

# A G E N D A

## Health Scrutiny Committee

Date: **Thursday, 20th September, 2007**

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Time: **10.00 a.m.**

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

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

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**County of Herefordshire  
District Council**



HEREFORDSHIRE  
COUNCIL



# AGENDA

## for the Meeting of the Health Scrutiny Committee

To: Councillor JK Swinburne (Chairman)  
Councillor SPA Daniels (Vice-Chairman)

Councillors WU Attfield, MJ Fishley, AE Gray, KS Guthrie, P Jones CBE,  
G Lucas, GA Powell, AP Taylor and PJ Watts

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<b>1. APOLOGIES FOR ABSENCE</b>	
To receive apologies for absence.	
<b>2. NAMED SUBSTITUTES (IF ANY)</b>	
To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.	
<b>3. DECLARATIONS OF INTEREST</b>	
To receive any declarations of interest by Members in respect of items on this agenda.	
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To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
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To consider a scoping statement for a review of Elderly Falls.	
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## **PUBLIC INFORMATION**

### **HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES**

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- Review performance of the Council
- Conduct Best Value reviews
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Strategic Housing  
Supporting People  
Public Health*

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*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  
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**Human Resources***

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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Tuesday, 14th August, 2007 at 10.00 a.m.**

**Present:** Councillor JK Swinburne (Chairman)  
Councillor SPA Daniels (Vice Chairman)

Councillors: PJ Edwards, MJ Fishley, KG Grumbley, P Jones CBE, G Lucas, GA Powell, AP Taylor and PJ Watts

**In attendance:** Councillors PA Andrews, WLS Bowen, JP French, AE Gray, RI Matthews, SJ Robertson and AM Toon. Mr J Wilkinson and Mrs A Stoakes, Chairman and Vice-Chairman of the Primary Care Trust Patient and Public Involvement Forum were also present.

**9. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors W.U. Attfield, A.E. Gray, and K.S. Guthrie.

**10. NAMED SUBSTITUTES**

Councillor P.J. Edwards substituted for Councillor A.E. Gray and Councillor K.G. Grumbley for Councillor K.S. Guthrie.

**11. DECLARATIONS OF INTEREST**

<b>Councillor</b>	<b>Item</b>	<b>Interest</b>
WLS Bowen	Public Service Trust for Herefordshire	Personal – Non-Executive Director of Herefordshire Hospitals NHS Trust
SPA Daniels	Public Service Trust for Herefordshire	Personal – Employee of Herefordshire Hospitals NHS Trust
PJ Edwards	Public Service Trust for Herefordshire	Personal – Relative employed by Primary Care Trust

**12. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 28th June, 2007 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from members of the public.

**14. PUBLIC SERVICE TRUST FOR HEREFORDSHIRE**

*(Councillors WLS Bowen, PJ Edwards and SPA Daniels declared personal interests in this item)*

The Committee considered the proposal to develop enhanced partnership working between Herefordshire Council and Herefordshire Primary Care Trust (PCT) leading to the formation of a Public Service Trust (PST) for Herefordshire for the benefit of people in the County.

The Chairman praised the way in which the public consultation had been conducted. It was through no lack of effort that public engagement had been limited. A positive outcome from the process nonetheless was that those who had participated had recognised that the aim of the PST project was to deliver improved services.

The Government's clear expectation was that, whatever form it took, there would be closer working between councils and primary care trusts and that further integration of service delivery was expected. She explained that the Committee intended to scrutinise the proposal as a whole, within this context, by focusing on the following aspects: leadership, governance, finance, communication and ICT, administration, the timetable for the project and the consultation exercise.

Mr Hamilton, Project Director for the Herefordshire Public Service Trust, presented the report. He traced moves towards closer integration between the Council and the PCT noting that these preceded the national consultation on the reconfiguration of Primary Care Trusts. However, it was in their formal response to that consultation in March 2006 that the Council and the PCT had argued that a PCT for Herefordshire should be retained on the clear understanding that this would involve greater collaborative working between the two organisations. He added that the actual idea of a Public Service Trust for Herefordshire had originated from the then West Midlands Strategic Health Authority (South).

The aims of the PST project as described in the report included the generation of efficiencies and savings. Mr Hamilton stressed that the intention was that any such savings would be reinvested in improving and developing services. Work was continuing on the detail of the proposal. It was planned to report to the Council's Cabinet and the PCT Board in September.

He updated the Committee on the response to the public consultation and commented on the process. Responses now totalled 221. Based on this 57% of respondents supported the proposal with 41% opposed. He considered the process had been rigorous although the level of response was disappointing. The report to the Committee set out the findings in an open and transparent way.

He emphasised that the proposal was not a result of central direction but reflected national guidance. In support of this point he quoted statements on the need for closer integration from a national inter-agency working group, the Lyons Inquiry into Local Government, the former Secretaries of State for Health and Communities and Local Government and the former Prime Minister.

He noted that it was expected that aspects of the closer working envisaged, for example aligning performance assessment and governance arrangements would develop over different timescales.

Referring to the appointment of a single Chief Executive for the Council and the PCT which would be a unique step, he sought to address concerns that had previously been expressed to him about the advertisement of this post whilst the consultation process was underway. He explained that the advertisement did not pre-empt any decisions but would enable the project to proceed in accordance with the project plan if that was what the Council and the PCT decided to do.

He concluded by saying that the project was challenging and involved a great deal of hard work but had the potential to gain Herefordshire national recognition.

The Committee then asked a series of questions on the aspects of the proposal which the Chairman had highlighted in her opening remarks. The principal areas of questioning and the responses are summarised below.

