

A G E N D A

Health Scrutiny Committee

Date: **Friday, 30th March, 2007**

Time: **2.00 p.m.**

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

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

For any further information please contact:

*Tim Brown, Democratic Services, Tel
01432 260239*

E-Mail: tbrown@herefordshire.gov.uk

**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, Mrs. E.M. Bew, G.W. Davis, J.G. Jarvis,
Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

	Pages
1. APOLOGIES FOR ABSENCE	
To receive apologies for absence.	
2. NAMED SUBSTITUTES (IF ANY)	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.	
3. DECLARATIONS OF INTEREST	
To receive any declarations of interest by Members in respect of items on this agenda.	
4. MINUTES (TO FOLLOW)	1 - 8
To approve and sign the Minutes of the meeting held on 15th March, 2007.	
5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY	
To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
6. PUBLIC SERVICE TRUST	9 - 66
To consider an update on the development of a Public Service Trust for Herefordshire.	
7. HEREFORD HOSPITALS NHS TRUST - WORKFORCE REPORT	67 - 70
To consider a report from the Hereford Hospitals NHS Trust on plans to generate savings through staff reductions.	
8. PROVISION OF EAR, NOSE AND THROAT SERVICES	71 - 80
To receive an update on the operation of the arrangements for the provision of Ear, Nose and Throat Services.	
9. ANNUAL HEALTHCHECK	81 - 82
To consider the preparation of the Committee's commentaries on health bodies in Herefordshire as part of the Healthcare Commission's Annual Health Check process.	

10. THE LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH BILL (TO FOLLOW)	83 - 86
To brief Members about the Local Government and Public Involvement in Health Bill 2006-07, especially as it relates to the introduction and development of Local Involvement Networks (which will replace existing Public and Patient Involvement Forums).	
11. SUMMARY OF ACTION IN RESPONSE TO SCRUTINY COMMITTEE RECOMMENDATIONS (TO FOLLOW)	87 - 98
To note progress against recommendations made by the Committee.	

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

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committees to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

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.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

Remits of Herefordshire Council's Scrutiny Committees

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

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

Please Note:

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

The Council Chamber where the meeting will be held is accessible for visitors in wheelchairs, for whom toilets are also available.

A public telephone is available in the reception area.

Public Transport Links

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

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



Where possible this agenda is printed on paper made from 100% Post-Consumer waste. De-inked without bleaching and free from optical brightening agents (OBA). Awarded the Nordic Swan for low emissions during production and the Blue Angel environmental label.

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

FIRE AND EMERGENCY EVACUATION PROCEDURE

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

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

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

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

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

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 15th March, 2007 at 10.00 a.m.

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

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

In attendance: Councillors W.L.S. Bowen and R.M. Wilson. Mr J Wilkinson, Chairman of the Primary Care Trust's Patient and Public Involvement Forum was also present.

93. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Mrs E.M. Bew and T.M.James.

94. NAMED SUBSTITUTES

There were no named substitutes.

95. DECLARATIONS OF INTEREST

There were no declarations of interest.

96. MINUTES

RESOLVED: that the Minutes of the meeting held on 2nd March, 2007 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the Public.

98. UPDATE ON EMERGENCY PLANNING ARRANGEMENTS FOLLOWING THE OUTBREAK OF LEGIONNAIRES DISEASE IN HEREFORD IN NOVEMBER 2003

The Committee received an update on emergency planning arrangements following on from the Committee's Review of the response to the outbreak of Legionnaires disease in Hereford City in 2003.

A previous update had been given to the Committee in September 2005. The Emergency Planning Manager presented his report on developments since that time. He highlighted that the development of the West Mercia Local Resilience Forum (LRF) had considerably enhanced the sharing of information between the Category 1 Responders (the Council, Ambulance Service, Fire Service, Health Protection Agency, Primary Care Trust (PCT) and the Police). Protocols had been agreed which more clearly defined the respective roles of agencies in managing an infectious disease outbreak. This had resulted in increased resilience and he

considered that arrangements for dealing with emergencies were now stronger than in 2003

He noted that whilst Legionnaires disease itself was not assessed as one of the highest risks in both national and local terms requiring a specific emergency response plan there was an annual assessment of risk was made by the local risk Group.

One issue which was outstanding was finalising a Memorandum of Understanding (MoU) between the Council and the Health Protection Agency (HPA) dealing with the protocols for dealing with infectious diseases. This was currently in draft form and had not been progressed by the Agency because of national work on a new MoU taking account of changes to PCTs and Strategic Health Authorities. Whilst the absence of the local MoU had not hindered the Council's ability to work with the HPA he considered that it would be worthwhile to put it in place.

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

- Responding to a question, the Emergency Planning Manager said that although organisations and structures were constantly changing, the current plans and training should prevent this disruption being a hindrance. The LRF was a useful mechanism for keeping agencies updated.
- It was suggested that the response to the legionnaires outbreak had been strengthened because of good local knowledge and working relationships. The Emergency Planning Manager acknowledged this but added that the arrangements with the major agencies agreed by the LRF at regional level were replicated at a local Hereford level. A local focus had been retained and there were local training events.
- The Emergency Planning Manager agreed to look into the possibility of offering Members the opportunity to observe future emergency planning exercises.
- The Chief Executive (Acting) of the PCT was invited to comment and concurred with the Emergency Planning Manager that arrangements for collaboration between key organisations had been strengthened.
- The Chief Executive of the Hospitals Trust was asked about the Hospital's state of readiness taking into consideration the pressures an avian flu pandemic for example would generate. He advised that as part of the Local Resilience Forum the hospital would be able to draw on assistance from across the Region. He was mindful of the importance of keeping plans refreshed and the Hospital's Major Incident Plan had recently been reviewed.
- A further question was asked about the arrangements for ensuring that lessons learned across the Country were shared. The Emergency Planning Manager advised that the Regional Resilience Forums reported to the Cabinet Office and information was co-ordinated and Regions kept informed of developments and they in turn informed local agencies.
- The Chief Executive (acting) of the PCT commented on the requirements on the PCT to declare any incidents, analyse them and take account of any lessons learned from them.

RESOLVED:

- That (a) the emergency planning update be noted;
- (b) an update on the preparation of a Memorandum of Understanding between the Council and the Health Protection Agency dealing with the protocols for tackling infectious diseases be made in six months time;
- and
- (c) consideration be given to offering Members the opportunity to observe future emergency planning exercises.

99. LOCAL DELIVERY PLAN

The Committee received an update on the Primary Care Trust's Local Delivery Plan.

Mr Simon Hairsnape, Chief Executive (Acting) of the Primary Care Trust (PCT) gave a presentation on the Local Delivery Plan 2007/08 (LDP).

He commented first on the national funding picture noting that 2007/08 was the last of 3 years of significant funding growth (around 9% per year) which had brought funding roughly into line with European average investment of 9 % Gross Domestic Product. He explained the basis on which funding was allocated to PCTs and that Herefordshire had been allocated £233 million in 2007/08 (£1,309 per patient.) This was to cover hospital services, community services, primary care (e.g. GP services) and prescribing.

The LDP, which had now been agreed with the West Midlands Health Authority set out the PCT response to national requirements and local targets. Priorities for 2007/08 were:

- Reducing waiting times from when a GP referred a patient for treatment to the start of treatment to 18 weeks by December 2008. (This represented a significant contrast to the position where patients had had to wait 6-9 months for an out-patient appointment and up to two years for treatment.) Herefordshire had opted to implement this early so that 90% of people would be treated within 18 weeks by December 2007. It would require a huge increase in capacity and redesign of services to achieve the target
- Reducing the incidence of healthcare acquired infections. (Although the number of cases was not large in health terms there was an issue of public confidence in the system to address.)
- Reducing health inequalities and promoting health and well-being (with particular focus on 48 hour access to Genito-urinary Medicine (GUM) clinics). (Money allocated to the Health Promotion Service had been ring-fenced. A joint Director of Public Health was to be appointed.)
- Improving financial 'health'. (Whilst Herefordshire's financial position had generally been good it was again an area where it was important to ensure public confidence.)

He reported that following the requirement for the NHS to achieve financial balance in 2006/7 there was a requirement to achieve a national £250M surplus in 2007/8.

This was in the context of reduced growth from 2008/9 onwards and a requirement that cash releasing efficiency savings of 2.5% would be achieved for all services.

He also drew attention to the introduction of the system of payment by results which was based on paying nationally fixed 'average' prices for each episode of care rather than negotiating prices locally. This aimed to reward productivity and efficiency in that if a hospital could attract more patients or provide care cheaper than the national tariff, they would gain. It was also intended to play a key part in achieving other areas of system reform such as choice, and achieving the 18 week waiting time target from GP referral to the start of treatment.

He referred to the 'Non-NHS Contracts' for the delivery of long-term and palliative care through contracting with the private and independent sectors.

In relation to further system reform to increase choice and competition he commented on the national drive for greater 'plurality' of providers to increase capacity, drive competition, increase innovation and responsiveness to patients.

He also commented on the target that 80% of patients should report they were being offered a minimum of 4 choices by their GP when they are referred to hospital services. Currently this was not something which appeared to be being met in Herefordshire with only 30% of patients claiming to be offered this level of choice. Comparative information for patients to help them make choices was basic at this stage, often resting on GP recommendation.

In conclusion he stated that 2007/08 was another important year for the PCT with the Government's expectation that national targets set out in 2000 would be met. There would be organisational reform with the development of a Public Service Trust for Herefordshire and decisions on the management of provider services. The PCT's decision to seek to achieve the target of delivery of reducing waiting times from GP referral to the start of treatment to 18 weeks by December 2007 was also a challenge. Whilst the financial position in Herefordshire had historically been reasonable there would still be some difficult decisions to take. Improved public engagement was also an objective with a mismatch between the level of public satisfaction expressed with services, most people indicating that they were "generally satisfied" and the improvements that the PCT considered had been delivered.

In the ensuing discussion the following principal points were made:

- The implications of seeking to reduce waiting times from GP referral to the start of treatment to 18 weeks by December 2007 were discussed. Mr Hairsnape said that making sufficient capacity available was the key challenge rather than providing the finance in 2007/08. An "unscheduled care" project was underway to seek to manage workload so that the capacity to undertake elective care was maximised. However, the tighter financial circumstances expected in future years made it important that progress was made this year. He added that if the PCT achieved the 18 week target and met its financial targets and public health targets it would be one of the highest performing PCTs in the Country.
- It was asked how the PCT intended to finance the delivery of the target to reduce waiting times from GP referral to the start of treatment to 18 weeks by December 2007 and why it believed it could do so in 2007/08 given the difficulty in paying for operations it had faced at the end of 2006/07. Mr Hairsnape said that once the waiting list had been reduced it did not need as great a level of resources to keep it at that level. There were also potential financial gains in that once the shorter waiting time was achieved patients would seek to be treated locally

rather than elsewhere. He added that the principal reason for funding issues arising in 2006/07 had been that the PCT had had to pay £6.1 million in 2006/07 to the Strategic Health Authority to help offset financial pressures elsewhere in the NHS. It was expected that at least a proportion of this money would be returned to the PCT particularly if it could demonstrate that it was performing well.

- Mr Woodford, Chief Executive of the Hospitals Trust, confirmed that the 18 week target had the potential to benefit the hospital in that treating more patients would generate more income. The Chairman of the Trust emphasised that achieving the target depended on the Hospital, the PCT, Social Services and the voluntary sector working together. To succeed the project would require that patients did not stay in the hospital or community hospitals longer than necessary but returned to home as soon as they could safely do so.
- A question was asked about instances of patients being discharged and not subsequently being notified of aftercare appointments. On behalf of the PCT it was stated that it was now the case that a lot of follow up appointments were no longer necessary. Discussions had taken place with the GPs on this point to agree a policy. What was important, however, was that if a follow up appointment was not required this was clearly communicated.
- On behalf of the Hospitals Trust it was acknowledged that the hospital booking centre had been under pressure, in part because of the introduction of a new computer system. Direct booking by GPs across all services would be rolled out by mid-summer which should reduce pressure on the centre. The Chief Executive said that he would be pleased to look into any specific cases if the details were forwarded to him.
- In response to a question about payment by results Mr Hairsnape confirmed that whilst the PCT was paid slightly more per patient than the average, reflecting the County's demographic profile, with a higher number of older people, no account was taken of the County's rurality, despite the PCT continuing to make the case to Government that delivering services in a rural County cost more.
- Mr Hairsnape also commented briefly on the resources which had been put into NHS pay. He acknowledged that these had been significant but had helped in addressing recruitment and retention difficulties. He added that GPs were now delivering a wider range of services and that good performance was being rewarded.
- It was asked whether the proposed increased levels of activity created the risk of an increase in the number of infections being acquired within the hospital. Mr Woodford replied that there was a proven link between activity levels and infection rates. Targets had been set to reduce the number of cases of MRSA and C. Diff. In 2003/04 the hospital had very few cases and improving on that level was very difficult. It was explained that all elective care patients were screened before entering the hospital. Where cases were found the aim was to isolate those cases. This was a challenge in a relatively small hospital with a small number of wards. The ideal would be to achieve an occupancy level of about 85%. Prescribing policy was also being changed recognising the link between some antibiotics and the spread of C. Diff. It had to be acknowledged, however, that visitors to the hospital needed to heed notices about the need to take appropriate steps to preserve cleanliness such as washing hands in accordance with the instructions on the notices posted around the hospital.

100. RESPONSE TO SCRUTINY REVIEW OF THE GP OUT OF HOURS SERVICE

The Committee considered the response by the Primary Care Trust (PCT) to the findings of the scrutiny review of the GP out of hours service.

The report prepared by the PCT set out the response to the Committee's recommendations approved in September 2006 all of which had been accepted by the PCT.

Mr Hairsnape, Chief Executive (Acting) of the PCT commented that the service now provided was clearly very different to that which had existed before GPs had been able to opt out of providing out of hours cover. The new out of hours service had improved significantly since its inception but the PCT considered there was room for further improvement. However, the service in Herefordshire was one of the higher performing services in the Country and was meeting key Government targets.

The service was not popular although the number of complaints had reduced. It was acknowledged that there could be several reasons for this reduction including that people had simply got used to the service rather than it necessarily meeting their requirements.

A major project on unscheduled care was underway which would include the out of hours service.

He drew the Committee's attention to the publication on 14th March, 2007 of a report by the Public Accounts Select Committee: The Provision of Out of Hours Care in England. He noted that whilst the report focused on the preparation for the new service its performance and its costs there was one specific reference to Herefordshire. In giving evidence to the Select Committee Sir Ian Carruthers, Acting NHS Chief Executive had said, "There are examples where early involvement of GPs, for example in Hereford, to name one, has made sure that there are very effective arrangements".

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

- Mr Wilkinson as a Member of the PCT's out of hours steering Group advised that the Group monitored performance closely and had seen a great improvement take place.
- Replying to a question about the ability of the service provider's drivers to locate patients in remoter parts of the County Mr Hairsnape said that an experienced group of drivers was now in existence which was familiar with the County.
- A Member stated that the experience in part of the north of the County was that the out of hours Service was still in need of improvement.
- That the service was still relatively new and unfamiliar but the service provider had clearly demonstrated a willingness to seek to learn from experience and improve.

It was proposed that the Committee should receive a further update in due course.

RESOLVED: That the response of the Primary Care Trust to the Review be noted and a further update made in six months time.

101. RESPONSE TO SCRUTINY REVIEW OF COMMUNICATION IN THE LOCAL HEALTH SERVICE

The Committee considered the response to the findings of the scrutiny review of the Local Health Service's communications strategy and procedures.

Reports had been received from both the Hospitals Trust and the Primary Care Trust setting out their responses to the review's recommendations approved in September 2006.

The Chairman of the Review Group which had undertaken the review observed that the topic of effective communication was wide-ranging and there was no perfect solution to it and the issue was also to that extent an ongoing one. The Group had therefore tried to focus on some key issues.

Mr Woodford, Chief Executive of the Hospitals Trust, agreed that the issue was an ongoing one and outlined a number of steps the hospital had taken to improve communication. Areas identified for further work included: sympathetic communication with the patients; and the link to the Patient and Public Involvement Forum on which he would be happy to provide a future update to the Committee

Mr Hairsnape, Chief Executive (Acting) of the Primary Care Trust (PCT), reported that the PCT had accepted the Review's recommendations. The PCT was a large organisation and recognised the importance of communicating well and treated it as a key management responsibility. A range of methods were used and new approaches tried. Some new processes had been implemented as a direct result of the Review. In response to comments on the role of Councillors and Parish Councils in delivering information to the community he added that the PCT continued to be willing to attend community meetings as part of the communication process.

RESOLVED: That the response of the Hereford Hospitals NHS Trust and the Primary Care Trust to the Review be noted and a further update made in six months time.

