Herefordshire Council

AGENDA

Health Scrutiny Committee

Date: **Monday 22 November 2010**

Time: **10.00 am**

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, Committee Manager Scrutiny
Tel: 01432 260239
Email: tbrown@herefordshire.gov.uk

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Agenda for the Meeting of the Health Scrutiny Committee

Membership

Chairman	**Councillor PM Morgan**
Vice-Chairman	**Councillor AT Oliver**
	Councillor WU Attfield
	Councillor PGH Cutter
	Councillor MJ Fishley
	Councillor RC Hunt
	Councillor Brig P Jones CBE
	Councillor G Lucas
	Councillor GA Powell
	Councillor A Seldon
	Councillor AP Taylor

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AGENDA

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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 the Agenda.	
4.	**MINUTES** To approve and sign the Minutes of the meeting held on 20 September 2010.	1 - 6
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.	**POPULATION HEALTH - ACCESS TO HEALTH SERVICES** To consider what Herefordshire Public Services are doing to improve access to health services.	7 - 28
7.	**HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME** To invite the Committee to submit its formal response to the proposed changes to health and social care services in Herefordshire.	29 - 54
8.	**MENTAL HEALTH & LEARNING DISABILITY SERVICES - PROCUREMENT OF A PREFERRED PARTNER** To update the Health Scrutiny Committee on the progress of the Mental Health Procurement Project (known as MHPP).	55 - 58
9.	**HEREFORDSHIRE 2010 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)** To draw the Committee's attention to aspects of the 2010 JSNA.	59 - 70
10.	**INTERIM TRUST UPDATES** To receive an interim update from Hereford Hospitals NHS Trust, West Midlands Ambulance Service NHS Trust and NHS Herefordshire.	71 - 72
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PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

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

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- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
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- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

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Children's Services

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

Community Services Scrutiny Committee

Cultural Services, Community Safety (including Crime and Disorder), Economic Development and Youth Services.

Health

Scrutiny of the planning, provision and operation of health services affecting the area.

Environment

Environmental Issues
Highways and Transportation

Overview and Scrutiny Committee
Corporate Strategy and Finance
Resources
Corporate and Customer Services
Human Resources

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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday 20 September 2010 at 10.00 am

Present: **Councillor PM Morgan (Chairman)**
Councillor AT Oliver (Vice Chairman)

Councillors: PL Bettington, KG Grumbley, G Lucas, GA Powell and A Seldon

In attendance: **Councillors WLS Bowen and PJ Edwards. Mr J Wilkinson, Chairman of the Local Involvement Network was also present.**

23. APOLOGIES FOR ABSENCE

Apologies were received from Councillors PGH Cutter, MJ Fishley, RC Hunt and Brigadier P Jones.

24. NAMED SUBSTITUTES

Councillor PL Bettington substituted for Councillor MJ Fishley and Councillor KG Grumbley for Brigadier P Jones.

25. DECLARATIONS OF INTEREST

There were none.

26. MINUTES

RESOLVED: That the Minutes of the meeting held on 2 August 2010 be confirmed as a correct record and signed by the Chairman.

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

There were none.

28. POPULATION HEALTH - IMPROVING PEOPLE'S DIET AND TAKING UP EXERCISE

The Committee considered what Herefordshire Public Services are doing to improve people's diet and take up of exercise.

The Director of Public Health presented the report. He highlighted the close link between diet and health problems. Improving people's diet was therefore of fundamental importance in reducing the rates of many of the major causes of ill health and premature death in the County. He noted that the obesity prevalence rate measured by GP practices varied considerably.

The Council, Health bodies and the voluntary sector needed to work together to address the various factors influencing diet and were doing so. He advocated the need for a more courageous approach to tackle the issues, working with commercial partners and families.

He emphasised the support Councillors could provide in shaping opinion within the community, by advocating appropriate policies, particularly in schools, supporting local projects and lobbying for change.

In discussion the following principal points were made:

- The need for Council and Health Services to work together was emphasised.

- It was suggested that a more vigorous approach to interventions could be considered in order to change behaviour. Messages on the threat to health posed by obesity should seek to jolt people into action to make them take notice. The speed kills campaign was suggested as a good example to build on. Consideration could, for example, be given to beginning each school day with 15 minutes exercise; and, whilst acknowledging parental choice, making all pupils using school transport walk the last mile to school.

- With regard to school travel plans, which aimed to increase the number of children walking and/or cycling to school, it was asked whether the difference the plans made would be monitored. The Director of Public Health replied that over 97% of schools had signed up to a commitment to try to reduce the number of cars travelling to schools.

- The role that could be played by supermarkets and fast food outlets and the Council, NHS Herefordshire and Herford Hospitals NHS Trust in providing healthier food and making it easier to choose the healthier option was discussed. The Director of Public Health said that changes to the operating practices of supermarkets would require the support of Councillors and other community leaders. Many firms did accept that they had a wider social responsibility and the key was to find a way to create momentum in favour of adopting healthier lifestyles.

- That it was important that the message on the need for a healthy lifestyle reached those in retirement or semi-retirement.

- That consideration needed to be giving to removing unnecessary restrictions that could inhibit volunteers wishing to help support leisure activities.

