

A G E N D A

Health Scrutiny Committee

Date: **Thursday, 31st March, 2005**

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 To approve and sign the Minutes of the meeting held on 9th December, 2004.	1 - 4
5. PRIMARY CARE TRUST BRIEFING To receive an update on the local delivery plan, NHS dental services and primary care led commissioning.	5 - 8
6. PATIENT AND PUBLIC INVOLVEMENT FORUMS To note the interim report on the work of the Patient and Public Involvement Forum for the Primary Care Trust and future support for patient and public involvement in health.	9 - 22
7. HEALTH SCRUTINY WORK PROGRAMME To consider the Committee's work programme.	23 - 30
8. HEALTH SCRUTINY CONSULTATIONS To consider arrangements for responding to proposals for service development and variation by local NHS bodies.	31 - 34
9. PROPOSAL FOR CHANGES TO NURSING RESPITE SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS To receive an update on the Primary Care Trust's proposal.	(TO FOLLOW)

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, 9th December, 2004 at 10.00 a.m.

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

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

In attendance: Councillor P.E. Harling

21. APOLOGIES FOR ABSENCE

Apologies were received from Councillors G.W. Davis, and Mrs J.A. Hyde.

22. NAMED SUBSTITUTES

There were no named substitutes.

23. DECLARATIONS OF INTEREST

There were no declarations of interest.

24. MINUTES

RESOLVED: That the Minutes of the meeting held on 29th July, 2004 be confirmed as a correct record and signed by the Chairman.

25. PRIMARY CARE TRUST BRIEFING

The Committee received a presentation by Mr Simon Hairsnape, Director of Health Development at the Primary Care Trust (PCT) on three areas of current NHS interest: the Local Delivery Plan Process, NHS Dental Services and Primary Care Led Commissioning.

Mr Hairsnape had produced a briefing paper summarising the current position on each of the three areas and elaborated on aspects of the paper as set out below.

(a) Local Delivery Plan Process

Mr Hairsnape explained that the NHS planning cycle operated on a rolling three-year basis through the production of Local Delivery Plans (LDP). The next planning cycle started on 1 April 2005 running until 31 March 2008. An LDP was in preparation for submission to the Strategic Health Authority by 31 January 2005

He outlined the demands placed on the Trust by the Government's change agenda and the importance of devising a balanced financial plan in support, noting the expectation that additional resources would be made available to the NHS by Government in the forthcoming financial settlement and the opportunities this would provide.

He explained that the Trust would want to agree social care priorities with the Council and reflect them in the Plan.

The Director of Social Care and Strategic Housing confirmed that there was enhanced scope for joint planning and the Council and the PCT agreed on the direction to be pursued in taking advantage of this opportunity.

In response to questions Mr Hairsnape confirmed that the PCT worked closely with all the Council's Directorates, acknowledging the cross-cutting nature of health related issues.

(b) NHS Dental Services

Mr Hairsnape noted the extent to which access to NHS dental services had emerged as a national problem, becoming a top priority. He explained the current position in Herefordshire and the development of a Dental Action Plan, which had been agreed with the Department of Health, to provide additional NHS places. He advised that the PCT was taking what steps it could to improve the situation but expected that it would take 12-18 months to achieve any marked improvement.

The Committee noted the difficulties faced and the action being taken.

(c) Primary Care Led Commissioning

Mr Hairsnape advised that the introduction of indicative budgets for GP practices, to enable them to commission their own services, was another key aspect of the NHS System reforms. All GP practices would have a right to choose to take part with effect from 1st April, 2005, the expectation being that this would rapidly become the norm for Practices. Discussions with GP practices in Herefordshire about the system were currently ongoing.

In the course of discussion some concern was expressed as to whether the change would mean better services for the public or might even be open to abuse. Mr Hairsnape advised that the commissioning process would have to be set out in the Local Development Plan and mechanisms would be included to manage the process. However, the PCT had decided to adopt a flexible stance and there was good reason to be confident that the system would be of benefit to patients. He confirmed that the requirement on the PCT to consult the Committee in the event of a substantial variation to a service would be unaffected by the initiative.

26. FUTURE SUPPORT FOR PATIENT AND PUBLIC INVOLVEMENT IN HEALTH

The Committee considered a draft protocol concerning future working arrangements between the Committee and the Patient and Public Involvement Forums (PPIFs); and its response to a Department of Health questionnaire seeking views on changes to the system for patient and public involvement (PPI) in health.