102. WORK PROGRAMME

The Committee considered its work programme.

The following additions to the programme were agreed: updates on progress regarding the Public Service Trust and the Hospital Trust, progress by the Hospitals Trust, in particular, in relation to the review of Communications, a further report on the out of hours service having regard to the project being undertaken on unscheduled care and a report on progress in developing a Memorandum of Understanding between the Council and the Health Protection Agency dealing with the protocols for tackling infectious diseases.

RESOLVED: that the Committee's work programme be approved and reported to the Council's Strategic Monitoring Committee.

The meeting ended at 12.01 p.m.

CHAIRMAN

PUBLIC SERVICE TRUST FOR HEREFORDSHIRE**Report By: Project Director, Herefordshire Public Service Trust****Wards Affected**

County-wide.

Purpose

1. To consider an update on the development of a Public Service Trust for Herefordshire.

Financial Implications

2. As reported to Cabinet on 8th February 2007 there are financial implications that are being assessed as part of the overall project. Both parties need to undertake due diligence as part of the process of understanding the financial stability of the respective partner. There is also a need to understand the different funding streams that are available to the respective partners and the overall funding envelope within which the proposal will have to be contained. This forms part of the work being undertaken by the Corporate Resources, Finance and ICT Working Group
3. There are also a number of other key areas that have been identified through the detailed work of Working Groups where specialist advice may be needed in order to advise, clarify or inform the ongoing work. There will be costs associated with the consultation process.

Background

4. Members will recall from previous reports that the impetus for this proposal came in May last year after the Government looked at reorganising Primary Care Trusts. Although the Government announced that there would continue to be a separate Primary Care Trust for Herefordshire, it recognised that the proposal to establish a Public Service Trust could be beneficial. Services could be developed and safeguarded within the county if the workings of the Primary Care Trust and Council were brought together.
5. The idea being to revolutionise local public services by fulfilling the vision for a single leading-edge organisation comprising of the Council and Primary Care Trust with three key aims:

- To deliver a wider range of excellent and integrated public services designed around the needs and expectations of individual patients and customers.
 - To provide better value for money for local taxpayers, with savings on management costs as the Public Service Trust moves to a single management structure.
 - To safeguard and enhance local health and public services in Herefordshire.
6. As a result of this it was necessary to initiate the work needed to develop the concept.
7. A Project Director and Project Officer were therefore appointed by the Council and Primary Care Trust in January 2007 with the remit to take forward the work initiated as a consequence of the scoping exercise that was undertaken in August / September 2006. A project Steering Group was established from the beginning of February and a Project Initiation Document (Appendix 1) was agreed on 6th February.
8. The Steering Group (Appendix 2) is jointly Chaired by the Leader of the Council and Primary Care Trust Chair and its membership includes both Chief Executives, Cabinet Member, Non Executive Director, Chair of the PCT's Professional Executive Committee and PST Project Director.
9. Eight working Groups were established by the Steering Group at the beginning of February with the terms of reference that require them to address a wide range of responsibilities that are designed to move the Council and Primary Care Trust from the scoping report to a public consultation regarding the creation of a Public Service Trust for Herefordshire. In doing so the Working Groups are required to address the six success criteria that were highlighted in the scoping report and approved by the Cabinet and Primary Care Trust. Working Groups include key people from within the Council and Primary Care Trust along with other key stakeholders including the Third Sector, Staff Representatives and the Patient & Public Involvement Forum.
10. The Working Groups are:
- Change Management & Human Resources.
 - Clinical & Corporate Governance.
 - Communication, Consultation, Involvement & Clinical Engagement.
 - Service Users.
 - Corporate Resources, Finance & ICT.
 - Planning, Commissioning & Performance Management.
 - Public Health & Health Improvement.
 - Environment Services.
11. The Working Groups have been meeting regularly, are well attended and are making good progress. All have produced interim reports to the Steering

Group and are on track to submit their final reports by the beginning of April. The final reports will inform the consultation document.

12. The Steering Group have agreed a detailed project plan against which progress can be monitored. The plan will be kept under constant review and will be subject to revision as necessary. Consultation will take place in the late spring/early summer this year. This will involve discussions with key stakeholders including employees, patients, customers, partner organisations and the Third Sector. Depending on the outcome of the consultation, the timetable could see a 'shadow' Public Service Trust in October, with a new organisation comprising of the Council and PCT's commissioning functions beginning in April 2008.
13. It is important to note that the Primary Care Trust is also undertaking a review of its provider services. This work aims to identify the preferred organisational model for the delivery of direct patient care services and is complementary to the PST work to remodel the Council and Primary Care Trust's commissioning functions. The PST Steering Group have commissioned regular updates from the Primary Care Trust's Provider Services Project Steering Board.
14. The Primary Care Trust aims to produce a short list of options for its provider services that can be included in the PST consultation to canvass wider views and to propose a broad "direction of travel" for its provider services.
15. It is already apparent that both the Council and Primary Care Trust are benefiting from the closer working relationships that are developing as a result of this work. There are many areas that would benefit from an integrated approach to public services through a Public Service Trust for Herefordshire.

Risk Management

16. The PST Project Steering Group has commissioned the Clinical and Corporate Governance Working Group to coordinate the production of a risk register. The Risk Register identifies the "top" risks for both the Council and Primary Care Trust as reported through existing mechanisms and a PST Risk Register that focuses on risks relating to the respective partners arising from the PST development. This Risk Register will be reviewed at each meeting of the Steering Group.

Consultation

17. Although it is anticipated that the public consultation will commence in the spring / summer the date has yet to be finalised as it is subject to discussions with key stakeholders.
18. The Steering Group have agreed a draft Communications and Consultation Strategy that establishes a clear framework for the consultation. This will be circulated separately.

RECOMMENDATION

- THAT (a) the Committee notes progress and the next steps in relation to the establishment of a Public Service Trust for Herefordshire; and
- (b) the Project Director provides the Committee with regular updates at its quarterly scheduled meetings.

Background Papers

- Scoping Report – Public Service Trust – Herefordshire produced by Alan Curless & Associates Ltd
- Summary of the deliberations of Cabinet on 26th October 2006.

HEREFORDSHIRE PUBLIC SERVICE TRUST PROJECT

PROJECT INITIATION DOCUMENT

INTRODUCTION AND BACKGROUND TO THE CONCEPT OF THE PUBLIC SERVICE TRUST

The concept of a Public Service Trust arose from the consultation undertaken by the West Midlands South Strategic Health Authority on the reconfiguration of PCTs in the region as a result of the Department of Health's "Commissioning a Patient Led NHS" proposals. Those proposals sought to establish larger PCTs with strengthened commissioning capacity and to create a clear separation between commissioning and providing roles. It was clear that locally the PCT would not remain unaffected by these reforms and choices would have to be made about future configuration and direction. Given the strong sense of community and close working relationships in Herefordshire the preferred option was to retain a Herefordshire based PCT and to exploit the advantages of an even closer working relationship with Herefordshire Council. The result of which is the development of a radical and exciting option to form a Public Service Trust (PST). This would see all of the resources of both the Council and the commissioning functions of the PCT being much more closely aligned for the direct benefit of service users.

This Project Initiation document therefore establishes the framework for taking this innovative and unique proposal forward.

CHALLENGE

The challenge which was faced in Herefordshire was that of being in geographical terms one of the three largest local authorities in the West Midlands Government Office area but in terms of population being one of the smaller of the upper tier or single tier authorities within the region. It is also in national terms the most sparsely populated unitary authority. Those challenges based as they are on the issues of geographic size and population are replicated when it comes to consideration of the appropriate size of unit required to commission health services. It is this challenge to which the Public Service Trust proposal seeks to respond to establish a unique model of public service provision across local government and health to respond to the particular needs of Herefordshire.

VISION

The emerging vision is that of a single public service commissioning body for Herefordshire, capable of supporting both the Council and the Primary Care Trust in ascertaining and prioritising the needs of the community; and in securing high quality services to meet those needs. In governance terms, there will be a need to establish a new public service organisation called a Public Service Trust to fulfil the

commissioning role of the PCT and the Council and to ensure, in particular, that those arrangements enable the Council to fulfil any Children's Trust obligations and other statutory responsibilities.

It would be illogical for the wider vision for the organisation to be other than that to which both organisations already subscribe through the Herefordshire Partnership and as set out in the Community Strategy, namely:

Herefordshire will be a place where people, organisations and businesses working together within an outstanding natural environment will bring about sustainable prosperity and well-being for all.

To help individuals achieve their potential and improve health, well-being and prosperity, the new public service organisation will work within the four themes of the Community Strategy. Whilst these themes will cover part of the PST's work, there will be large areas that form part of the Primary Care Trust's responsibilities that are not currently captured in the headline themes. These responsibilities include activities in primary care, community care and hospital services. As part of the next revision of the Community Strategy, there will be a need to examine how those responsibilities can be more clearly reflected as outcomes in the headline themes.

HEALTHY COMMUNITIES AND OLDER PEOPLE

- Reducing health inequalities and promoting healthier lifestyles.
- Ensuring older people and vulnerable adults enjoy more independence and choice.

CHILDREN AND YOUNG PEOPLE

- Ensuring children and young people are healthy and have healthy lifestyles.
- Ensuring children and young people are safe, secure and have stability.
- Ensuring children and young people achieve education, personal, social and physical standards.
- Ensuring children and young people engage in positive behaviour inside and outside of school.
- Ensuring children and young people engage in further education, employment and training on leaving school.

ECONOMIC DEVELOPMENT AND ENTERPRISE

- Creating more and better paid employment.
- Creating a more adaptable and higher skilled workforce.
- Reducing traffic congestion through access to better integrated transport provision.
- Reducing hardship by encouraging the uptake of benefits for those who have an entitlement.

SAFER AND STRONGER COMMUNITIES.

- Reducing levels of and fear of crime, substance misuse and anti-social behaviour
- Minimising accidents
- Creating cleaner and greener and communities seeking to ensure that people are active in their communities and fewer are disadvantaged.

In integrating the organisations in this way, it will be important to adhere to the following principles:

- Creating single points of access;
- Establishing clear pathways to service provision;
- which will also:
 - Be responsive to individual needs and engage people and their communities in the shaping and prioritisation of services.
 - Draw on the partnership across and between the public sector bodies in the County
 - Establish strong links between individual components of service within the Partnership
 - Eliminate unnecessary organisational and professional barriers, maximising the effective commissioning and provision of service to meet individual needs.

This describes what the Public Service Trust is seeking to achieve on behalf of the community but it is not possible to describe each and every individual component of service, commissioned or provided by the Council or commissioned by the PCT.

DELIVERY OF THE VISION

The integration of public service provision envisaged needs to be managed in a way which effectively uses the principles of project management and change management.

Project Management Arrangements

Mr. Russell B. Hamilton, former Chief Executive of Hereford and Worcester Ambulance Service NHS Trust, has been appointed as Project Director to project manage the initial work on the project. Russell B. Hamilton will be supported initially on a part-time basis by Helen Playdon who is seconded from the PCT to the role of Project Officer. The project office will be located centrally in Hereford.

Project Timetable

One of the early tasks will be to establish a project timetable which will enable the arrangements to operate in shadow from 1st October 2007 with both commissioning and provider arms being fully functional by at the latest April, 2008. The PST development project will therefore run in parallel with Primary

Care Trust Provider Services Project. The Steering Group will maintain close links with the Provider Services Project Team who together will need to consider whether it is feasible for the public consultations on the proposals to be carried out jointly.

Consultation and Public Involvement

The PCT and the Council are committed to engaging key local stakeholders e.g. not for profit / voluntary sector in the process and to consulting the local population on the proposals that emerge from this work. The importance of this is recognised by the formation of a Working Group that is to be established specifically for this purpose.

Work Streams

The initial work on the project will need to be undertaken through a series of work streams, for the most part jointly staffed by the PCT and the Council. The key principles to be adopted in the project management of the work streams are:

- To maintain two-way communications with and between the other work streams that form part of the development programme;
- To provide regular updates on progress;
- To manage the work by reference to Prince 2 principles;
- Develop and modify the work streams as set out in the remainder of this part of the paper, preparing appropriate papers and ensuring that the work being undertaken in parallel within the work streams is co-ordinated and focused on the delivery of the project time table.

A number of work streams (Working Groups) are proposed and these are set out below:

(i) Project Steering Group

It is proposed to establish a Project Steering Group which will be jointly chaired by the Leader of the Council and the Chair of the PCT. The Chief Executive of the Council and the Chief Executive of the PCT would also serve as part of the Project Steering Group. It is proposed that the Project Steering Group be further augmented by the appointment of one further Councillor from the Council, one further non-Executive Director from the PCT and the Chairman of the PCT's Professional Executive Committee (PEC).

The Project Steering Group will –

- Be responsible to the Council and the PCT for the overall conduct and delivery of the PST project;
- Be responsible for the provision of appropriate resources and financial accountability of the project, given the risk to which the unsuccessful delivery of the PST would represent for both organisations in financial and representational terms;

- Be responsible for monitoring progress, ensuring that the individual work streams are managed as a whole to achieve the best possible results for the people and communities of Herefordshire;
- Oversee the implementation of the Communication Strategy agreed for the programme
- Adopt an appropriate change management model which would enable the new organisation to recognise the differences in culture between the PCT and Council, and to establish a new set of core values enabling it to build on the existing strengths of both contributing organisations;
- Receive regular reports from the Chief Executive of the Council and Chief Executive of the PCT based on the Project Director's reports from the below listed work streams.
- Receive regular reports and updates from the Chairs of Working Groups established by the Steering Group.
- Receive regular reports and updates regarding the progress of the PCT's Provider Services Project.

(ii) **Human Resources and Change Management**

Chair: Julie Thornby

- To agree a joint change management policy across both organisations;
- To determine the HR implications of creating the PST;
- To determine a recruitment policy to fill vacancies;
- To determine the future HR needs of the PST and how these are best met.
- To ensure that effective arrangements for engaging staff and their representatives exist.

(iii) **Clinical and Corporate Governance**

Chair: Ian Tait

- To determine appropriate arrangements to meet the overall requirement of the Council and the PCT;
- To meet the legal requirements for governance to enable both the Council and the PCT to satisfy the requirements of the Local Government Acts and Health Acts respectively, including overview and scrutiny arrangements.
- To determine the appropriate structure for financial governance to ensure the financial requirements of both Local Government and NHS can be secured, including any statutory or audit requirements.

- To enable both organisations to meet any subsidiary requirements in relation to use of resources, value for money, efficiency savings.
- To establish arrangements to secure the clinical / non-clinical governance requirements to the NHS and the government requirements imposed on local government especially in relation to specific services for adults and children.
- To secure appropriate arrangements for the overall corporate governance of both organisations, particularly in the areas of code of conduct, standards, diversity.
- To establish arrangements to implement relevant policy frameworks (e.g. Civil Contingencies; Freedom of Information; Data Protection etc).

(iv) **Communication, Consultation and Involvement and Clinical Engagement**

Chair: Robert Blower

- To map and evaluate key internal and external communications channels and activities across the PCT and Council.
- To commit to a single integrated communication and consultation approach during the run up to the establishment of a Herefordshire PST, and to form the basis of a culture change programme.
- To identify and prioritise stakeholders in the PST as the basis for structured communications, consultation and involvement.
- To establish shared principles for communications, consultation and involvement.
- To create an integrated communication and consultation strategy.
- To develop a clear and simple brand structure, building on existing brand equity.
- To ensure effective clinical engagement

(v) **Customer and Patient Services**

Chair: Jane Jones

- To map out existing customer and patient service provision, practice and provision within the PCT and the Council;
- To commit to a single integrated approach to customer and patient services and to establish the principals that will be used to guide that model;
- To establish a common set of customer standards, training and culture in the approach to customers and patients;
- To seek to establish in as far as is possible a single coherent system for dealing with complaints. (Any such system will need to

be capable of meeting the different regulations within local government and the NHS and internally in both organisations);

- To incorporate the relevant diversity framework which would enable any legal and corporate governance requirements to be fulfilled.

(vi) **Corporate Resources and Finance**

Chair: Sonia Rees

- To establish overall direction and appropriate reporting for the development of corporate resource management (covering finance, property and ICT) frameworks for the PST;
- To be responsible for the overall conduct and delivery of the development of such strategies;
- To determine appropriate fit of services and support arrangements.

(vii) **Planning, Commissioning and Performance Management**

Chair: Yvonne Clowsley

- To establish overall direction and appropriate reporting for the development of planning, commissioning and performance management frameworks for the PST;
- To be responsible for the overall conduct and delivery of the development of such strategies;
- To identify and agree a definition of commissioning which is appropriate for Children's Trust arrangements, Adult Social Care and the wider Council and PCT delivery arrangements as they link to the PST proposals;
- To liaise with other working Groups to identify and agree a range of Key Performance Indicators (KPI's) that both fulfil the current national reporting requirements and support the development of the PST.

