

# A G E N D A

## Health Scrutiny Committee

Date: **Thursday, 15th June, 2006**

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Time: **10.00 a.m.**

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

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

*For any further information please contact:*

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**County of Herefordshire  
District Council**



# AGENDA

## for the Meeting of the Health Scrutiny Committee

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

Councillors Mrs. W.U. Attfield, G.W. Davis, 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 - 6
To approve and sign the Minutes of the meeting held on 23rd March, 2006.	
<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. PRESENTATIONS ON BEHALF OF THE HEREFORDSHIRE PRIMARY CARE TRUST AND THE HEREFORD HOSPITALS NHS TRUST</b>	
To advise the Committee of the work of the Trusts in the preceding year and future plans and thoughts.	
<b>7. COST SAVING PROPOSALS - PROVIDER ARM OF HEREFORDSHIRE PRIMARY CARE TRUST</b>	7 - 12
To consider cost saving proposals by the provider arm of the Primary Care Trust.	



## **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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#### **1. Identifying Areas for Scrutiny**

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

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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**

**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, 23rd March, 2006 at 10.00 a.m.**

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

**Councillors:** Mrs. W.U. Attfield, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

**In attendance:** Councillors Mrs. L.O. Barnett, W.L.S. Bowen and J.W. Edwards

**42. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor G.W. Davis, P.E. Harling, T.M. James and Brigadier P.Jones C.B.E.

**43. NAMED SUBSTITUTES**

There were no named substitutes.

**44. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**45. MINUTES**

**RESOLVED:** that the Minutes of the meeting held on 16th March, 2006 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions.

**47. PUBLIC HEALTH ISSUES**

The Committee considered the specific issues of fluoridation and take up of the MMR vaccine and the progression of the Public Health Agenda.

On 30th January the Committee had considered the Director of Public Health's Annual Report 2004/05. It had requested further reports on fluoridation and MMR immunisation, identified as two key issues affecting the health of children in Herefordshire, to enable it to reach an informed view as to what action it could and should take on both these issues.

Dr Howie, Associate Director of Public Health, had prepared a report on MMR vaccination which was included with the agenda papers and gave a presentation on fluoridation.

## Fluoridation

Key points of Dr Howie's presentation were:

- That fluoride occurred naturally in all water supplies but there was an optimum level at which it reduced tooth decay. The natural level was usually lower than the optimum level but could be safely topped up through the fluoridation process.
- That there were clear dental benefits of fluoridation. A child living in a fluoridated area had up to four fewer teeth affected by decay than a child living in a non-fluoridated area, the average difference being just over two teeth. Fluoridation also reduced inequalities between social groups making it an effective method of intervention. In the Redditch and Boms Grove PCT area where 91% of the population received fluoridated water the average 5 year old had three times fewer teeth affected by decay than in the Herefordshire PCT area where there was no fluoridated water supply. There were also benefits for adults. A study in the Irish Republic had shown that people aged 45-65 who had lived mainly in fluoridated areas had between 40%-50% more of their natural teeth than those who had lived mainly in non-fluoridated areas. People aged 65 and over who had lived mainly in fluoridated areas had 50% less root decay than those who had lived mainly in non-fluoridated areas.
- That there was plentiful expert evidence that fluoridation was safe. One of the concerns had been that the process might increase osteoporotic fractures. In fact there appeared to be some protective effect. The Medical Research Council had also concluded that fluoridation did not cause birth defects. Cosmetic concern relating to dental fluorosis was not considered significant.
- That Professional support for fluoridation was overwhelming. Attention was drawn to the National Alliance of Equity in Dental Health and the statement by the British Medical Association (BMA) issued in March 2004: "The BMA has for many years been in favour of fluoridation of mains water supplies. We support this policy on the grounds of effectiveness, safety and equity.....The BMA believes there is no convincing evidence of any adverse risk to human health by the introduction of water fluoridation." The British Dental Association had issued a Statement in July 2003 that: "Water fluoridation is a simple measure that dramatically improves dental health by reducing tooth decay. Comparisons of fluoridated and non-fluoridated areas reveal significant discrepancies in oral health."
- A MORI survey of opinion in the West Midlands in 2000 on whether fluoride should be added to water if it could reduce tooth decay had shown 71% in favour, with 17% opposed and 12% undecided. It suggested that older people were slightly more sceptical.
- That safety measures in place at water treatment plants where fluoridation was carried out were very stringent. A description of the arrangements was given.