The report noted that the draft protocol appended to the report had not yet been commented upon by the PPIFs. The draft allowed for PPIF members to attend Health Scrutiny Committee meetings and speak at the Chairman's discretion, but did not reciprocally provide for Members of the Health Scrutiny Committee to speak at PPIF meetings. It was proposed that the draft should be amended to that effect.

The report also noted that, having announced changes to the system for patient and public involvement in health, the Government had issued a questionnaire consulting on future support arrangements. A proposed response to the questionnaire had

been circulated separately to Members of the Committee.

The Committee acknowledged the interrelationship of the roles of the Committee and the PPIFs and the importance of developing an effective working relationship.

RESOLVED:

THAT (a) the Director of Social Care and Strategic Housing be authorised to liaise with the PPIFs to revise the draft protocol to allow for Members of the Committee to speak at PPIFs at their Chairman's discretion; and agree the protocol;

and

(b) the response to the questionnaire seeking views on changes to the system for patient and public involvement in health, as separately circulated, be submitted to the Department of Health.

27. EMERGENCY CARE ACCESS

The Committee reviewed the scoping statement for the review of Emergency Care Access.

The report noted that the scoping statement had been approved in January 2004 but it had not proved possible to progress the review because of the Committee's other commitments. It had been confirmed that there would be benefit in proceeding with the review. However, the scoping statement and in particular the timetable needed to be updated.

It was suggested that the timetable should be revisited by the Committee once the initial evidence gathering had been undertaken, which would provide a clearer indication of the scale of the task.

RESOLVED: That the review of Emergency Care Access proceed and the scoping statement reviewed in the light of the initial evidence gathering exercise.

28. COMMUNICATION AND MORALE

The Committee considered a scoping statement for its planned review of communication and morale in the health service.

A draft scoping report was appended to the report.

RESOLVED: That the scoping statement for the review of communication and morale, as appended to the report, be approved.

PRIMARY CARE TRUST BRIEFING

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To receive an update on the local delivery plan, NHS dental services and primary care led commissioning.

Background

2. The Committee received a briefing by the Primary Care Trust (PCT) on 9th December, 2004. A further briefing paper produced by the PCT providing an update on those issues is appended.

BACKGROUND PAPERS

- None

Herefordshire Primary Care Trust
Health Scrutiny Committee - Briefing Note

31st March 2005

Introduction

This briefing note updates the Committee on three issues:

1. Local Delivery Plan

Herefordshire Primary Care Trust has recently completed its new delivery plan which covers the period 1st April 2005 – 31st March 2008. It is expected that Plan will be approved by West Midlands Strategic Health Authority on the 23rd March 2005. The Plan sets out how the PCT will use the new NHS resources available to secure health services for local people and deliver the Government's new agenda on improving health. It also demonstrates how the PCT will meet Government targets. The PCT has a legal duty to balance its budget each year and the plan demonstrates a balanced budget for each of the next three years. The PCT will over the three years, experience year on year growth arising to an additional £56 million in 2007/2008 and onwards. For 2005/06 the PCT will have an additional £15.2 million pounds to spend. These are very significant increases in percentage terms; approximately a ten percent increase each year. The plan sets out in detail how these additional resources are to be used. The full plan is a very large document, over 500 pages. The plan has an executive summary which is designed to be a stand alone document, this summary *A Strategy for Success*, has already been published.

2. NHS Dental Services

The PCT continues to implement the agreed dental services action plan. The original plan estimated an additional 15,400 NHS dental places by the end of 2005. This estimate has recently been increased to 17,645 additional places. A key success area is the use of new Personal Dental Services contracts for NHS dentists. These new contracts secure commitment to NHS services and provide development monies to allow the dentist to take on additional NHS places. Within the next few months it is expected that nearly 50% of NHS dentists in Herefordshire will be working to this new contract. The other major area for development is the

need to improve access in the Leominster area. The PCT wishes to develop several new dental surgeries and is in discussions with Herefordshire Council about an appropriate site. The success of these negotiations is crucial to the ability of the PCT to expand NHS dental services in the Leominster area. A meeting is due to take place with the relevant Councillors on the 6th April.

Whilst the actions outlined above will not entirely resolve access to NHS dental services in Herefordshire, it is hoped that they will significantly improve access and waiting times at the dental access centres. The West Midlands Strategic Health Authority and Department of Health regard Herefordshire PCT as having made significant progress on this matter.