The following people had specifically been invited to provide evidence to the Committee:

### **Herefordshire Council**

Mr NM Pringle - Chief Executive  
Mrs S Rees - Director of Resources

### **Herefordshire Primary Care Trust**

Mr P Ashurst – Non-executive Director and Deputy Chairman of the PCT Board  
Professor T Thompson – Interim Chief Executive  
**Leadership**

Questions were asked about the estimated financial saving associated with appointing a single Chief Executive, how the conflicting demands of two very different organisations could be reconciled, how the Chief Executive's time would be divided between the two organisations and who would be the postholder's employer.

Mr Pringle replied that single managerial leadership was crucial, although he could not say critical, to the project's success. Whilst the Council and the PCT were different there was a shared public ethos. Single managerial leadership was important to overcoming the cultural differences that did exist and achieving the desired integration. A new leader would become the focal point to whom all managers would look for direction. His experience of Local Government Reorganisation in Herefordshire supported the case for single managerial leadership.

In relation to accountability he said that the new Chief Executive would be responsible to the PCT Board for health matters and through the Board to the West Midlands Strategic Health Authority (SHA). There would be separate accountabilities to the various inspectorates.

Asked about the selection process for the new Chief Executive he said that this had yet to be agreed but would involve a joint Panel drawn from the PCT Board and the Council. He himself would have no part in the process.

Professor Tamar Thompson reported that the Chief Executive of the SHA would sit on the selection panel.

Asked about the approaches of other authorities Mr Pringle said that a variety of approaches were being pursued, for example the appointment to a single post of Director of Adult Services and Chief Executive of a PCT. The Isle of Wight was exploring a similar approach to Herefordshire but was some months behind (although there was a difference there in that there was no district general hospital on the Island). He noted that most of the examples of experimentation involved smaller unitary authorities where there was greater comparative benefit to be achieved through pooling resources.

In response to further questions about the appointment of a single Chief Executive it was reported that a significant number of high calibre applications for the post had been received. This suggested that the salary attached to the post was attractive although such matters were always subject to negotiation.

Concern was expressed that given the post's responsibilities the postholder would need a deputy and an office including other senior staff as support, casting doubt on the level of projected managerial savings. Mr Pringle answered that the post needed to be put in context, drawing a comparison with the scale of the responsibilities borne by Chief Executives of some of the larger shire counties. He also commented on the managerial capacity issue both the Council and the PCT faced in that they were required to undertake a broadly similar level of strategic planning to larger authorities but with less resource.

The difficulty of achieving cultural change was raised, giving the example of the time taken to establish the Council's Children's Services Directorate. The Cabinet Member (Corporate and Customer Services and Human Resources) acknowledged that there was often resistance to change. The Council and the PCT had to work together to improve performance. The evidence from the project's working groups was that closer working would deliver improved services for the County's residents.

Mr Pringle added that progress in achieving integration nationally would be tested in the future Comprehensive Area Assessment (CAA) 2009. The Audit Commission's Chief Executive had recently stated that organisations which were found during the CAA not to be working well together would be explicitly criticised because of the view that failure to do so was to the disbenefit of the public. It would be a failure if the Council could not derive economies from a model for joint working.

### **Governance**

A question was asked about the role of elected Councillors if the PST were established. Mr Pringle said that the role would potentially be wider. The role of executive Councillors would remain although the aspiration over the longer term was that the relationship with health colleagues would become closer. Statutory responsibilities for planning and regulatory matters and scrutiny would also remain. There would also be a continuing role for Members as advocates on behalf of their communities.

Professor Thompson said that the non-executive directors of the PCT would have an equal role to elected Councillors in the PST. They would also continue to have a role in relation to the PCT which would continue as a statutory body.

Mr Ashurst said that the key point would be for both non-executive Directors and Councillors to focus on benefits for the people of Herefordshire.

A question was asked about the split between the commissioning and provider roles of the PCT. Professor Thompson said that the Strategic Health Authority had required the provider services to be removed from the PST consultation document. This was because of a lack of clarity over Government policy. There had initially been a clear desire at national level for complete separation of the commissioning and provider roles but many models had been considered and there now appeared to be a move away from having a complete demarcation. There was currently no encouragement to PCTs to separate off the provider role. Whilst it would be wrong to say it would not happen it appeared less likely. It was expected that the position would become clearer in November 2007 when the NHS operating framework was due to be published.

Mr Pringle noted that the Council had reduced the amount of services it provided directly, making use instead of the private and voluntary sectors as providers. This had had benefits but lessons had also been learned. A strict separation of roles did not always lead to best value. The Compulsory Competitive Tendering regime, for example, had required a strict separation of roles when that had been introduced but had become more flexible. It may be that the NHS proposals would follow a similar course over time

In response to a further question about uncertainty over the national position and intervention by the SHA Professor Thompson said that the Chief Executive of the SHA was supportive of the direction of travel of the PCT and the Council.

Mr Hamilton commented that the SHA wanted a successful organisation to be in place delivering improved services. His experience was that organisations that were delivering services well were subject to less intervention.

Asked about the legal framework for establishing a PST Mr Pringle said that changes in primary legislation were not expected at this stage. The PCT and the Council could, however, make progress using existing legislation. The Council had previously pursued such a course when it had introduced a Leader and Cabinet model of governance in advance of new legislation. Once it had been demonstrated that a project was workable amending legislation might potentially follow.

### **Finance**

The proposal envisaged that any savings generated would be reinvested in services. It was asked what guarantee there was that the SHA would not claw back sums, noting that the budgets of all PCTs had been topsliced in 2006/07, to meet an overall shortfall in the NHS. Professor Thompson said that the advice to her at this time was that there would not be a clawback of any savings in the current financial year. The position in future years was unknown. Mr Pringle stated that the Council could similarly be subjected to a tougher financial regime and to that extent he considered the issue to be cost neutral to the proposal.