(viii) **Public Health and Health Improvement**

Chair: Frances Howie

- To assess public service needs;
- To maximise opportunities for public health programmes which safeguard and improve the health of local people in line with local and national priorities;
- To satisfy both organisations that their statutory responsibilities will be delivered.

(ix) **Environment Services**

Chair: Andy Tector

- To determine how the outcomes for the following key priorities can be influenced by the delivery of services through a Public Service Trust:
 - Sustainability through minimising waste and responding to climate change;
 - Safer and stronger communities by reducing traffic accidents, congestion and improving the street scene, improving economic development, innovative forward planning and delivery of the Respect Agenda;
 - Public protection through food safety inspections and food licensing
 - To reduce the human and economic impact on the community and of those whose life is lost or severely affected as a result of preventable incidents.
 - To recommend appropriate organisational arrangements to secure added value in the way services are delivered.
 - To identify and determine how the development of environmental health services will contribute to the improving health of the population.

FRAMEWORK FOR THE WORK STREAMS (Working Groups)

It is proposed that the work streams should be tested against the success criteria set out in Annex 2 of the paper prepared by Alan Curless and Associates Limited and which formed part of the report to both the PCT and the Council on which the original approval was based. The six criteria which provide the framework within which the work streams should operate are:

Criterion 1: To improve services to the customer

Criterion 2: To improve utilisation of resources

Criterion 3: To meet expectations of key stakeholders

Criterion 4: To improve future viability of independent Herefordshire public sector bodies

Criterion 5: To satisfy Herefordshire Council and Herefordshire PCT Board governance and delivery agenda

Criterion 6: Raises the Herefordshire profile at regional and national level.

Further details as to those criteria are set out in Appendix 1 attached to this document.

Each group will be expected to provide the Steering Group with regular progress reports detailing its work. They will also need to provide the Steering Group with a self assessment against the six criteria (above).

LEADERSHIP

An essential component of any change programme is the establishing of clear leadership.

That leadership needs to be established at the earliest possible opportunity and given the composition of the two bodies needs to be established in both governance and managerial terms.

In **governance** terms, clear leadership will be required from the Chair of the PCT and the Leader of the Council. It is proposed that that obvious leadership be augmented by creating support for the Chair of the PCT and the Leader of the Council by the appointment of one further non-Executive Director from the PCT and one further Councillor from the Council. It is also proposed to augment the leadership in governance terms by appointing the, Chairman of the PCT's Professional Executive Committee who is the Trust's lead clinician.

In terms of **managerial** leadership, this will be provided initially through the Chief Executive of the Council and the Chief Executive of the PCT. Their primary managerial responsibilities will, however, remain with the running of their existing respective organisations pending the appointment of a single individual for the post of joint Chief Executive who would discharge the duties of Chief Executive of the PCT and Chief Executive and Head of Paid Service of the Council. That appointment will be an important first step in establishing leadership of the new organisation and, subject to the requirements of consultation and formal agreement by the Council and PCT, every endeavour should be made to secure that appointment at the earliest possible stage.

ISSUES TO CONSIDER FOR EACH CRITERION:-

CRITERION 1: TO IMPROVE SERVICES TO THE CUSTOMER

- Single point of access to services
- Single assessment process and individual plans
- Better integration of services and greater coherence
- Local Social and Health Care Zones
- Separation of commissioning and procurement
- Less health inequalities
- Better communication with the public
- Putting people more in control of health and well-being
- Stronger focus on prevention
- Stronger Public Health Agenda
- Improved provision
- Single complaints system
- Meet community expectations
- Improved performance against targets
- Providing stronger market management and more opportunity to develop
- Innovative provision through joined-up commissioning
- Greater clinician involvement across a wider range of health and social care needs

CRITERION 2: TO IMPROVE UTILISATION OF RESOURCES

- Better value for money and cost savings
- Savings on management costs
- Better use of current estate and more co-location
- Providing stronger commissioning of services for the public, by combining scarce commissioning capacity, with the aim of improved performance and better outcomes for individuals and communities
- Improved and better co-ordinated research
- Improved public consultation process
- Improved performance management/performance assessment
- Better integration of all services e.g. Housing, Leisure, Transport
- Opportunity for shared back office functions
- Opportunity to review systems and improve
- Reduction in number of committees
- Major Human Resource Management opportunities

CRITERION 3: TO MEET EXPECTATIONS OF KEY STAKEHOLDERS

- Improve prospect of delivering Local Strategic Partnership plan and Herefordshire Partnership agenda
- Meet Strategic Health Authority agenda – status quo for Herefordshire PCT not acceptable because of size and scale of operation
- Supports Governments vision for closer working and integration of services
- Provides the Community Leadership role of local authority
- Separation of commissioning and procurement
- Provides further opportunities for the third sector
- Provides opportunities for other public sector bodies to integrate services and provision into the Public Service Trust
- Satisfies the community agenda – decision making taken more locally
- Improves Value for Money
 - Costs - Economy
 - Inputs and Outputs - Efficiency
 - Outcomes - Expectations

CRITERION 4: TO IMPROVE FUTURE VIABILITY OF INDEPENDENT HEREFORDSHIRE PUBLIC SECTOR BODIES

- Economies of scale and rural factors requires a more imaginative solution to structures
- Pressure each year on local authority budget
- Need to reduce management costs at Herefordshire PCT by 15%
- Expectations of Strategic Health Authority
- Need to avoid duplication and increase shared services
- Other public sector bodies able to join in and therefore, reduce costs
- Improves prospects of recruiting wider choice of senior managers
- A “rural proofed” solution to achieve viable services for relatively small rural populations, distant from other population centres, by combining LA and PCT commissioning requirement

CRITERION 5: TO SATISFY HEREFORDSHIRE COUNCIL AND HEREFORDSHIRE PCT BOARD GOVERNANCE AND DELIVERY AGENDA

- Creating a more effective force to sustain and develop a vibrant local economy, and deliver the targets of the LAA
- Difficulty in delivering the proposed structure
- Needs to take into account changes in the Herefordshire PCT Board and Senior Management Team
- Needs to take into account possible political changes within Herefordshire Council
- Need to ensure that good governance arrangements are in place to satisfy both parties
- Need to convince both parties of the customer benefits and the control of funds
- Potential press and external reaction to the proposal
- Potential Senior Management Team and staff reaction
- Creating a formal governance arrangement to deliver:-
 - Children's Trust arrangements
 - Public Health joint programme
 - Key parts of the LAA
 - A mechanism for GP practice based commissioners to work with commissioners of broader services beyond health, a Herefordshire PST, could for example, develop annual accountability arrangements with practice based commissioners including public health targets

CRITERION 6: RAISES THE HEREFORDSHIRE PROFILE AT REGIONAL AND NATIONAL LEVEL

- Benefits of a flagship project
- Potential to ask for greater flexibilities
- Potential to improve funding because new proposals are innovative
- Improves the prospect of recruiting wider range of senior managers because of the innovation
- Opportunity to build on current good practice and improve external assessment ratings

HEREFORDSHIRE PUBLIC SERVICE TRUST

STEERING GROUP

TERMS OF REFERENCE

- Constitution:** The Primary Care Trust Board and Council hereby resolve to establish a Steering Group whose responsibility is to develop the proposal for a Public Service Trust in Herefordshire. The Steering Group is a non-executive group and has no executive powers, other than those specifically delegated in these Terms of Reference.
- Membership:** The Steering Group shall be appointed by the Primary Care Trust Board and the Council from amongst the Non Executive Directors, Councillors, Executive Directors and Officers of the constituent organisations and other relevant bodies as appropriate. The membership will include the Leader of the Council, Chair of the PCT, Chief Executive of the Council, Chief Executive of the PCT, a further Councillor and Non Executive Director of the PCT, and the Chair of the PCT's Professional Executive Committee. The Project Director will be accountable to the Chief Executives of the PCT and Council and will be entitled to attend the Steering Group. A quorum shall be not less than four members, one of which must be the Leader of the Council or the PCT Chair and one of whom must be the Chief Executive of the Council or the PCT, in addition to which there should be at least one representative of the PCT and the Council. The Steering Group's membership will be kept under constant review to ensure that it engages those who are needed to ensure the success of the project. Contact Information for the Steering Group is attached at Appendix 1.
- Chairman and Vice Chair:** The Leader of the Council and Chair of the PCT will jointly Chair the Steering Group and therefore fulfil the roles of both Chair and Vice Chair.
- Authority:** The Steering Group is authorised by the Council and Primary Care Trust Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request in connection with this made by the Steering Group.

The Steering Group is authorised by the Council and Primary Care Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary in fulfilling its responsibilities.

Accountability: The Steering Group is jointly accountable to Herefordshire Primary Care Trust Board and Herefordshire Council.

Reporting Arrangements: The minutes of the Steering Group meetings shall be formally recorded and submitted to the Primary Care Trust Board, to the Council's Cabinet and, where appropriate, full Council (the Council). The Chair of the Steering Group shall draw to the attention of the Primary Care Trust Board and Council any issues that require disclosure to the full Primary Care Trust Board / Council or require executive action.

Secretarial/ Administrative Support: A Project Office will be established to provide appropriate administrative and secretarial support to the Steering Group and the Project Officer will;

- attend to take minutes of the meeting, keep a record of matters arising and issues to be carried forward;
- prepare the agenda and collate the papers;
- provide administrative support to the Steering Group in relation to its work.

Frequency of Meetings: Meetings shall be held not less than monthly. Other meetings may be held at the request either of the Chairs or by agreement by the Steering Group if they consider it necessary to the successful delivery of the project.

Define minimum notice period for meetings: A schedule of meetings will be agreed at the first meeting of the Steering Group. Agenda and papers will be published a minimum of one week prior to the date of the meeting.

Attendance: The Chairs of Working Groups will be invited to attend meetings to report on the progress of their respective group, to respond to any questions of Steering Group members and to seek advice or clarification on any issues requiring the support or direction of the Steering Group.

The Steering Group can require the attendance of any employee or other that it considers necessary for the efficient and effective conduct of its business.

Key Relationships: The Steering Group reports to Herefordshire Primary Care Trust Board and Herefordshire Council.

Duties / Principal Responsibilities: The duties of the Steering Group can be categorised as follows:

Governance, Risk Management and Internal Control

The Steering Group's principle responsibility will be to the Council and the Primary Care Trust Board for the overall conduct and delivery of the Public Service Trust project;

It will also:

Be responsible for the provision of appropriate resources and financial accountability of the project, given the risk to which the unsuccessful delivery of the Public Service Trust would represent for both organisations in financial and representational terms.

Be responsible for monitoring progress, ensuring that the individual work streams are managed as a whole to achieve the best possible results for the people and communities of Herefordshire.

Receive regular reports and updates from the Chairs of the Working Groups.

The Steering Group shall maintain an effective system of integrated governance, internal control and risk management, across the whole of its activities (both non-clinical and clinical), in support of the achievement of its aims and objectives.

In particular, the Steering Group will facilitate through its Working Groups the review of the adequacy of:

- All risks and controls related to the proposal to establish a Public Service Trust including any external opinion or other appropriate independent assurances, prior to formal recommendation for endorsement by the Primary Care Trust Board and Council.
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives and the effectiveness of the management of principal risks.
- The policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements.

In carrying out this work the Steering Group will primarily utilise its existing resources and if necessary the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Steering Group's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Other Assurance Functions

The Steering Group shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the proposed organisation.

These will include, but will not be limited to, any reviews by the Department of Health Arms Length Bodies or Regulators / Inspectors (e.g. Audit Commission, Commission for Social Care Inspectorate, Adult Learning Inspectorate, Healthcare Commission, Ofsted, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

In addition, the Steering Group will review the work of the Working Groups and others, whose work must provide relevant assurance to the Steering Groups regarding its own scope of work.

Management

The Steering Group shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisations (e.g. clinical governance, environmental health) as they may be appropriate to the overall arrangements.

Working Groups:

Subordinate Groups will include any ad hoc or working groups established to aid the delivery of the Steering Group. The Steering Group will approve the terms of reference for such groups.

The following Working Groups will be established:

- Human Resources and Change Management
- Clinical and Corporate Governance
- Communication, Consultation, Involvement and Clinical Engagement
- Customer and Patient Services
- Corporate Resources and Finance
- Planning, Commissioning and Performance Management

- Public Health and Health Improvement
- Environment Services

Date Established: 1 February 2007

Date Terms of Reference Originally Agreed: 1 February 2007

Date Terms of Reference Reviewed:

Date of Next Review September 2007

All Terms of Reference, Agenda, Papers, Minutes, Action Plans and Reports must be archived in accordance with current best practice.

All documents produced should include the appropriate reference in accordance with the Freedom of Information Act.

Herefordshire Public Service Trust

Communications and consultation strategy

(Version 3: 22 March 2007)

Contents

Objectives	Page 02
Standard description	Page 03
Vision and values	Page 04
Brand name and visual identity	Page 05
Audiences and stakeholders	Page 06
Principles for engagement	Page 07
Audit of communication and consultation channels	Page 08
Proposal for shared online working	Page 13
Draft consultation programme	Page 14
Action plan (to be completed)	Page 19
Risk assessment	Page 20
Evaluation	Page 21

Objectives

1. To achieve among all stakeholders, a high level of awareness and understanding of the vision and the benefits to be secured by the creation of a new public service trust for Herefordshire.
2. To deliver a high quality consultation programme that:
 - Ensures among key stakeholders the greatest possible awareness and understanding of the proposals
 - Engages all of the key stakeholders of Herefordshire, particularly public. patients and carers, effectively and fairly in line with best practice
 - Seeks the views of all the local and diverse communities of Herefordshire
 - Determines whether the proposals for the public service trust have stakeholder support
3. To engage stakeholders in determining the values, culture and behaviours required for the public service trust to be able to deliver a broad range of improved and efficient quality services.

Standard description

What is the proposed public service trust?

There are proposals that Herefordshire Council and the public health and commissioning functions of Herefordshire Primary Care Trust could be brought together to create a new and unique organisation – currently referred to as a public service trust.

Why is Herefordshire proposing this?

To create a single leading-edge organisation with three key aims:

1. To deliver a wider range of excellent and integrated public services designed around the needs and expectations of individual customers and patients.
2. To provide better value for money for local taxpayers, with savings on management costs as the public service trust moves to a single management structure.
3. To safeguard and enhance local health and public services in Herefordshire.

What has prompted the idea?

The impetus for this proposal came in May last year after the Government looked at reorganising primary care trusts. Although the Government announced that there would continue to be a separate primary care trust for Herefordshire, it is recognised that the proposal to establish a public service trust could be beneficial. Services could be developed and safeguarded within the county if the workings of the primary care trust and the council were brought closer together.

How will the three aims be achieved?

Excellent services would be commissioned and delivered by bringing everything together that supports total well-being, prosperity and quality of life for Herefordshire - delivering health, education, housing, public safety, regeneration, environment, housing, transport and leisure services around the needs of individual customers and patients.

Potential benefits include the reduction of inequalities, healthier lifestyles, greater independence for older people and vulnerable adults and more independence and choice for children and young people to improve their opportunities in life.

A single management structure would improve value for money and enable savings to be reinvested in local services. It would also streamline how decisions are made, and how money and resources are allocated and focused on the areas of greatest need.

Safeguarding services in Herefordshire would be assured if the primary care trust and the council joined together. Both have a strong track record of working in partnership. Herefordshire Primary Care Trust is one of the best-performing trusts in the West Midlands. Herefordshire Council is rated a 'three star' council by government inspectors. The new partnership would have a combined budget of around half a billion pounds.

Standard description (additional information for employees)

Which services are included in the proposals - and which are not?

The proposals include employees and services provided by Herefordshire Council, together with employees in the primary care trust who are involved in public health and commissioning health related services.

The community hospitals, community and mental health services currently provided by the primary care trust would not be part of the public service trust and are subject to a separate piece of work that is looking at the best model for managing these “provider” services in the future. There will be separate communications from the primary care trust regarding this as that work progresses.

Where would the new organisation be based?

The new organisation will be firmly based in Herefordshire to support patients and customers in gaining greater control for their own health, wellbeing and quality of life countywide.

The aim is to safeguard and enhance local health and public services and to protect budgets in Herefordshire for local people for the long term.

When could it happen?

A major consultation programme is planned in Herefordshire in the spring/summer this year. This will involve discussions with key stakeholders such as the employees, patients, customers, partner organisations and the voluntary sector.

Depending on the results of the consultation, the timetable could see a ‘shadow’ public service trust coming into existence in October 2007, with a new organisation beginning operations in April 2008.

