services is a national problem. Securing access to NHS dental services is one of Herefordshire Primary Care Trust's top priorities. The PCT recognises that the lack of access to these services is a major concern for the people who live and work in Herefordshire and is committed to developing NHS dentistry, improving access and ensuring a smooth transition

to local commissioning of dental services. There are currently 75 dentists providing NHS dental services from 27 dental practices registered with the PCT. Of these practices 10 are mainly NHS, 16 mainly private and 1 specialises in Orthodontics only. In addition the PCT has developed a salaried primary care dental service which currently employs 11.5 WTE dentists, 0.6 hygienists and 1 dental therapist at 7 Dental Access Centres (DAC) across the PCT area. The picture in Herefordshire had increasingly been emerging as a centralised dental service in the form of a DAC providing community and emergency dental services and supporting primary and secondary dental services.

Herefordshire has had access difficulties for NHS dental care for a number of years. Historically there has been great difficulty in attracting new dentists to the area. This recruitment issue is of particular concern to the PCT since the age profile of dentists currently registered demonstrates that 8% of this workforce would be eligible for retirement over the next 5 years. The number of practices that have moved to the private sector over the past few years resulting in de-registrations have affected a large number of local people. This loss of NHS places has been managed to some degree by the establishment of the Dental Access Centres; however recent de-registrations in some parts of Herefordshire, particularly Leominster have put the Dental Access Centres under considerable pressure. There are also significant cross-border flows of patients from West Gloucestershire, South Shropshire, Powys and Monmouthshire, all which have significant access issues. This is creating an additional strain on local services. Over the last few months the PCT has been working with the Department of Health and has agreed a Dental Action Plan that makes provision for an extra 15,400 NHS places by October 2005. This represents some 75% of all places lost since 2001. The PCT will now be working with local dentists and the Local Dental Committee in conjunction with the Strategic Health Authority, Workforce Development Confederation and the Department of Health to ensure delivery of this plan.

4. Primary Care Led Commissioning

Promoting practice level budgets for commissioning – it is envisaged that patients will benefit from a greater variety of services, from a greater number of providers in settings that are closer to home and more convenient for patients. It is intended that the public will benefit from more efficient use of services and greater involvement of front line doctors and nurses in the commissioning process. There is good reason to be confident in these expectations.

The introduction of practice led commissioning from 1st April 2005 is a key aspect of the current NHS System reforms along with access, booking and choice, payment by results and the development of Foundation Trusts. From the 1st April 2005 all GP practices will have a right to take part. Practices can choose whether to operate individually or come together in groups or locality clusters. The PCT must offer an indicative budget of those that ask for it, practices may join the scheme at any time from April 2005 negotiating the time with the PCT. By agreement between the practice or locality and PCT

the indicative budget may be limited to selective service areas or it may include all services that are currently commissioned excluding specialised services. The scheme is described as voluntary for practices but is expected to rapidly become the norm. After 3 years practices are expected to hold budgets to commission a full range of health care provision with the exception of specialised services. Practices will be allowed to keep 50% of any savings they make to invest in patient care. Initially the indicative budget will be based on expenditure in the financial year 2003/4 with the appropriate uplift. Over the next three years a weighted capitation budget will be introduced using a national formula. The PCT will continue to hold the actual budget and will be responsible for contracts with providers. Each participating practice will be expected to keep its annual expenditure within budget. Overspends in any one year will be carried forward to the next. Practices will be required to breakeven over a three year period. Those that fail to do so will lose the right to the budget. Practices will be responsible for ensuring that patients are offered choice of provider for elective care in line with national policy. From December 2005 this will mean offering a choice of 4 – 5 local providers.

Simon Hairsnape
Director of Health Development
November 2004

FUTURE SUPPORT FOR PATIENT AND PUBLIC INVOLVEMENT IN HEALTH

Report By: Director of Social Care & Strategic Housing

Wards Affected

County-wide

Purpose

1. To consider a draft protocol concerning future working arrangements between the Committee and the Patient and Public Involvement Forums (PPIFs); and, to provide the Committee with an opportunity to respond to a Department of Health questionnaire seeking views on changes to the system for patient and public involvement (PPI) in health.