Dr Howie also described the statutory process which had to be followed if fluoridation were to proceed. She noted that the responsibility rested with the Strategic Health Authority and that there were a number of complex issues which had to be taken into account in deciding whether a proposal would be practical, including boundary issues with Wales and other Strategic Health Authorities. If it were agreed that a proposal was feasible a public consultation exercise would then follow.

In the ensuing discussion the following principal points were made:

- It was suggested that account needed to be taken of the number of private water supplies in the County.
- In response to a question about the timescale of the process Dr Howie indicated that it would be hoped that if the Strategic Health Authority agreed to initiate it the feasibility study would be completed within a year.
- That some public opposition to any fluoridation proposal was to be expected, the likely principal grounds based on past experience being ethical reasons and concern about the safety of the water supply.

### **MMR Vaccination**

Dr Howie presented her report. She reminded the Committee that, as outlined in the Director of Public Health's Annual Report 2004/05, in 2004/05 79% of two year olds in the County had been immunised against MMR compared with a national target rate of 95%. There had also been significant variation in take up rates in GP practices across the County. The issue remained of concern because there was now evidence of a rise in the infections the vaccine was supposed to prevent.

The report commented on the background to the development of the national MMR programme, public concern about the safety of the MMR vaccine and the feasibility of replacing the single MMR vaccine with single vaccines giving protection against each of these diseases. In conclusion the report stated that: " It is the firm view of the Department of Health and Herefordshire PCT that the MMR vaccine provides the best protection possible to children...".

Members expressed interest in working with the PCT on this issue, in particular to publicise the seriousness of the infections the MMR vaccine was designed to prevent, about which there seemed to be a lack of public awareness.

### **General Public Health Issues**

The Chairman invited discussion on how the Committee might progress its work on the public health agenda.

Mr Simon Hairsnape, Deputy Chief Executive of the Primary Care Trust reiterated the view that he had previously expressed to the Committee that public health was an important area to focus upon. There were issues about balancing wants and needs and he cautioned that, as the NHS budget came under pressure, it was often long term initiatives such as those relating to the public health agenda which tended to suffer.

Ms Stephanie Pennington and Mr Euan McPherson, co-ordinators of the Patient Advice and Liaison Services for Hereford Hospitals NHS Trust and Herefordshire Primary Care Trust respectively, outlined their work in publicising the public health messages.

It was noted that the Committee would give further consideration to public health issues in developing its work programme.

**RESOLVED:**

**That (a) the Primary Care Trust be supported in carrying forward its request to the Strategic Health Authority that a feasibility study of fluoridation of the water supply be conducted;**

**and**

**(b) that the Primary Care Trust be supported in carrying forward its work to increase uptake of the MMR vaccine.**

**48. DEVELOPMENT OF STROKE SERVICES IN HEREFORDSHIRE**

The Committee considered proposals for the development of stroke services in Herefordshire.

It was noted that a review of stroke service provision had been commissioned in the autumn of 2005 and a consultation paper had then been developed on potential ways of improving Stroke Services within current resources. Reports by the Primary Care Trust to the Hillside Section 31 Board and the PCT Provider Committee had been included in the agenda papers.

Trish Jay, the PCT's Director of Clinical Development and Lead Executive Nurse, gave a presentation explaining how the proposals had been developed, the proposed future measures for stroke prevention, acute stroke care, stroke rehabilitation and long term support. In relation to stroke rehabilitation it was noted that the proposal was that this all took place at one unit: Hillside. The impact on current activity at Hillside was outlined.

She noted that discussions in Herefordshire on the need to develop stroke services had been ongoing for some five years. However, there had been no progress because the proposals made during that period had been too expensive. The view had now been taken that action should be taken in specific areas by reorganising existing resources as a pragmatic, incremental step towards developing an ideal service and the current proposals had been put forward on that basis. Mortality rates as a result of strokes were too high in Herefordshire and action needed to be taken.