- On the question of evidence about what actions work, the Director of Public Health confirmed that many studies supported the case that improving diet and take up of exercise would have considerable benefits and that there were interventions which would work locally. These interventions had been detailed in the Health Improvement Plan for the County, together with the particular benefits that would result from those actions. The issue was not whether to act but how to act. Consideration was being given to what actions to prioritise within the resources available. A suggestion was made that the Council and NHS Herefordshire should initially prioritise resources on areas within their direct control.

RESOLVED: That action being taken to improve people's diet and take up of exercise be supported and proactively and vigorously pursued with all Councillors being encouraged to champion this work in schools and in the Community.

29. HEREFORDSHIRE SWINE FLU HN1N - RESPONSE

The Committee considered a report providing assurance that the response to the Flu Pandemic (H1N1 2009) in Herefordshire was appropriate, timely and proportionate.

The Director of Quality and Clinical Leadership presented the report, commenting that Herefordshire Public Services had responded efficiently, demonstrating a lot of best practice that had been adopted regionally and nationally.

The Committee welcomed the assurance provided.

30. REVIEWS OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee considered an update following reviews of the Trust and also considered the information in the Trust update which had been published as a separate agenda item.

Mr Noel Orbell, Community Response Manager (CRM) for the Hereford and Worcester Divisions gave a presentation on the work of the Community Response Department. This covered the Department's aims, the number of Community First Responders (CFRs) (61 in the 2 Counties organised into 16 schemes who had responded to 596 emergencies in the last 6 months), their level of training, their distribution within the two Counties, and public access defibrillation sites within the two Counties; partnership working and achievements to support community engagement and planned developments.

In discussion the following principal points were made:

- The CRM said there were three levels of response for CFRs each requiring a different level of training: basic, intermediate and enhanced. The basic training involved 2 days training. The intermediate training involved 8 days over 4 weekends. Currently all the CFRs in the County were at an intermediate level. It was intended to seek to introduce training to the enhanced level, which cost £5,000 per person, but a business case was required and there was no agreed timetable.

  The training for a paramedic involved a two year university course supported by in-house training.

  Training to use a defibrillator involved 4 hours training that needed to be refreshed every 12 months.

- Clarification was sought of the reasons why only 50% of nursing homes had taken up the offer of a free defibrillator. It was suggested that staff turnover might be one issue, noting the requirement for a 12 month refresher course. It was asked whether the Trust could give consideration to incorporating the training into other health and safety training that employers would be required to give. It was noted that some large organisations had taken a decision that they would not accommodate defibrillators in their premises.

- That it would be helpful if evidence could be provided demonstrating to nursing homes the numbers of lives saved by having a defibrillator on site. It was requested that a briefing note be prepared on the cost/benefit of providing defibrillators.

- The effectiveness of defibrillators was also considered noting that there were circumstances in which defibrillation would not work.

- It was asked whether the number of CFRs and their level of training provided a sufficient level of resilience in support of the trained ambulance crews.

  The General Manager commented that additional resource was always welcome and the Service was targeting areas where it wished to see further CFR recruits. It was noted that the budget for CFRs was currently held regionally.

The Director of Public Health commented that whilst recognising the commitment of CFRs it was important to understand the level of service CFRs could provide and what outcomes they were expected to deliver. Additional resources allocated to CFRs could mean a reduction in another area of activity.

- The measurement of patient outcomes was discussed noting the somewhat arbitrary nature of targets that simply measured the time taken to attend an incident. The General Manager commented that the national targets for attending incidents were being reviewed by the Government. Although there was some analysis of clinical outcomes the necessary data was not at the moment held electronically. It was planned to develop an electronically based system within the Region in 2011.

- The issue of bed shortages at the hospital was discussed. Mr Woodford, Chief Executive of the Hospitals Trust, commented that a number of initiatives had either been implemented or were close to implementation that would lead to improvements and reduce pressures on beds.

- The General Manager commented that work was continuing to reduce ambulance turnround times. There was a good working relationship between the hospital and WMS.

- Asked whether there were any plans to close Ledbury ambulance station, noting that it was proposed that several hundred new homes were to be built in the Town, the General Manager replied that there were currently no plans to close any ambulance station. He added that if an ambulance station were to be closed this did not in itself mean a reduction in cover. In modelling future service needs housing growth would be one factor that would be taken into account.

The Director of Public Health commented that the Committee's focus on the ambulance service had contributed to improvements, although there would always be a desire for additional resource. It was suggested that the Chairman and Vice-Chairman should consider what further scrutiny of the service would be beneficial.

RESOLVED:

That (a) a briefing note be provided on the cost/benefit of providing defibrillators; and

(b) the Chairman and Vice-Chairman of the Committee be authorised to consider what further reporting on the ambulance service should be included in the Committee's work programme.

31. NHS QUALITY ASSURANCE PROCESSES AND OUTCOMES

The Committee considered an outline of outline quality assurance systems in place to assure the Primary Care Trust (PCT) Board that services commissioned are high quality services.

The Director of Quality and Clinical Leadership (DQCL) presented the report and also gave a presentation.

The presentation covered the arrangements for the management of the Walk in Centre, currently based at the Asda store in Belmont, Hereford. She reported that since the Centre had opened in December 2009 there had been an average of 50 patients attending it per day, around 100 per day on bank holidays. A breakdown of attendees by

GP practice in the County was provided. Usage was increasing but need was currently being met.

Every patient attending was given a questionnaire asking why they were using the service. The evidence was that 24% of patients would have gone to A&E if the Centre had not been there.