3. Primary Care Lead Commissioning

This is a new initiative that is designed to put practices and particularly GPs more firmly in the driving seat of the NHS commissioning process. The PCT is enthusiastic about this new initiative and believes that there will be significant patient gains from practices getting more involved in the commissioning and service redesign process. At the moment, discussions are ongoing with a number of practices regarding various different schemes. It is likely that interest in practice based commissioning will increase over the coming months as the scheme develops. Practices taking responsibility for commissioning services must do so within the context of the Local Delivery Plan and must ensure that all key targets are being met. They are obliged, through the PCT to involve the Health Scrutiny Committee in any significant proposed service changes. At this stage it is too early to confirm which practices will be taking responsibility for which services, this should be known within the next few weeks.

Simon Hairsnape
Director of Health Development
Herefordshire PCT
March 2005

PATIENT AND PUBLIC INVOLVEMENT FORUMS

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To note the interim report on the work of the Patient and Public Involvement Forum for the Primary Care Trust and future support for patient and public involvement in health.

Financial implications

2. None identified.

Background

Interim Report

3. The interim report on the work of the Patient and Public Involvement Forum for the Primary Care Trust was forwarded to the Chairman to provide the Committee with an insight into some of the issues being considered by the Forum and the progress made to date. A copy is attached for information.

Future Support Arrangements

4. In December 2004 the Committee was informed of changes the Government was making to the system for patient and public involvement in health. The Government had announced that there were 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 (NHS AC) 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)
 - the new arrangements will not cost more than the budget currently available for the CPPIH

Further information on the subject of this report is available from Tim Brown, Committee Manager (Scrutiny)
on 01432 260239

- PPI Forums will remain independent and responsible for their own work plans and priorities.”
5. The Committee also agreed a response to a Department of Health survey seeking comments on support arrangements for PPIFs.
 6. The Government has now responded to this consultation exercise, summarising the way forward as follows:
 - “NHS AC will be fully responsible for forum appointments from the abolition of CPPIH in August 2006
 - In the future all forums will be required to have chairs who will be appointed by the NHS AC - forum members will be involved in this process
 - The proposed ‘centre for excellence’ will become a resource centre for both forums and the NHS from December 2005
 - Staff support will be provided under a limited number of contracts, focussed on the 9 existing regions
 - Forums will be combined within PCT areas but retain a focus on every NHS trust in that PCT area
 - The number of forum members across England will remain at least at the same level
 - We will consider the development of regional and national networks for forums
 - Forums will continue to be involved in the development of the work needed to make these recommendations happen.”
 7. The response also states:

“A key theme from the consultation exercise was the need for further clarification about the respective roles of forums and Overview and Scrutiny Committees (OSCs). Forum Support Officers in particular believed this lack of clarity and understanding had been a barrier to forums developing effective relationships. Many forum members would like greater clarity about their role and responsibilities as well as those of key partner organisations – this was particularly evident where forums had experienced difficulties forging relationships with the local NHS trust or OSC. There is agreement that greater clarity would reduce duplication and any unnecessary waste of public funds or time. Many forum members felt that it was difficult to force a trust or OSC to work with a forum if it does not want to and that clarification and guidance is the best way to iron out any current tensions and difficulties.

The Centre for Public Scrutiny will be preparing advice for forums and OSCs on this. The guidance will emphasise the importance of forums developing relationships with OSCs and establishing close and effective working arrangements.” (The timetable in the response envisages this guidance being issued by June 2005.)
 8. A copy of the Government’s response letter is enclosed separately for Members of the Committee and is available to the public on request.

RECOMMENDATION

THAT the report be noted.

BACKGROUND PAPERS

- Letter setting out Government response to the consultation exercise about the future support arrangements for patient and public involvement in health – 15th March 2005.

