

# A G E N D A

## Health Scrutiny Committee

Date: **Monday, 30th January, 2006**

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Time: **10.00 a.m. (see note below)**

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

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Notes: **Please note that the Committee will  
adjourn after discussion of agenda item  
6 and will reconvene at 2.00 pm to  
consider agenda item 7.**

*For any further information please contact:*

*Tim Brown, Members' Services, Tel 01432  
260239*

*E-Mail: [tbrown@herefordshire.gov.uk](mailto:tbrown@herefordshire.gov.uk)*

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**County of Herefordshire  
District Council**



# AGENDA

## for the Meeting of the Health Scrutiny Committee

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

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

	Pages
<b>1. APOLOGIES FOR ABSENCE</b>	
To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES (IF ANY)</b>	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.	
<b>3. DECLARATIONS OF INTEREST</b>	
To receive any declarations of interest by Members in respect of items on this agenda.	
<b>4. MINUTES</b>	1 - 10
To approve and sign the Minutes of the meeting held on 8th December, 2005.	
<b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b>	
To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
<b>6. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2004/05</b>	11 - 12
To consider the Director of Public Health's Annual Report 2004/05.	
<b>7. NATIONAL HEALTH SERVICE ORGANISATIONAL CHANGE</b>	13 - 16
To give further consideration to proposed changes to the configuration of the local health service.	



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

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

### **Children's Services**

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

### **Community Services Scrutiny Committee**

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

### **Health**

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

### **Environment**

*Environmental Issues  
Highways and Transportation*

### **Strategic Monitoring Committee**

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

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## **COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL**

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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, 8th December, 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, P.E. Harling,  
Brig. P. Jones CBE, R. Mills, Ms. G.A. Powell and J.B. Williams

**In attendance:** Councillors W.L.S. Bowen, M.R. Cunningham, P.J. Dauncey and  
Mrs. C.J. Davis

**20. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor G. Lucas.

**21. NAMED SUBSTITUTES**

There were no named substitutes.

**22. DECLARATIONS OF INTEREST**

Councillor W.L.S. Bowen declared an interest as a Non –Executive Member of the Hereford Hospitals NHS Trust Board.

**23. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 22nd September, 2005 be confirmed as a correct record and signed by the Chairman.

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

No suggestions were made.

**25. PRESENTATION BY HEREFORD AND WORCESTER NHS AMBULANCE TRUST**

Mr Russell B Hamilton, Chief Executive of the Hereford and Worcester NHS Ambulance Trust had been invited to advise the Committee on options being considered to manage the Trust's financial situation. He was accompanied by Mrs Frances Martin, Director of Service Delivery and Operations.

The invitation had been prompted in part by reports in the press that the Trust was proposing to close/relocate the four existing ambulance stations at Bromyard, Kington, Ledbury and Ross-on-Wye. However, having previously received presentations from the Hereford NHS Hospitals Trust and Herefordshire Primary Care Trust it was also considered opportune for the Committee to receive its first formal report from the Ambulance Trust.

The presentation to the Committee covered the following broad areas: operational performance, finance, national NHS changes and local issues.

### **Operational Performance**

The role of the Ambulance Service in transporting patients was outlined and the Committee reminded of the National Standard which required the Service to reach 75% of people within 8 Minutes of receipt of a call, a potentially difficult challenge in rural areas.

Mrs Martin explained that by using historical data of calls it was possible to deploy ambulances to where they were most likely to be needed throughout the day. There was a 13 month rolling programme for deployment. This was something that was kept under constant review.

She reported on the plans to expand the Community First Responder scheme, with a scheme already having been launched in Ledbury and with the launch of schemes in Hereford and Ross-on-Wye imminent with others to follow in the new year. This involved providing training to volunteers to a defined accredited standard so providing an additional resource in the event of an emergency. This was particularly valuable in such a rural area.

The Committee was advised that whilst the Ambulance Service faced many challenges it was pleased to report that it was delivering services to the required standard.

### **Finance**

Mr Hamilton reported that the Ambulance Trust, unlike many across the Country had historically always achieved financial balance. Whilst at the end of October the accounts showed an overspend of £36,000 he believed that the Trust would again break even for the 2005/06 financial year.

