AGENDA

Health Scrutiny Committee

Date:	**Thursday, 16th June, 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:

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County of Herefordshire District Council

HEREFORDSHIRE 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, P.E. Harling, Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

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

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

The principal roles of Scrutiny Committees are to

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

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 31st March, 2005 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, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

29. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Mrs J.A. Hyde and Brigadier P. Jones.

30. NAMED SUBSTITUTES

There were no named substitutes.

31. DECLARATIONS OF INTEREST

There were no declarations of interest.

32. MINUTES

RESOLVED: That the Minutes of the meeting held on 9th December, 2004 be confirmed as a correct record and signed by the Chairman.

33. PRIMARY CARE TRUST BRIEFING

The Committee received an update on three areas of NHS interest upon which it had been briefed in December 2004: the Local Delivery Plan Process, NHS Dental Services and Primary Care Led Commissioning.

A briefing paper prepared by Mr Hairsnape, Director of Development at the Herefordshire Primary Care Trust (PCT) had been circulated with the agenda papers.

Mr Paul Bates, Chief Executive of the PCT, had been invited to attend the meeting. He commented that he had nothing to add to the briefing note but proposed to elaborate on the recently published executive summary of the PCT's Local Development Plan: A Strategy for Success: a Statement of Intent.

He explained that the Strategy had been produced in response to the number of national health initiatives currently underway. It sought to clarify the policy context within which the PCT was working, described the PCT's role and key functions, and commented on the current main NHS reforms and the main issues which needed to be addressed in the local agenda.

Since publication of the Strategy the PCT had received confirmation of the funding which would be available to the PCT over the next three financial years. This indicated increases in funding of 9% in 2005/06, 9% for 2006/2007 and 11% for

2007/2008. Mr Bates commented that these were significant sums. However, these headline figures did not necessarily mean that the PCT would have that level of additional resources available to it locally, because the headline figures might assume contributions from those sums to initiatives being conducted at national level or additional responsibilities being carried out by the PCT. It was important to exercise some caution in planning improvements, recognising that in future years the level of growth in funding may not be sustained at those levels.

He added that in response to the Government White Paper: Choosing Health, the PCT proposed, at its discretion, to reinforce its work on public health initiatives, ring fencing half a million pounds in 2006/07 and a further half million pounds in 2007/08 to fund measures to address public health issues. These measures would need to be delivered in conjunction with the Council and other partners. The Government had not explicitly identified either the PCT or the Council as the senior partner.

He noted the changes to the PCT's core functions since its establishment and the emphasis on improving and protecting public health, providing patient choice and commissioning services from a diverse range of providers.

Section 7 of the Strategy set out the system reforms taking place within the NHS to deliver the objectives contained in the NHS Plan. Mr Bates highlighted in particular:

- The requirement that the PCT must offer more choice to patients about the type of care they received, and where they received it from, and support the development of a market place which included a greater range of high quality providers.

- The Government's intention that large volumes of services should be procured from the private sector, and the question of how such services were to be accessed in Herefordshire.

- The need to prepare for the implementation of the Payment by Results Scheme, under which national tariffs would be set for procedures and treatments and providers paid in accordance with the tariff for the number of patients treated.

- The implications of the introduction of Practice Led Commissioning, under which GP practices, from 1 April, 2005, had the right to have budgets and commission services for their patients, and the need for the PCT to have appropriate risk management arrangements in place.

- The further organisational changes associated with the Children Act and signalled in the Government's Green Paper: Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England.

- The focus on Public Health and the Government White Paper: Choosing Health – Making Healthy Choices easier, and in particular improving the health of children and growing a healthy nation, and the need for the PCT and the Council to review resources committed to improving Public Health and how through closer integration they might achieve even more effective outcomes.

- The increased regulatory and inspection framework within which the PCT had to operate.

He remarked on the consideration being given to whether PCTs should themselves provide services, noting that Herefordshire PCT was a major provider.