Further information on the subject of this report is available from Tim Brown, Committee Manager (Scrutiny)
on 01432 260239

**PATIENT & PUBLIC INVOLVEMENT IN HEALTH FORUM -
HEREFORDSHIRE PRIMARY CARE TRUST**

WORK PROGRAMME, INTERIM REPORT – 2004/05

CONTENTS

- | | |
|--|---------------|
| 1. CHAIRMAN'S COMMENTS | PAGE 2 |
| 2. EXECUTIVE SUMMARY | PAGE 3 |
| 3. BACKGROUND | PAGE 4 |
| A brief history of the Forum's work to date. | |
| 4. PROGRESS REPORT | PAGE 5 |
| A summary of the work undertaken within the Forum's Work Programme | |
| 5. FINDINGS | PAGE 9 |
| An indication of the Forum's conclusions for the first half of the Work Programme's year | |
| 6. RECOMMENDATIONS | PAGE 9 |
| The way ahead, for both the Forum and the Primary Carer Trust and other stakeholders | |

1. CHAIRMAN'S COMMENTS

In the nine months since the original seven Members came together we have done very well and are now thirteen strong.

A cursory reading of this report may appear to show that we have done very little for nine months work. But, gestation time for a PPIH Forum is unknown, and seems to be variable!

We are one of the longer ones, but when the baby finally arrives, I can assure you it will have an effective and penetrating voice, helping to achieve better decision making and better health care for all in Herefordshire.

Each Member has been encouraged to choose an area from our Work Programme that interests or concerns them. Then, using their skills and experience they find out what is happening and how the Forum can contribute to ensuring better decisions are made about that area.

The subjects in our Work Programme were included because of the issues members of the public asked us to investigate. These are the areas causing greatest concern to the largest proportion of Herefordshire residents and their families.

Ann Stoakes

**Chairman, Herefordshire PCT PPI Forum
January 2005**

2. EXECUTIVE SUMMARY

Background

In April 2004 the Herefordshire PCT PPI Forum ratified its Work Programme for the year 2004/05 (see appendix 1). This document lists the core activities, which the Forum is currently undertaking.

It was agreed that Forum Members would write a half-year progress report which would be issued to stakeholders and made available to the public.

Findings

As with all new organisations much of this year has been spent trying to establish credibility with statutory bodies, such as the Herefordshire PCT and Herefordshire Council. It has also been a huge task to raise the profile of the Forum in the public arena.

Some areas of work, which the Forum elected to cover, have been unable to commence due to problems encountered with the Regional Office of the CPPIH. For example, the issue of CRB checks has meant that monitoring visits have not yet begun.

Conclusion

The Forum will continue to widen its networks and build on its relationship with existing stakeholders. To achieve its maximum potential the Forum must promote itself more widely and take every opportunity to attend events, conferences and seminars, which are relevant to its function.

The Forum must continue to apply pressure on any external bodies, which are, unreasonably, preventing its moving forward with the Work Programme.

3. BACKGROUND

The Commission for Patient and Public Involvement in Health was set up in January 2003. It is an independent, non-departmental public body, sponsored by the Department of Health. Its remit is to ensure that the public is involved in decision making about health and health services.

The CPPIH is responsible for the country's Patient & Public Involvement in Health Fora, and there is one for each NHS and Primary Care Trust in England. These Fora replaced the Community Health Councils, which were disbanded in December 2003.

There are three Fora in the County, mirroring the health Trusts. There are currently 13 Members on the Herefordshire PCT Forum, 9 Members on the Hospitals Trust Forum and 10 sitting on the Ambulance Trust Forum.

As well as direct involvement with the local Trusts, members may be asked to inspect hospital wards, GP or dentists' surgeries. They may be asked to write and report on recommendations for improvements in consultation with health providers and other health related partnerships. Members might also be advocates for those unable to represent themselves but are users of one or more parts of the health service.

In April 2004 the Herefordshire PCT PPI Forum ratified its Work Programme for the year 2004/05 (see appendix 1). This document lists the core activities, which the Forum is currently undertaking.

4. PROGRESS REPORT

A Lead Member, one responsible for collating the information, is overseeing each topic within the Work Programme, though all Members have some involvement with each part of the Programme.

This Interim Report aims to give readers an insight into the work of the Forum, its successes and any difficulties encountered.

4.1 Access to Services – Ann Stoakes & Paddy Clarke

This is a huge area of work and impacts on all other areas of the Work Programme. Members divided the topic into the following areas:

Access to Health Care on fixed care sites, such as GP Practices, Dental surgeries, opticians, pharmacies and community hospitals and care centres.

Access for marginalized groups, particularly sparsely populated rural areas, low income families and itinerant workers.

With such a large area to explore, it was essential to work on one project at a time.

Transportation issues within the County

There is a wealth of transport available to transport patients to and from places of health care. Not only are there the statutory services of ambulance (land and air), but also a public transport system providing rail and bus transport. Many of the public also rely on private transport.