Financial Implications

2. No resource implications have been identified in relation to this item.

Background

3. Following a meeting on the 8th November 2004 between Councillor Brigadier P Jones, representing Councillor WJS Thomas, and the Patients and Public Involvement Forums, it was agreed that a protocol be written and agreed to develop and facilitate an ongoing, mutually beneficial working relationship. The current draft allows for PPIF members to attend HSC and speak at the Chairman's discretion, but this is not reciprocated in the proposed arrangements for attendance at PPIF meetings by members of HSC. Attached at Appendix 1 is a draft protocol to cover proposed future working arrangements between the Committee and PPIFs. It is important to note that the PPIFs and their officer have not yet had opportunity to comment on the draft protocol.
4. The Government has recently announced that there are to be changes in the system for patient and public involvement in health, including that:
 - the Commission for Patient and Public Involvement in Health (CPPIH) will be abolished
 - new arrangements will be put in place to ensure continued support for PPIFs
 - NHS Appointments Commission will appoint forum members in the future
 - a new centre of excellence for patient and public involvement will be set up
 - the present system of patient and public involvement will remain the same. This includes:
 - Patient Advice and Liaison Services (PALS)
 - Independent Complaints Advocacy Services (ICAS)
 - Overview and Scrutiny Committee (OSCs)

Further information on the subject of this report is available from Alan Blundell, Head of Policy and Communication on (01432) 260226

- the new arrangements will not cost more than the budget currently available for the CPPIH
 - PPI Forums will remain independent and responsible for their own work plans and priorities.
5. The Department of Health is currently conducting a survey seeking comments on support arrangements for PPIFs. Attached at Appendix 2 is a completed questionnaire, seeking views on:
- How PPI Forum members should be recruited now and in the future
 - The support and guidance they need to maximise their effectiveness
 - The processes, structures and relationships they need to achieve this.

RECOMMENDATION

- THAT (a) the Committee give authority to the Director of Social Care and Strategic Housing to liaise with the PPIFs to revise the draft protocol to allow for HSC members to speak at PPIFs at their Chairman's discretion; and agree the protocol**
- (b) the agreed questionnaire be submitted to the Department of Health**

BACKGROUND PAPERS

- None identified

Protocol between Herefordshire Council Health Scrutiny Committee and the Patients and Public Involvement Forums of the Herefordshire NHS Hospitals Trust, Primary Care Trust

(This protocol is derived from the memorandum of understanding (the MOU) agreed between the Local Government Association and the Commission for Patient and Public Involvement in Health – June 2004 and Government Guidance – July 2003).

The protocol concerns the relationship between the Herefordshire Council Health Scrutiny Committee and the Patients and Public Involvement Forums of the Herefordshire NHS Hospitals Trust, Primary Care Trust and their roles and responsibilities in fostering effective health scrutiny and patient and public involvement in Herefordshire. This protocol sets out procedures which will assist each organisation in meeting these responsibilities. It also sets out underlying principles and objectives, roles and responsibilities and the commitment both organisations have to working together.

Overriding Aim

To improve health in Herefordshire.

Underlying Principles

- This protocol will foster and promote an open relationship between the organisations, where issues of common interest and concern are shared in a constructive and mutually supportive way, each helping the other to carry out their respective roles.
- For the common benefit of the organisations, where possible, and relevant information, data and intelligence they have collected or obtained will be shared.
- There will be regular and effective communication between officers and members to discuss issues of common interest.
- By closer partnership working, the organisations will be able to achieve cooperation and better outcomes for joint areas of work.
- The organisations will plan together in producing their work programmes.
- Each organisation will name an individual officer to take responsibility for the implementation of this protocol and monitoring and reviewing its operation.