He also noted the discussions at national level about NHS structures and the suggestion that PCTs should be co-terminous with local authority areas. In this regard he cautioned that whilst the PCT recognised the benefits of co-terminosity with Herefordshire Council others might choose to focus on the fact that the PCT as a commissioning body only would be one of the smallest PCTs in the Country.

In conclusion he reiterated the importance of working closely with the Council to improve the health of people in Herefordshire.

In response to questions Mr Bates commented as follows:

- In relation to financial risks facing the PCT, the ability to plan over three years rather than one was beneficial. However, there was a concern that the level of additional resources being made available to the NHS was creating unrealistic expectations on the part of clinicians, patients and advocacy groups. It had to be recognised that the PCT would still have to prioritise services and would not be able to meet all these expectations.

- The new market place being created, with payment by results, could provide an incentive to hospitals to seek to attract more patients, lowering the threshold for admission to hospital, and increasing the speed with which patients were treated. This would lead to increased bills for the PCT. There were already signs of this happening and it was important that the PCT put demand management arrangements in place to ensure that only those needing hospital treatment went to hospital.

- The Childrens' Services agenda was a developing one and he planned to assess with the Council and other partners how best to target resources within the overall public health agenda to deliver practical benefits.

- He reported that the national programme to ensure compatibility of IT systems across the NHS was proceeding. He acknowledged that there was no plan to make the NHS systems compatible with local authority systems across the Country. However, discussions were taking place with the Council about how Children's records might be shared.

- The introduction of Primary Care Led Commissioning was a challenge and the PCT would need to regulate service provision.

- He advised that the PCT was mindful of the future of Hereford Hospital and had to date in making its plans considered the potential implications for the Hospital. However, the national perspective was that it was the PCT's job to commission services from a range of providers and offer choice, not to protect the hospital. It was for the Hospital to create its own future, and take advantage of the opportunities created by the new system. He noted that Hereford Hospital NHS Trust had recently published its own Strategy.

- The creation of choice was more problematic in Herefordshire than in urban areas which had both alternative NHS providers and a range of private sector providers for patients to choose. In discussing choice the PCT and the Professional Executive Committee tried to consider what was best for Herefordshire and what the people of Herefordshire would expect. His view was that they would wish to see an improved service but with Hereford Hospital being given the opportunity to flourish.

- The Chairman noted that there was scope for the Committee to reinforce the PCT's message about the particular circumstances facing the delivery of health

services in Herefordshire and support it in seeking to have regard to the local context in responding to national initiatives so as to derive the maximum benefit for Herefordshire.

- Mr Bates acknowledged that, following all the discussions about health being subject to a postcode lottery, concerns had now been expressed that practice led commissioning might instead create a lottery where provision depended on the choices made by a particular GP practice as to what services it might provide. The Strategy for Success recognised existing health inequalities and the LDP would set overarching standards. However, it had to be recognised that the new system would produce different patterns of provision across the County. The national expectation was that differences would be temporary as other practices would improve to meet the level of service provided by neighbouring practices. It was also expected that a range of alternative providers would also emerge.

- He agreed that it was important that patients had the information available to them to make an informed choice about their treatment and that a Strategy to engage and inform the public was needed, noting that the Department of Health had issued guidance in relation to Marketing Health. He added that the approach to exercising choice differed between generations, with the younger generation much more willing to demand and explore alternatives.

In conclusion the Chairman thanked Mr Bates for his attendance and commented that the Committee would need to monitor the progress of the PCT, the Council and other partners in responding to the various health initiatives.

34. PATIENT AND PUBLIC INVOLVEMENT FORUMS

The Committee received an interim report on the work of the Patient and Public Involvement Forum for the Primary Care Trust (PCT PPIF) and on future support for patient and public involvement in health.

The report set out the Government's response to a consultation exercise it had conducted on the system for patient and public involvement in health, as considered by the Committee in December 2004. The PCT PPIF's interim report was appended to the report.