However, all this transport is working independently of each other, with the statutory and public transport providers working with their own criteria of eligibility for use based on income, user mobility and availability of the organisation to provide for the User at the appropriate time.

Proposal

- To explore the feasibility of the service providers working in partnership, to provide an integrated service to patients in Herefordshire.
- To set up a County wide one-stop shop of transport information, eventually leading to a co-ordinated transport system with a central booking service.

Access to Buildings

With the Disability Discrimination Act becoming mandatory in October 2004, the Forum will encourage the public to notify them when they feel fixed and mobile sites do not comply with this Act.

4.2 Access to NHS Dentistry – Venetia Franglen & Richard Stroud

It is recognised that Herefordshire is in the bottom 20% of counties in England for patients being able to access NHS dental care.

The strategy being undertaken by the team working on this project is:

To gather information;
To explore needs;
To work with the PCT

Information update –

All but one practice in Herefordshire currently have NHS registrations, but many only accept new NHS patients on an intermittent and ad hoc basis.

There are seven Dental Access Centres. The main one is in the Gail Street Clinic in Hereford open daily to 8.30pm. The other DACs are open five days a week, 9.00am – 5pm. These are at: South Wye, Leominster, Ross on Wye, Ledbury, Kington and Ewas Harold. (Ewas Harold is a stand alone facility – the others are a PCT facility) There is also a mobile unit for two days a week, one at Luston and the other day at Bodenham.

Sessions are advertised in GP surgeries, at Minor Injuries and A & E departments.

There are two patient routes to delivery:

- 1) The patient can call for an emergency slot for pain relief at any site. Once the available slots are filled patients are asked to attend the evening session at Gail Street.
- 2) Patients are offered an examination and a single course of treatment via a waiting list at all sites. Waiting list is currently between 6 – 11 months. Once the course is completed patients can choose to re-join the waiting list for a second course of treatment.

The Mobile Unit offers only booked appointments.

Proposal

- To continue to work with the PCT, which puts expanding dental services as a priority. This may be by increasing the DACs and/or mobile units, or by expanding existing NHS general access or by creating new NHS general access clinics. Discussions are on-going and it is hoped an announcement will be made in November 2004. The present DACs are fully staffed so there is no room for expansion at the existing sites.
 - To become involved in any future consultation about changes to NHS dental provision in Herefordshire.
-

4.3 Monitoring Visits – Jim Wilkinson

No progress on visits. While a protocol for visits has been approved by both the Forum and the PCT, the absence of action on CRB checks has meant visits cannot be made.

4.4 Delayed Admissions and Delayed Discharges – Adrian Pudsey & Basil Baldwin

In March this year, Herefordshire had been identified by the West Midlands Strategic Health Authority as the worst performing County in its area. However, since that date things have improved within the County hospital and the number of Acute beds now delayed in discharge is around three, putting Hereford County Hospital as the best performing Hospital.

But, while the fining system for delayed discharge is benefiting the County Hospital it is creating a challenge for the community hospitals where, across the County, there are currently 58 beds which are waiting discharge.

Information Update

Difficulties were experienced by Forum Members in obtaining the figures on delayed admissions and discharge. However, in September this was overcome and an

agreement has been reached with the PCT that Adrian Pudsey will be sent the monthly reporting figures.

4.5 Publicity & PR – Audrey Brown & Paddy Clarke

The Forum's publicity leaflets have now been distributed to 90% of doctor's surgeries in Hereford and generally the Practice Manger's responses were favourable. No refusals to put out leaflets or hang posters was received.

Work is still on-going to build the database of Reference Groups for consultation and Members are continuing to network.

During the past nine months Members have promoted the Forum at a number of events.

- A presentation was given to Dilwyn Parish Council's Health Committee and to the Belmont Ladies Club.
- Stands were taken at the Young Farmers Rally in May and at the PCT Open Day in September.
- The Chairman spoke at the WI Spring Conference.
- Speakers gave presentations about the Forum's work at the Local Areas Forum meetings, organised by Herefordshire Council.
- A series of Road Shows was undertaken in July, promoting the Forum in the County's market towns.
- A launch event took place to raise the profile of the Forum with stakeholders and a cross-Forum seminar in Bromyard gave Forum members across the County the opportunity to talk with the Chief Executives of the three NHS Trusts and the Manager for Social Care for Older People.