The flexibility available to the PCT to reallocate funds between services was discussed. It was noted in reply that a lot of the funds allocated to the PCT by Government under the Comprehensive Spending Review were for specific purposes. Mr Pringle said that the proposal did not envisage reallocating large sums of money between the budgets of the PCT and the Council for a number of years although it was hoped that freedom and flexibility might be granted over time. The aim at this stage was to generate savings within existing budgets for reinvestment. These financial risks to the Council and the PCT were unchanged by the proposal.

Clarification was sought on the projected savings in management costs envisaged in the proposal and the other savings projected.

The Director of Resources commented that the emerging financial case set out in appendix 4 to the report before the Committee was very outline and very illustrative. The report had been prepared in full consultation with PCT colleagues. It was, however, a model which was being developed and contained significant assumptions about the pace and degree of innovation. These assumptions would need to be reviewed as the proposal developed.

She compared the approach to that being followed by authorities currently engaged in bids for unitary status. They had found it challenging to develop proposals and where bids had been approved were now working to develop the detail. In considering the PST proposal consideration had been given to the areas of savings

identified in these bids.

Possible savings from applying the principles of the Council's Herefordshire Connects project had also been taken into account.

In relation to senior management costs broad assumptions had been made about the number of appointments and the salary levels. No attempt had been made to look at roles and responsibilities of senior managers under a new structure. Currently the PCT and the Council had 13 senior managers and 2 Chief Executives between them. The model assumed 1 Chief Executive and 6 senior managers. On this basis assuming a phased saving over three years savings of up to £450k per year were envisaged. In response to a question she acknowledged the need for caution and the need to control the establishment budget if savings were not to be offset by increased salaries and numbers of staff below the senior management level.

Efficiency savings in the PCT taking account of lessons from the Herefordshire Connects project were assumed to reach £1.9 million a year after three years.

Cash released from Council budgets was estimated at £1 million per year after 3 years.

The projected total saving per year in year 3 of some £3 million represented about 1% of the combined budgets of the Council and the PCT and she therefore considered the assumed savings to be cautious.

The additional investment needed to deliver the benefits of the proposal, including accommodation costs and staffing, had also been estimated. The conclusion was that the benefits should outweigh the transitional costs over the three year period considered.

The Director of Resources also commented on the Comprehensive Spending Review for 2007 the outcome of which was due to be announced in October. The expectation was that the settlement would be very challenging with increases for health and for education but a standstill for other services. It was not clear at this stage what efficiency savings Councils would be expected to make and how they were taken into account in the settlement.

Questioned further about the robustness of the assumptions in the financial case and in particular the projected savings the Director of Resources reiterated that the financial model was in its initial stages. Every effort had been made to avoid double counting of savings. She added that the Audit Commission would consider the soundness of the financial assessment.

A question was asked about the prospect of additional financial support being forthcoming from the Government to support the project. Mr Hamilton said that although there had been discussions with Government Office West Midlands, no financial support had been offered so far. He still remained hopeful that some support might materialise. Mr Pringle commented that at the recent Local Government Association Conference the Audit Commission and Government Ministers had referred to the interest in Herefordshire's proposed approach. His view was that the proposal would have to proceed further before any overt support would be considered. This was typically the case with proposals of this type.

*(The meeting adjourned between 11.35 am and 11.45 am)*



**Communication and Information Communication Technology (ICT)**

Concern was expressed about the ICT issues, noting the delay, which had befallen a number of NHS ICT projects and the numerous protocols needed to govern the sharing of information between the Council and the PST.

Mrs J Jones, the Council's Director of Corporate and Customer Services informed the Committee of work being undertaken to develop protocols and minimise risk to the PST proposal. In particular all those involved recognised the need to ensure public confidence in the way information was held and shared. She confirmed that consideration of links to the Herefordshire Connects project and how the PCT could benefit from that project had also started.

Professor Thompson confirmed in response to concern about the security of patient information that the ICT links to GPs were being taken into account and she was quite confident that a solution could be achieved.

In relation to accommodation Mr Pringle said that working in joint teams was one of the keys to the project's success. It was noted that the PCT had very little estate and the onus therefore was on the Council to find a solution. Mr Pringle said that this was an issue, which ultimately could only be resolved by Members. To date Members had lacked confidence to confront these admittedly difficult issues and they had therefore remained unresolved.

The Committee noted that a working group was considering accommodation issues. Concern was expressed that it appeared that no solution was yet in sight. Mr Hamilton commented that it had never been envisaged that solutions would be in place at this stage of the proposal regard being had to avoiding any impression that decisions were being taken which pre-empted a formal decision on whether or not to proceed with the project.

A Member emphasised the need for accommodation and ICT plans to proceed in concert.

The Cabinet Member (Corporate and Customer Services and Human Resources), whilst acknowledging some of the concerns expressed, stressed the benefits which could be derived from the Council and the PCT sharing services.

Further concern was expressed that across the Country a number of ICT projects had cost more than expected and taken longer than expected to implement. In response Surrey County Council was given as an example of an organisation that had implemented a similar project to Herefordshire Connects faster than projected and had achieved greater savings than projected. The key was to be determined to deliver change.

**Administration**

A question was asked about the different terms and conditions in place in the PCT and the Council and difficulties this might create in integrating teams.

Mr Pringle said that analysis had shown that the differences were quite small and related principally to conditions of service rather than salaries. He considered that these issues were far less significant than those encountered during Local Government Reorganisation and were capable of resolution over time. The Trades Unions had responded positively to the proposals. Continued communication to reassure staff would be important.

Professor Thompson said that there were currently some integrated teams in operation and she was not aware of difficulties over this subject. She would monitor the situation.

### **Timetable**

Appendix 5 to the report contained a project brief for a combined audit of the PST arrangements on behalf of the Council and the PCT by the Audit Commission. It was noted that the Commission had requested documentation by 3rd August 2007 and it was asked whether this deadline had been met, noting also that the Commission's timetable also indicated an interim report would be prepared by the end of August. It was suggested that this appeared to be a tight timetable.