Those making most use of the service included young mothers seeking immediate reassurance on ailments their children were suffering from, those at work who valued the convenience and accessibility, and tourists.

In discussion the following principal points were made:

- It was noted that the greatest number of people accessing the Centre were from City GP practices. The DCQL reported that these practices had been informed of the principal reasons why people were choosing to use the Centre. Access hours had now increased in all but 3 GP practices within the County. It was preferable if patients saw their regular GP and continuity of care was preserved.

- Action being taken to encourage non-registered patients to register with a GP practice was noted.

- The DCQL provided clarification on the clinical governance arrangements in place to provide continuity of care between the Centre and GP practices.

- It was asked whether it was proposed to retain a walk in Service in Belmont once the planned site for the Centre alongside the AE Service at the County Hospital was constructed. The DCQL stated that the provision at Belmont was meeting a need. The level of demand would need to be assessed but maintaining some form of provision was an option.

  The Director of Public Health commented that some 70% of those using the service were registered with practices within the City Centre. The reasons for this, especially given the support provided to practices to extend their opening hours needed to be clarified. If a new service were to be provided it would be important to ensure that it was affordable and could be sustained.

The Committee noted the report.

32. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee received an update from the Trust.

Asked about progress in increasing the percentage of the workforce qualified as paramedics the General Manager replied that the Trust's aim was for 70% of operational staff to be paramedics. Currently 63% of the operational staff in Herefordshire were paramedics with more staff indicating a willingness to achieve the qualification.

The development of the "Make Ready" system was discussed. This involved the development of large central hubs in strategic locations where ambulance vehicles would start and finish, with vehicles being deployed, in between times, at community response posts (CRPs) in areas where there was a high probability of an emergency call being received was discussed.

The General Manager's report stated that the net effect would be that there were more CRPs than the present traditional ambulance stations, though many would be smaller than the current style of station. The CRPs would be close to where patients were, but

leased to reduce costs. Some existing stations may be well placed to act as CRPs; however some would not. The Trust would continue to have a location in Ledbury and each of the other towns where it currently had them. The difference would be that there would be other new sites as well.

The change would lead to very significant improvements in areas such as infection, prevention and control; staff being available to respond to incidents and cover levels across the County.

33. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee received an update from the Trust.

Mr Woodford, Chief Executive of the Trust, presented the report.

In discussion the following principal points were made:

- A question was asked about continuing delays in discharging patients because they were waiting for medication to be issued. Mr Woodford replied that the issue was recognised and action was being taken to address it.

- Noting the pressure on A&E it was asked what data was held on how many admissions were drug and alcohol related. Although the ambulance service held no data it was noted that the unplanned care workstream was examining alcohol related admissions.

- Mr Woodford acknowledged that there was pressure on space in A&E. Planned measures to address the problem included campaigns to reduce inappropriate attendances and the reconfiguration of A&E as part of the development of the urgent care centre.

RESOLVED: That briefing notes be circulated providing information on initiatives being taken to discourage inappropriate attendance at A& E and how Councillors could support these initiatives as community leaders; and on statistical information on admissions to A&E that were due to alcohol and drug abuse.

34. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Trust.

The Director of Public Health presented the report highlighting key issues. The Committee noted the report.

35. WORK PROGRAMME

The Committee considered its work programme.

RESOLVED: That the work programme be approved and reported to the Overview and Scrutiny Committee.

The meeting ended at 1.03 pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**22 NOVEMBER 2010**
TITLE OF REPORT:	**POPULATION HEALTH – ACCESS TO HEALTH SERVICES**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH**

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To consider what Herefordshire Public Services are doing to improve access to health services.

Recommendation

THAT the Committee considers and comments on actions being taken to improve access to health services.

Introduction and Background

1. On 18 June 2010 the Committee agreed a revised timetable for its consideration of population health issues as part of its work programme for 2010/11. The attached paper considers Herefordshire Public Service's approach to improving access to health services.

Background Papers

- None identified.

Further information on the subject of this report is available from
Paul Nicholas, Assistant Director, Tel 01432 260543

What are Herefordshire Public Services doing to improve access to health services, bearing in mind the unique issues faced by our rural population?

1 Introduction

This paper is the third of a series of discussion papers setting out Herefordshire Public Service's approach to population health issues. This paper focuses on access to health services which is a key factor influencing the health of both individuals and the population as a whole. The issues which have been identified by the Health Scrutiny Committee in the context of this report as important in relation to access to health services are: broadband, transport, older people and dental access.

In relation to access to health services for older people, although this issue is mentioned in this report, it is scheduled to be covered in more detail at a future Health Scrutiny Committee (January 2011).

2 Access to health services

2.1 Access to health services – what are the issues?

A number of key findings about the county have been identified from work relating to the State of Herefordshire Report 2010. These are presented here verbatim from the Report as they have direct relevance to access to services, including health.

State of Herefordshire Report 2010: the findings

Herefordshire itself as a county

Herefordshire is a predominantly rural county of 842 square miles situated in the south-west corner of the West Midlands region bordering Wales. With 179,100 residents, it has the 4th lowest population density in England (0.8 persons per hectare). A particular challenge for service delivery is how scattered the population is. According to measures used in the calculation of the Local Government Finance Settlement, no other English county-level authority has a greater proportion of its population living in 'very sparse' Output Areas than Herefordshire (25%). Over half (54%) of the county's residents live in areas defined as rural[1].