Mrs Ann Stoakes and Mr Jim Wilkinson, Chairman and Vice-Chairman respectively of the PCT PPIF were present, together with Mr Nick Comley PPI Project Manager. Mrs Stoakes informed the Committee of the difficulties the Forum had faced in seeking to establish itself and the progress which had been made. She explained how the PCT PPIF had accepted invitations to explain its role, including one from the Council's Local Area Forums and had sought to engage with groups of people traditionally recognised as being hard to reach.

In taking matters forward Mr Wilkinson commented on the need to work with the Scrutiny Committee to avoid duplication and focus on the health of people in Herefordshire. He informed the Committee that a PCT PPIF survey questionnaire was to be included in the Council's newsletter: Herefordshire Matters.

Mr Comley explained that the contract for providing support to the Patients Forums in Herefordshire was due for renewal and the current providers Herefordshire Community Care Alliance were not bidding for the contract. A tendering exercise was currently underway.

In response to a question it was confirmed that the Criminal Records Bureau (CRB) checks had now been completed for PCT PPIF Members, enabling them to exercise

their power to enter and inspect certain health premises. The PCT PPIF representatives expressed some doubt as to whether such checks had in fact been necessary, given the precautions it had itself put in place.

The Committee was firmly of the view that CRB checks were both appropriate and essential. It was proposed that this view should be highlighted to relevant organisations as appropriate.

The Chairman concluded by echoing the remarks made on behalf of the PCT PPIF for the Committee and the PCT PPIF to work closely together, noting the potential benefits the Committee could derive from the Forum's work.

RESOLVED: That the Director of Social Care and Strategic Housing be authorised, following consultation with the Chairman to, highlight as appropriate to relevant organisations the Committee's view that CRB checks for PPIF Members were both appropriate and essential.

35. HEALTH SCRUTINY WORK PROGRAMME

The Committee considered its work programme.

A draft programme was appended to the report at appendix 2. It was suggested that consideration of the GP Out of Hours service should be added to the programme.

RESOLVED: That the work programme as set out at appendix 2 to the report be approved as amended and recommended to the Strategic Monitoring Committee.

36. HEALTH SCRUTINY CONSULTATIONS

The Committee considered arrangements for responding to proposals for service development and variation by local NHS bodies.

The report set out the statutory requirement upon local NHS bodies to consult the Committee on proposals for any substantial development of the health service or any substantial variation. It explained how proposals had been dealt with to date and proposed a mechanism to formalise those arrangements.

It was noted that there was no definition of the word "substantial" in this context, although Government guidance identified some general issues which might be considered in determining whether or not a matter was substantial. It was suggested that the need to agree a specific local definition, as some authorities had done, should be kept under review.

RESOLVED:

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 being 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.

37. PROPOSAL FOR CHANGES TO NURSING RESPITE SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS

The Committee received an update to the proposed changes to nursing respite services for older people with mental health problems.

The report set out the background to the issue, which had been brought to the Committee's attention informally in September 2004. The Primary Care Trust (PCT) had been advised on behalf of the Committee that the proposal did not constitute a substantial change upon which the Committee would need to be formally consulted. In expressing this view it had been noted that the PCT was to consult patients and their families and it had been requested that the Chairman of the Committee be kept informed of progress.

The report set out the outcome of the PCT's consultation exercise and the course of action determined by the PCT.

RESOLVED: That the report be noted.

The meeting ended at 11.59 a.m. **CHAIRMAN**

PROVISION OF EAR, NOSE AND THROAT SERVICES

Report By: County Secretary and Solicitor

Wards Affected

County-wide

Purpose

1. To consider the operation of the new arrangements put in place for the provision of Ear, Nose and Throat Services.

Financial implications

2. None identified.

Background

3. In April 2004 the Committee approved its response to a consultation exercise undertaken by the Primary Care Trust for the future development of local Ear, Nose and Throat services.

4. The Committee commented at that time that it would wish to review the operation of the new arrangements put in place following the consultation exercise.