Mr Hamilton said that the Commission's report was not now expected by the end of August. The report was needed to allow the proposal to proceed and it was expected that a draft would be available in time for meetings of the Council's Cabinet and the PCT Board in September. Mr Pringle commented that it had been agreed that the timescales included in the project brief had not been realistic. This was not seen as a hindrance.

Professor Thompson noted that Lord Darzi had been commissioned by the Government to produce a report marking 60 years of the creation of the NHS, reviewing the organisation and advising on how to meet future challenges. It was expected that the review would be published by October 2007 and would inform the Comprehensive Spending Review.

The Cabinet Member (Corporate and Customer Services and Human Resources) drew a distinction between taking steps to work more closely together and the creation of an integrated single organisation. This needed to be borne in mind when considering the stated intention to establish the PST by 1 April 2008.

Mr Pringle expressed concern that it could be difficult to maintain focus if timetables for change were elongated. It would also increase uncertainty and the risk that key staff would leave. Local Government Reorganisation in Herefordshire had been achieved to a tight timescale.

It was suggested that it might be better to await a clearer indication of the Government's thinking on the separation of commissioning and provider roles. Mr Pringle stated that greater freedoms and flexibilities could be gained by those who led the way, provided their approach was working well.

### **Consultation**

The Committee had nothing to add to the Chairman's opening remarks on the conduct of the public consultation exercise.

### **Summing Up**

A Member commented on the need to recognise the potential of the project to strengthen services in Herefordshire and local control over them and advocated a positive approach to the proposal.

The Chairman thanked those who had appeared before the Committee remarking that it was in the nature of scrutiny that it should focus on areas of concern. This did not, however, imply a negativity about the potential benefits of the proposal.

Mr Pringle thanked the Committee for the way in which it had conducted its questioning.

*(The meeting adjourned again between 12.30 pm and 1.20 pm.)*

On reconvening the Committee's conclusions were read to the meeting.

**RESOLVED that Cabinet and the Primary Care Trust Board be advised that:**

- (a) **The Health Scrutiny Committee welcomes the principle of further exploration with regard to the establishment of a Public Service Trust in Herefordshire. It also endorses the current steps being taken towards further integration, to more effectively deliver better services to the citizens of the County.**
- (b) **The Committee supports the proposed appointment of a single Chief Executive for both organisations, but stresses the need for a rigorous selection process to both attract and select the best available candidate. The Committee suggests that the primary task for the new Chief Executive will be to deliver integrated services as a matter of priority with a view to realising the ambition of a Public Service Trust being established.**
- (c) **The Committee notes the embryonic governance structure proposed and looks forward to further reviewing this structure as it develops.**
- (d) **The Committee recommends the obtaining of external financial due diligence expertise to more fully understand the financial implications of the proposal and the production of a more robust financial model.**
- (e) **The Committee accepts the reassurances given with regard to information communication technology (ICT) and in particular those relating to compatibility of systems and the efficiencies which can be derived.**
- (f) **The Committee further recommends the early preparation of a joint accommodation strategy which fully addresses organisational requirements.**
- (g) **While noting the proposed timetable for transition, the Committee believe this to be both optimistic and over-ambitious having particular regard to:**
- **changing legislation**
  - **the Darzi review;**
  - **accommodation issues;**
  - **impact of the comprehensive spending review;**
  - **the need for clarity in the provider and commissioning activities of the organisations.**
- (h) **The Committee notes the extensive consultation exercise and the helpful comments made during the consultation by those who participated including the Hereford Hospitals NHS Trust. The Committee however regrets the lack of wider public engagement within the process.**

The meeting ended at 1.25 p.m.

**CHAIRMAN**



## **WEST MIDLANDS AMBULANCE SERVICE NHS TRUST - PROPOSED RECONFIGURATION OF EMERGENCY OPERATIONS CENTRES IN THE WEST MIDLANDS**

**Report By: Directorate Services Officer (Health)**

### **Wards Affected**

County-wide

### **Purpose**

1. To consider a response to the West Midlands Ambulance Service NHS Trust's proposed reconfiguration of emergency operations centres.

### **Financial implications**

2. None identified.

### **Background**

3. Councillor K Swinburne and Sara Siloko, Directorate Services Officer (Health) attended a regional health scrutiny network (chairs and officers) meeting in Birmingham on 27 June to receive a presentation and discuss West Midlands Ambulance Service (WMAS) emergency reconfiguration plans. The Network decided to reconvene near the end of the public consultation period to put together a formal regional response after individual health scrutiny committees had had an opportunity to formulate their own responses. This regional meeting will be on 26 September. The public consultation on the proposals closes on 1 October.
4. Councillor Swinburne, Councillor Daniels and Sara Siloko met the WMAS chair, chief executive, Hereford-Worcester-Shropshire locality director and communications director for a briefing on Wednesday 18 July. They were assured that the service to Herefordshire would - through improved technology/communications and back-up systems - enjoy increased resilience and improved access to regional resources, that local knowledge would still be fully utilised, that there would be no local redundancies, and that any savings would be ploughed back into local service improvement.
5. A copy of the WMAS public consultation document has been previously circulated to Members of the Committee.

### **RECOMMENDATION**

**THAT the Committee is considers its response to the proposals and the public consultation process.**

### **BACKGROUND PAPERS**

- None

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



## REVIEW OF 'ELDERLY FALLS'

Report By: Directorate Services Officer (Health)

### Wards Affected

County-wide

### Purpose

1. To consider a scoping statement for a review of elderly falls, and decide on how to implement it.

### Financial implications

2. None identified.

### Background

3. The Committee decided in June to undertake a review of 'elderly falls'. This will follow a small cohort of patients through the spectrum of health and social care services. Its rationale is twofold: to identify opportunities for improved integration between the various services, and to involve all Committee members in an exercise that assists their understanding of a whole health and social care system.
4. A copy of the proposed scoping statement for the review is appended.