Herefordshire's population has a relatively old age structure, with the proportion of older residents expected to increase

Just over a quarter (26%) of Herefordshire's population is of state retirement age (60 for females; 65 for males) or above (45,800 people), compared to a fifth both regionally and nationally (20%). Numbers of older people have grown more rapidly locally than nationally: there are 15% more people aged 65+ living in Herefordshire in 2009 than in 2001, compared to 8% more in England & Wales. This growth is expected to continue, but even more rapidly - with 57% more people aged 65+ forecast to be living in Herefordshire by 2026, from 38,800 in 2009 to 61,000 in 2026. In particular, the number of

[1] Sources: ONS population estimates, mid-2009; Small Area Population Estimates, mid-2008 – Crown copyright

people aged 85+ is expected to almost double, from 5,400 in 2009 to 10,200 in 2026[2].

Pockets of deprivation are concentrated in urban areas of Herefordshire, but smaller pockets also occur in more rural areas. Some of these areas have got worse since 2004

Herefordshire as a whole experiences relatively low levels of deprivation compared to some urban counterparts. However within Herefordshire there are pockets of deprivation where residents are likely to be subject to many different aspects of deprivation. For example there are two areas that have particularly high levels of income deprivation. In the Leominster Ridgemoor area, 41% of individuals live in income deprived households and Golden Post – Newton Farm area in Hereford City had 37%. The proportion of people experiencing income deprivation in all of these areas have increased from 2004. These areas also both experience high levels of health and employment deprivation.

Using these measures of deprivation at this geographical level can hide deprivation that can occur for smaller groups of households or even on a household level in rural areas. Looking at smaller areas of deprivation from the 2004 indices of deprivation, also identifies areas of income deprivation within the villages of Whitcurch, Kingstone, Peterchurch, Weobley, and Bartestree and in the other market towns of Ross-on-Wye, Ledbury and Kington.[3]

Rural areas in Herefordshire are less likely to receive a decent level of broadband service compared to urban areas

Overall 57% of Herefordshire's postcode areas have the potential for broadband up to 2 Mbps. However in 2008, 46% of rural areas were likely to receive no service or low broadband speed (up to 0.512 Mbps), compared to only 1% of urban areas. Broadband is of one of the most important issues facing the economic and social wellbeing of Herefordshire with many people relying on it for education, work, social and community cohesion, and for accessing services. Lack of broadband provision or poor speeds mean that many rural areas risk being left further behind as next generation broadband is introduced.

Access to key services in rural parts of Herefordshire is notably worse than for rural areas in England as a whole and the West Midlands

The percentage of Herefordshire households within set distances for most key services is much lower than for the West Midlands region and England as a whole. In particular, when comparing rural villages and dispersed areas across Herefordshire, the West Midlands and England, access is notably worse in Herefordshire. The most marked differences are seen for banks and building societies, supermarkets, NHS dentists, petrol stations and secondary

[2] Source: ONS population estimates (Crown copyright) and Herefordshire Council Research Team's 2006-based population forecasts

[3] Sources: ONS population estimates, mid-2009; Small Area Population Estimates, mid-2008 – Crown copyright

schools: Herefordshire's figures for these services being between 12% and 35% lower.[4]

However, since 2007 there has been an increase in the proportion of all Herefordshire households within set distances for GP Surgeries and a Public House. Access to GP surgeries increased from 76% in 2007 to 83% being within 4km in 2008 and access to a Public House within 2km saw a small increase from 86% in 2007 to 88% of households in 2008.

According to the 2007 Indices of Deprivation, 76 out of 116 Lower Super Output Areas in Herefordshire fall within the 25% most deprived in England in terms of geographical barriers to services. 52 of these also fall within the 10% most deprived[5].

Access to some other key services was seen as difficult by significant minorities

For instance public transport, a post office and cultural or recreational facilities by were seen as problematic by about one in five Herefordshire residents[6].

2.2 Access to services – what is happening

2.2.1 Rural Access Partnership

There are a number of programmes which address access to services in rural areas. The overarching body for these is the Rural Access Partnership (RAP), which is a subgroup of the Stronger Communities Policy and Delivery Group. The RAP has a number of key areas of activity within its 2010-11 action plan. These are as follows:

- Mapping of services: to gain an understanding of the level and type of services available in order to assess needs and gaps in provision. To also make information available to the public to aid knowledge of existing services.

- Address the needs of disadvantaged groups: to understand the needs of groups who are disadvantaged by limited access to services as a way of targeting resource of people who need the services most.

- Improving broadband coverage and width: to create solutions to address the "not-spots" of broadband coverage in Herefordshire and low bandwidth that can potentially create disadvantage in accessing information and services for communities, and competitive advantage for businesses.

- Promoting access to services: to increase service provision to enable better access to services combined with awareness of services currently provided. To this end improve the performance linked to the access to services Local Area Agreements (LAA) targets.

[4] Source: The Countryside Agency, 2008
[5] Source: Indices of Deprivation 2007, Department for Communities and Local Government (CLG)
[6] Source: Herefordshire Satisfaction Surveys, Herefordshire Council 2008

- Improving access to services to the digitally excluded: to increase digital service provision to those in need, who face barriers to accessing those services due to disadvantage, such as age, disability, and income.