What could this mean for employees?

The creation of a new public service trust would enhance Herefordshire’s reputation for innovation and leading edge public services.

It would also increase our ability to retain and attract high calibre public servants and to build a reputation for developing high quality public servants for the future.

Many employees of the council and the primary care trust are also members of the Herefordshire community and would therefore benefit from better services.

The council and the primary care trust are communicating the overall picture and plans. However, the in-depth work that will result in more detailed information is underway and is being carried out by several working groups, which were set up in February under the guidance of the steering group. This work encompasses human resources, change management, clinical and corporate governance, communication and consultation, customer and patient services, resources and finance, planning, commissioning, performance management, public health and health improvement and environment services.

Vision

To bring together the primary care trust and the local authority in a new leading edge organisation that will improve services, make better use of funds and safeguard local services in Herefordshire.

The aim is to improve customer focus and services significantly by working as one organisation – bringing together a ‘total well-being, prosperity and quality of life for Herefordshire’ that packages health, education, housing, public safety, regeneration, environment, housing, transport and leisure services around the needs of individual customers and patients.

The vision for the new organisation supports the established vision for the county agreed by the Herefordshire Partnership, which is:

“Herefordshire will be a place where people, organisations and businesses working together within an outstanding natural environment will bring about sustainable prosperity and well-being for all”.

Values

The council’s core values can be encapsulated in a simple one-line statement:

Service with integrity, equity and empathy

The existing values of the primary care trust are also concerned with service delivery:

Service centred on patient and carer needs ,with openness ,integrity, and respecting individuals’ privacy and dignity. The primary care trust will also promote team working and involvement.

The council is working on a comprehensive range of behaviours that link to employee competencies and reinforce the value set.

However, at this stage in the creation of the public service trust it is recommended that moves to consult on and agree a common core value set, in order to achieve a single culture organisation, should for practical reasons come later in the communication and consultation process

Brand name

When determining a brand name for the public service trust, it is recommended that the brand name:

- 1 Should contain 'the deliverable' for the new organisation, which is about providing quality public services more efficiently within Herefordshire to the people of Herefordshire.
- 2 Should be accessible, easy to write and pronounce.
- 3 Should differentiate the public service trust from any other similar service available in the marketplace.
- 4 Should encompass a simple brand structure retaining existing brand equity for the PCT and the council.
- 5 Should not be abstract as this would mean that promoting an understanding of the connection between the abstract name and concrete services it delivers would be very expensive and would take time.
- 6 Should not promise more than it can realistically deliver and nor should it limit the future expansion of services.

The creation of the brand name is an important step in promoting the public service trust internally and externally.

Visual identity

The visual identity for the brand is more than just the logo - it is the application of a consistent and coherent set of design properties and values across a wide range of applications. Considerations to be addressed:

- Brand values
- Logo
- Corporate colours and secondary colour palette
- Corporate typeface
- Current brand structure and exceptions to the brand
- Service descriptors
- Applications:
 - Business stationery (letters, compliment slips, business cards)
 - Badges and identity cards
 - Forms
 - Signage
 - Literature (flyers, leaflets, brochures, reports and posters)
 - Power point
 - Newsletters
 - Web site and intranet
 - Advertisements (including recruitment)
 - Livery
 - Uniforms
- Use of coat of arms and civic identity
- Co-branding (working in partnership)
- House style (guidelines for the written word)
- Style guide or corporate identity manual
- Suppliers (print, signage, uniforms and so on)
- Implementation (replacing material as needed to control costs)
- Copyright
- Budget

Audiences and stakeholders

The creation of a public service trust could potentially affect every member of staff and every citizen of the county to varying degrees. Below, stakeholders for the primary care trust and the council are structured and positioned according to their relative influence over or interest in the project. This helps us to prioritise these audiences and develop the appropriate messages and channels for them.

Herefordshire Council

The council	The county	The country
The leader Lead members Elected members	Customers and service users	Government Regulatory authorities
Chief executive Corporate management board Senior management team Managers	Residents Local workers Visitors	Funding bodies Inward investors Potential business partners Special interest groups
Colleagues (general) Colleagues (customer facing)	Community forums The partnership Community and voluntary groups Faith groups	Other local authorities
Schools	Health service Police & fire Business	Trade associations
Trade unions	Local MPs/MEPs Regional assembly	Potential recruits
Current business partners & contractors	Local media	National press and broadcast media
Internal audit		Professional, trade and technical press

Herefordshire Primary Care Trust

The trust	The county	The country
The chair Non executive directors	Customers and service users	Department of Health Regulatory authorities
Chief executive Corporate management team Managers	Community forums	Funding bodies
100 staff engaged in commissioning services	The council - social care depts - health scrutiny	Special interest groups
Trade unions	Leagues of friends	Other primary care trusts
General practitioners and their staff	Community groups Voluntary sector	Trade associations
Local professional committees	Police & fire Business	Potential recruits
	Local MPs/MEPs	National press and broadcast media
	Strategic health authority	Professional, trade and technical press
	Local media	West Midlands NHS organisations

Principles for engagement

The strategy should encompass four sets of principles in communicating and consulting on the project:

1 Content

Provide information in plain language, without jargon or acronyms.

Use positive language in order to provide all audiences with a clear vision of the benefits they will experience with the creation of the trust.

Be clear about consultation objectives and do not attempt to project or gather more information than is necessary.

2 Context

Ensure information and consultation is 'audience centred' and as relevant as possible to the situation of each stakeholder group, using communication channels and consultation methods that are effective and preferred by each stakeholder group.

Ensure that those groups most affected by the proposals and changes are involved early so that their views may inform the consultation process and that they receive information about progress first – before they read about it in the press.

Take consultation to each stakeholder group as far as is possible (do not expect people to travel long distances to events and meetings).

Ensure involvement is accessible to everyone - considering issues of physical access, timing, location, language interpretation and how information is provided.

Use more than one involvement approach so that as many people as possible are involved in ways that they are comfortable with.

3 Leadership

Align and coordinate the actions and words of leaders, including senior managers in the primary care trust and the council, as well as the cabinet and non-executives, to ensure consistency and ownership of message and commitment to communicating clearly and regularly to internal and external audiences through appropriate communication channels, including the media.

Encourage leadership in key managers in the primary care trust and the council in taking responsibility for communicating and involving their teams and service users in line with the communications and consultation strategy.

4 Feedback

Each communication channel and consultation mechanism should include a feedback facility to ensure stakeholder views and ideas are listened to, incorporated and acted upon as appropriate.

Give prompt and accurate feedback to people who have taken part in engagement, as well as the wider community as appropriate.

Audit of communications and consultation channels and tools

There are a wide range of communications channels and tools available to the primary care trust and the council for use in informing and involving stakeholders. The following table outlines the various channels used by each organisation, how they work, their frequency, the audiences they address and the benefits of using them to promote the creation of the public service trust.

Organisation	Channel	Audience	Activity	Frequency	Benefit
Council PCT	Media Press releases Press enquiries	All	Promotion of news through radio, television and print media nationally and locally Managing issues	Potential 24 hours	Better informed audiences Risk that some stakeholders – such as employees – could hear news from the press first
Council	Press watch	Employees Members	Press cuttings are updated regularly and available on request	Daily	Internalises in service areas responsibility for how council services are reported
Council	Herefordshire Matters	Citizens Members Employees	Update citizens on council services and decisions but can be available for primary care trust messages	Quarterly – next one due late May 2007	Promote better understanding of public services and how to access them
Council	Web site	Citizens Members Employees Partners Government	An key information and communication tool, available 24:7, for potentially a global audience	Daily	A promotional window for the council and the county
Council	Intranet	Employees	Important information tool on council policies and developments	Daily	Potentially a cost effective means of supporting managers and staff with relevant information
PCT	Intranet	Employees	The primary care trust intranet site is accessible to all staff linked to the NHS Net	Daily	Includes discussion boards and is a cost effective means of logging information
Council PCT	Consultation	Citizens Business Partners	Canvassing of opinion face to face, by questionnaire or electronic consultation	To be determined	An overarching public service trust consultation document will be produced with concise and focused versions for specific stakeholder groups
Council PCT	Community forums	Citizens Partners	Engages citizens on issues of local relevance – potential mechanism for consultation	Quarterly	Promote better understanding of democratic process and how to engage in it – involves public in

					addressing local issues
Council	Service leaflets & publications	Citizens Members Employees Partners	Publishing information on council services and how to access them	Various	Promotes take up of services
Council	Reception areas	Visiting citizens, businesses, members, employees and other organisations	Reception staff interact with customers and site visitors	Various	Promote better understanding of council services and how to access them
Council	Council and community events	Citizens	A wide range of community events organised each year	Various	Potential for public service trust messages to be included in events
Council	Council tax leaflet	Citizens Members Employees	Leaflet explaining council tax expenditure, funding and council progress	Annually March 2007	Mailed out to every household – potential to include public service trust material in March 2008
Council	Report and Accounts (Full Report and Summary)	Accountants and auditors Citizens Members	Gives an annual review of council and partner progress against the vision and priorities	Annually	Summary document is an effective means of getting across the strategic picture in an accessible way – generally gets good feedback
PCT	Annual report	Citizens	The PCT produces an annual report and accounts	Annual	A means of recording annual progress
Council	News & Views team briefing	Employees	Face to face discussion of developments – plus feedback management system Begins cascade first working day of each month	Monthly	Internal communication channel most favoured by staff – gives management an overview of staff concerns
PCT	Team brief	Employees	A ‘central brief’ conveying information of interest to most staff – content is added to at each level Face to fact discussion of developments Begins cascade fourth Wednesday of each month	Monthly	Detailed written briefing used by managers with their teams – the aim is to ensure all PCT staff are briefed within three working days of brief being issued
Council	First Press (Highlights)	Employees	Hard copy news leaflet delivered to employees with payslips. Only regular communication guaranteed to get to	Monthly	Promotes awareness, understanding and support for council priorities.

			all employees		
Council	First Press (Online)	Employees	Electronic and extended version of the news leaflet	Monthly	Promotes use of the intranet with links to further documents as required
PCT	Staff newsletters	Employees	Newsletters are produced on particular subjects as required and distributed with the central team brief and made available on the intranet	Ad hoc	Flexible approach that lends itself to one off newsletters communicating work on the public service trust
PCT	Newsletters	Clinical practitioners and other stakeholders	Newsletters produced from time to time for specific matters	Ad hoc	Flexible approach that lends itself to one off newsletters communicating work on the public service trust
PCT	Attachments to pay slips	Employees	The primary care trust can attach information directly to staff pay slips each month	Monthly	Guaranteed way of getting controlled messages to all staff
Council	Leadership Forum	Key managers	Create new community of leaders Share best practice in leadership Harness ideas and support of key managers	Quarterly	Involves managers who have a strong leadership role in driving improvement Delegates benefit the council by their contribution as well as themselves in leadership development
Council	Leadership letters	Key managers	Occasional letter outlining important developments	Various	Direct and informative communication
Council PCT	Talking Point Talking Trust	Employees	Chief executive engages employees on key issues Provides valuable opportunity for dialogue, can be used to correct misconceptions	Quarterly or can be organised ad hoc	Leadership and engagement given more emphasis Credible channel for disseminating information
Council	Electronic news service	Employees	Daily news service on the intranet home page	Daily	Council employees informed before they read it in the media
Council	AEMU	Employees Members	All email users list – new policy to ensure that urgent information is conveyed to all staff	As required	Can get a message to 70 per cent of council staff quickly
PCT	All staff emails	Employees	Systems in place to send information to all staff with access to the PCT network	As required	Can get a message quickly to those staff with an email account
Council	Service and staff directory	Employees Members	Helps individuals locate officers, their responsibilities and their position in structure	Daily	An essential directory for all council employees with access to

					the intranet
Council	Directorate and service area newsletters	Specific service teams	A variety of print and electronic newsletters are produced	Various	Promotes local understanding of service area priorities
Council	Communication update	Cabinet Directors Heads of Service Leadership Forum (key managers)	Update on press releases and coverage and upcoming communication projects A reporting tool for progress on communication	Weekly	Regular summary of communication work and issues – early warning system for forthcoming media coverage
Council	Corporate plan and operating plan	Citizens Employees Members	Promotes strategic direction and progress on priorities	Annually	Leads service planning and development
Council PCT	Notice boards	Employees	Distribution of information – promoting events to staff – these need a radical overhaul in the council PCT have systems keeping notice boards up to date	Various	Reminds staff of key programmes For the council a supporting rather than a key channel PCT boards are tightly managed
Council	Employee Opinion Survey	Employees	Surveys all employees on work issues	Annually	Information on staff morale and job satisfaction - benchmarking
Council PCT	Staff Induction	New employees	Gives new employees an overview of council and primary care trust services, projects and policies – PCT holds inductions every three months	Various	Potentially introduces new starts to public service trust vision
Council PCT	Staff handbook	Employees	As part of their induction all new staff get a handbook which is updated regularly	Updated regularly	A communication channel to be used when the public service trust is created
Council	Staff review & development (SRD)	Employees	Annual or six monthly review and planning of performance & development	Six monthly	Links individual targets and performance to the service and corporate plan
Council PCT	Rumour	Employees Members Citizens Media	An unofficial and unmanaged communications channel which will proliferate if established and official communications channels are not used effectively and regularly	24 hour	The objective is to turn unsubstantiated comment into positive messages conveyed word of mouth
Council PCT	Word of mouth (via staff)	Citizens Partners	Word of mouth is highly regarded information sources Reinforces the importance of having regular, consistent and dependable information for staff	Daily	A powerful communication channel if used positively 8,000 potential ambassadors for the trust and the council

Council	Whistle blowing charter	Employees	The principle is that service users and the public interest come first. Employees can raise concerns about service provision, the conduct of officers or councillors	At any time	The charter provides a means of exposing internally any form of wrongdoing, such as inappropriate treatment of children or adults, or discrimination, fraud and corruption.
Council	Freedom of Information	Media Citizens Stakeholders	The provision of information to citizens, the media or any other interested party in accordance with the FOI Act.	At any time	The efficient management of FOI requests helps present the council as open and accountable
Council PCT	Union meetings	Unions Employees	Both organisations committed to working in partnership with unions and have regular and structured meetings to discuss issues	Bi-monthly	Valuable opportunity to discuss implications of public service trust to staff
Council	Committee meetings	Citizens Members Partners	Council papers are also often processed for the press or picked up by them	Various	Promote better understanding of democratic process and how to engage in it
Council	Member induction	Newly elected members	Sets the scene for the profile of Herefordshire, key issues, ethics, policy framework, council services and structures.	Following local elections	Provides an early understanding of how local government operates in Herefordshire. Introduce new members to the public service trust concept
Council	Ward members	Citizens Business Partners	Two way liaison and consultation	Daily	Better informed audience – intelligence on local issues – local leadership
Council	Executive members and cabinet	Citizens Business Partners Government Media	Leadership role in promoting strategic issues	Daily	Demonstrating community leadership and accountability
Council	Members newsletter	Members	Promotes to all members developments of interest	Monthly	Informs members about events or programmes of interest to members
Council	Service update	Members	Promotes to all members developments of interest	Quarterly	Informs members about council programmes in more detail
Council	Member working groups	Members	Members elect to progress key themes	Various	Potential public service trust profile building with members

Shared online working: Public Service Trust (Access restricted to members of the steering group and work groups)								
1 Project steering group	2 Human resources and change management	3 Clinical and corporate governance	4 Communication consultation and clinical engagement	5 Customer and patient services	6 Corporate resources and finance	7 Planning, commissioning, performance management	8 Public health and health improvement	9 Environment services
1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates	1 Chair and membership Terms of reference Meeting dates
2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers	2 Agendas and notes Papers
3 Project plans And targets	3 Project plans and targets	3 Project plans and targets	3 Project plans and targets	3 Project plans and targets	3 Project plans and targets	3 Project plans and targets	3 Project plans and targets	3 Project plans and targets
4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements	4 Decisions, progress and achievements
Email Alerts: (on decisions or items that affect other boards)								
Bulletin Board: (access on council web site but restricted to members of the steering group and work groups)								
Communications: (information packaged to inform the implementation of the communications and consultation strategy)								

Other features: access and view the same document simultaneously for online discussion or collaboration; automatic file locking to prevent dual editing; automatic version control to keep track of changes; search engine to search for items across the public folders; ability to add more folders as other project groups established;

Draft consultation programme

This sets out the principles and practicalities of, and a draft process for, consultation on the proposed creation of a public service trust for Herefordshire. It has yet to be agreed by the relevant working groups and the steering group. It supports the values, principles and processes as identified by the communications, consultation, involvement and clinical engagement working group and those stated in the *Community and Patient Involvement Strategy* and references the proposed Herefordshire Partnership consultation protocol (currently drafted and awaiting approval).