Summary of Role and Responsibility of the Patient and Public Involvement Forums (PPIFs)

The role of the Patient and Public Involvement Forums includes:

- Obtaining views from local communities about health services and making recommendations and reports.
- Making reports and recommendations on the range of health services and their day-to-day delivery.
- Influencing the design of and access to NHS services.
- Providing advice and information to patients and their carers about services.
- Monitoring the effectiveness of local Patient Advice and Liaison Services (PALS).
- Working with other PPIFs to share experiences and to address common issues.

- Being a key resource for local citizens, helping and supporting community groups and promoting better public involvement.
- Reporting trends and conclusions drawn from the entirety of patient experience data and reporting this to local decision makers. In particular this will be to Health Scrutiny Committee.

(Source MOU and Department of Health Guidance on Overview and Scrutiny of Health - July 2003)

Summary of Powers of the Herefordshire Health Scrutiny Committee

The Health Scrutiny Committee (HSC) may:

- Review and scrutinise any matter relating to the planning, provision and operation of health services in the area of the committee's local authority.
- Make reports and recommendations to local NHS bodies and to its local authority on any matter reviewed or scrutinised using the overview and scrutiny of health power.
- Require the attendance of an officer of a local NHS body to answer questions and provide explanations about the planning, provision and operation of health services in the area of the committee's local authority.
- Require a local NHS body to provide information about the planning, provision and operation of health services in the area of the committee's local authority subject to exemptions outlines in the Health and Social Care Act 2001.
- Establish joint committees with other local authorities to undertake overview and scrutiny of health services.
- Delegate functions of overview and scrutiny of health to another local authority committee.
- Be able to report to the Secretary of State for Health:
 - Where the committee is concerned that consultation on substantial variation development of services has been inadequate
 - Where the committee considers that the proposal is not in the interests of the health service.

(Source: MOU)

PRINCIPAL AREAS OF CO-OPERATION

Distribution of Papers

- Agenda papers and Minutes of public meetings of the HSC will be circulated on publication to the Project Co-ordinator for the PPIFs. (The documents will also normally be available for inspection on the Herefordshire Council's website.)
- The PPIFs will forward action notes from their public meetings, and reports to local NHS bodies, to the Council's contact upon publication.
- A monthly update will be exchanged by the officer contacts outlining progress and any news.

Meetings

Meetings of HSC

The Council will notify the PPIF Co-ordinator of dates of meetings of the HSC which are open to the public.

Members of the PPIFs are welcome to attend meetings open to the public as observers. At the Chairman's discretion PPIF Members may be invited to speak.

Members of the PPIFs may be invited to attend informal, private meetings of the HSC at the Chairman's discretion.

Meetings of PPIFs

The PPIF Co-ordinator will notify the HSC of dates of meetings of the PPIFs open to the public.

Members of the HSC are welcome to attend meetings of the PPIFs open to the public. They will not have the right to speak at meetings. Written questions may be submitted to the Chair 3 days in advance

Meetings between representatives of the HSC and the PPIFs will be arranged by agreement as required by the contact officers.

Work Programmes

It is important that the work of the HSC does not duplicate that of the PPIFs and vice-versa. The Government's guidance notes that to ensure an integrated approach locally, committees and PPIFs will need to set up clear lines of communication and information exchange (which this document is designed to deliver).

The guidance recommends that in developing their scrutiny plans OSCs should discuss plans with local health bodies including the PPIFs. It also notes that PPIFs have the power to refer issues to OSCs as appropriate. The regulations require OSCs to take account of relevant information provided to them by a PPIF. If issues referred are not urgent they may be considered by the Committee when planning its future work programme and prioritised accordingly. As good practice the OSC should advise the PPIF of the actions taken and the rationale behind those actions.

The OSC has no power to require the PPIF to pursue any particular course. The overarching aim, as described in this protocol, is, however, to improve health in Herefordshire. To this end the OSC and PPIF should work together as far as possible in a spirit of co-operation.