- To address specific access to health and leisure services: to address access to and awareness of health services, specifically NHS dental facilities.

- Maintain access to transport: use a mixed range of transport options to enable people access to services at key locations in the county, primarily the city and market towns.

- Strengthening role of the Rural Access Partnership: to maximise the role of the partnership in bringing together different services and partners to address the combined challenges of people being able to access services.

These themes go some way to addressing the challenges of access to rural health services, but will need to link with the changes to commissioning of health provision in the future.

2.2.2 Broadband

Broadband is of one of the most important issues facing the economic and social wellbeing of Herefordshire with many people relying on it for education, work, social and community cohesion, and for accessing services including health services. Lack of broadband provision or poor speeds mean that many rural areas risk being left further behind as next generation broadband is introduced.

Access/lack of access to IT and broadband also has implications for population health and for the delivery of health services. One example is provided by telemedicine which is discussed below (section 2.2.4).

Herefordshire already has some residents unable to access broadband at all. BT is the only major provider in the county and it will have trouble providing 2Mbps to everyone by 2012, as the Government has proposed under Digital Britain. However, if the county is not to be left behind the rest of the world we need to look at implementing a communications infrastructure that will last for 50 years or longer, with broadband speeds in excess of 10Mbps, and with a high quality service to all residents in the county.

This will be achieved through the ambition of all homes and business premises being able to connect to a high speed broadband service offering at least 10Mbps download speed and 5Mbps upload speed, by 2015. In the short term, by 2012, all homes and premises to have affordable access to broadband at speeds of 2Mbps. By 2020 any home and business should have the opportunity to access 100Mbps download speed with a choice of upload speeds. Broadband services in Herefordshire must be affordable to the user and in most cases offer a choice of Internet Service Provider.

How the vision should be delivered is subject to a range of technical options, but the majority of homes and premises should be served by a county wide fibre optic infrastructure. New homes and new premises on business parks should be built by their developers with fibre optic connections.

In the Comprehensive Spending Review October 2010 Herefordshire has been identified as a trial area for superfast broadband which will have an impact on access to improved IT for service delivery.

2.2.3 Update on Herefordshire Broadband, October 2010

Broadband Delivery UK (BDUK) is the organisation appointed by the government to deliver improved broadband services in the UK. They will let contracts for delivery of a 2Mb minimum service during 2011, to be completely rolled out by the end of 2015. In parallel, in July, they announced that they would fund three superfast broadband pilots to provide experience of the issues of delivering fast broadband in hard to reach areas. Herefordshire, backed by Advantage West Midlands, submitted a bid for the Golden Valley and south border area of Herefordshire to be a pilot area, extending into Wales and Gloucestershire in their adjacent border areas.

In the north of the county Airband Community Internet will be providing a wireless broadband service with up to16Mb speeds to the north and east of Leominster, funded through the RRZ using EU money. The service will be capable of being extended beyond the initial Ludlow, Leominster, Tenbury Wells triangle once the users within that area have been connected. Airband has found there has been reasonable interest in the service and the company will be looking for opportunities to promote the service at events around Leominster.

Allpay Broadband has said that it intends to provide a wireless broadband across the county by Christmas. Allpay currently provides wireless broadband in Kingstone and Allensmore, and is extending its reach into the Golden Valley and round to the west and north of Hereford before Christmas. There will be further expansion into other areas over the next six months.

2.2.4 Telemedicine

Telemedicine is defined as “the exchange of medical information from one site to another via electronic communications for the health and education of the patient or healthcare provider and for the purpose of improving patient care” (Kiel 2001)[7]. There are greater opportunities for improvements in telemedicine as a result of the developing broadband agenda in the county. The next generation of telehealthcare provision is likely to build on the emerging networks already in place.

Types of Telemedicine
The common thread for all telemedicine applications is that a client of some kind (e.g. a patient or healthcare worker) obtains an opinion from someone with more expertise in the relevant field, when parties are separated in space, in time or both (Wootton *et al.* 2006)[8]. Telemedicine can be classified into:

- Store-and-forward
- Remote monitoring

[7] Kiel JM, 2001. Information technology for the practicing physician. New York: Springer-Verlag.
[8] [8]Wootton R., Craig J., and Patterson V., 2006. Introduction to Telemedicine. London: Royal Society of Medicine Press.

- and interactive services

The type of interaction is usually classified as either pre-recorded (store-and-forward) or real time (also called synchronous or interactive). The former involves acquiring medical data (like medical images, biosignals etc) and then transmitting this data to an expert at a convenient time for assessment. Interactive telemedicine services provide real time interactions (no time delay in the information being collected and transmitted) between patient and provider, to include phone conversations, online communication such as video conferencing and home visits. Remote monitoring, also known as self-monitoring/testing, enables medical professionals to monitor a patient remotely using various technological devices.

Telehealth services in Herefordshire

A Telecare and Tele-healthcare Steering Group was convened at the end of July 2010 to start looking at the further application of telehealth services in the county, working to the Maximising Independence Workstream.

Currently work is talking place in telecare around application of DH Care Services Efficiency Delivery (CSED), telecare planning and an evaluation tool kit. A draft summary report is to be completed by the end of November and this will inform a Telecare Strategy.

Specific initiatives and proposals around telehealth services

A central review team will reassess clients' needs and a significant increase in the uptake of telecare is envisaged. There is also a proposal for an evaluation to identify the impacts of telecare to facilitate earlier discharge from hospital, and a proposal to specify and procure a sub-regional monitoring service.