The Committee's principal concern about the proposals related to the implications of for some patients from Hereford City and Golden Valley requiring general intermediate care, but not specialist stroke rehabilitation, who would need to be treated in other Intermediate Care/Community Hospital Units. The evidence suggested that 6 beds would cease to be available for this general intermediate care.

In reply Trish Jay explained that the intention was that any impact would be mitigated by full use of all 22 beds at Hillside, access to community hospital beds and a review of access arrangements to the 126 community hospital/intermediate care beds, with proposals for using them differently. She reiterated that a new Unit might be more ideal but that was not a practical option at this time. If progress were to be made an incremental approach was the best way forward. She emphasised that whilst a bed at Hillside might no longer be available to some patients those patients would still receive the care they required.

It was noted that the Patient and Advice Liaison Service would consider provision of travel information for those affected by the proposals.

Members acknowledged the importance of making some progress in developing stroke services and that the proposals should accordingly be supported. However, it was requested that the implementation of the proposals should be carefully monitored.

**RESOLVED: That the proposals for the development of stroke services be supported, with their implementation being carefully monitored.**

**49. WHITE PAPER - OUR HEALTH, OUR CARE, OUR SAY; A NEW DIRECTION FOR COMMUNITY SERVICES**

The Committee was informed of key messages emerging from the new White Paper "Our Health, Our Care, Our Say: A new direction for Community Services".

The report summarised the key areas for change identified in the White Paper. It was noted that the detailed implications would emerge as the Government issued detailed guidance to implement the proposals over what was expected to be a two year period.

The meeting adjourned between 11.35 and 11.40 am and ended at 12.25 p.m.

**CHAIRMAN**





## **COST SAVING PROPOSALS – PROVIDER ARM OF HEREFORDSHIRE PRIMARY CARE TRUST**

**Report By: Director of Adult and Community Services**

### **Wards Affected**

County-wide

### **Purpose**

1. To consider cost saving proposals by the provider arm of the Primary Care Trust.

### **Financial implications**

2. As described in the briefing paper.

### **Background**

3. A briefing paper prepared by Mr Mike Thomas, Director of Operations at the Primary Care Trust setting out proposals to achieve cost savings is attached.
4. 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.
5. 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...".*

**Issues**

6. The Committee will note that it is stated in the attached briefing paper that, *“all of the proposals represented in this paper either are assessed as having no direct impact on service provision or a temporary adjustment to achieve the saving targets which may affect small numbers of patients.”*
7. This Committee needs to consider whether it thinks any of the proposals represent a substantial development or substantial variation of service upon which the Committee and others should be formally consulted.
8. Mike Thomas, Director of Operations at the Primary Care Trust will be at the meeting to present the briefing paper and answer questions.

**BACKGROUND PAPERS**

- None

## HEREFORDSHIRE PRIMARY CARE TRUST

### BRIEFING PAPER OVERVIEW AND SCRUTINY COMMITTEE 15<sup>th</sup> June 2006

#### COST SAVING PROPOSALS – PROVIDER ARM OF HEREFORDSHIRE PRIMARY CARE TRUST

##### 1. Introduction

The Committee will be aware of the severe financial pressure the NHS is under for this financial year. Within the Herefordshire Primary Care Trust there is a requirement to save £6.6m as a result of a national decision to 'top slice' monies from Trusts' budgets to establish an NHS Bank, which will loan funds to those NHS organisations in most difficulty. The provider arm of the PCT is required to raise £2.2m of this from its total budget.

A series of saving proposals have been produced to help achieve this target. To date these do not match the total saving required but it is anticipated that as the year progresses, additional saving opportunities will arise.

##### Why the Savings?

The NHS has a goal this year of achieving financial probity and it falls on all parts of the organisation to help achieve this. Herefordshire PCT provider arm have achieved financial balance year after year but we will be required to meet our share of this cost. A key aspect of the cause of this challenge in financial position relates to the additional pay costs of Agenda for Change, Consultant and GP contracts. Additionally, the Primary Care Trust is required to meet some of the costs to establish the new NHS Bank.

The present Government has made a commitment to reduce management and administration costs across the NHS which has resulted in a headcount exercise with an expected reduction in posts to achieve further savings.

##### Impact on Service

All of the proposals represented in this paper either are assessed as having no direct impact on service provision or a temporary adjustment to achieve the saving targets which may affect small numbers of patients.