### RECOMMENDATION

**THAT the Committee endorse the attached statement and decide on initial actions to implement the review.**

### BACKGROUND PAPERS

- None





<b>REVIEW:</b>	<b>Multi-organisation patient pathways (focusing on elderly patients having unscheduled medical emergencies)</b>	
<b>Committee:</b>	Health Scrutiny Committee	<b>Chair:</b> Councillor Kay Swinburne
<b>Lead support officer:</b>	Sara Siloko	

## SCOPING

### Terms of Reference

- To review the progress of a cohort of elderly patients who have suffered a fall through the healthcare and social care system.
- To assess how these patients progress through the various stages of involvement with the health and social care system to determine any bottlenecks in the clinical and care pathway.
- To investigate how improvements in communication between organisations might improve the patient experience, and whether there is a role for greater community based treatment following a non-fracture diagnosis.
- To assess the financial impact of any delay in patient care.
- To investigate whether there are alternative more efficient and cost effective models of care which also improve the patient experience and outcomes.

### Desired outcomes

- For members to have gained an understanding of the roles of the various healthcare and social care providers and to have assessed their limitations.
- To gain an understanding of the financial implications any unwanted delays in treatment and diagnosis may cause.
- To begin the process of assessing the possibilities of closer integration between healthcare and social care provision, with greater use of shared community based facilities.
- To share learning from review with stakeholders, and achieve agreement and implementation plan on actions needed to address any issues identified.

**Key questions**

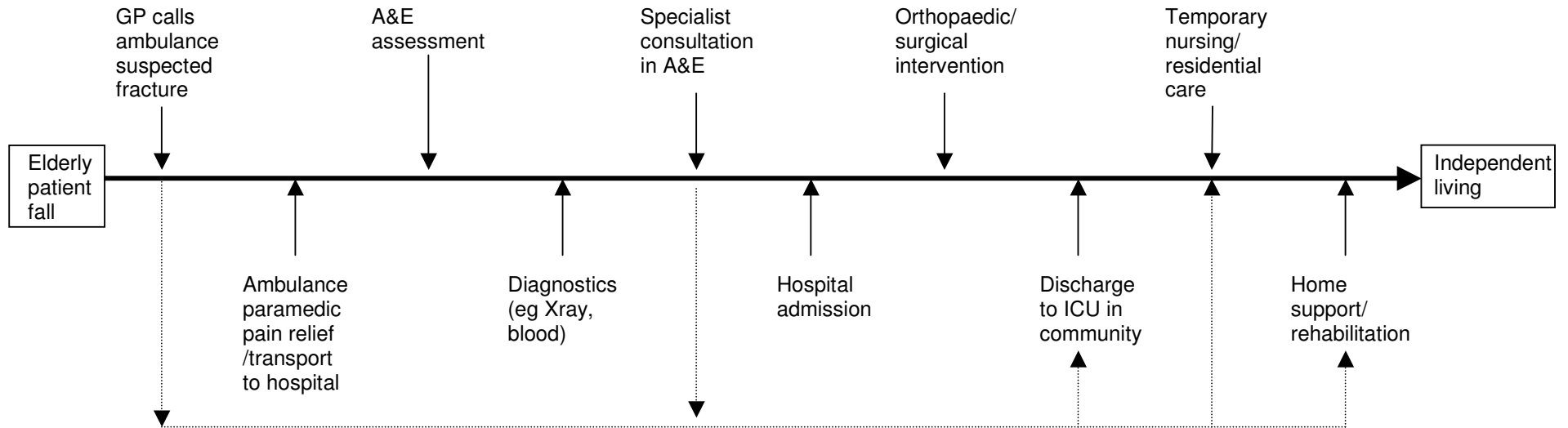
- Are there any obvious bottlenecks in the system?
- Which organisations need more capacity?
- Do patients feel their treatment pathway was optimal for them?
- Could community support/intervention workers prevent any hospital admissions?
- Do cross-organisation communication channels work effectively?
- Is there an effective 'step-up' and 'step-down' care package available to clinicians?
- How might the patient pathway work more effectively both for patient satisfaction (best clinical outcome) and financially?

**Links to the Community Strategy**

The Review Group will identify how the outcome of this review contributes to the objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies.

<b>Timetable</b>	
<i>Activity</i>	<i>Timescale</i>
Agree approach, programme of consultation/research/provisional witnesses/dates	Finalise at 20 September HSC meeting
Collect current available data	By mid-October
Collect outstanding data	“
Analysis of data	“
Final confirmation of interviews of witnesses	“
Carry out programme of interviews	By mid-November
Agree programme of site visits	“
Undertake site visits as appropriate	“
Update to Strategic Monitoring Committee	
Final analysis of data and witness evidence	At December HSC meeting
Prepare options/recommendations	“
Present Final report to Strategic Monitoring Committee	
Present options/recommendations to Cabinet	
Cabinet response	
Implementation of agreed recommendations	Early 2008
<b>Members</b>	<b>Support Officers</b>
Councillors: All members of HSC	Sara Siloko

## Patient pathway – Elderly falls



## **HEREFORD HOSPITALS NHS TRUST – FOUNDATION TRUST STATUS**

**Report By: Directorate Services Officer (Health)**

### **Wards Affected**

County-wide

### **Purpose**

1. To receive an update from the Hospitals Trust.

### **Background**

2. An update on Hereford Hospitals NHS Trust's progress towards achieving Foundation Trust (FT) status is attached.

### **RECOMMENDATION**

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

### **BACKGROUND PAPERS**

- None



## HEREFORD HOSPITALS NHS TRUST

REPORT TO: HEALTH SCRUTINY COMMITTEE  
REPORT FROM: MARTIN WOODFORD, CHIEF EXECUTIVE  
SUBJECT: FOUNDATION TRUST STATUS  
DATE: 20 SEPTEMBER 2007

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### **1. Introduction**

This report provides an update on Hereford Hospitals NHS Trust's progress towards achieving Foundation Trust (FT) status. Its contents are intended to be for information rather than for comment although all feedback is welcomed.