News releases have been sent to the press but as yet the media have been unwilling to cover the Forum.

4.6 Consultation with the Forum – All Forum Members

The PCT has consulted with the Forum over two issues:

- The choices facing the ENT department of Hereford County Hospital.
- The proposal for a new pharmacy near the forth-coming ASDA development.

The Forum has requested that the PCT puts the Forum on its list of consultees. It has also asked that it be consulted over any changes to criteria over patient transportation to and from hospitals.

5. FINDINGS

- As with all new organisations much of this year has been spent trying to establish credibility with statutory bodies, such as the Herefordshire PCT and Herefordshire Council. It has also been a huge task to raise the profile of the Forum in the public arena.
- Some areas of work which the Forum elected to cover have been unable to commence due to problems encountered with the Regional Office of the CPPIH. For example, the issue of CRB checks has meant that monitoring visits have not yet begun.

6. RECOMMENDATIONS

It is recommended that the Forum will:

- Continue to promote its work and raise its profile;
- Fulfil the Forum's commitment to engaging the public by creating a database of Reference Groups with whom it can consult on issues as they arise;
- Continue to build its relationships with the statutory bodies;
- Continue to put pressure on the CPPIH to undertake CRB checks on behalf of Forum Members;
- Identify positive news stories and continue working with the media to publish news releases;
- Seek to be consulted on any issues which it feels affects the health and wellbeing of people within the Herefordshire PCT area; and
- Continue to progress the work outlined in its Work Programme.

HEALTH SCRUTINY WORK PROGRAMME

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To consider the Committee's work programme.

Financial Implications

2. There may be resource implications arising from the implementation of reviews identified in the work programme. These will be quantified, and resources sought, when the detailed scoping of individual reviews is undertaken.

Background

3. The Committee last formulated a work programme for itself in November 2003, subsequently keeping the programme under review at its informal meetings. This is attached at Appendix 1.
4. The programme made allowance for the fact that the Committee might need to respond to major consultations in accordance with the relevant Regulations, reports from the Patients Forums and other matters which might emerge requiring consideration.
5. The Committee structured this work programme around three main areas:
 - Managing public expectations and public involvement
(It was agreed it would be helpful for the Committee to understand the nature of public and patient involvement in Herefordshire and meet the Primary Care Trust's and Hospital Trust's co-ordinators, Euan McPherson and Stephanie Pennington. One of the issues that the Committee could then look at was Councillors' potential role in managing public expectation within their constituencies.)
 - Improving public health
(It was agreed that it would be helpful to receive a more detailed briefing on the work of the public health team and at a later date look at the extent to which the Director of Public Health's recommendations had actually influenced the policy and decision making of public agencies within the County)
 - Access and waiting
(It was agreed it would be helpful for the Committee to understand how this national issue impacted at a local level and where there were particular bottlenecks.) It was noted that the Hospital Trust was involved in a national initiative aimed at identifying and reducing waits in the system and it was thought it may be useful for the Project

Further information on the subject of this report is available from Tim Brown, Committee Manager (Scrutiny)
on 01432 260239

Manager to brief the Committee on the outcomes of the initiative to date.) A review of Emergency Care Access was proposed within this context.

Progress and Potential Items for the Work Programme

Managing Public Expectations and Public Involvement

6. This theme was identified as important and remains so in the context of public involvement and patient choice, the growing public expectations regarding the level of service provided by NHS bodies and the need for those to be managed in the context of the limited resources available. A development event was held in February 2004 led by Mr Euan McPherson (Patient Advice and Liaison Service and Involving People Manager for Herefordshire Primary Care Trust) and Stephanie Pennington (Patient Advice and Liaison Officer for the Hereford Hospitals NHS Trust).
7. There is scope as part of the work programme to follow up on this and consider in more detail Councillors' potential role in managing public expectation within their constituencies.

Improving Public Health

8. Improving public health remains a significant local and national issue. The Committee received a detailed briefing on the work of the public health team in November 2003 and in July 2004 invited the Director of Public Health to attend a meeting of the Committee to present his Annual Report and answer questions upon it.
9. It is proposed that a standing invitation to the Director of Public Health should be built into the programme. (The scrutiny of this report would include reviewing the formal responses that PCTs and local authorities will formally make to annual reports from Directors of Public Health.)