The Chairs of the HSC and the PPIF will therefore meet in January of each year to discuss future work programmes and identify areas of work which it is considered will be of maximum benefit to the improvement of Health in Herefordshire.

Statutory Consultations

There is a duty on each local NHS body to consult the local OSC on any proposal it may have under consideration for any substantial development of the health service

or on any proposal to make any substantial variation in the provision of such a service.

The PPIFs will provide the OSC with evidence of the Patients perspective on the proposed change or variation.

The OSC and PPIFs will submit their own separate responses to the consultation.

The responsibilities on the two bodies in responding to consultations are distinct and separate. However, where appropriate, and practicable, efforts will be made to avoid duplication of effort, mindful of the pressure consultations place on NHS resources, not least the time of senior NHS officers.

At the end of each consultation the HSC and the PPIFs will agree arrangements for feedback on the response of the NHS body to the HSCs recommendations and any arrangements for reviewing the NHS body's response.

Recommendations by PPIFS

The Department of Health's reference guide for Members of PPIFS notes that under the Regulations, at the end of each review that a Forum carries out, it must prepare a report to the NHS Trust or PCT about the service(s) reviewed. When Forums send a report to an NHS organisation they can request a response. If this is done the Trust or PCT must reply within 20 working days, explaining what action it intends to take, or why it does not intend to take any action. If a Trust does not reply to the recommendations made in a report, the accepted recommendations are not acted upon or, in the view of the Forum, recommendations are unreasonably contested, the Forum may decide to refer the matter for consideration to the relevant Strategic Health Authority or the OSC.

The HSC undertakes that if a matter of this nature is referred to it the HSC will respond at the next reasonable opportunity available to it.

REVIEW OF THE OPERATION OF THE PROTOCOL

The operation of the protocol will be reviewed every six months by the contact officers and reports made as appropriate.