In addition the Trust was also on track to deliver the requirements of the national cost improvement programme which required the Trust to make efficiency savings of £258,000 (1.7% of the total budget).

The Trust had received a generous increase in income for 2005/06 of some £2.989 million, of which some £2 million had been allocated to meet pay awards in this year along with another £814,000 relating to back pay for last year. The Trust's total budget was £17.9 million of which approximately 75% was spent on staff costs. Mr Hamilton reported that this meant that the Trust had more better trained, better paid staff than at any time in its history.

In addition the Trust had to negotiate with the Primary Care Trusts as Commissioners of Services over what they would invest in the Trust for its services. The Redditch and Bromsgrove Primary Care Trust was the lead Commissioner on behalf of the Primary Care Trusts within Herefordshire and Worcestershire. Whilst these negotiations were rarely concluded before the start of the financial year as they should be, the negotiations for 2005/06 had taken longer than expected and agreement had not been reached until September 2005.

At the time of the Trust's September Board meeting the Trust had had to agree additional cost improvement measures to be able to ensure a break even at the year end. He reiterated, however, that the Trust had never had a deficit, did not have one and did not face one.

### **National NHS Changes**

Mr Hamilton informed the Committee that, following an initial exercise in September, a

formal consultation exercise on the reconfiguration of health services was to be conducted by the West Midlands Strategic Health Authority (SHA) was likely to be launched on 14th December. The SHA's preferred option was for an Ambulance Trust covering Coventry, Warwickshire, Herefordshire and Worcestershire, Shropshire and the West Midlands. This would doubtless be the subject of further discussions with the Committee and other interested parties.

### **Local issues**

Mr Hamilton emphasised that patient safety was of the highest importance. He believed the service locally had made a lot of progress and was at the forefront of developments in a number of areas, such as the use of mobile technology and the use of the electronic patient record. A new national radio system was also being rolled out.

Training and deploying Emergency Care Practitioners would have important benefits allowing far more people to be treated on the spot rather than being transported to hospital. Making better use of local minor injury units would also bring improvement. As had already been mentioned the Community First Responder Scheme was also an important element of service development.

He had always stressed that the Ambulance Service was a part of the NHS and not a stand alone service. He wanted the service to be integrated with other parts of the NHS. Joint training was a key part of this and the Trust's own training centre at Hartlebury had transferred to Worcester University in April 2005, an important development in advance of the commencement of foundation degree level training for paramedics from April 2006. He believed that Hereford and Worcester Ambulance Service was at the leading edge in this regard. Ambulance Trust staff would then be trained alongside other health professionals. It was thought this would assist in improving skills and increasing the range of care ambulance staff could provide, leading to services being delivered in partnership with others.

Co-location with other health providers was a logical part of this process and this was one of the reasons for seeking to co-locate Ambulance Stations with Minor Injury Units.

He believed that it was in the local interest to have joined up care delivered by professional staff and, that being the case, the Trust's proposals were sound. He believed that this was important as patients wanted seamless care and the Trust supported this as by doing so it was likely to reduce the opportunity for things to go wrong. However, it was important to establish that there was local understanding of and support for this approach.

He concluded by explaining that the approach was consistent with the recommendations of the Department of Health's Report: "Taking Healthcare to the Patient - Transforming NHS Ambulance Services". Whilst the response time to 999 calls would remain the same the plan was that the response would be tailored to the patient need. If an ambulance were required one would be sent but there were a range of other options becoming available such as the use of Emergency Care Practitioners which might be more effective.

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

- Although the Ambulance Trust was clearly an integral part of the NHS and most of its work related directly to other NHS providers it was noted that the Fire and Rescue Service was facing many of the same issues as the Ambulance Service. It was suggested that opportunities for co-operation between the two Services should be constantly borne in mind. It was also important in the face of the move to regionalise both services that a local presence was retained.

- That it was important that the Ambulance Trust's Patient and Public Involvement Forum (PPIF) was fully involved by the Trust in developing its proposals. It was asked what steps had been taken to date in this regard.

Mr Hamilton replied that the consultation on the future configuration of Services by the SHA would be seeking views from a range of sources including the Forums. He said that he would also be willing to return to discuss the issues with the Committee. He believed generally that there was a good relationship with the Forum and that this was developing. Members of the Forum had sat on the Steering Group which had conducted the Operational Review of the Service and had been involved in vehicle design.