Access and Waiting

10. Access to NHS services and waiting times again remains a significant local and national issue. The Committee received a presentation on the national initiative aimed at reducing waiting times in June 2004.
11. The Committee has approved a scoping statement for a review of emergency care access but the matter has not been progressed as envisaged because of other commitments.

Other Business

12. In addition to identifying work in the three areas above the Committee also agreed to undertake a review of Communication and Morale. The Committee has approved a scoping statement for a review but the matter has not been progressed as envisaged because of other commitments.
13. The Committee also included in the programme a review of delays in discharging patients from hospital: the safely home review. The matter has not been progressed as envisaged because of other commitments and changing circumstances.

Further information on the subject of this report is available from Tim Brown, Committee Manager (Scrutiny) on 01432 260239

14. It is suggested that it would be of benefit both to the Committee and to the Chief Executives of the Herefordshire Primary Care Trust and Chief Executive of the Herefordshire Hospitals NHS Trust if provision was made in this and future programmes for them to attend a meeting of the Committee to allow them to advise the Committee of the work of the Trusts in the preceding year and future plans and thoughts. Clarification is being sought as to when this meeting could most productively be scheduled.
15. The Committee has responded to a consultation on the provision of Ear, Nose and Throat services and reviewed the response to the outbreak of Legionnaires Disease in Hereford City. It is suggested that provision should be made in the work programme to review the position in relation to these two matters.
16. The Committee was informed at its last meeting of the NHS planning cycle and the requirement to produce a Local Development Plan on a rolling three-year basis. It is suggested that provision should be made in this and future work programmes to consider this Plan.
17. The Committee had previously identified the need to review the operation of the new GP contracts, particularly in relation to the provision of out of hours services, and it is suggested that, given the contracts were introduced in April, 2004, provision is made for this in the work programme in September rather than in April as originally programmed.
18. A draft work programme making provision for consideration of the issues referred to above is attached for consideration at appendix 2.

RECOMMENDATION

THAT the Committee considers its work programme and recommends a programme to the Strategic Monitoring Committee.

BACKGROUND PAPERS

- None

Work Programme 2003-2005

Date (By)	Items
(As soon as possible after conclusion of outbreak)	<ul style="list-style-type: none"> • Examination of response to outbreak of Legionnaires Disease
January 2004	<ul style="list-style-type: none"> • Informal Meeting with the Primary Care Trust's and Hospital Trust's co-ordinators, • Confirm Scoping of Access and Waiting Review • Report on car parking at Hereford hospital • Interim report on Ear Nose and Throat Service
February/March 2004	<ul style="list-style-type: none"> • Final Report on Ear Nose and Throat Service
April 2004	<ul style="list-style-type: none"> • Update on Communication and Morale • Report on Councillors' potential role in managing public expectation within their constituencies. • Briefing on outcomes of national initiative aimed at identifying and reducing waiting times in the system.
May/June 2004	<ul style="list-style-type: none"> • Confirm Scoping of Safely Home Review • Interim report on access and waiting review
September/October 2004	<ul style="list-style-type: none"> • Final Report of Access and Waiting Review • Update on Climbie case issues and responsibilities • Update on communication and Morale
December/January 2005	<ul style="list-style-type: none"> • Interim Report on Safely Home Review
March/ April 2005	<ul style="list-style-type: none"> • GP Contracts • Final report of Safely Home Review

Further additions to the work programme will be made as required

Work Programme 2005-2006

Date (By)	Items
June 2005	<ul style="list-style-type: none"> • Confirm Scoping of Safely Home Review • Update on Emergency Care Access review • Update on Communication and Morale review • Report on operation of new GP contracts • Report on provision of ear, nose and throat services • Report on action in response to Review of outbreak of Legionnaires Disease • Interview Director of Public Health following publication of Annual Report
September 2005	<ul style="list-style-type: none"> • Presentation by Chief Executive of the Herefordshire Primary Care Trust and the Hereford Hospitals NHS Trust • Final Report on Communication and Morale Review • Report on Councillors' potential role in managing public expectation within their constituencies • Final Report on Safely Home Review
December 2005	<ul style="list-style-type: none"> • Final Report on Emergency Care Access Review • Local Development Plan Briefing
March 2006	<ul style="list-style-type: none"> • Local Development Plan update • Final report of Safely Home Review

Further additions to the work programme will be made as required

HEALTH SCRUTINY CONSULTATIONS

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To consider arrangements for responding to proposals for service development and variation by local NHS bodies.