Principles and practicalities

The consultation takes into account the following principles:

1. The consultation will be timely
 - A consultation period of 12 weeks is proposed in line with the policy guidance on 'strengthening accountability - involving patients and the public' in Section 11 of the Health and Social Care Act 2001 and the wishes of the Strategic Health Authority.
 - The start of the consultation will be announced at least one week before, with additional notification of individual events to allow for adequate preparation for participants
2. The consultation will be inclusive
 - The proposals and actions will be informed by the views and experiences of people who use or may use health and social care services in Herefordshire
 - Events will be promoted as using established and effective communication channels, proven to reach key stakeholders and 'seldom heard' groups.
 - Discussions at events will be 'captured' and presented and reported back to participants and citizens (using for example each organisations' web sites, including the council's 'Have your Say' section).
 - The working group proposes money is available to reimburse citizens to claim reasonable travel expenses in attending events (the primary care trust has a system set up to administer this).
 - Events will have trained independent facilitators to ensure an unbiased approach to the consultation
3. The consultation will be accessible
 - All events must take place in accessible buildings, using visual and audio aids appropriate to the audience

- Events will have, where necessary, assistance to enable people with additional needs to fully participate (encourage people to let us know their requirements ahead of event)
- The views of the council's diversity unit will be sought on the communication and consultation strategy

4. The consultation will be relevant:

- The consultation document will be drawn up to reflect the views of the steering group of content and timing (so that we are clear from the outset what options we are consulting on);
- Given the role of the health, overview and scrutiny committee, which next meets 30 March 2007, we have to provide the committee with the opportunity to review the draft communication and consultation strategy.

5. The consultation will use a variety of methods to ensure good participation and the working group proposes:

For employees of the primary care trust and the council, using tried and tested channels audited in the primary care trust and the council (see section on communication and consultation channels and tools):

- The respective team brief mechanisms will be co-ordinated across the two organisations using the same feedback monitoring and management approach to capture issues and concerns and respond to them
- An intranet-based discussion forum to allow for a frank and free exchange of views (may have to be moderated in line with recently agreed guidelines);
- A list of frequently asked questions - to be generated to assist face-to-face interaction and updated regularly (this will require coordination by one point of contact) and available on the intranet of both organisations
- Briefings for key managers – bringing together the council's 'leadership forum' and equivalent in the primary care trust
- A dedicated and regular management communication – online magazine – to keep key managers on the 'inside track' and engage them in building awareness and understanding among teams in the council and the primary care trust
- Co-ordinated pay slip distributions to all employees of both organisations (in the council's case utilising the proven *First Press* newsletter and online equivalent)
- A series of 'Talking Point/Talking Trust' style events or road shows with the leader and/or chief executive of the council and chief executive/chairman of the primary care trust at particular points during the consultation period (with an option for a pre-consultation period session);
- Regular updates on respective intranets, and the link promoted by email or similar to ensure everyone can access information of developments in the public service trust discussions

- The working group to discuss with the human resources and change management group the draft communication and consultation strategy and consider whether a dedicated resource will be made available to staff in both organisations to answer queries.

For public and stakeholder consultation

- A definitive list of stakeholders to be generated by both the primary care trust and the council to ensure comprehensive consultation
- Appropriate methods will be chosen according to the needs of as many stakeholders and citizens as possible
- A full document with detailed proposals for the creation of the public service trust to be sent to key stakeholders as appropriate and available on request, as well as being viewable on both organisations' web sites (a full list of key stakeholders to be agreed)
- Other stakeholders will receive either a summary and/or a letter alerting them to the consultation and ways of how to access the full document. A shortened version (no more than four pages of A4) to be sent out to all identified stakeholders and a list of key questions generated which we want to discuss with them
- A consultation page on both organisations' websites, using appropriate software to enables stakeholders/citizens to access all documents online and make their views known via the site
- A series of participative workshops, with short introductions by senior representatives of both organisations, in locations similar to those used for community forums to engage the public in the discussion and open to anyone interested (although we should encourage interested individuals/representatives of groups to pre-book and be prepared for larger numbers)
- Herefordshire Matters – which goes to all households in the county – is available for promoting the consultation in late May.
- Reception areas and info shops will carry leaflets communicating the proposals and consultation

6. There will be timely, open and honest feedback with the primary care trust and the council to state clearly when feedback on consultation and/or other results will be made publicly available and how stakeholders can access information and progress reports

Process

Date(s)/time(s)	What	Who	Comments/resources
14 March 07	Agreement of outline and principles by Steering group	Steering group	
Mid March	Discussions with council and primary care trust ICT regarding IT requirements (e.g. discussion forum)	Senior community involvement officer	No council intranet forum possible, but can host a discussion forum, set up for herefordshire.gov and .pct participants. Will need to identify moderators
23 March	Submit communication and consultation proposals to the health overview and scrutiny committee	Communications and consultation group	
Mid March	Joining up of stakeholder lists of PCT and HC	Communications and consultation group ¹	Admin support
	Cross-referencing of joint stakeholder list with other work streams	Communications and consultation group	Admin support
	Agreement of proposed budget	Steering Group	
Late March	Booking of venues	Communications and consultation group	Budget for up to nine venues (Community Forum setup), refreshments, facilitators, interpreters, travel expenses etc., posters, fliers
Late March	Drawing up of full consultation document	Communications and consultation group and relevant work streams	Budget for Printing costs tbc
Late March	Drawing up of Executive Summary	Communications and consultation group and relevant work	Budget for printing costs tbc

¹ Due now

		streams	
Late March ²	Initial briefings for both HC and PCT staff	Senior managers of trust and council	N/a
Early April	Agreement on key questions we intend to ask of stakeholders	Steering group/working groups	These questions need to be agreed to accompany the consultation documents
W/c 9th April	Setting up of discussion forum on HC 'Have your say" web pages	Communications and consultation group Senior community involvement officer	ICT support may be necessary
9 April	Submission of draft consultation documents to steering group	Communications and consultation group	
23 April	Press release	Communications and consultation group	
23 April	Testing of discussion forum	Senior community involvement officer	ICT support may be needed
23 April	Submit documents for printing	Communications and consultation group	
4 May	Start of consultation period		With all methods outlined in consultation strategy
May – Early July	Consultation workshops for general public, staff and service user groups.	Communications and consultation group, key staff from trust and council	
Mid-May	Leaflets go out to every household via Herefordshire Matters.	Communications and consultation group	
July	End of 12 -week consultation period		
September	Publication of outcome of consultation	Steering group and work groups	

² given that all these dates are not clear yet, this one isn't either. HOWEVER, staff of both organisations should have access to the information we give to the public before the first press release. This info should also include clear indications about the consultation process, esp the mechanisms for staff

Consultation document - considerations

1. Introduction

The story so far, and the environment that has led to proposals for the possible creation of a public service trust

2. What is the proposed public service trust

- To establish a new and unique organisation that integrates local government services and the public health, planning and commissioning functions of the primary care trust and the council into a single, public service partnership to deliver excellent services in Herefordshire for the people of Herefordshire.
- To maintain the status quo

3. Why are we proposing a public service trust

- To deliver a wider range of excellent and integrated public services designed around the needs and expectations of individual customers and patients.
- To provide better value for money for taxpayers, with savings on management costs and economies of scale as the public service trust moves to a single management structure.
- To safeguard and enhance local health and public services in Herefordshire.
- To align and integrate decision-making, resource allocation, local accountability, patient choice and public involvement in health scrutiny.

4. How will it work:

- To reflect and structure the final reports of the working groups

5. Who will be affected and how

- Improved customer focus and services – bringing together a “total well-being, prosperity and quality of life” solution for Herefordshire that packages health, education, housing, public safety, regeneration, environment, housing, transport and leisure services around the needs of individual service users
- Improve services through a single point of entry leading to individual plans and possible individual budgets
- Enable people to have greater control of their own health
- Enable and support health independence and well-being

6. When would it happen?

The proposal is to have the new organisation up and running by April 2008, with all structures being put in place after the consultation period, which will end in early July 2007. A number of steps will have to be taken prior to this, and a new chief executive, being responsible for the running of the new organisation, to be appointed.

Action plan

When	Audience	Objectives	Delivery – programme or channel	Who	Date complete
01 Feb	Staff – council	To inform employees of the creation of the steering group and work groups for the PST	News & Views – the council's team brief system – promotes the new PST steering group and outlines the areas that the new work groups will progress	RB	Through February
05 Feb	Staff – council	To remind employees of discussions on PST with CE	Intranet report – a transcript of 'Talking Point' with CE and leader in which the PST was discussed with staff	KT/RB	05 Feb
16 Feb	Citizens and local gov'ment	Responding to inevitable press enquiries with agreed statement	Media reports – press reports in mid Feb: Hereford Times (positive two-page article with quotes from two CE); Western Daily Press (Herefordshire on course to become the first super trust); MJ (positive front page on 'trailblazing bid' to make 'public sector history'), plus Children Now article.		Mid-Feb
19 Feb	Managers - council	To build key managers' awareness of proposal	Leadership Forum – key managers briefed on the PST proposal by the chief executive and questions answered	NP	19 Feb
22 Feb	Staff – council	To inform staff of developments	First Press – the newsletter and online version informs council staff of news coverage, the setting up of the PST steering group and proposed public consultation	KT/RB RH	22 Feb
22 Feb	Cabinet	For consideration and debate	Cabinet report – to consider outcomes of detailed discussion between council and PCT directors on bringing together certain functions into a single new structure	RH	22 Feb
Feb	Managers - council	To keep managers regularly informed on communications activity in support of PST	Communications update – a weekly report of council communications activity that goes to the leadership forum email list – includes press coverage on the PST		Ongoing

When	Audience	Objectives	Delivery – programme or channel	Who	Date complete
01 Mar	Staff – council	To feed back to employees the questions asked on PST during the October/November Talking Point sessions	News & Views – council staff informed that responses to over 100 questions, including those on the proposals for the PST, asked at 10 council locations, during the last round of Talking Points, are available on the intranet.	KT/RB	01 Mar
19 Mar	Staff - PCT	To keep employees informed of developments	Email announcement – informing staff of PCT chief executive’s new role	JM	19 Mar
23 Mar	Staff – PCT and council	To build employee awareness and understanding – by giving them information that affects them as available – ensuring they receive news before they read about it in the press	Public Service Trust Online – a new intranet channel – added to as required and of a consistent design and content across both organisations (published at least monthly) – will include basic guide to PST; guide to council and to PCT; frequently asked questions; news of interim recruitment arrangements and PCT chief executive announcement	JM/RB	26 Mar
23 Mar	Staff – council		First Press – a newsletter that goes out to all council employees with their payslips – it will contain a basic guide to the public service trust proposals from their perspective	KT/RB	23 Mar
23 Mar	Staff – council		First Press Online – the electronic and expanded version of the council newsletter – will carry a link to the new Public Service Trust Online publication		
23 Mar	Citizens	To demonstrate increasingly close links between the PCT and the council	Web site – to include a link from the home page of the PCT web site to the council and from the council web site to the PCT	RD/FR/RB	23 Mar
26 Mar	Members - council	To provide all elected members with a snapshot of proposals for the public service trust	Members’ Newsletter – the previously-approved basic guide to the PST to be included as a full page in the monthly newsletter that goes to all elected members	CC/RB	23 Mar
26 Mar	Press	To ensure key messages are communicated to citizens	Press release – to promote the scrutiny paper on the PST and reaffirm the key aims behind the proposals	RB/RH	

27 Mar	Steering group	To complete final report of communications and consultation group (CCICE)	Final Report – to be submitted to the steering group together with final communication and consultation draft – full consultation document to be submitted in time for steering group meeting on 16 April	CCICE	
27 Mar	Clinicians	To keep GPs and clinical practitioners informed of forthcoming consultation	Local Medical Committee (LMC) – opportunity for PCT CE to promote the concept of the PST and timetable for consultation to representatives of Herefordshire GPs	JT/SH	
28 Mar	Staff - PCT	To ensure PCT staff get same messages as council staff	Team Brief – the same basic guide that went to council employees goes to PCT employees with the team brief	JM/RB	
30 Mar	Scrutiny – council	To update and involve health scrutiny on consultation programmes for the PST	Health Scrutiny – report outlining progress and the consultation programme for the PST (papers distributed on 23 March and in the public domain)	RH	
30 Mar	Citizens	To compile meaningful mini case studies that illustrate the future benefits of a PST	Case studies – the PST work groups to compile and these will be used as illustrations in the consultation document set and in the PST pocket guide (to follow)	Work chairs/RB	
30 Mar	SHA	To consult on the draft PST consultation documents and align with best practice	West Midlands South Strategic Health Authority – meeting to discuss Herefordshire’s draft consultation documents and plan and the communications plan	MH/RB	
Mar	Managers – council and PCT	To keep managers regularly informed on communications activity in support of PST	Communications update – a weekly report of council communications activity that goes to the leadership forum email list – includes press coverage on the PST	RB	
30 Mar	Steering and work groups	To enable effective and efficient sharing of information between the PST work groups	Shared online working - to manage electronically the flow of information across the work groups to ensure every member maintains an overview of projects and progress.	MH/RB	
30 Mar	Citizens	To illustrate to citizens how the proposed PST council improve customer and patient services	Local media features – to begin to get citizens thinking how the proposal might affect them, rather than it being perceived as an organisational issue	JM/JB/RB	

March	Staff – PCT and council	To involve trade unions and staff representatives of PST developments in the steering group and the work groups	Trade unions – representatives will be fully engaged as part of the human resources workgroup feeding into the PST steering group and key documents like the communication and consultation strategy and the consultation document will be assessed by union representatives	HR work group	
1 Apr	Staff – council	To promote an environment where staff can raise issues and have them responded to	News & Views – to promote the opportunity for staff to raise questions on the PCT and have them answered – feedback management system in place – news on consultation	RB	
5 Apr	Managers – council and PCT	To reinforce the key messages and benefits associated with the PST proposals	PST Pocket Guide – an eight-page, A6 guide spelling out the benefits of a PST for staff, partners and citizens – will include case studies – to be given to key managers and staff at forthcoming leadership events and road shows	NW/RB	
11 Apr	Staff Citizens Partners	To demonstrate how the PCT and the council would deliver better services as a PST	PST Display Boards – a set of display boards for joint meetings and events that illustrate the aims and benefits of a PST – plus selected case studies and illustrations	JM/KT/RB	
11 Apr	Staff Citizens Partners	To equip managers to build awareness and understanding in their teams	PST Power Point Presentation – outlining the PST proposals and citizen benefits – to be used as part of the PST Leadership Programme and for external presentations	RH/RB	
11 Apr	Managers – council and PCT	To encourage ownership of the PST opportunity among PCT and council key managers	PST Leadership Programme – be launched at the PST Leadership event on 16 April – includes key messages and communication tools to promote understanding	RH/JH/KT RB	
11 Apr	Managers – council and PCT	To equip key managers with information and messages to take a leadership role in communicating the PST	Leadership – a new fortnightly online magazine for the council’s ‘community of leaders’ covering strategic matters that involve 150 key managers in a leadership role. This will include news on the PST to keep them on the ‘inside track’	KT/RB	
16 Apr	Steering group	To achieve agreement in principle on a simple and single brand structure for the PST	PST Branding and Visual Identity – proposals from communication and consultation workgroup to go to steering group (brand will be reserved until after consultation)	JH/RB NW	

16 Apr	Steering group	PST steering group decisions - presentations of work groups	Steering Group – material from work group final reports available to inform further communications activity	RH	
16 Apr	Staff – PCT and council	To bring key managers together in both organisations for a shared understanding of aims of a PST	PST Leadership Event – to bring together key managers in the PCT and council for the first time to discuss progress and understand how they need to communicate the key messages to their teams (communication tools available)	JT/JM/KT/RB/RH	
23 Apr	Staff - PCT	To enable staff to question the CE of the PCT and the council on plans for the PST	PST Road Show – PCT Belmont (9am) – both chief executives and HR to present proposals for staff to discuss and ask questions (PST pocket guide to be available)	KT/JM/RB/RH	
26 Apr	Staff – PCT and council	To communicate key messages from the steering group and leadership events	Public Service Trust Online – promote progress and log further questions and responses from PCT and council staff – the same information on PCT and council intranet sites	JM/KT/NW/RB	
26 Apr	Staff – PCT and council	To enable employees to raise issues and allow management of perceptions	PST Forum - An intranet-based discussion forum to allow for a free exchange of views (may have to be moderated in line with guidelines) – will feed into staff FAQ services	MH/JM/KT	
26 Apr	Staff – PCT and council	To achieve a common approach to distribution of news with pay slips to get consistent message to all staff	First Press – to report on key decisions of steering group and feedback from first joint meeting of key managers (16 April) in newsletter to all staff – the PCT to develop its own version of a pay slip communication but with same content	JM/KT/RB	
26 Apr	Staff – council	To promote attendance at road shows	First Press – council version will remind staff of the need to attend PST road shows later that afternoon	KT/RB	
26 Apr	Staff – council	To enable staff to question the CE of the PCT and the council on plans for the PST	PST Road Show – Shire Hall (2pm) and Brockington (3.30pm) - both chief executives and HR senior managers to present proposals for staff to discuss and ask questions	KT/RB	
26 Apr	Clinicians	To alert clinicians that a major consultation will happen in May	Primary Care Trust Newsletter – article promoting the consultation on the creation of a public service trust.	JM	