5. A briefing paper by the Primary Care Trust will be circulated separately for consideration.

BACKGROUND PAPERS

- None

NEW GENERAL MEDICAL SERVICES CONTRACT 2004-2005

Report By: County Secretary and Solicitor

Wards Affected

County-wide

Purpose

1. To consider the operation of the new General Medical Services Contract.

Financial implications

2. None identified.

Background

3. The Committee has identified as part of its work programme the need to review the operation of the new GP contracts, particularly in relation to the provision of out of hours services.

4. A report prepared by the Primary Care Trust is appended for consideration.

BACKGROUND PAPERS

- None

Report for the Health Scrutiny Committee

New General Medical Services (nGMS) Contract 2004 - 2005

1. Introduction

The first full year of the New GMS Contract has just been completed and this briefing paper aims to give a short update of each of the key areas.

2. Out of Hours Care

One of the key elements of the new GMS contract was to allow GPs to opt out of providing out of hours care for their patients if they so wished. Along with nearly every practice in England and Wales, all of the 24 Herefordshire practices took up this option and, on the 1st November 2004, the PCT took over the legal responsibility for the out of hours care for all Herefordshire residents (i.e. from 6.00 p.m. – 8 a.m. Monday to Friday, all day Saturday and Sunday plus all bank/public holidays). We commission this service via a commercial company called Primecare. Primecare has been working in partnership with the PCT since September 2003 and has developed a very robust service. The PCT monitors activity on a daily basis and the contract is performance managed via a multi disciplinary steering group in line with the National Quality Standards for out of hours care which came into force in January this year.

3. Service provision – additional and enhanced services

Service provision within the contract is split into three defined service areas; essential, additional and enhanced services. All of the Herefordshire GP practices provide essential services plus the full range of additional services, directed enhanced services and some national enhanced services. Developments in service provision to meet the more local requirements of the Herefordshire population are ongoing in conjunction with the GP's and Local Medical Committee.

4. The Quality and Outcomes Framework (QOF).

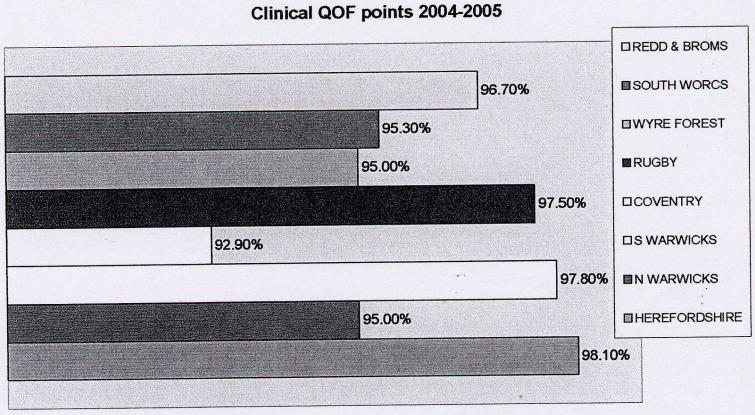
The Quality and Outcomes Framework (QOF) is part of the nGMS contract, where all practices are monitored for the care they provide to patients with chronic diseases (such as diabetes and heart disease) against nationally set targets. This year the QOF was assessed by a joint process of annual review and a new IT web-based system called QMAS (Quality & Management Analysis System). All 24 Herefordshire practices have taken part in a practice specific annual review visit which involved Clinical, Managerial and Lay Assessment.

The PCT is able to access all practice's QMAS data remotely and this has allowed comparison between different practices, between an individual practice and the average, and between different sets of data at the same practice month on month.

The QMAS data for March showed impressive end-of-year achievements. The Department of Health (DoH) predicted a national average aspiration of 777 points for the QOF. The Herefordshire average aspiration was 944 and the final average achievement was 1021 compared to the maximum possible points achievement of 1050 i.e. 97% of maximum possible. The average total QOF score nationally was 1015.