Financial implications

2. None.

Background

3. The Department of Health's (DH) guidance on the overview and scrutiny of Health states that, as provided for in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, "Each local NHS body has a duty to consult the local overview and scrutiny committee(s) on any proposals it may have under consideration for any substantial development of the health service in the area of the committees' local authorities or any proposal to make any substantial variation in the provision of such service(s)." There are some exemptions, but in general terms where a substantial variation is proposed the Scrutiny Committee must be consulted.

4. The Regulations do not define how the word "substantial" is to be interpreted. The guidance states that

"Local NHS bodies should aim to reach a local understanding or definition with their overview and scrutiny committee(s). This should be informed by discussions with other key stakeholders including patients' forums.

In considering whether the proposal is substantial, NHS bodies, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use or have the potential to use the service.

More specifically they should take into account...changes in accessibility of services.... impact of the proposal on the wider community...., patients affected..., and methods of service delivery...".

5. Guidance on joint health scrutiny committees issued by the Centre for Public Scrutiny notes that, "most local agreements appear to be based on the general issues in the Department of Health guidance but tend to stop short of a rigid definition, since judging a proposed change as substantial is dependent on context and the need to balance a wide range of factors."

Issues

6. To date only one proposal has come forward which has been considered a substantial variation in service provision: the provision of ear, nose and throat services. This matter came to the Committee's attention at its meeting in October 2003 and the Committee expressly agreed that that proposal was a substantial variation upon which they therefore had a statutory right to be consulted. The response to the consultation exercise was subsequently approved by this Committee in April 2004.
7. As mentioned in paragraph 5 above, judging whether a proposed change is substantial is dependent on context and the need to balance a wide range of factors. There will be cases where it is immediately apparent and agreed by all that a matter is substantial and a formal consultation exercise is required to be undertaken. There will, however, be other circumstances where it is not clear-cut whether a proposal is substantial and discussions need to take place to enable a judgment to be formed, or where a view is sought as to how a proposal if it were to be put forward would be likely to be viewed by this Committee.
8. Officers and the Chairman have, as part of the process of maintaining a good working relationship with NHS partners, been kept informed of work being progressed by NHS bodies, in particular the Primary Care Trust. This has at times involved discussion of whether certain matters, if progressed, would be considered to constitute a substantial variation upon which the Committee would wish to be consulted. No proposal which it is considered would constitute a substantial variation has been progressed. Members of the Committee have been kept informed of relevant matters either formally or informally.
9. The arrangement of officers and Chairman acting on behalf of the Committee in this way is considered to be a practical one, permitting a prompt and timely response and representing an effective use of resources in that it avoids unnecessary meetings of the whole Committee. It is in keeping with the general way in which Council business is conducted.
10. It was, however, considered important to review the position and confirm that the Committee is happy for this arrangement to continue and accept that responses made by officers following consultation with the Chairman in this context are being made on the Committee's behalf.
11. It is proposed to strengthen the arrangement by circulating any such draft response on the Committee's behalf to Members of the Committee allowing one week for Members to alert the Chairman if they have any disagreement with the proposed response. If that disagreement can not be resolved the matter will then be referred to the Committee for consideration.
12. Other options would be to require officers to consult with a wider group of Members of the Committee; to appoint a formal Sub-Committee, meetings of which would have to comply, like meetings of the Committee as a whole, with the requirements of the Local Government Act 1972 regarding notice of meetings, and access to meetings and documents, or to require all matters to come before the Committee.
13. It also important to bring to the Committee's attention that some authorities have agreed impact assessments and frameworks to help determine what constitutes a substantial variation and development based on the DH guidance. There are

currently no proposals to bring to this Committee on this aspect. Discussions to date have taken account of the general issues identified in the DH guidance. It is suggested that this is kept under review and given further consideration.

RECOMMENDATION

- THAT (a) the Director of Social Care and Strategic Housing be authorised, following consultation with the Chairman, to confirm on the Committee's behalf whether proposals by local NHS bodies are considered to be substantial developments or variations to services, subject to the proposed response having been circulated to Members of the Committee and no objection having been received within one week of the response being circulated;**
- (b) in the event of an objection being received from a Member of the Committee to a proposed response and that objection proving incapable of resolution the matter be referred to the Committee for consideration;**
- and**
- (c) the need to develop a detailed framework for determining whether or not a matter represents a substantial variation or development should be kept under review.**

BACKGROUND PAPERS

- None