Mrs Martin outlined other work being undertaken with the PPIF including service planning.

- Support was offered for the way in which it was proposed to develop the service to tailor the response to meet patient need. It was noted that ambulances were a costly resource which could not and should not be deployed in response to every incident and the resources should be better matched to the type of call.
- It was suggested that it might be useful to develop some way of measuring the success of the new approaches being proposed to set alongside the existing national targets for response times.
- It was noted that Mr Hamilton had initiated discussions with the Mayors of the Market Towns about the Trust's proposals. It was suggested to him that in planning future meetings to explain proposals he needed to be mindful of the role of the Councillors elected to Herefordshire Council and Parish Councillors, noting that people living in the hinterland of the Market Towns might in fact have even greater concerns about access to services than those in the Market Towns themselves. It was noted that Herefordshire Association of Local Councils would be one point of contact. Mr Hamilton noted and welcomed the constructive comments and feedback.
- Assurance was sought about the competence of Community First Responders. It was explained that there was a rigorous recruitment process and a formal qualification had to be obtained. Mr Hamilton agreed to circulate details of future launches of the scheme across the County.
- A number of concerns were expressed about matters which were outside the remit of the Ambulance Trust including the availability of pharmacists out of hours and a suggestion that information on a leaflet giving details of clinics for Parkinson's disease was incorrect.

Mr Hairsnape, Deputy Chief Executive of the Herefordshire Primary Care Trust advised that out of hours pharmacy provision in Herefordshire, outside Hereford itself, was limited. However, the out of hours Doctors carried a nationally prescribed selection of medicines. Additional supplies were held at Gaol Street. There was also a rota of pharmacists on call 24 hours a day 7 days a week who could be called on in urgent cases of need. There was no reason why a patient could not be provided with the necessary medication to meet needs until the local GP surgery re-opened. He undertook to establish whether information on the clinics for Parkinson's disease needed to be corrected.

The following principal points were made in relation to the future of the ambulance stations in the Market Towns:

- In relation to the ambulance station in Ross-on-Wye reference was made to the funds which had been raised by the local community to support the station. It was asserted that the station was in the best location at the moment and that the Trust's plan to relocate to share the Community Hospital site was not practical, given the pressure on space at that site. It was suggested that it was also hard to see what cost savings, if any, would be achieved by such a move. The identification of a completely new site appeared problematic given the pressure on development land.

In response Mr Hamilton acknowledged the past support of the community. He emphasised that he was not pursuing change for change's sake. His objective was to explore the options and to find solutions which would lead to an improvement in patient care. He added that it was important to recognise the limited importance of the stations themselves in service delivery terms.

- A Ward Member expressed further concern about moving the ambulance station at Ross-on-Wye and doubt about the role of the voluntary Community First Responders.

Mr Hamilton clarified that there were currently 2 Ambulances in Ross-on-Wye and a Patient Transport Service vehicle. He informed the Committee that there were on average 146 emergency calls per day across Herefordshire and Worcestershire. There were on average 4.1 emergency calls in Ross-on-Wye, 2.4 in Ledbury, 1.6 in Bromyard and 0.6 in Kington.

The suggestion that the ambulance station in Ross-on-Wye was well located because of access to the motorway and dual carriageway was not supported by statistical information on the number of calls. The Service had carried out a fundamental review of where it would locate stations if starting afresh and the analysis had shown that central Ross-on-Wye would be a better location.

He defended the importance of the Community First Responder Scheme explaining that the scheme was a national scheme and was in the process of being rolled out across Herefordshire and Worcestershire. He said that it was important that the principle of voluntary service was recognised and seen as an additional resource. He also noted the outstanding voluntary commitment of their time by 10 Basics Doctors within the two Counties.

- A Member expressed a lack of confidence in the effectiveness of the mobile technology to which Mr Hamilton had referred and suggested that there were a number of communication difficulties.
- In relation to the ambulance station in Hereford Mr Hamilton said that discussions had for a number of years taken place about the possibility of basing the ambulance station at Hereford Hospital. However, there was not space on the site and in any case analysis showed that the station's present site was the best when complemented by the strategic location of two ambulances at the Hospital. There were therefore currently no proposals in relation to the Hereford Ambulance Station.
- A question was asked about the timescale for any change and how Members could represent the views of their constituents to the Trust. In reply Mr Hamilton began by drawing a distinction between the stations at Kington and the stations at

Bromyard, Ledbury and Ross-on-Wye.