30 Apr	Citizens	To provide an at-a-glance guide to the proposals for a PST from the customer and patient perspective	PST Basic Guide – a citizens’ version of the basic guide to the proposals for a public service trust – an A4 folded leaflet for distribution in clinical facilities, county and community hospitals, libraries, info shops and council and PCT receptions – translated versions to be available for migrant and seasonal worker venues	JM/NW/ RB	
30 Apr	Citizens, partners, clinicians	To provide an online channel for stakeholder information and involvement	PST Web site – a separate PST site with a link from the home page of the PCT and council web sites that will form the ‘host’ for the consultation programme and moderated feedback from citizens and other stakeholders	RD/FR/ MH/RB	
Apr	Staff – PCT and council	To update key managers on PST press coverage and communications activity	Communication update – during April this weekly report on press coverage and communication activity will be expanded to include PCT material and PCT key managers	JM/RB	
Apr	Managers – council and PCT	To mitigate the inevitable development of ‘silo culture’ by promoting joint understanding	Teambuilding event – to be organised in late April, which gets key managers from both organisations together to network, socialise and begin to forge working relationships	JM/KT	
Apr	Citizens	To help ensure citizens know about forthcoming consultation	Press conference or briefing – to launch the consultation process for the public service trust	JM/RB	
Apr	Clinicians	To help inform clinicians of forthcoming consultation	Press articles in professional media – will raise awareness in clinician stakeholder groups ahead of consultation	JM/RB	
Apr	Citizens	To ensure consultation is meaningful for those affected	Citizens’ Panel – to test out the citizens’ basic guide to the public service trust and the summary consultation document	EM/ MH/RB	
Apr	Third sector	To ensure consultation is geared towards involving voluntary and community groups	The Alliance, Herefordshire – will consult on consultation approach. The Alliance provides a mechanism for working with the voluntary, community and not-for-profit sector over health and social care matters. The Alliance Newsletter – ay agree to help promote the forthcoming consultation	EM/ MH/JM/ RB	

Apr	Third sector	To ensure that the collective views of the sector are considered	The Voluntary Sector Assembly – to consult the VSA, which supports all Herefordshire community & voluntary groups in working collectively on issues of common concern	EM/MH/ JM/RB	
Apr	Older people	To link with the older people strategy	Older people – link with ‘Growing Older’ consultation strategy by making the PST proposals available as part of the programme (improving healthcare and independence, and communication between public services)	EM/MH/ JM/RB	
Apr	Business	To ensure the business community is involved in this quality of life issue	Chamber of Commerce – the council and the PCT will engage the chamber in communicating with small to large businesses in Herefordshire on the PST proposals	EM/MH/ JM/RB	
Apr	Partners	To ensure partner organisations are engaged in the consultation process	The Herefordshire Partnership – joint presentation to the partnership board from the two chief executives on the PST proposals and time table (including consultation)	EM/MH/ JM/RB	
Apr	Managers – council and PCT	To develop a leadership communication role for key managers	Leadership – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen	JM/KT/ RB	
01 May	Staff – PCT and council	To align team brief systems ahead of consultation	News & Views – agree a common team brief system with feedback monitoring and management – and promote the options and benefits ahead of consultation – managers will use the PST Power Point Presentation with their teams	JM/KT/RB	
May	MPs	To ensure key politicians are fully aware of the implications of the PST consultation	MPs and MEP – a briefing from the two chief executives on the proposals and consultation process – full consultation document to be available	NP/SH	
May	Citizens, clinicians, partners	To engage stakeholders in consultation on proposals to create a public service trust	Full Consultation Document – a comprehensive 24-page consultation document to be published and distributed to key stakeholder groups, MPs, clinical practices and partners	EM/MH/ RB	

			Consultation Summaries – three different 4-page summary documents outlining proposals from perspective of key stakeholder groups – citizens, clinicians and employees. Translation of citizen version for migrant/seasonal workers.	EM/MH/ RB	
May	Citizens	To ensure citizens are aware of their opportunity to engage in consultation programme	Local press advertisements – ¼ page advertisements to be booked, early run of paper, in Hereford Times, Journal and Ross Gazette, with call to action and details of channels to engage in the consultation	EM/MH/ JM/RB	
May	Citizens	To provide an effective online channel for informing and involving stakeholders in the consultation	PST Consultation Web Site - discussions at events will be 'captured' and reported back to participants and citizens using the PST site, with links from each organisations' web sites, including the council's 'Have your Say' section. The full consultation document to be available on the site	EM/MH/ RD/FR/ RB	
May	Citizens	To promote the consultation to citizens and clinicians	Posters – promoting citizen engagement in the consultation to be displayed in clinical practices, libraries, receptions, leisure centres, supermarkets, village halls and info shops	JM/KT/ MH/RB	
May	Patients	To engage the service in the consultation	Patient Advice and Liaison Service – involve in finalising the consultation document and programme and discuss ways they can support engagement	EM/MH/ RB	
May	Citizens	To promote an understanding of the deliverables of a PST	Focus feature – advertorial with a case study outlining the potential benefits of a public service trust to service users	JM/RB	
May	Managers – council and PCT	To keep key managers informed and involved in PST developments	Leadership Online – ongoing opportunities to ensure that key managers in the PCT and the council are kept on the 'inside track' as far as PST developments are concerned	JM/KT/ RB	
May	Staff – PCT and council	To ensure staff are aware of developments before they read about them in the press	Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments First Press – keeping staff update with developments	JM/KT/ NW JM/KT	

May	Citizens	Demonstrate how customer and patient services could be improved with creation of PST	Herefordshire Matters – the council’s citizens’ magazine will include citizen consultation summary, consultation programme and case studies – possible joint PCT/council edition – plus translations and large print format	JB/JM/RB	
May	Citizens	To provide venues across the county for face to face engagement – travel expenses for citizens to be refunded	Community forums – established means of engagement to be used with workshops, using trained independent facilitators to ensure unbiased approach to the consultation and ‘signers’ to ensure accessibility	EM/MH	
May	Young people	To provide a profile for the youth perspective on the proposed PST	Youth Council – to request a debate on the proposals by the youth council from the young people’s perspective, promote results in the local media and on the PST web site	EM/MH JM/KT RB	
May	Young people	To help ensure local youth is aware of the proposals and the consultation process	Insite – the independent online youth magazine in Herefordshire – to be asked to carry a news item and link to the consultation on the PST web site	EM/MH JM/KT RB	
May	Citizens	To ensure the community portal reflects news on the consultation process	MyHerefordshire – the community portal to carry promotion of the consultation, schedule of events and has a link to the PST web site	EM/MH JM/KT RB	
May	Migrant seasonal workers	To ensure migrant and seasonal workers using the site are aware of consultation	WelcometoHerefordshire – promotion of the consultation to be included on website for migrant/seasonal workers with translations in key languages and link to PST web site	EM/MH JM/KT RB	
May	Schools	To ensure the school communities are aware of the proposals, the consultation and how they may be affected	Schools – public consultation leaflets and posters to be included in the school bag distribution, a presentation to the head teacher associations for primary and high schools, plus links from the education section of the council’s website to the full consultation document on the PST web site	EM/MH JM/KT RB	
May	Parish councils	To ensure parish councils discuss the consultation	Parish Councils – a discussion paper, plus copies of the full consultation document to go to all parish councils in May	EM/MH JM/KT RB	

May	Staff – PCT and council	To all key staff informed through payslip distribution and online information	First Press – promoting the consultation process to employees, explaining governance arrangements and process for the appointment of chief executive	JM/KT RB	
May			Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments	JM/KT RB	
May	Managers – council and PCT	To keep key managers informed and involved in PST developments	Leadership – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen	JM/ST/ RB	
Jun	Staff – PCT and council	To promote an environment where staff can raise issues and have them responded to	News & Views – to promote the opportunity for staff to raise questions on the PCT and have them answered – feedback management system in place – news on consultation	JM/KT RB	
		To set a benchmark for employee awareness, understanding and support for the proposals	Employee Opinion Survey – it is proposed that the survey measures perceptions and attitudes on the proposals for a public service trust and is expanded to include employees of the primary care trust, setting a benchmark for the future	HR/KT/ JM	
		To ensure staff are aware of developments before they read about them in the press	Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments	JM/KT RB	
	Managers – council and PCT	To keep key managers informed and involved in PST developments	First Press – keeping staff update with developments	JM/KT RB	
			Leadership – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen	JM/KT RB	
01 Jul	Staff – PCT and council	To promote an environment where staff can raise issues and have them responded to	News & Views – to promote the opportunity for staff to raise questions on the PCT and have them answered – feedback management system in place – news on consultation	JM/KT RB	
09 Jul	Managers – council and PCT	To involve key managers from the PCT and the council together in the PST progress	Leadership Forum – to share further information on the status of the consultation and work group progress on issues like finance, governance and services.	JM/KT RB	

26 Jul	Staff – PCT and council	To ensure staff are aware of developments before they read about them in the press	<p>Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments</p> <p>First Press – keeping staff update with developments</p>	JM/KT RB	
I	Managers – council and PCT	To keep key managers informed and involved in PST developments	<p>Leadership Online – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen</p>	JM/KT RB JM/KT RB	
Aug	Staff – PCT and council	To promote an environment where staff can raise issues and have them responded to	<p>News & Views – to promote the opportunity for staff to raise questions on the PCT and have them answered – feedback management system in place – news on consultation</p>	JM/KT RB	
		To ensure staff are aware of developments before they read about them in the press	<p>Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments</p> <p>First Press – keeping staff update with developments</p>	JM/KT RB	
	Managers – council and PCT	To keep key managers informed and involved in PST developments	<p>Leadership Online – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen</p>	JM/KT RB JM/KT RB	
Sep	Staff – PCT and council	To promote an environment where staff can raise issues and have them responded to	<p>News & Views – to promote the opportunity for staff to raise questions on the PCT and have them answered – feedback management system in place – news on consultation</p>	JM/KT RB	
	Staff – PCT and council	To prepare for the implementation of a new PST brand and visual identity	<p>Branding – draw up implementation plan: no more ordering of business stationary or applications carrying the old brand – switchover in October</p>	NW/RB	
	Citizens	To report back to citizens the results of the consultation	<p>Press conference and briefing – publication of results of the consultation and action plan for either: creation of PST or enhanced working between the two organisations</p>	JB/JM/MH RB	
	Citizens		<p>PST Web Site – a summary of the results/response levels</p>		

	Scrutiny	To report back to the scrutiny committee	Health overview and scrutiny – results of consultation to be discussed by the committee together with the action plan for delivering improved services	RH	
	SHA	To report back to the authority	Strategic Health Authority – results of consultation to be presented to and reviewed by the SHA board	RH	
	Gov'ment	To report findings to government	Secretary of State for Health – to consider recommendations after results of consultation	RH	
	Citizens	To report back to citizens the results of the consultation	Herefordshire Matters – a joint publication that goes to every household will promote the findings of the consultation and the action plan for improving services	JB/JM/MH RB	
	Staff – PCT and council	To ensure staff are aware of developments before they read about them in the press	Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments First Press – keeping staff update with developments	JM/KT RB JM/KT RB	
	Managers – council and PCT	To keep key managers informed and involved in PST developments	Leadership Online – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen	JM/KT RB	
Oct	Staff – PCT and council	To promote an environment where staff can raise issues and have them responded to	News & Views – an outline of what the shadow PST will mean for staff and services in the short term	JM/KT RB	
	Citizens	To keep citizens informed of progress on PST action plan	Press announcement – pending the results of consultation this could be the creation of the shadow public service trust	JM/RB	
	Citizens, staff, partners	To launch the new PST brand and identity	Branding – business stationary, web site and signage at corporate facilities to carry new branding while other branding replaced as needed (zero cost)	NW/RB	
	Managers	To keep key managers informed and involved	Public Service Trust Online – ongoing opportunities to keep PCT and council staff informed on developments	JM/KT RB	

		To keep key managers informed and involved in PST developments	<p>First Press – keeping staff update with developments</p> <p>Leadership Forum – scheduled for October to announce results of consultation and possible creation of a shadow public service trust</p> <p>Leadership Online – ongoing opportunity to promote the consultation process to key managers and their role in helping to make it happen</p>	<p>JM/KT RB</p> <p>JM/KT RB</p> <p>JM/KT RB</p>	
--	--	--	--	---	--

Key to Actions: NP – Neil Pringle; SH – Simon Hairsnape; RH - Russell Hamilton; JT – Julie Thornby; MH – Martin Heuter; EM – Euan McPherson; JM – Jennie Morgan; NW – Nick Winwood; KT- Kerry Thomson; JB – John Burnett; RB – Robert Blower

Risk

<p>Announcement of timescales. Credibility in the public service trust concept will be hit if timescales and milestones are announced and then missed.</p>	High	The steering group should only announce milestones if they are absolutely sure they will be met
<p>Consultation. Best practice and statutory requirements will need to be incorporated in the communication and consultation strategy otherwise we will be accused of not embarking on a genuine consultation.</p>	Med	Ensure that the principles and practice for consultation in the strategy reflect best practice
<p>Branding. The creation of a new, simple brand structure could be controversial and needs to be in place before the shadow organisation begins to operate.</p>	Med	Secure agreement for recommendations for brand structure by second steering group meeting.
<p>The press will assume that re-branding will have involved external consultants and will be costly to implement.</p> <p>Cynicism. Some stakeholders may perceive that the trust is primarily about securing efficiencies and may fail to engage in the consultation process.</p>	High	<p>No external design work or expense is necessary. Cost of implementation to be minimised.</p> <p>Positive language promoting the key benefits and how they affect each stakeholder group to be used throughout communications</p>
<p>Silo culture. There is a risk that silo cultures could develop if the opportunity is not taken to bring the two organisations together from the early stages.</p>	High	<p>Case studies to be developed which outline the positive differences to be experienced by service users.</p> <p>The communication and consultation strategy should incorporate events and programmes for engagement across the two organisations - and shared valued should be agreed early in the creation of the new organisation.</p>
<p>Clinical engagement. The workgroup has yet to meet with our clinician representative and could make false assumptions on how to communicate and consult with that stakeholder group</p>	High	The work group will go to the representative if necessary to engage in the communications and consultation programme

Evaluation

The council employee opinion survey in June will provide an opportunity to evaluate staff awareness, understanding and support for the creation of the public service trust: the results will help evaluate messages, channels and other activity. It is recommended that the scope of the survey be extended to include primary care trust employees or linked with its existing opinion survey.

Level and nature of responses through the team brief system in both organisations, the responses recording in talking point/trust events with chief executives and level and nature of frequently asked questions will also help the communications strategy to take account of, and adjust, levels of awareness, understanding and support.

The extent to which press coverage on the issue is positive and reflects the agreed key messages

The level and nature of response to the consultation programme as well as recorded feedback from stakeholder communication and consultation events and presentations will also provide evaluation.

HEREFORD HOSPITALS NHS TRUST WORKFORCE REPORT

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider a report from the Hereford Hospitals NHS Trust on plans to generate savings through staff reductions.

Background

2. A report from the Hospitals Trust is attached.

BACKGROUND PAPERS

- None

HEALTH SCRUTINY COMMITTEE MEETING 30 March 2007

Response to Health Scrutiny Committee regarding Hereford Hospitals NHS Trust Workforce Report

Objective

The Trust identified that its financial objective for 2007/8 is to achieve a balanced budget on a sustained recurring basis. For much of its recent past financial balance has been obtained through a series of one-off measures which has meant that the Trust has not addressed the productivity opportunities it might. This means that against its performance in 2006/7 its position has to improve by a total of £3.2m.

Savings potential

It is planned that about £1.9m of the savings can be delivered through changes to working and operational practice whilst £1.3m will arise through reductions in the staffing base.

Approach to staffing levels

The Trust expects that to achieve the desired savings in its staff budget there has to be a reduction of some 75 posts either through natural wastage or other means. The expectation is that the bulk of the reduction will occur in non clinical areas, thereby ensuring that services are not adversely affected.