Future initiatives and proposals around tele-healthcare

Through the Maximising Independence Workstream there is a proposed pilot to introduce tele-healthcare for people with COPD, and a proposal to implement and evaluate simple Tele-healthcare with a mobile phone text based system.

There is a joint bid to become Older Persons Pilot Site, around Improving cancer treatment assessment and support for older people with a diagnosis of cancer.

NHS Herefordshire and Herefordshire Council have released funding to develop a small scale project to evaluate the potential of touch screen technology to enhance the quality of life of people with memory difficulties. The Strategic Health Authority has funded Staffordshire University to research the potential for this technology to be a therapeutic alternative to anti-psychotic approaches.

It is likely that the Council will also look to build on the work so far to support individual provision of Telehealth from personalised budgets on the basis of patient benefit where appropriate.

2.2.5 Older People

The most recent major piece of work is the strategy document "Growing Older in Herefordshire" (Herefordshire Partnership 2007). This sets out the framework for service provision for older people in the county. A more detailed paper on older people's health is scheduled for the January 2011 Health Scrutiny Committee meeting.

2.2.6 Transport

Public Transport in Herefordshire is provided by commercial bus and train operating companies. Bus services are either fully-commercial or, where commercial operation is not viable, are operated under contract to the council. Train services are operated under a franchise from central government.

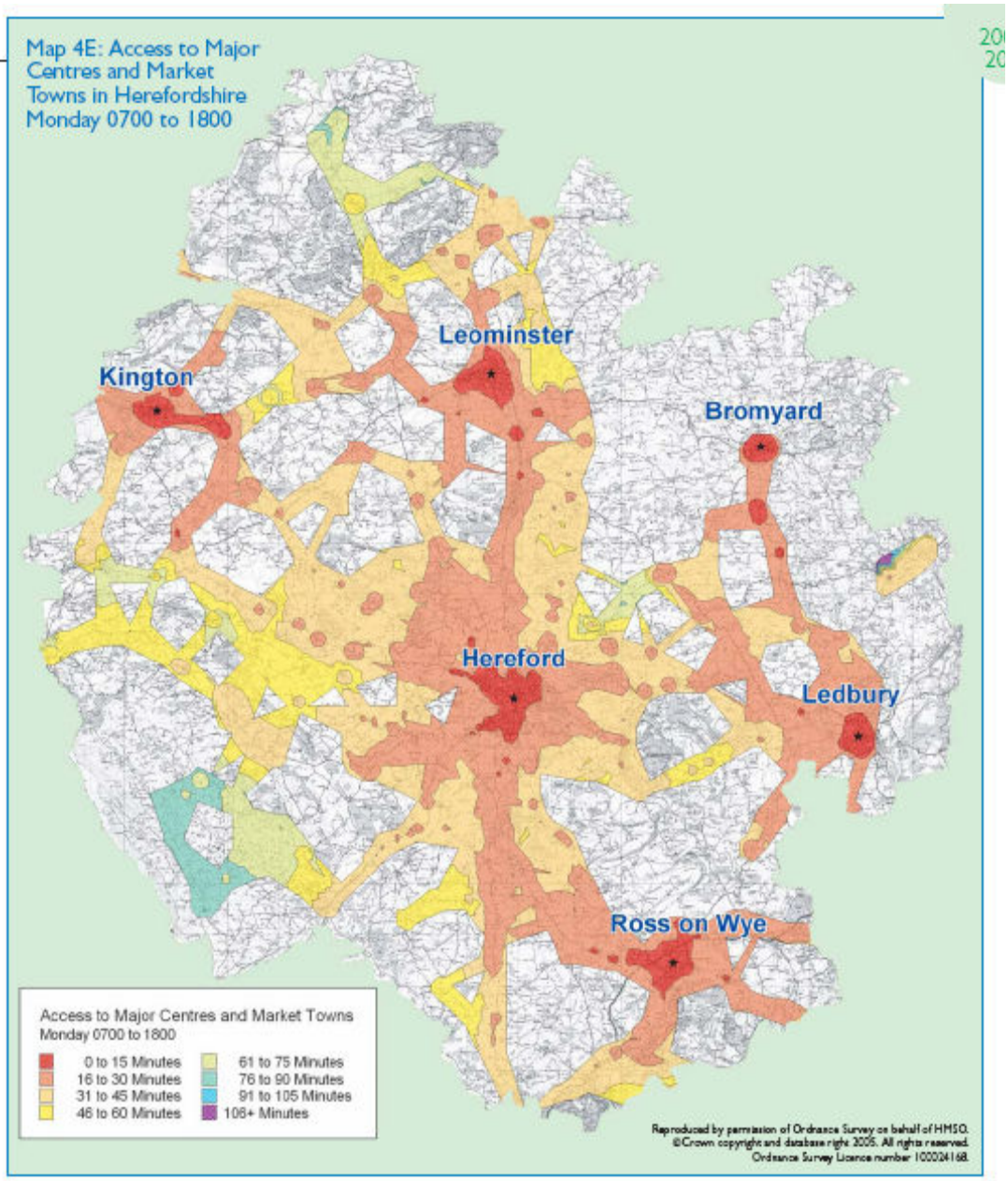
Most bus services, called "commercial" bus services, are planned and provided by bus companies, which are solely responsible for the routes, times and fares charged. "Contracted" bus services are run by bus companies to service specifications set out by Herefordshire Council, which also pays the companies the difference between the operating cost and the income from fares on these services. Contracted services are only provided where no suitable commercial service exists - 60% of the conventional bus network is provided on a commercial basis with 26 operators. There is not a predominant operator but six are significant players in the market. The commercial bus network is concentrated within Hereford and the four largest market towns. With increasing rurality, bus frequencies decrease. The Hereford urban area supports a frequent and comprehensive bus service with routes typically having a 15 minute frequency. Inter-urban routes have an hourly or two hourly services. There are no commercial journeys after 7pm or on Sundays, and even on weekdays other routes away from the main corridors have more sparse services with some having none at all.[9]