This data is particularly impressive when viewed alongside the average practice achievement across all PCTs within the (West Midlands South) Strategic Health Authority (SHA):

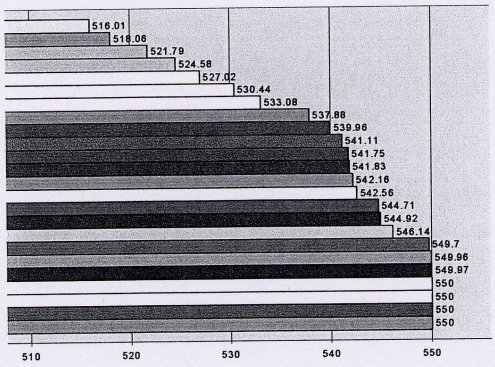
Clinical QOF points 2004-2005



We can see that Herefordshire GPs achieved a higher clinical points score than any other PCT in this SHA. We await the national figures.

The following chart shows total clinical points practice by practice:

Clinical points end March 2005



With achievement scores ranging from 94% to 100%, all Herefordshire practices provided excellent and appropriate clinical care to their patients with long-term illness.

The quality and accuracy of clinical data held on GP computer systems has never been better and this quality should improve further with planned changes to existing IT systems, allowing patient-focussed primary care to improve also.

5. Primary Care Access and the new GMS contract

New GMS has allowed practices to work towards achieving access points within the Quality and Outcomes Framework (QOF) and through Direct Enhanced Services (DES). The QOF determines them to achieve 24/48hr patient access achieving 21 out of 24 points and is measured through the monthly Primary Care Access Survey (PCAS). Practices are allowed 3 failures but not all 3 being the same measure before payment will be affected.

The DES allows practices to gain extra points by demonstrating that they match patient demand with capacity of appointments offered and have contingency plans in place in the event of leave and sickness. This is adopting the methodology learnt through the Advanced Access initiative spread through the National Primary Care Development Team.

All Herefordshire practices are achieving the PCAS measures and are working within the DES requirements. Overall Hereford is achieving a high standard but there are some issues re: pre-booking appointments that a minority of practices need to address and work is on-going in these practices through training and education.

6. In summary

The nGMS contract has resulted in profound changes for both patients and primary care staff. With the change in OOH arrangements (which had previously caused significant stress and ill-health for some GPs), doctors and nurses in General Practice have risen to the challenge of providing Herefordshire patients with excellence in the care of chronic illness. Practices have made significant investments in new staff and new ways of working with patients to manage long-term conditions, which has resulted in Herefordshire residents receiving new standards in primary health care. As the QOF develops further, to include other conditions which cause significant ill health, Herefordshire GPs and all their staff are well placed to continue to offer first class care based around patient's individual needs.

Ann Hughes
Head of Primary Care
June 2005

WORK PROGRAMME

Report By: County Secretary and Solicitor

Wards Affected

County-wide

Purpose

1. To consider the Committee's Work Programme.

Financial implications

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

Background

3. The Committee last considered its work programme on 31st March, 2005.

4. The Programme contains provision for reviews of emergency care access and Communication and Morale, both of which have been scoped and a proposal to undertake a Safely Home Review.

Issues

5. Following discussions with the Chairman and Health partners it has been suggested that there would be benefit in breaking down the reviews which have already been scoped into smaller more manageable elements.

6. The Director of Social Care and Strategic Housing plan to meet the Primary Care Trust's Director of Development to scope some smaller reviews. It is proposed that details will then be circulated to members of the Committee and work on a review on an aspect of emergency care access and an aspect of communication and morale commence as soon as is practicable.

7. It is suggested that the work on these smaller reviews should take priority over any work on the safely home review.

8. The Committee is asked for its views.

BACKGROUND PAPERS

- None

PATIENT AND PUBLIC INVOLVEMENT FORUMS - PROTOCOL

Report By: Director of Social Care and Strategic Housing

Wards Affected

County-wide

Purpose

1. To give further consideration to a draft protocol concerning future working arrangements between the Committee and the Patient and Public Involvement Forums.