He said that there was one ambulance at Kington and one full time Member of staff lived there. In the morning the other two crew members drove to Kington. The ambulance was then driven away, parked at strategic locations throughout the day and returned to the station at night. In short the station was only a garage. He was shortly attending a full Town Council meeting at Kington to explain the position and intended to seek to progress the station's closure at the beginning of the new year.

In the case of the other three stations he wanted to identify what the options were, decide whether it was feasible to improve the service and discuss any proposals with local communities. He emphasised that what was being considered was a relocation of service not a removal of it. He wanted to reach a conclusion on the way forward by the start of the new financial year but if proposals to relocate were agreed there would then be a further implementation period.

It was noted that the Trust had set up a Working Group to conduct the review and that the Membership included members of the Patients Forum and Staff representatives.

- In response to questions about the amount of calls attended out of area Mr Hamilton said that the Service was funded by the Primary Care Trusts to provide a service to the residents of Herefordshire and Worcestershire. Whilst there was a national agreement for neighbouring areas to provide mutual assistance there were very few out of area calls. The performance report covering the period September 04 to October 05 showed an average of 16 out of area calls per month.
- That there were particular sensitivities given the rural nature of the County about response times. It would be important for the Trust to demonstrate that these would definitely not be affected by any changes.
- It was acknowledged that the Community Hospital site in Bromyard might well be able to accommodate the ambulance station. It was requested, however, that it was vital to ensure the long term security of any arrangements entered into.
- In response to a question about how the proceeds of the sale of any of the existing stations would be used Mr Hamilton said that no decisions had been made because it was not yet known what those proceeds, if any, might be. His intention, subject to Board discussion and agreement, would be to reallocate any surplus to improve services in Herefordshire, with improvements to the main ambulance station in Hereford being the first priority.
- The way in which the consideration being given to the future of the four ambulance stations had been handled in public relations terms was heavily criticised.

It was also suggested that the role of stations as garage and secure storage areas was important.

Mr Hamilton acknowledged that the way in which the Trust's plans had been publicised could have been handled better. However, the initial press report had not been issued by the Trust. The Board discussion had been prompted by the lack of Service Level Agreement with the Trust's commissioners at the time of the September Board meeting and that had prompted the need for this action at this



time. He emphasised that the proposals did not involve the loss of any ambulances or any staff and nothing would be done to the detriment of performance. He had himself insisted that all operational vehicles were garaged and careful account was taken of security.

He added that there had been considerable investment in the vehicle fleet and in training. Indeed the Trust had made the biggest investment in vehicles and equipment in the Trust's history in the last 2 years. In total this amounted to over £2 million.

- It was asked whether a similar approach was being adopted regarding ambulance stations in Worcestershire. Mr Hamilton answered that, given the findings of the operational review, to which he had previously referred, there were a number of areas where similar action was under consideration. In part the Trust's approach was dependent on decisions being considered by partner organisations.
- Asked about communication with staff Mr Hamilton reported that extensive efforts had been made to explain the position but it was difficult to ensure that every member of staff received or read information which was distributed.
- The Chairman thanked Mr Hamilton and Mrs Martin and advised that some observations by the Committee on the evidence which had been provided to the Committee would be forwarded to the Trust.

## 26. PRIMARY CARE TRUST BRIEFING

Mr Simon Hairsnape, Deputy Chief Executive of the Herefordshire Primary Care Trust (PCT) provided an update on current health issues.