Some bus services run early in the morning and do not return until evening, others leave little time for accessing health services before having to return on the only bus service back to an area, and some on only certain days of the week. For example, to travel from Bredwardine into Hereford is only possible on a bus at 07.09, returning at 13.10 on a Wednesday or a Friday, or at 17.10 for the whole week.

In many cases, because of the rural nature of the county, the bus services do not run at appropriate times or to venues that would enable people to access health services, particularly in rural areas.

The map below from the Local Transport Plan 2006-11 illustrates the issues around travel between rural villages as opposed to into urban areas with the paucity of services on offer.

[9] Local Transport Plan 2006-2011



Community Transport (CT) therefore plays an important role within Herefordshire by providing access to services for people who are unable to use conventional public transport. There are eight schemes operating in the county which are all run through charitable organisations. The schemes are all provided with grant funding from Herefordshire Council to enhance the service and are provided with support by Community First on behalf of Herefordshire Council.

The CT schemes provide a pre-booked, door-to-door transport service to help people get to local services, hospitals, visit friends and enjoy a range of leisure activities.

It provides transport for people unable to use conventional public transport services because:

- There is no public transport service available
- There is no alternative transport at the time they need to travel

- They have limited mobility, which prevents them from using bus or train services.

Community car schemes use volunteers driving their own cars to provide transport for passengers needing to make a journey. Some schemes also operate minibuses or multi-purpose vehicles which can be used by passengers in wheelchairs or people who are travelling together. Passengers pay a contribution towards the cost of the journeys which are also subsidised by Herefordshire Council. Journeys can be made to the shops, doctors, friends and relatives, hospitals, dentist, opticians and for appointments, where no alternative transport is available.

Figures from Community First, the third sector infrastructure organisation which oversees and supports the schemes in the county, on behalf of Herefordshire Council, show that last year there were 6,290 registered users making 53,900 journeys through community transport.

In addition to transport provision available direct to members of the public, the Ambulance Service also plays an important role in supporting access to medical services within the County. There is a volunteer drivers scheme which is run through the West Midlands Ambulance Foundation Trust to provide hospital journeys for patients meeting particular criteria around statutory obligations. This is not funded through Herefordshire Public Services but complements the work of the community transport schemes.

2.2 7 Dental Access

During 2010, a dental procurement exercise was undertaken as a result of which an additional 18,000 Units of Dental Activity (UDAs) have been commissioned in Herefordshire. This additional dental service capacity commenced on 1 October 2010 and will provide access to NHS dentistry for an additional ~6,000 patients, predominantly in the Ross-on-Wye and Ledbury areas.

NHS Herefordshire currently operates a central waiting list for residents who want to obtain a regular NHS dentist and is working towards removing the need for a centralised waiting list completely by April 2011. The waiting list has historically been seen as somewhat of a barrier to being able to access dentistry, especially due to the length of time that residents needed to wait in particular areas, i.e. Ledbury/Ross on Wye. Back in 2006/2007 the number of residents who were waiting to access regular dental care had reached approximately 25,000. By identifying this issue, and working with both existing and new dental providers, it has been possible to reduce this number to ~1,000 by providing more capacity. We anticipate that by April 2011, those remaining ~1,000 will have been allocated to an NHS dental practice.

NHS Herefordshire now has a dedicated Dental Helpline, which is supported by a Dental Service Improvement Coordinator. This service assists callers to locate an NHS dentist, without needed to trawl through telephone directories. Once the waiting list is no longer in operation, then callers will be assisted in finding a NHS dentist to suit their needs, through appropriate signposting.

Access to emergency care is available at the seven Dental Access Centres in the county.

Further information on access to NHS dental care in Herefordshire can be found in the report in Appendix 1.

2.2 8 Local Development Framework 2010 - 2020

In the Local Development Framework (LDF) there is a section on health which identifies the issues as follows:

- Ageing population
- Rising levels of obesity
- Disparities in health geographically and demographically
- Access to essential facilities
- Many small rural settlements without access to health, education, employment, retail or recreational facilities and with very little public transport
- Scarcity of local services such as post offices and independent shops
- Limited availability of high-speed broadband

As a result of the identification of these issues, the preferred policy direction for health will:

- Support development proposals for new or expanded healthcare facilities through the Hereford and Market Towns and Rural Areas Plans, in partnership with the Herefordshire Primary Care Trust and other healthcare providers, and facilitated by developer contributions; and
- Promote multiple community uses of new and existing facilities through the Hereford Area Plan and the Market Towns and Rural Areas Plan.