### **2. Timescales**

After an unsuccessful application to the Secretary of State in December 2006, the Trust Board has elected to submit an application as part of 'Wave 8' which, if successful, would result in authorisation as a FT on 1st July 2008.

A revised Integrated Business Plan (IBP) and supporting Long Term Financial Model (LTFM) are scheduled for submission to the Strategic Health Authority in December this year. The decision of the Secretary of State to refer the application to Monitor, which licenses FT applications, will be made at the end of January and Monitor's assessment of the IBP and LTFM would then take place between February and May. A timetable for Wave 8 is set out in the attached Appendix.

### **3. Public consultation**

The Trust publicly consulted on its original plans for FT status between July and October 2006. These demonstrated overwhelming public support for the proposals. As these have not altered fundamentally since then, it has been agreed with the Strategic Health Authority that further consultation will not be required provided that the Trust can demonstrate continuity of plans.

#### **4. Financial outlook**

In considering the Trust's initial submission in 2006, the Secretary of State registered concerns over the Trust's financial prospects given the Trust's historical reliance on one-off measures to balance the books and a significant in-year deficit. Since then the position has improved considerably:-

- A surplus of £1.3m was posted for 2006/07
- Financial plans for 2007/08 are not dependent on one-off measures
- The Trust has a year to date surplus of £0.9m as at month 5 (August)

#### **5. Stakeholder engagement and membership**

The Trust Board continues to place great emphasis on the engagement of stakeholders in the development of Hereford Hospitals NHS Trust as a FT. For this reason the project management arrangements supporting the application have been overhauled since the Trust applied unsuccessfully to the Secretary of State at the end of 2006.

The Trust has established an internal Programme Board, chaired by the Chief Executive which is supported by 4 work-stream groups: Corporate Governance, Financial Governance, Workforce Planning and Marketing & Stakeholder Engagement. Additionally a Stakeholder Group is being established to include representation from the County Council (Neil Pringle), Herefordshire PCT, General Practice, Herefordshire Alliance (voluntary sector) and Powys Local Health Board. The purpose of this Group is to offer external commentary and feedback on the Trust's plans as reflected in the IBP and other elements of the application. Meetings are already scheduled for:-

Monday 8 October 2007 2pm-4pm Trust Headquarters  
Monday 22 October 2007 2pm-4pm Trust Headquarters  
Tuesday 6 November 2007 12.30pm-2.30pm Trust Headquarters

A distinctive feature of FT status is the requirement to recruit and engage members from the local population and staff who in turn elect a Council of Governors. The Trust already has some 280 members from its earlier preparation in 2006 and has engaged them in three workshops on the future development of the Trust which were held in July. In addition four member focus groups covering infection prevention, food, communications and care of the elderly are being established to encourage improvement in the Trust's services.



The Trust recognises the need to expand its membership base and is shortly to launch a recruitment campaign aimed at achieving a membership of at least 2000 by July 2008. Planning will also commence shortly on the election of Governors which are timetabled to take place between January and March 2008.

## **6. Conclusion**

Securing FT status remains, in the eyes of the Trust Board, the best vehicle for maintaining and improving the quality of and access to secondary healthcare services for the population of Herefordshire. The engagement and continued support of the Council as the application progresses will be essential, particularly through the Stakeholder Group and the Overview and Scrutiny Committee itself. The Committee will be kept regularly informed as the application progresses and the Trust looks forward to sharing the IBP and the LTFM with the Committee once they have been developed.

Martin Woodford  
CEO-HHT 10/9/2007



**APPENDIX: HHT FT Application Timetable**

	September	October	November	December	January	February	March	April	May	June	July
Revision of IBP for Long Term Financial Model	X	X	X	X							
Submission of IBP for Long Term Financial Model				X							
Department of Health Review of Application					X						
Decision of Secretary of State to refer application to Monitor					X						
Monitor assessment of application						X	X	X	X	X	
HHT authorised as FT											X



## RECONFIGURATION OF MENTAL HEALTH SERVICES

Report By: Directorate Services Officer (Health)

### Wards Affected

County-wide

### Purpose

1. To note early plans to change two aspects of mental health services provided by Herefordshire Primary Care Trust (PCT).

### Financial implications

2. None identified.

### Background

3. At a meeting on 19 June 2007 between Paul Ryan (Head of Commissioning, Herefordshire PCT) Diane Topham (Mental Health Commissioner, Herefordshire PCT) Councillor Kay Swinburne and Sara Siloko, Directorate Services Officer (Health) information was received about a proposal to reconfigure mental health services:
  - A The Shires – the PCT is proposing to tender for a new provider of this service which provides long term accommodation for younger people with enduring mental health issues. The existing 3-storey building is considered unfit for purpose. Also, increased capacity is needed to accommodate 12 patients who currently have to live outside Herefordshire. Patients and carers are fully involved in developing this work and the PCT is currently drafting a service specification for the tender with their help.
  - B Mental health rehabilitation service – the PCT has engaged the services of an independent consultant (Professor Shepherd) to review this service. His report will be published in September. Following the review, there is a strong possibility that the PCT will look to market test this service.

### RECOMMENDATION

**THAT the proposals be noted and the PCT asked to provide further reports when proposals are far enough advanced for the Committee to comment on.**

### BACKGROUND PAPERS

- None

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



## CHANGES IN THE MANAGEMENT OF MENTAL HEALTH SERVICES

Report By: Directorate Services Officer (Health)

### Wards Affected

County-wide

### Purpose

1. To note early plans to change the management of mental health services, and to change the way community mental health teams work.