He commented as follows:

- In relation to the presentation to the Committee by the Chief Executive of the Hereford and Worcester NHS Ambulance Trust, the previous item on the agenda, he said that the County was fortunate to have a high performing and innovative Ambulance Trust. Any organisation seeking to change the way in which it delivered services, as that Trust was doing, would face some criticism and concern but he believed that the Trust was correctly looking to the future.
- That the PCT was shortly to embark on the second year of the three year Local Delivery Plan (2005-08). The Trust was to receive a further £15million in 2006/07 a 7.5% budget increase. Both the PCT and the Hereford Hospitals NHS Trust had balanced their budgets.
- Waiting times had been viewed by the Government as the foremost public concern and the evidence showed that this was being addressed. There had been significant reduction in waiting times in the County. The next target was to reduce the time from a patient seeing their GP to being treated in hospital as a day case to a maximum of 18 weeks.
- There was evidence that, contrary to some predictions, patients would exercise their rights to choose where they would have their treatment and this would present management challenges.
- That the PCT was specifically dedicating resources to a public health programme in 2006/07. The focus on Hereford City and in particular the South

Wye area recognised the need to address the historically poor access to health services in that area.

- A new dental contract would come into force in April 2006. The PCT was now nearing the point where everyone in the County who wanted to register with an NHS dentist could do so.
- In terms of cancer services discussions were taking place within the Three Counties Cancer Network about future radiotherapy provision. It was recognised that travelling times from the West of the County to the present facility at Cheltenham were an issue and there was a wish to address this if possible.
- Practice based commissioning would provide an opportunity to develop services.
- Reorganisation of the Health Service was also ongoing. A consultation exercise was expected to be launched by the Strategic Health Authority on 14 December and run until mid-March. The consultation document was to include the continuation of a Herefordshire PCT as a preferred option. However, it would nevertheless be important to provide a robust argument in support of the PCT's survival. The joint working between the Council and the PCT, facilitated by the co-terminosity of the two organisations and which had been encouraged by the Department of Health, would be a key component of that case.

In response to this statement the following principal comments and questions were raised:

- A question was asked about the potential threat posed by patient choice to the viability of providers. Mr Hairsnape replied that it was being recognised that the PCTs would have an important role in managing the situation and controlling capacity to avoid a major provider being put in jeopardy.
- Members emphasised the benefits of co-terminosity at a local level and the potential for new approaches to be tested in a relatively controlled environment.
- Mr Hairsnape confirmed that no operations in Herefordshire were being cancelled because of lack of finance. What restrictions there were on carrying out more work more quickly related to staff and capacity.
- Further information was sought about the prospect of a radiotherapy facility in Herefordshire. Mr Hairsnape emphasised the specialised nature of the service and the expectation that a facility needed to serve a population of 1-1.5 million people to be viable. However, the Three Counties Cancer Network had asked Worcestershire Acute Hospital NHS Trust and Hereford Hospital NHS Trust to put forward proposals for a satellite centre for consideration in Spring 2006. The PCT was keen to support the Hereford Hospital NHS Trust provided that a practical proposal could be made which would provide clear patient benefits and guarantee clinical safety. He added that depending on the options which came forward a formal consultation exercise might be necessary. In any event the Committee and the Patients Forums would be made aware of the position and invited to comment as appropriate.
- A question was asked about the routing of patients from parts of Wales to Cheltenham rather than to Cardiff. Mr Hairsnape suggested that there may be a number of reasons for this but the matter was principally one for local health Boards and the Welsh Assembly.

**27. SCOPE FOR A HEALTH PARK IN HEREFORDSHIRE**

Mr Jim Wilkinson, Chairman of the Herefordshire Primary Care Trust Patient and Public Involvement Forum outlined to the Committee the concept of a health park for Herefordshire, bringing all health care services together into one place.

He gave Addenbrookes in Cambridge, Keynsham at Bristol, Sandwell and the health village at Oswestry as examples of the concept in operation and drew attention to a proposal for West Cumbria, details of which he had made available separately to the Chairman. He believed there were funding sources available and there was an opportunity for Herefordshire to develop such a facility. The Commission for Patient and Public Involvement in Health had indicated that it would be prepared to finance a visit to one of the present health parks.

The Chairman thanked Mr Wilkinson and said that he would make details of the West Cumbria proposal available to Members of the Committee and seek a view from the Primary Care Trust on how a proposal might be pursued.

**28. REVIEW OF COMMUNICATION**

The Committee noted progress on the review.

**29. REVIEW OF GP OUT OF HOURS SERVICES**

The Committee noted progress on the review.