In February the Trust began consultation with its local trade unions about the reduction in posts. Full time regional officers have reviewed the robustness of the Trust's arrangements for implementing such significant changes and as a consequence a clear understanding has been developed as to how if necessary compulsory redundancies may be instigated.

The Trust has written to all staff to assess whether there might be some individuals who, where it will be of advantage to the Trust, would be willing to take voluntary redundancy or voluntary early retirement. Over the following weeks, in dialogue with the staff who have expressed an interest, the Trust will determine the extent to which this process mitigates against the requirement for compulsory redundancy.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

PROVISION OF EAR, NOSE AND THROAT SERVICES**Report By: Director of Adult and Community Services****Wards Affected**

County-wide

Purpose

1. To receive an update on the operation of the arrangements 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 on the future development of local Ear, Nose and Throat (ENT) 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. The Committee had highlighted, in particular, the wish to check on the issues raised in the consultation exercise about patient safety and to monitor of the number of patient transfers to Worcester.
5. An update was provided to the Committee on 16th June 2005. It was advised that the Service had worked well with very few problems and no issues of patient safety. The number of transfers to Worcester had also been lower than estimated.
6. A briefing paper by the Hospitals Trust providing a further update on the development of ENT services is appended for consideration.

BACKGROUND PAPERS

- None

HEALTH SCRUTINY COMMITTEE MEETING 30 March 2007

Update on the Development of ENT Services in Hereford

Following consultations in 2003 and early 2004, a networked ENT service between Hereford Acute Hospitals Trust and Worcester Royal Hospitals trust, in particular with regard to emergency services and out-of-hours services was progressed in August of 2004. Some years prior to this some ENT consultants had already been working across both trusts. A briefing paper, updating the changes in the service was put before the health and scrutiny committee in June of 2005. A further update has been requested with particular regard to issues of safety.

Overview of the Current Service

1. Both Hereford and Worcester Acute Hospitals provide a full range of ENT outpatient and inpatient facilities, excluding major head and neck cancer surgery in Hereford.
2. Medical staffing of the ENT department in Hereford consists of 1 full-time consultant; 1 consultant with $\frac{2}{3}$ sessions Hereford, $\frac{1}{3}$ sessions Worcester and occasional sessions in Llandrindod Wells; 1 part-time locum consultant; 2 full-time staff grade doctors; 1 foundation year 2 senior house officer doctors.
3. Medical staffing in the ENT department in Worcester consists of 6 consultant ENT surgeons, some of whom also have sessions in Redditch, Kidderminster and Bromsgrove and Evesham and 1, as above, shared with Hereford; one staff grade doctor; 5 SHO doctors, some of whom are general practice trainees; 2 specialist registrars on the West Midlands ENT rotation.
4. Amongst the above consultants, most have specialist interests in, for example, ear surgery, nasal surgery, head and neck cancer surgery, thyroid surgery, facial plastic surgery and paediatric ENT surgery. One consultant runs a specialist voice clinic in Worcester.
5. Worcester provides a 24-hour, 7 day a week ENT emergency service, consisting of SHO or Staff Grade doctor as first on-call and consultant as second on-call. Certain nights of the week, a registrar may provide an intermediate level of call.
6. In Hereford, a weekday, 9-5 ENT service is provided, which now includes an emergency ENT clinic every weekday morning, staffed by an SHO or staff grade, together with a specialist nurse. On Thursday evening, which is the only day of the week with full-day ENT operating, one staff grade remains on-call until 9.00pm. Outside these hours, Hereford inpatients are covered by general surgical house doctors, who have standing instructions to call the Worcester ENT on-call team for advice if they have any problem with ENT inpatients, most of whom would be post-operative. If on-call telephone advice from Worcester is not adequate to deal with the problem, they call the Hereford-based ENT consultant on-call. Because most ENT patients are discharged within 24 hours and we have no operating on a Friday, it is rare for there to be an ENT inpatient still on the ward on a Friday evening or over the weekend.

If any patient is likely to remain on the ward after 5.00pm on a Friday, that patient is either transferred to Worcester or an arrangement is made with the general surgical team on-call to monitor that patient until their discharge, generally on a Saturday morning.

7. Detailed protocols have been in place for ENT emergencies occurring after 5.00pm or at weekends. These have been in place since August 2004 and have been revised on 2 occasions, only minor revisions having been necessary. The ambulance services have been fully involved in the consultation and understand that patients outside 9-5 should be transferred directly to Worcester and only brought to A&E in Hereford if safe transfer over that distance is not considered appropriate without initial emergency management. Occasionally patients self present to A&E in Hereford or consult their GP and do require an urgent appointment. These patients can generally be dealt with the following morning in the ENT emergency clinic.

Inpatient Transfers from Hereford to Worcester

Over last twelve months – 3 patients.

A&E Transfers

16 patients transferred from April 2006 to October 2006 (over 7 months duration).

A&E ENT Emergency Workload in Hereford

April 2006 to October 2006 – 244 patients.

Emergency ENT Clinics in Hereford

August 2006 to February 2007 – Total of 723 patients of which 81 were referrals from A&E Department (data attached).

ENT Specialist Nursing in Hereford OPD

Prior to the changes instituted in August 2004, nursing staff rotated around the outpatient departments in Hereford, leaving no specialist ENT nurses. However, following the changes, a nurse practitioner post was created. This was an extremely effective appointment and the nurse in question made a number of very beneficial changes to the practice in outpatients. She was very recently promoted to another position elsewhere in the Trust, but prior to her moving on she was able to fully train a senior grade nurse to take over her role and it is hoped that this nurse will within the next 12 months be promoted into a nurse practitioner grade. Two other nurses have more recently been recruited as specialist ENT nurses. These nurses now run independent clinics, for example, microsuction of wax and other material from the ears, post-operative care, such as suture removal, removal of packs from ears. One of the nurses has recently instituted an allergy clinic.

ENT Non-Consultant Grade Doctors

Prior to the changes instituted in 2004, the non-consultant staff grade doctors were providing on-call duty at night at the expense of their availability during the day. These doctors are very experienced and with the new system they are only on-call 1 in 6 weekends, at which time they are based in Worcester Department and their experience is utilised in running new outpatient clinics.

Clinical Incidents

There have been a number of organisational issues relating to the new network arrangements but these have not caused significant clinical risk to patients. The following represent a number of examples in recent months:-

1. An adult male patient was seen in A&E in Hereford with a severe epistaxis (nose bleed). After packing the nose, it was clear that the patient would need to be admitted. A&E staff contacted Worcester and were informed that no bed was available. They then spoke with one of the consultant general surgeons in Hereford who agreed to admit the patient under her care. This caused some confusion at the time. In fact, our protocols state that there is an A&E consultant, on-call, based in Hereford on Monday, as on other weekday nights, who could have been called for advice.
2. An adult male patient attended A&E in Hereford towards the end of January 2007 in the early hours of the morning. His nose was packed to control the bleeding. He was held in A&E pending the emergency ENT clinic at 8.45am. While being examined in ENT he collapsed with myocardial infarction and was transferred to the coronary care unit. In fact he had had a previous MI 5 days earlier which had been treated by angioplasty in Birmingham and he had been discharged from there the night before this admission. This is not really an ENT related matter. While he was in A&E, he was under their care and there were no adverse signs. If there had been he could have been transferred to coronary care at that time.
3. A young boy of 9 years in December 2006 attended A&E in Hereford. He had had ear surgery 5 days earlier and, because his ear dressing had become loose, he re-attended the paediatric ward, where staff advised the family to go to A&E to have the dressing changed. When A&E staff in Hereford questioned this, the ward indicated the patient would need to go to Worcester ENT department for the dressing change. The Hereford A&E department obviously sorted out this dressing as such a journey was completely inappropriate. Letters were exchanged between the Hereford A&E department and the lead nurse on the paediatric ward because clearly it was entirely appropriate that the paediatric ward change a dressing in these circumstances.
4. In August 2006, a patient attended the A&E emergency clinic with a painful discharging ear. That evening they returned to the Hereford A&E department with severe ear pain and localised swelling. The diagnosis was already clear and treatment with intravenous antibiotics and pain relief was clearly required. A&E staff contacted the junior ENT doctor on-call in Worcester, who had only just started in post. She was uncertain as to what to do and contacted her consultant on-call in Worcester. He felt that such a patient could be admitted by the medical team in Hereford rather than undertake the journey because the following morning, ENT in Hereford would be able to take that patient over again.

Unfortunately we don't have any such arrangement in our Hereford protocols and so the physicians were unwilling to accept this patient. The consultant on-call for Hereford was contacted and arranged for transfer of the patient to Worcester and admission there as per the existing protocol.

Action Taken to Address the Issues Underlying the Above Incidents

1. Discussions were held with the physicians in Hereford regarding their ability to admit stable, non-surgical ENT patients such as those requiring analgesia. At this stage they felt that they had no capacity to do so.
2. Discussions were then held with the general surgical department within Hereford regarding admission of ENT patients in Hereford when stable. They have agreed in writing that this is acceptable as long as there is an ENT consultant on-call for advice over the phone, which there is.
3. The A&E consultants in Hereford have expressed some concern, principally over 2 matters: (a) what to do when no bed is available in Worcester and an ENT patient requires admission; (b) care of an ENT patient after initial diagnosis and management and prior to their actual admission and transfer. These issues have been addressed as following: (1) management in Worcester have agreed that when A&E in Hereford see a patient who requires ENT admission urgently in Worcester, even if there is no bed immediately available in Worcester, they may transfer that patient directly to the A&E department in Worcester from whence that patient will have priority for admission; (2) regarding the period of time after a patient is seen in A&E in Hereford, diagnosed and initial treatment instituted until the following morning when they can be taken over by Hereford ENT or for a period of time prior to their transfer to Worcester, the general surgeons in Hereford have agreed to oversee such a patient. An ENT consultant in Hereford is available for advice and at weekends an ENT consultant who is either Hereford or Worcester based is again available for advice.

Ambulance Service

Over the past 3 years, we have had 3 meetings with the ambulance services regarding the emergency ENT protocols. Ambulance services have been extremely helpful in introducing these protocols and I am aware of no difficulties.

Future Direction of the Service

Overall the network service between Hereford and Worcester has worked extremely well. Where issues have arisen, we have been able to address these by changes in protocols and discussions between clinicians. There has been no evidence of any lack of patient safety.

The service has actually developed as a result of these changes and we have additional specialist staff. We have access to sub-specialist surgeons and clinics. We have regular emergency clinics, providing improved accessibility for the many ENT emergencies which can wait to be seen within a day or two, rather than immediately. We have added an SHO to the department's medical staff. We have had an additional locum consultant in recent months and plans are progressing to formalise a further consultant ENT surgeon post within the department in Hereford. Our close associates, the audiological department are also expanding in order to deal with the digital hearing aid service. Our paediatric audiological colleagues have expanded into neonatal screening. One of the Worcester-based ENT registrars now attends Hereford for training on a regular basis and we have plans which are progressing well to introduce a new registrar post in Hereford in rotation with Worcester as part of the West Midlands rotation. We have instituted a number of new surgical services in Hereford, recently acquiring a KTP laser for ear surgery and a full range of endoscope sinus surgery instruments with video systems for both the operating theatre and outpatients.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

Hereford Hospitals NHS Trust

Summary of A&E Attendances with ENT diagnosis code (Like 34%)

By Disposal Code from A&E

Arrival_date	1 - Admission	2 - Discharge - Fup with GP	3 - Discharge, did not require follow up	4 - Referred to A&E clinic	6 - Referred to OP Clinic	7 - Transferred to Other Health Care Provider	11 - Referred to Other Health Care Provider	12 - Left before treatment	14 - Other	Not specified	Total
April	2	10	14	0	0	3	0	0	0	14	43
May	5	10	18	0	0	2	0	0	1	15	51
June	5	10	11	2	0	5	0	3	0	11	47
July	8	4	10	2	0	1	0	0	0	11	36
August	1	0	1	0	0	0	0	0	0	0	2
September	0	6	10	0	0	2	0	0	0	3	21
October	5	8	12	1	6	3	1	1	2	5	44
Total	26	48	76	5	6	16	1	4	3	59	244

79

Hereford Hospitals NHS Trust

Summary of Emergency ENT Clinic Attendances August 2006 to February 2007

Attendances all referrals

Clinic Code	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total
HGEM1A	18	24	35	14	12	23	28	154
HGEM3A	26	27	18	31	26	29	24	181
HGEM5A	13	33	25	16	24	23	13	147
SMEM2A	16	24	17	14	11	15	14	111
SMEM4A	25	18	22	25	15	11	14	130
Total	98	126	117	100	88	101	93	723

Attendances from A&E referrals

Clinic Code	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total
HGEM1A	6	6	2				3	17
HGEM3A	1	6	4	3		3	1	18
HGEM5A	1	4	8	1				14
SMEM2A	3	2	4		1			10
SMEM4A	7	4	7	2	2			22
Total	18	22	25	6	3	3	4	81

ANNUAL HEALTH CHECK

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider the preparation of the Committee's commentaries on health bodies in Herefordshire as part of the Healthcare Commission's Annual Health Check process.

Financial implications

2. None identified.

Background

3. Health scrutiny committees are asked by the Healthcare Commission to submit commentaries on the performance of trusts against the standards, based on their experience of scrutinising the NHS during the year.
4. They are not being asked to comment on the trusts' own self assessments, nor on their degree of compliance.
5. Commentaries should be evidence-based. There is no set template for presentation of commentaries. Commentaries should address the core standards that are relevant to the county. The core standards are divided into these domains: Safety; Clinical and cost effectiveness; Public health; Governance; Patient focus; Accessible and responsive care; Care environment and amenities.
6. The Healthcare Commission will code comments, matching them to core standards, as positive, negative or neutral. Commentaries will contribute to the annual performance rating for each trust. Trusts will attach health scrutiny committee commentaries verbatim to their self-assessments, the deadline for which is 1 May 2007.
7. The Commentary from this Committee needs to be finalised by 6 April 2007 to give trusts time to digest and comment on them and present them to their boards before their deadline for submission.
8. Representatives of the Trusts will be present at the meeting to provide information to the Committee and answer the Committee's questions, acknowledging that the Committee received a detailed presentation from the Ambulance Trust on 2nd March, 2007 .
9. It is proposed that the Director of Adult and Community Services is then authorised to finalise the Committee's commentaries for transmission to the trusts taking account of comments made at the meeting, following consultation with the Chairman of the Committee.

Further information on the subject of this report is available from Sara Siloko, Directorate Services Officer
(Health) Tel: 01432 261804

RECOMMENDATION

THAT (a) the Committee consider the presentations of the Ambulance Trust, PCT and Hospital Trust relating to the Annual Health Check;

and

(b) the Director of Adult and Community Services be authorised to finalise the Annual Health Check commentaries for transmission to the trusts taking account of the Committee's comments, following consultation with the Chairman of the Committee.

BACKGROUND PAPERS

- None

THE LOCAL GOVERNMENT AND PUBLIC INVOLVEMENT IN HEALTH BILL 2006-07

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To brief Members about the Local Government and Public Involvement in Health Bill 2006-07, especially as it relates to the introduction and development of Local Involvement Networks (which will replace existing Public and Patient Involvement Forums).

Financial implications

2. None identified.

Background

3. Introduced by Secretary Ruth Kelly, Department of Communities and Local Government, 13 December 2006, the Local Government and Public Involvement in Health Bill. aims to
 - make provision for local involvement networks (LINKs);
 - abolish Patients' Forums and the Commission for Patient and Public Involvement in Health (CPPIH);
 - make provision with respect to local consultation in connection with health services and for connected purposes;
 - provide new powers for Overview and Scrutiny Committees (OSCs) to review and scrutinise the actions of public service providers.
4. Government published an implementation plan for the Local Government White Paper in January after its second reading. The Bill will enact in October 07 much of the 'Strong and Prosperous Communities' White Paper, and follows 'A Stronger Local Voice' consultation. The Bill's Section 11 involves new arrangements for scrutiny and for patient/public involvement.

Local Involvement Networks (LINKs)

5. LINKs will supercede PPIFs. They will have powers to refer concerns to Overview and Scrutiny Committees and request committees to take concerns up. Local authorities and NHS bodies will not be allowed to host LINKs or influence their operation. LINKs will have wider membership, and a remit to cover social care institutions as well as health ones.

Further information on the subject of this report is available from Sara Siloko, Directorate Services Officer (Health)
on 01432 261804

6. Government has changed its mind since publication of 'A Stronger Local Voice' to give LINKs powers of inspection of NHS premises – which they did not have to begin with (letter from Rosie Winterton to CPPIH, Nov 06).
7. The Local Government Association has raised concerns that there is no robust mechanism in place to manage a dysfunctional LINK, nor any budget disclosed to cover new burdens to the council of procurement, contract monitoring and running costs of the host and LINK.
8. PPIFs will be kept on until LINKs can be established. PALS will continue. Government currently envisages a team of trained specialists who would have access, so not everyone (assuming a group of 500-600 people are involved in each LINK) would need CRB checks. LINKs will be set up by local authorities.