Financial Implications

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

Background

3. In December 2004 the Committee agreed a draft protocol as a basis for discussions with the Patient and Public Involvement Forums (PPIFs). The protocol is designed to help develop and facilitate an ongoing, mutually beneficial working relationship between the Committee and the Forums. The Director of Social Care and Strategic Housing was authorised to revise the draft protocol to allow for HSC members to speak at PPIFs at their Chairman's discretion and agree the protocol

4. For various reasons the draft has not been progressed. As the Committee was advised in March the Government has announced that there are to be changes in the system for patient and public involvement in Health. Further news on these changes is awaited. However, following the Committee's meeting in March the Chairman and Vice-Chairman of the PPIF for the Primary Care Trust requested that work to agree a protocol between them and the Committee should continue.

5. A copy of the current draft protocol is appended. This includes a number of relatively minor drafting changes to the draft approved by the Committee in December as a basis for discussion. There is, however, a point of principle upon which the Committee needs to form a view relating to the section on meetings of the HSC. The key extracts are italicised.

Consideration

6. The Chairman and Vice-Chairman of the PPIF expressed the view that a representative of the Patients Forum should be nominated to attend the Committee on behalf of the PPIF with a right to speak and participate at the meeting alongside members of the Committee.

7. The protocol between the PPIF and the PCT provides in relation to PCT Board meetings that:

"The PPIF member attending PCT Board meetings on behalf of the PPIF will contact the PCT Chairman two working days before the Board meeting if they wish to speak

on a particular agenda item at the meeting, so that the Chairman is aware of this in the management of the meeting. The PPIF member will explain if their mandate is from PPIF members and/or from public soundings. (This is separate from and additional to the ability of PPIF members to attend Board meetings and ask questions at the end of the meeting as already happens. Any member speaking on an individual basis (ie not with a mandate from the forum) should do so from the public gallery."

8. The PPIF suggest that a reciprocal arrangement should exist at its meetings to govern attendance by representatives of HSC

RECOMMENDATION

THAT (a) the Committee consider the revised protocol between the Committee and the Patient and Public Involvement Forum for the Primary Care Trust;

and

(b) subject to the Committee's decision at (a) above the Director of Social Care and Strategic Housing be authorised to make any final textual amendments.

BACKGROUND PAPERS

- None identified

Protocol between Herefordshire Council Health Scrutiny Committee and the Patient and Public Involvement Forum of the Herefordshire Primary Care Trust

Herefordshire Council's Health Scrutiny Committee and Herefordshire Primary Care Trust recognise their respective roles in fostering effective health scrutiny and patient and public involvement in Herefordshire.

This protocol sets out arrangements for working together effectively.

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 (PPIF)

The role of the Patient and Public Involvement Forums in this context is to

- monitor and review the services provided by the Primary Care Trust
- get the views of patients, users and carers about those services
- make reports and recommendations to the PCT about those services, based on the views of patients and the public
- work with other forums on areas where they have a shared interest
- prepare an annual report on the forum's activities each financial year
- encourage the public's involvement in the PCT's consultations and policies that could affect the health of the public, advise the PCT in this area an monitor how effective its involvement procedures are
- do the same for strategic health authority consultations that affect the health of the public in the forum's area, and for trusts that provide services for the PCT, and
- do the same for other public bodies whose decisions affect the health of the public in the forum's area.

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.

PRINCIPAL AREAS OF CO-OPERATION

Distribution of Papers

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

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 PPIF are welcome to attend meetings open to the public as observers. At the Chairman of the HSC's discretion PPIF Members may be invited to speak. (see covering report)

Members of the PPIF 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. Written questions may be submitted to the Chair 3 days in advance

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

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 Chairmen and Vice-Chairmen 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 and PPIF 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 PPIF will provide the OSC with evidence of the Patients perspective on the proposed change or variation. Concurrently the OSC will provide the PPIF with relevant evidence it has gathered.

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 *Members of the PPIFs are welcome to attend meetings open to the public as observers. At the Chairman of the HSC's discretion PPIF Members may be invited to speak*., 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 PPIF will be informed within 20 days of how it proposes to address the matter.

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

Date……

Signed……