Mr Hairsnape provided an update on the arrangements for securing the delivery of GP out of hours services upon the expiry of the present contract in March 2006. He informed the Committee that bids had been invited through the European Recruitment process and the Panel appointed to evaluate the bids had unanimously recommended that a new contract should be entered into with the present provider, Primecare. This recommendation would be considered by the Professional Executive Committee and a final decision taken by the Primary Care Trust Board on 21 December.

A Member expressed dissatisfaction with his personal experience of the out of hours service which the Chairman undertook to discuss further with him.

The meeting ended at 1.10 p.m.

**CHAIRMAN**



## **ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2004/05**

**Report By: Director of Children's Services**

### **Wards Affected**

County-wide

### **Purpose**

1. To consider the Director of Public Health's Annual Report 2004/05

### **Background**

2. The Director of Public Health, a post jointly funded by this Council and the Herefordshire Primary Care Trust (PCT) and line managed within the PCT, is required to produce an Annual Report on Health in Herefordshire. This reports on health issues in the County and makes a series of recommendations. The Government's guidance suggests that this report is one of the sources which might be used by the Committee to inform the identification of local priorities to be scrutinised.
3. The Committee considered the Annual Report 2003, produced by Dr Mike Deakin then the Director of Public Health, on 29th July 2004. Dr Deakin left shortly afterwards to become Director of Public Health and Clinical Engagement with the West Midlands (South) Strategic Health Authority and the post of Director of Public Health has been vacant since September 2004. Dr Frances Howie has been on a part-time secondment as Associate Director of Public Health since November 2004.
4. Dr Howie will attend the meeting to give a presentation on the report and answer questions.

### **RECOMMENDATION**

**THAT the Committee consider the Annual Report of the Director of Public Health 2004/05.**

### **BACKGROUND PAPERS**

- None



## NATIONAL HEALTH SERVICE ORGANISATIONAL CHANGE

**Report By: Director of Children's Services**

### Wards Affected

County-wide

### Purpose

1. To give further consideration to proposed changes to the configuration of the local health service.

### Financial implications

2. None identified.

### Background

3. The Department of Health published "Commissioning a Patient Led NHS" in July 2005 setting out a framework for improving commissioning of services alongside improvements in health and service delivery. The main factors in the guidance were:
  - Primary Care Trusts (PCTs) of the future will concentrate on commissioning and improving public health
  - PCTs will not directly provide services (this may be allowed only in the most exceptional circumstances)
  - GP practice-based commissioning will be fully developed
  - A reduction in the number of SHAs, Ambulance Trusts and PCTs
  - Most NHS Trusts will become Foundation Trusts
  - An expectation that PCT boundaries will match those of Local Authorities
  - Delivery of at least 15% reduction in management and administrative costs.
4. The Paper directed Strategic Health Authorities to "co-ordinate an exercise locally to ensure we have the right configuration for commissioning."
5. In September 2005 as part of this exercise the Committee received a report on proposed changes to the local health service and endorsed a joint response submitted to the West Midlands South Strategic Health Authority by the Leader of the Council and the Chairman of the Health Scrutiny Committee. A copy of this response is appended.

6. The Strategic Health Authority was required to submit a proposal to the Department of Health in October 2005. Following consideration by that Department a consultation on proposals for the future of the NHS in the West Midlands was launched on 14th December, 2005. The consultation period ends on 22 March, 2006.
7. The proposals affecting local health services to which the Committee needs to direct its attentions are
  - The establishment of new Primary Care Trusts in the West Midlands South SHA area. (It will be noted that the retention of one PCT for Herefordshire is the **preferred** option).
  - Establishment of one West Midlands Wide SHA
  - Establishment of one ambulance trust for the West Midlands.

**Issues**

8. Copies of the relevant consultation documents have previously been circulated to Members of the Committee.
9. Representatives of the Strategic Health Authority have asked for the opportunity to address the Committee on the proposals and will attend the meeting.
10. Representatives of the Herefordshire Primary Care Trust and the Hereford and Worcester NHS Ambulance Trust will be present at the meeting.
11. It is proposed that the Committee should receive the presentations made to it seeking clarification as appropriate, with an additional meeting then being held to determine a response. Cabinet has also been consulted on this proposal on behalf of the Council. Whilst recognising the Committee's independent role it is suggested that, as at the initial stage of this process, it might be most effective if arrangements are made to facilitate a joint response on behalf of this Committee and Cabinet.