CONTACTS

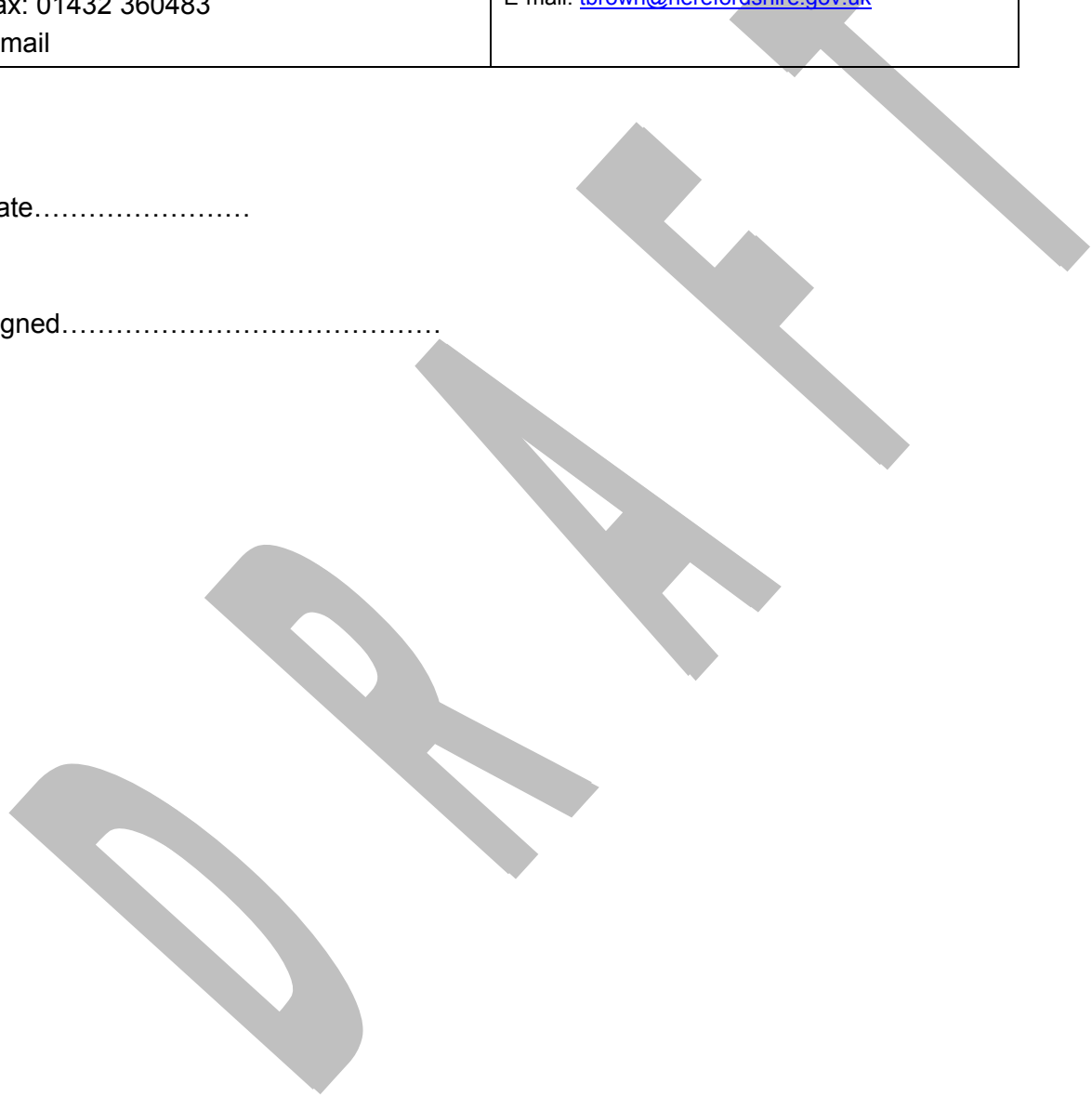
It is important that there is informal liaison between Members of the HSC and the PPIFs and in particular between the Chairmen of the HSC and the PPIFs. However, if discussions generated as a result of this contact lead to a desire for formal action on behalf of the HSC or PPIF, or a request for a formal report, this **must** be referred to the officer contacts in the first instance. A formal request must then be lodged by or on behalf of the relevant Chairman.

The officer contacts are:

PPIFs	HSC
<p>Shelagh Callaghan Project Co-ordinator PPI Forums (Herefordshire) 36 Widemarsh Street Hereford HR4 9EP Tel: 01432 354975 Fax: 01432 360483 e-mail</p>	<p>Tim Brown Members Services Herefordshire Council PO Box 240 HR1 1ZT</p> <p>Tel: 01432 260239 Fax: 01432 260286 E-mail: tbrown@herefordshire.gov.uk</p>

Date.....

Signed.....



EMERGENCY CARE ACCESS**Report By: Director of Social Care and Strategic Housing****Wards Affected**

County-wide

Purpose

1. To update the scoping statement for the review of Emergency Care Access.

Financial implications

2. None identified at this stage. Work is to be carried out from within existing resources.

Background

3. The Committee approved a review of emergency care access in January 2004 but it has not proved possible to progress the review because of the Committee's other commitments. An informal meeting has been held with Mrs Kedward, General Manager Emergency Services at the Hospitals Trust and it has been confirmed that there would be benefit in proceeding with the review.
4. The scoping statement approved by the Committee in January is attached. Suggested updates, in particular to the timetable, will be proposed at the meeting.

BACKGROUND PAPERS

- None

REVIEW:	EMERGENCY CARE ACCESS	
Scrutiny Committee:	Health	Chair: Councillor W.J.S. Thomas
Lead support officer:	<i>To be agreed</i>	

DRAFT SCOPING AND TIMETABLE

Terms of Reference

With the overall context of access and waiting, the review will examine the process of accessing emergency care in the following areas:

- a) Initial contact with the NHS, for example, Accident and Emergency, NHS Direct, GP practice or dialling '999';
- b) The process of getting from place of need to hospital, for example, using the ambulance service;
- c) The initial point of access in hospital (ie where a patient is seen by a clinician).