## Proposed Saving Arrangements

### 1. Stock Level Review

This represents a positive management exercise, which will take place during this year, to achieve an anticipated £20,000 saving in 2007/08. This is not anticipated to have any impact on service provision.

### 2. Advertising Savings

These savings are created by the current and anticipated reduction in advertising of posts, limited to internal, web and professional journals when required. It is anticipated that a £40,000 saving will be achieved during 2006/07. This is not anticipated to have a negative impact on service provision and will be a temporary arrangement.

### 3. Market Testing some Service Contracts

Where contracts arise for renewal during 2006/07, they will be placed through a market testing process which will aim to save some £50,000 this year with no impact on service provision.

### 4. Training Budget Savings

This area of training costs will be explored further. Much of the training monies made available will be lost if not used and hence will not provide savings. However the prioritisation and management of provision of training will be considered to release both saving and staff time. This will be a temporary measure and should not have an impact on service provision during 2006/07.

### 5. Agency Savings

Last year, a saving of £120,000 was made in the Mental Health Service by more effective management of Bank and Agency staff without a negative impact on service provision. This approach will be extended to other areas of the service proposing a £170,000 saving in year.

### 6. Maintaining vacancies

All management and administration vacancies will be held for savings. Additionally, all vacancies within the service will be vetted and held where possible avoiding a direct impact on services. This will be a temporary measure and is anticipated as creating savings of £440,000 during 2006/07. The Management Team of the PCT assess the risk of not filling each

vacancy before making a decision and this includes clinical input to ensure safe standards are maintained.

7. Ending Podiatric Surgery on-call

This development was finalised during the last financial year but the benefits of £12,000 will be felt in 2006/07. The very limited activity will be picked up by alternative out of hours services.

8. Senior Management Re-structuring

With the development of new organisational structures, together with the headcount exercise, it is anticipated that the provision of senior management will reduce with the proposed in year saving of £35,000.

9. Holding two new Consultant posts

Currently the Mental Health Service has three vacancies which are filled by locum staff. These will be re-advertised to fill with substantive staff with a benefit to continuity of service and cost.

Two new additional posts were planned to be introduced in 2006/07. These positions have not yet had any impact on service provision and it is anticipated that they will be held for twelve months creating a saving of £350,000.

10. Holding Falls and Bones vacancy

(The service has provided a focus on falls prevention in older people). A vacancy has arisen in the nurse led position for this service. It is anticipated that this position will be held temporarily creating a saving of £32,000 whilst the service is maintained through the core services such as District Nursing.

11. Continence Service Review

The PCT is currently in negotiations to introduce a new contract for continence supplies through an NHS regional supplies arrangement. This development should both improve service and provide a saving of £15,000.

12. Travellers Project

A service exists specifically geared toward the travelling population of the county. This consists of a range of professionals who travel out to the communities. A vacancy has arisen in the GP post within this service, effectively making it a nurse led service. The holding of this GP vacancy has been informed to the Travellers Steering Group, and the broader

service, on the understanding that a saving of £44,000 will be achieved during 2006/07.

If the service was absorbed into existing mainstream services, including the existing staff being transferred into existing community teams, a further saving of £103,000 can be achieved.

## **2. Additional Savings**

In addition to these key saving areas, a range of savings are being explored within the service with the intention of creating savings without impacting on direct service provision. These include the exploration of pharmacy costs, bed fund payments, income production and locality rearrangements. These will be important areas as, despite the savings described above, there remains a £350,000 shortfall in the saving targets.

## **3. Conclusion**

The challenge to the PCT this year is very difficult. The financial saving demands, which are NHS wide, produced a range of headline staff reduction stories in many parts of the country.

In the community services in Herefordshire it is hoped that such draconian measures can be avoided through the good financial management and temporary arrangements raised in this paper. It is hoped that these saving activities will create the required resources while avoiding any major negative impact on service provision.

However, it does need to be recognised that an additional saving requirement, lack of saving plan achievement or financial deterioration could require a reconsideration of saving demands and a harsher saving proposal.

It is hoped that this will not be the case and that the £2.2m saving requirement placed on the PCT provider arm can be met through the details described in this briefing paper.

**Mike Thomas**  
**Director of Operations**  
**22<sup>nd</sup> May 2006**