**RECOMMENDATION**

**THAT the Committee receives the presentation on the consultation documents on proposed changes to the configuration of local health services and an additional meeting is arranged in consultation with Cabinet to determine a response.**

**BACKGROUND PAPERS**

- None



**Leader of the Council**  
Councillor R.J. Phillips

Mrs C Griffiths  
Managing Director  
West Midlands South Strategic Health Authority  
Osprey House  
Albert Street  
REDDITCH  
B97 4DE

Your Ref:  
Our Ref: RJP/SAHC  
Please ask for: Councillor R.J. Phillips  
Direct Line / Extension: 01432 260494  
Fax: 01432 340189  
E-mail: rjphillips@herefordshire.gov.uk

15th September, 2005

Dear Mrs Griffiths,

## **RESPONSE TO WEST MIDLANDS SOUTH STRATEGIC HEALTH AUTHORITY**

### **“Commissioning a Patient Led NHS”**

Thank you for your letter of 26th August, outlining the opportunity to respond to the options being put forward for reconfiguration of SHA, Ambulance Trusts and PCTs.

Herefordshire Council welcomes a move to reflect SHA alignment with Government office regions and the Health Protection Agency.

A larger Ambulance Trust, covering the whole of the West Midlands, is supported if the Herefordshire locality “footprints” and access standards are maintained.

Herefordshire Council wishes to register its strong support for the preservation of the PCT co-terminous with its boundaries. Local service delivery has benefited greatly from the simplicity and convenience and efficiency of these arrangements in commissioning services. The Council would not wish to see any move away from locally commissioned services. The recent ODPM endorsement of a Local Area Agreement proposal makes this a particular priority to sustain.

Therefore, the importance of a sovereign NHS body for Herefordshire is a vital ingredient in the delivery of the Local Area Agreement and in supporting and sustaining a prosperous Herefordshire.

The geographic context of Herefordshire, having a large land mass (840 sq.miles), but sparse population, means the political identity of a co-terminous PCT and Local Authority has greater significance. Indeed, the size of Herefordshire needs to have significant weight in the pre-consultation deliberations.

Herefordshire Council welcomes the link with the White Paper on Health & Care outside hospital and anticipates greater attention to the outcome of the current “Your Health, Your Say” consultation events leading to the White Paper on further deliberations on provider arrangements.



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County of Herefordshire District Council, P O Box 239, Hereford HR1 1ZU

DX: 135298, HEREFORD 3

Main Switchboard (01432) 260000 - [www.herefordshire.gov.uk](http://www.herefordshire.gov.uk)

Early discussions locally in Herefordshire have resulted in support in principle for further exploration of enhancing joint arrangements between the Council and the NHS in Herefordshire for commissioning and improving public health functions.

There are real opportunities to build on the growing partnership between the Council and the PCT to deliver even better outcomes for local people and the Council would wish to explore models of closer working with the PCT, based on co-terminosity.

Of some concern to Herefordshire Council is the proposal on the provision of mental health services. Local integration of service delivery is well advanced, Social Care staff are seconded to Herefordshire PCT, with HPCT having a lead commissioning role for all mental health services, including social care. Any future commissioning and provider re-configuration arrangements should reflect local priorities and current joint arrangements.

Herefordshire Council has led commissioning and provider responsibilities for Learning Disability Services for Health & Social Care. Herefordshire Council would wish to continue this arrangement, which has proved beneficial for service users and carers.

In moving towards a Children's Trust in Herefordshire, the engagement of Herefordshire NHS body is critical to local successful commissioning.

Herefordshire Council would support Option 2.3.4 only given the co-terminosity principle with Local Authority boundaries and the size of Herefordshire and would indicate their concern about the speed of the process.

In addition, it is essential that any impact of these proposals on Welsh Authorities should be tested by including them in the consultation, given the access to Herefordshire NHS services by the population on the borders.

Yours sincerely,

**ROGER PHILLIPS**  
**LEADER OF THE COUNCIL**

**STUART THOMAS**  
**CHAIRMAN OF THE HEALTH SCRUTINY COMMITTEE**