Running concurrently with this review is a project, sponsored by Hereford Hospitals NHS Trust, which will look in detail at the process of emergency service provision identifying potential blockages in the system and possible solutions.

Desired outcomes

- To make recommendations for improving access to appropriate emergency care services within Herefordshire;
- To make recommendations for patients to enable them to access the right services;
- Ensuring equality of access

Key questions

- What range of emergency services can patients currently access?
- Is there demand for services for which this is currently no access?
- Is the community sufficiently informed about emergency services to make the right choice?
- Are patients and GPs satisfied that their needs are met in a timely fashion?
- Are members of the public using emergency services appropriately?
- Is the provision of emergency services sufficient for the needs of the community?
- Are the local NHS organisations meeting agreed national targets?
- Are appropriate resources being committed?

Timetable	
<i>Activity</i>	<i>Timescale</i>
Agree scoping, witnesses, data/research required	February to June 2004
Undertake interviews and gather data	June to September 2004
Interrogate data/information gathered	June to September 2004
Formulate recommendations	October to December 2004
Submit recommendations	January 2005

Members	Support Officers
(Councillors Mrs P.A. Andrews, Mrs W.U. Attfield, G. Lucas, Ms G.A. Powell)	<i>To be agreed</i>

COMMUNICATION AND MORALE

Report By: Director of Social Care & Strategic Housing

Wards Affected

County-wide

Purpose

1. To consider a draft scoping statement to guide the work of the Review Group in relation to its review of communication and morale throughout the health service, and its impact on morale.

Financial Implications

2. No resource implications have been identified in relation to this item.

Background

3. In considering its work programme in October 2003, and following the consultation exercise on the provision of Ear, Nose and Throat Services where a number of communication related issues were raised, at a meeting on 23rd June 2004 the Committee considered the work necessary for the review of communication and morale in the health service to progress.
4. Attached at appendix 1 is a draft scoping statement for consideration by the Committee.

RECOMMENDATION

THAT the Committee consider and agree the draft scoping statement attached at appendix 1.

BACKGROUND PAPERS

- None identified

REVIEW:	COMMUNICATION AND MORALE	
Scrutiny Committee:	Health	Chair: Councillor W J S Thomas
Lead support officer:	Director of Social Care and Strategic Housing	

DRAFT SCOPING STATEMENT AND TIMETABLE

Terms of Reference

To review the Health Service wide communications strategy and procedures to assess their effectiveness, and to comment on the contribution they make to good morale.

Desired outcomes

- To make suitable recommendations, based on the existence of a Communications Strategy, to improve the lines of communication and morale across NHS organisations in Herefordshire.
- To express a view on the leadership/management approach to communication that has been adopted.

Key questions

- Is there a Communications Strategy across NHS organisations in Herefordshire?
- What are the current procedures?
- How are staff and patients kept informed of developments?
- Are staff and patients consulted and involved in decision-making?
- What are the levels of cohesiveness across the organisations locally?
- What views do staff hold on Communications, as recorded in the staff opinion surveys? Is the trend improving?

Timetable

<i>Activity</i>	<i>Timescale (activity completed by)</i>
Agree approach	1 st December (to submit Scoping Statement to Health Scrutiny Committee)
Collect data	February 2005
Agree list of 'witnesses' to interview	March 2005
Interview witnesses	April 2005
Analysis of data and witness evidence	May 2005
Prepare recommendations	June 2005

Report to Health Scrutiny Committee	July 2005
-------------------------------------	-----------

Members	Support Officers
Councillor Mrs W U Attfield Councillor Brig. P Jones CBE Councillor J B Williams Mr C G Grover	Policy Assistant