Timetable

9. According to the Government's implementation plan and assuming the Bill receives royal assent in autumn 07:
 - Mar 08 LINKs established
 - Apr 08 New overview and scrutiny powers introduced and guidance produced
 - Apr 08 Community governance package introduced
Community Call for Action powers introduced
 - Apr 09 Introduce new duty to involve local people

Early Adopters

10. Seven 'early adopter' sites are now trying out LINKs. Of these (Co. Durham, Doncaster, Dorset, Manchester, Hertfordshire, Kensington & Chelsea, Medway), Dorset and Durham have done most, as of March 07.

Dorset

- Has set up a steering group to meet monthly with terms of reference and a project plan.
- Project plan will: Test how a LINK can promote involvement in health and social care, focusing on inclusiveness; collate and analyse views; convey findings; determine structures and governance; develop options for 'host' specification, communications and resourcing/support levels needed; evaluate effective relationships with stakeholders; assess accountability; training.

Durham

- Held a public event to attract a group to shape its LINK on 2 March.
- Early meetings have identified issues to be resolved as: relationship between LINK and host; how to address sub-regional, regional and national issues; how specialised services are considered; inspection and monitoring rights; training, governance and support; Local Authority commissioning of 'host'; LINK relationships with scrutiny committees and others.

11. A visit to Dorset is recommended partly because their context is more similar to ours and partly because they seem to have moved fastest to implement an in-depth LINK study. We would have more to learn from them than from Durham at this stage. The other early adopters have not posted any activity on the above website.

Further information on the subject of this report is available from Sara Siloko, Directorate Services Officer (Health)
on 01432 261804

RECOMMENDATION

THAT Members visit the Dorset LINK early adopter site

BACKGROUND PAPERS

- None

Further information on the subject of this report is available from Sara Siloko, Directorate Services Officer
(Health)
on 01432 261804

APPENDIX A

HEREFORDSHIRE COUNCIL SUMMARY OF IMPLICATIONS FOR OSCS AND PPIFS

Strengthening overview and scrutiny committees

- Local Authorities to consider response to overview and scrutiny recommendations as soon as possible (within two months)
- Committees to consider Community Calls for Action and petitions
- Committees will be able to compel public service providers to appear before them (except the Police)
- Committees will be able to make recommendations to public bodies
- Local Authorities to be encouraged to focus on overview and scrutiny on more strategic issues

Giving local people more say in running local services

Local Authorities to;

- expand the best value regime to include participation of citizens in Local Authority activities
- inform citizens using good accessible information
- consult citizens about shape of local services & involve citizens in design, delivery or assessment of services
- devolve responsibility for delivery of services to citizens
- have greater citizen intelligence*
- Local Authorities will also have a duty to secure citizens' participation*

*These to be measured by Audit Commission

Giving people a new right to an answer when they put forward suggestions or demand action from their local authorities

- Local Authorities to consider how to deal systematically with petitions
- Citizens to have right to Community Call for Action (CCfA)
- Councillors to be given local budgets to resolve issues
- Local Authorities to consider how much power and budgets to be devolved to councillors to deal with problems
- Issues raised by CCfAs to be investigated by Overview and Scrutiny Committee

Further information on the subject of this report is available from Sara Siloko, Directorate Services Officer (Health)
on 01432 261804

SUMMARY OF ACTION IN RESPONSE TO SCRUTINY COMMITTEE RECOMMENDATIONS

Report By: Head of Legal and Democratic Services

Purpose

1. To note progress against recommendations made by the Committee.

Background

2. One of the key challenges set for the scrutiny process is to produce outcomes which make a difference and add value to the Council's work. Scrutiny is also an ongoing process and it is important that progress in response to recommendations made by the Scrutiny Committees is monitored.
3. The major recommendations made by the Scrutiny Committees have on the whole been generated by Scrutiny Reviews. The Council's scrutiny process has always recognised the need for progress against these recommendations to be monitored.
4. The process was recently strengthened by formalising it with the following recommendations made as part of each review.
 - the Executive's response to the Review including an action plan reported to the first available meeting of the Committee after the Executive has approved its response.
 - a further report on progress in response to the Review then be made after six months with consideration then being given to the need for any further reports to be made.
5. However, monitoring of progress against other recommendations has not been formalised in the same way. In preparing for the current round of meetings some Chairmen requested a round up of all the recommendations made in addition to those made as part of scrutiny reviews. It seemed logical to apply this request to all of the Scrutiny Committees.
6. A list is attached which attempts to give effect to this request. The list does not include all the issues considered by the Committee. Nor does it include requests made by the Committee for reports which are covered as part of the compilation of the work programme. Rather the report seeks to summarise instances where the Committee has requested that specific action be taken and the response to that request.
7. This is the first time such a report has been produced. Subject to the views of the Committee on this approach it would be proposed that in future a report will appear on each quarterly meeting as an appendix to the Work Programme.

RECOMMENDATION

THAT the report be noted subject to any comments Members wish to make.

BACKGROUND PAPERS

- None identified

Summary Of Action In Response To Scrutiny Committee Recommendations – June 2003- March 2007

Date	Issue and Decision	Resultant Action or Outcome
8 October 2003	<p>Consultation by Department of Health: Making Partnership Work for Patients Carers and Service Users – a proposed strategic partnership agreement between the Department of Health, the NHS and the Voluntary and Community Sector.</p> <p>Agreed: a response be sent.</p>	Response sent.
8 October 2003	<p>National Consultation: Choice/Responsiveness and Equity in the National Health Service</p> <p>Agreed: a response be sent</p>	Response sent.
13 November 2003	<p>Work Programmes</p> <p>Agreed - efforts should be made to establish good communication links with the new Patients Forums at the earliest opportunity.</p>	Communication Links were established in particular with the Primary Care Trust Patients Forum.
29 January 2004	<p>Car Parking – Hereford Hospital</p> <p>That the Hereford Hospitals NHS Trust be asked to consider whether there was scope for management of car parking at the site to be improved, noting concerns about the charging structure, the provision of parking spaces for those with a disability and the arrangements for accommodating the air ambulance.</p>	Hospitals Trust has taken a number of actions regarding car parking.
6 April 2004	Informal Briefing Note	Some were produced but practice then

Date	Issue and Decision	Resultant Action or Outcome
	Informal briefing note alongside the agenda papers for programmed meetings. This would consist of information which did not merit formal consideration as part of the agenda but would provide useful background information.	discontinued. One informal planning meeting also held.
29 April 2004	Ear Nose and Throat Service – Statutory Consultation Agreed a response to the Statutory Consultation exercise.	PCT consulted on future configuration of ENT Services. Response reviewed by Committee on 16th June 2005. Committee had highlighted in particular need issues of patient safety and monitoring of number of transfers. Advised by PCT that the Service had worked well with very few problems and no issues of patient safety. Number of transfers to Worcester were lower than estimated. Report also to appear on agenda for 30th March 2007. PCT and Hereford Hospitals NHS Trust successfully implemented new arrangements.
29th July 2004	Cancer Services – Upper-Gastrointestinal Cancer Treatment Agreed That (a) the Director of Social Care and Strategic Housing be authorised to submit the view to the Three Counties Cancer Network Board on the Committee’s behalf that it	The proposals to create a single surgical centre managed by Gloucestershire Hospitals

Date	Issue and Decision	Resultant Action or Outcome
	<p>does not at this stage wish to revisit the proposed centralisation of Upper-Gastrointestinal (UGI) cancer treatment at Gloucester, subject to there being nothing in the additional documentation supplied by the Board to warrant reconsideration of this view;</p> <p>(b) the Director of Social Care and Strategic Housing be asked to request the Three Counties Cancer Network Board that the Committee, or Joint Committee to be established as appropriate, be kept informed of the development of the proposed centralisation of Upper-Gastrointestinal cancer treatment at Gloucester and given the opportunity to comment on issues flowing from the proposal such as patient/visitor travel arrangements including hospital transport entitlement and after care arrangements;</p> <p>(c) the Director of Social Care and Strategic Housing be asked to emphasise to the Three Counties Cancer Network Board the importance of proposals being discussed at an early stage with the Committee, or Joint Committee to be established as appropriate, to agree whether or not emerging proposals are substantial and the need for protocols to be put in place as soon as possible to govern how future proposals will be considered.</p> <p>(d) in developing protocols relating to the Three Counties Network Board, consideration be given to making them applicable to other similar Networks overseeing the</p>	<p>NHS Foundation Trust were successfully implemented in 2006.</p> <p>A joint meeting was held to oversee this service change.</p> <p>This was formally agreed by the Three Counties Cancer Network Board.</p>

Date	Issue and Decision	Resultant Action or Outcome
	<p>delivery of health services in the County and action taken to remind those networks of the expectation that the Committee will be advised of proposed service changes, and consulted upon them when appropriate;</p> <p>and</p> <p>(e) that in establishing a Joint Committee to deal with cancer services consideration be given to whether the Committee's terms of reference might be broadened to allow it to consider issues affecting other joint services should they arise.</p>	<p>Provision for establishment of a Joint Committee made in the Constitution. No Joint Committee meeting yet held.</p>
29th July 2004	<p>Review of Management of Legionnaires Disease Outbreak</p> <p>Agreed that the review report be recommended to Cabinet and partner Agencies.</p>	<p>Follow up report received 22 September 2005. This included responses from the Health Protection Agency, Herefordshire Council, Herefordshire Primary Care Trust and Hereford Hospitals NHS Trust. The Emergency Planning Officer concluded that with the measures which had been put in place the ability to respond effectively to a similar outbreak of legionnaires and other diseases had been enhanced.</p> <p>Further report made to the Committee on 15th March 2007.</p>
9th December 2004	<p>Future Support for Patient and Public Involvement in Health</p> <p>Agreed</p>	

Date	Issue and Decision	Resultant Action or Outcome
	<p>liaison authorised with the Patient and Public Involvement Forums (PPIFs) to revise the draft protocol with the allow for Members of the Committee to speak at PPIFs at their Chairman’s discretion; and agree the protocol;</p> <p>the response to the questionnaire seeking views on changes to the system for patient and public involvement in health, as separately circulated, be submitted to the Department of Health.</p>	<p>See 16 June 2005</p> <p>Response submitted. Dept of Health subsequently published “A stronger Local Voice – A framework for creating a stronger local voice in the development of Health and Social Care Services, proposing replacement of the Forums with Local Involvement Networks). See update 30th March 2007.</p>
16 June 2005	<p>Work Programme – Media Contact</p> <p>Agreed ways in which the Committee could have a positive and constructive role in responding promptly to issues raised in the media to the benefit of both the public and health partners should be investigated, proposals circulated to Members of the Committee and, if agreed, work commence accordingly.</p>	<p>This requires further consideration.</p>
16 June 2005	<p>Patient and Public Involvement Forums Protocol</p> <p>Agreed Final Protocol with Primary Care Trust Patient and public Involvement Forum.</p>	<p>Liaison between Chairman of Committee and of the Forum and over specific issues as necessary. Right of the Chairman and Vice-Chairman of the PPIF or their nominees to attend meetings of the Health Scrutiny Committee at the invitation of the Chairman of the Health Scrutiny Committee to speak at the Chairman’s discretion provides a working link.</p>
22 September 2005	<p>National Health Service Organisational Change</p>	<p>See 16 March 2006</p>

Date	Issue and Decision	Resultant Action or Outcome
8 December 2005	<p>Joint response with Cabinet endorsed.</p> <p>Presentation by Hereford and Worcester NHS Ambulance Trust</p> <p>Agreed observations would be sent reflecting discussion.</p> <ul style="list-style-type: none"> • These related to the need to improve communication with elected representatives at both Herefordshire Council and Parish Council level; continuing to develop the relationship with the Patient and Public Involvement Forum(s); improved Public Relations being clearer when the Trust was considering options, which may or may not be pursued, and when it has determined on a particular course of action.that this process would include being more mindful of the level of public concern about health provision and demonstrating clearly that any changes will not represent a diminution in service or in any way be detrimental to patient safety. That the Trust needs to demonstrate that the level of service provided to residents of Herefordshire is of equal quality to that provided to Worcestershire and the concerns of residents of Herefordshire carry equal weight in the Trust's considerations. • The role of Councillor Rees Mills as the Committee's liaison with the Trust was reinforced. • That the Committee should be informed at an early stage of service variations, being mindful of the need in considering the timing of any changes to plan for the possibility that a formal consultation process may be required by the Committee. 	<p>Observations sent.</p> <p>Councillor Mills was subsequently involved in meetings of Organisation Review Group. There were efforts towards improved communication.</p> <p>The new Locality Manager, Mr Laird, has confirmed that information on performance relating to Herefordshire will be provided to the Committee as a matter of course and upon request.</p> <p>It is intended that the Ambulance Trust will be represented at each of the Scrutiny Committee's meetings.</p> <p>Members of the Committee are welcome to make an appointment to visit Mr Laird to discuss any issues with him or to make an appointment to visit the control centre.</p> <p>The Committee will be informed at an early stage of any proposed change in service delivery.</p>
30 January 2006	Annual Report of The Director Of Public Health	Progress untracked.

Date	Issue and Decision	Resultant Action or Outcome
	Requested that the PCT give further consideration to producing a clear, concise summary of the Director of Public Health's report next year.	
16 March 2006	National Health Service Organisational Change Joint Response agreed to three consultations about the future reconfiguration of the NHS Services in the West Midlands.	Response submitted. Herefordshire PCT Retained. Creation of west Midlands Strategic Health Authority (NHS West Midlands) Local footprint for Hereford and Worcester Ambulance Service also retained within Regional Structure.
23 March 2006	Public Health Issues Agreed 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 that the Primary Care Trust be supported in carrying forward its work to increase uptake of the MMR vaccine.	Request for feasibility study submitted by PCT. Potential role for Members in particular in publicising seriousness of infections MMR vaccine is designed to prevent was proposed but yet to be developed.
23rd March 2006	Stroke Services in Herefordshire Agreed that the proposals for the development of stroke services be supported, with their implementation being carefully monitored.	Update report provided in December 2006. PCT reported that, "although it was too early to determine any statistically significant changes, early data demonstrated some positive early trends in the number of deaths

Date	Issue and Decision	Resultant Action or Outcome
		<p>occurring from stroke every year”.</p> <p>Also reported that initial concerns that allocating beds to acute stroke rehabilitation at Hillside would reduce the available beds for other local people needing admission for intermediate care did not seem to have been borne out.</p> <p>Further monitoring agreed.</p>
5th September 2006	<p>Specialist Children’s Services Development</p> <p>Agreed that the summary of the draft consultation document be circulated to Members of the Committee for comment and it be requested that comments on the draft consultation document be submitted to the Chairman by a specified date so that the Primary Care Trust could be advised accordingly;</p>	<p>Comments submitted to PCT. PCT now considering options for developing the new service.</p>
5th September 2006	<p>A Stronger Local Voice</p> <p>Agreed that the proposed response to the DoH’s document, ‘A Stronger Local Voice’ as set out in the report be approved with the addition of the Committee’s concerns about the need for clarity of the funding of the new arrangements and the preservation of the existing rights held by Forums to visit and inspect NHS premises;</p>	<p>Response submitted to Department of Health.</p> <p>Proposals for change set out in the Local Government and Public Involvement in Health Bill. Proposed implementation: October 07. PPIFs will be kept on until LINKs can be established. PALS will continue.</p> <p>Visiting rights/powers of inspection now preserved.</p>

Date	Issue and Decision	Resultant Action or Outcome
		Financing arrangements still unclear.
5 September 2006	Scrutiny Review of Communication in the Local Health Service Findings of the Review agreed.	Acceptance of recommendations confirmed. Update reports submitted to the Committee's meeting on 15th March 2007
5 September 2006	Scrutiny Review of GP Out of Hours Services Findings of the Review Agreed.	Acceptance of recommendations confirmed. Update report submitted to the Committee's meeting on 15th March 2007
12 October 2006	Hereford Hospitals NHS Trust - Foundation Trust Status – Consultation Response to consultation agreed and authorised.	Response submitted Visit undertaken to Taunton and planned visit to Yeovil to gain further understanding of FT Status implications and issues.
7 December 2006	Specialist Children's Services Development – Consultation Agreed to submit a response to the consultation proposals on the basis that the development of a new children's services building at a different central site is the preferred option which should be pursued as a priority and that the themes identified in appendix 1 to the report be incorporated into the final response.	Response Submitted.