### Financial implications

2. None identified.

### Background

3. At a meeting on 6 July 2007 between Mark Hemming (Directorate Manager, Herefordshire Mental Health Services), Euan McPherson (Involving People Manager, Herefordshire PCT) Councillor K Swinburne and Sara Siloko, Directorate Services Officer (Health), information was received about a proposal to change the management of mental health service delivery, and plans to change the way community mental health teams work.
4. Discussion focused on how the changes would solve the challenges of moving towards a more flexible and 'joined-up' service where not only buildings accommodated this, but staff and clients were discouraged from institutionalisation and made better use of preventive, rehabilitative and home-based services. There would also be more equitable distribution of varied skills around the county.
5. Consultation on the proposal closed on 24 August 2007. A copy of the consultation document is appended. It is proposed to report to the Committee on the outcome at its next meeting.

### RECOMMENDATION

**THAT the proposal be noted and Herefordshire Mental Health Services be asked to present the results of the consultation for discussion by the Committee at its next meeting.**

### BACKGROUND PAPERS

- 'Future of Herefordshire Mental Health Services – Final Consultation Briefing Paper July 2007' (Mental Health Management Team)

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





# Future of Herefordshire Mental Health Services –Final consultation

CONDUCTED AS PART OF WORKPLAN  
'FUTURE OF HEREFORDSHIRE MENTAL HEALTH SERVICES-  
CONSULTATION PAPER'

## **BRIEFING PAPER**

MENTAL HEALTH  
MANAGEMENT TEAM

July 2007

## **INTRODUCTION**

In November 2006 the Mental Health Operational Managerial Team produced a Consultation Paper 'The Future of Mental Health Services'. This followed the production of a Discussion Paper and a series of discussion forums attended by staff.

A number of changes were proposed, and this paper seeks to provide an update and final consultation on the redesign of Mental Health Services and how all services will be delivered. The proposed changes were supported by the PCT Provider Board.

The proposals have been discussed with the Chair and Vice Chair of the Overview and Scrutiny Committee and their comments have been taken into account in this final paper. It was not felt that a formal consultation period was required as there is minimal effect to service users. This consultation, will include stakeholders in Mental Health Services together with General Practitioners.

The proposed changes which this paper addresses are:

### **1 ACUTE SERVICES:**

These include inpatient wards at Stonebow Unit, Day Care and the Crisis Assessment and Home Treatment Team. Mental Health Services should always seek to provide treatment in the least restrictive environment.

- The Crisis Assessment and Home Treatment provides treatment at home as an alternative to admission and early planned discharge.
- A single inpatient consultant will be appointed to manage all admissions and discharges, which will lead to improved continuity of inpatient care.

### **2 COMMUNITY MENTAL HEALTH TEAMS:**

There are currently five Community Mental Health Team's. Two are based in the city, with a team in Ledbury, Ross and Leominster. It is proposed that:

- Rural teams will merge to form two new teams.
- The north team will cover Leominster and Bromyard.
- The south team will cover Ledbury and Ross.
- The existing Ledbury base will be used as a satellite clinic.
- There will be no decrease in services, but an increase in skill mix available.
- Approximately 50% of all service users are seen at home, others use CMHT facilities, GP practice and community hospitals. These clinic will continue to avoid service users having to increase their travel.
- It is anticipated that there will be a reduction in caseloads within Community Mental Health Teams, with responsibilities for defined client groups being referred to Crisis Assessment and Home Treatment

Team, Assertive Outreach, Early Intervention and Rehabilitation and Recovery.

- This will further be achieved with shared eligibility criteria and operational policy for the four Community Mental Health Teams.
- With the appointment of a third DMHOP consultant the age limit will reduce to 65 years for newly referred service users. This will mean that Community Mental Health Team's role will change, again with a reducing caseload.
- It is proposed to seek funds to recruit two 0.5 wte staff grade psychiatrists to support new North and South Herefordshire Community Mental Health Teams

### **3. DEVELOPMENT OF A REHABILITATION AND RECOVERY SERVICE**

The original paper discussed the need to develop a comprehensive Rehabilitation and Recovery Service for Herefordshire. Since the original paper a Mental Housing Plan has been commissioned and published. An external review of the services is being conducted by Professor Geoff Shepherd to develop a specification for a new service. Some early recommendations will require acting upon.

To advance the implementation of this proposal:

- An Operational Manager for Rehabilitation and Recovery Services will be advertised.
- A Mental Health Housing post will be recruited to.

The Rehabilitation and Recovery Service will consist of Assertive Outreach, Oak House, FACT, Reviewing Officer. Managers will work towards appointing posts for a housing support team.

### **4. DEVELOPMENT OF A SUBSTANCE MISUSE SERVICE**

The original proposal sought opinions on DASH and CAS coming under the same Operational Management.

This will take place in the near future following further discussions with managers from both services. The two services will remain in separate buildings, with separate budgets and staff groups. An Operational management group will be formed to assist in planning for future developments.

## **CONSULTATION**

The plan is to move from three rural teams to two teams, covering rural Herefordshire, with no loss in service.

**Please comment on the following:**

- 1. How any potential barriers to integration of the teams could be overcome.**
- 2. How this process might be staged.**
- 3. Any disadvantages for service users in the proposed skill mix.**

#### **PROCESS OF CONSULTATION:**

As changes are about the re-arrangement of existing services this will primarily be an internal consultation, within Mental Health Services, but will include GP's.

Managers will work closely with staff, and staff representatives to assist with moving into newly formed teams, to ensure that service users needs are maintained.

The Manager and Operational Manager will meet with GP's in Rural localities to discuss these proposals as well as staff at Rose Cottage.

Two open meetings will be held for all staff to provide briefings and to hear comments on this paper. They will be held at the Stonebow Unit Conference Room on:

4pm -26<sup>th</sup> July 2007

4pm-31<sup>st</sup> July 2007

Written feedback should be provided on the attached form, no later than Friday 24<sup>th</sup> August 2007.

## Consultation Feedback Form

Please provide written feedback, no later than Friday 24<sup>th</sup> August 2007, addressed to:

Mark Hemming, Directorate Manager, Herefordshire Mental Health Services  
31-34 Commercial Road, Hereford, HR1 1QW

<b>Consultation</b>	<b>Comments</b>
How any potential barriers to integration of the teams could be overcome.	
How this process might be staged.	
Any disadvantages for service users in the proposed skill mix.	
Any further comments	



## **DEVELOPMENT OF LOCAL INVOLVEMENT NETWORK (LINK)**

**Report By: Herefordshire Council Procurement Manager**

### **Wards Affected**

County-wide

### **Purpose**

1. To receive a progress report on the development of a Local Involvement Network.

### **Financial implications**

2. Depending on the amount disbursed, Herefordshire may need to follow EU tendering procedures. The amount to be allocated by national government to run LINK still not announced – this lack of information could hamper effective procurement if we cannot tell potential hosts how much there is to do the job. It is expected that the national pot will amount to £28 million to be shared between 150 local authorities using the national formula based on population, spread, deprivation levels etc. Informed ‘guesstimates’ say £150,000 a year for three years. Local authorities will not be able to control how the money is spent, in order to ensure freedom from political control. £10,000 interim payment has been made by Dept of Health (DoH) to the Council to start the procurement process.

### **Background**

3. In late August 2007, the DoH issued tender guidelines, information about Early Adopter site progress, and £10,000 with which to procure a host for Herefordshire’s Local Involvement Network (LINK).
4. The Local Government and Public and Patient Involvement in Health Bill, which incorporates LINKs, is expected to be enacted in October. LINKs are expected to be operational by April 2008.
5. The Council is mandated to procure a host for the Herefordshire LINK in accordance with DoH guidelines and its own best practice procedures including transparency and impartiality.
6. The LINK will replace existing Public and Patient Involvement Forums (PPIFs). It is expected to be broad-ranging and inclusive in its membership and remit, including seldom-heard groups and individuals, and covering not only health but social care and well-being, responding to issues of concern to the local community. It is expected to act as a ‘critical friend’ to commissioners and providers of services.
7. Its powers will mean it will be able to: enter specified types of premises and assess the services and collect views of service users; request information and receive a response; make reports and recommendations and receive a response; and refer matters to scrutiny committees and receive a response.

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Further information on the subject of this report is available from Sara Siloko, directorate services officer (health)  
01432 261804

8. A group of Council officers will take the LINK procurement process forward. Invitations will be issued to form a steering group that will include external organisations (service user-led groups, involvement officers of the PCT and Hospital Trust, a representative of each of the PPIFs) to assist in: developing criteria for choice of host, weighting of applicants; stakeholder mapping, consultation and analysis, and awareness-raising.
9. The Council's procurement manager will develop a matrix of criteria and a scoring mechanism for procurement.
10. Advertising for expressions of interest will be undertaken by mid-October.
11. High quality effective communications and marketing will be undertaken to ensure the concept and the reality of LINK becomes embedded in the local culture.

## **RECOMMENDATION**

**THAT the report be noted subject to any comments which the Committee wishes to make.**

## **BACKGROUND PAPERS**

- None



## WORK PROGRAMME

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

### Wards Affected

County-wide

### Purpose

- 1 To consider the Committee's work programme.

### Financial Implications

- 2 None

### Background

- 3 In accordance with the Scrutiny Improvement Plan a report on the Committee's current work programme will be made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the work programme is attached at appendix 1.
- 4 The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director of Adult and Community Services in response to changing circumstances.
5. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
6. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

### RECOMMENDATION

**THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.**

### BACKGROUND PAPERS

- None identified.



Health Scrutiny Committee Work Programme 2007/08

To be Rescheduled	
	<ul style="list-style-type: none"> <li>• Annual Report of Director of Public Health</li> <li>• Public Service Trust - Update</li> <li>• Commissioning of Provider Services</li> <li>• Update on response to Review of Communications, in particular by the Hospitals Trust</li> <li>• Update on the out of hours service having regard to the project being undertaken on unscheduled care.</li> <li>• Progress in developing a Memorandum of Understanding between the Council and the Health Protection Agency dealing with the protocols for tackling infectious diseases.</li> </ul>
December 2007	
Items	<ul style="list-style-type: none"> <li>• Plan Annual Health Check commentaries</li> <li>• Public Service Trust Update</li> <li>• NHS Local Delivery Plan Briefing</li> <li>• Update on Procurement Process For the Local Involvement Network (LINK)</li> <li>• Plan Annual Healthcheck Commentaries</li> <li>• Changes in the Management of Mental Health Services</li> <li>• Reconfiguration of Mental Health Services</li> </ul>
Scrutiny Reviews	<ul style="list-style-type: none"> <li>• Access to health 1) for ethnic minorities – Scoping Statement</li> <li>• Report on Elderly Falls Review</li> </ul>
April 2008	
	<ul style="list-style-type: none"> <li>• Finalise Annual Healthcheck Commentaries (including presentations from health bodies as necessary)</li> <li>• Public Service Trust Update</li> <li>• Update on Procurement Process For the Local Involvement Network (LINK)</li> </ul>
Scrutiny Reviews	<ul style="list-style-type: none"> <li>• Access to Health 2) Scoping Statement</li> </ul>

**Other issues**

- Councillors' potential role in managing public expectation within their constituencies
- Cancer Services
- Stroke Services (further update in due course)

- Update on specialist Children's Services Development??

Proposal to look at the long-term implications for people in the county of having an inappropriate diet.

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Further additions to the work programme will be made as required