3 Summary

This paper has summarised the health issues relating to access to services and provided examples of the wide range of work going on within Herefordshire to improve access at a population level.

The support of both Health Scrutiny Committee and all the Members of Herefordshire Council is both welcomed and needed for developing and improving access to rural services. Councillors have an opportunity to advocate for appropriate policies, particularly around transport; to support local projects within their wards; and lobby for changes on a wider basis which will improve the health and wellbeing of the population of Herefordshire.

Appendix 1

Access to NHS Dental Care

NHS Herefordshire (Oct 2010)

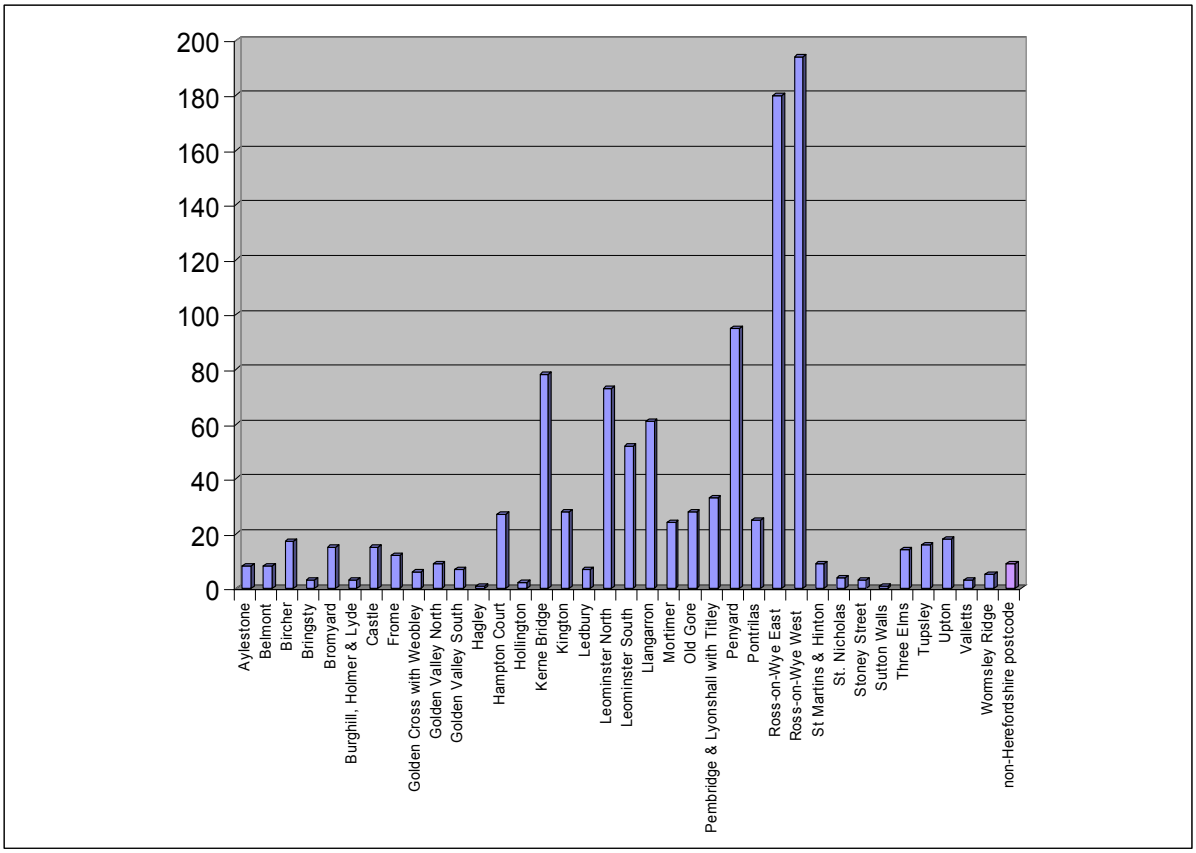
1. Introduction

This report provides data and geographical information in relation to patient access to NHS dental care in Herefordshire at October 2010.[10]

2. Numbers Waiting for Routine Dental Care

NHS Herefordshire currently operates a centralised dental waiting list for routine NHS dental care.[11] Analysis of this waiting list based on resident post-code shows that the numbers of people waiting for NHS dental care varies markedly across the county and is highest in the following wards: Ross-on-Wye West (194), Ross-on-Wye East (180), Penyard (95), Kerne Bridge (78), Leominster North (73), Llangarron (61) and Leominster South (52) (see figure 1).[12]

Figure 1: Numbers of people on the NHS Herefordshire dental waiting list by ward of residence (October 2010)



[10] It is important to note that because of the inherent delay in the reporting of dental access data, increased access resulting from the additional dental capacity procured during 2010/11, which started to be delivered in October 2010, is not reflected in the data shown in this report.

[11] The PCT is aiming to phase out this waiting list: during 2010/11 the PCT has procured an additional 18,000 UDAs and instigated a manned dental helpline to improve access to NHS dentistry.

[12] Figures correct at 13th October 2010: the total number on the waiting list on this date was 1093.

3. Access to NHS dental care

In September 2010, the percentage of the resident population of Herefordshire who had accessed NHS dental care within the previous 24 month period was 52.16%. (compared to 56% in England as a whole).[13] Table 1 gives an overview of the number of patients seen in the previous 24 months for the quarter ending September 2009 to the quarter ending September 2010.

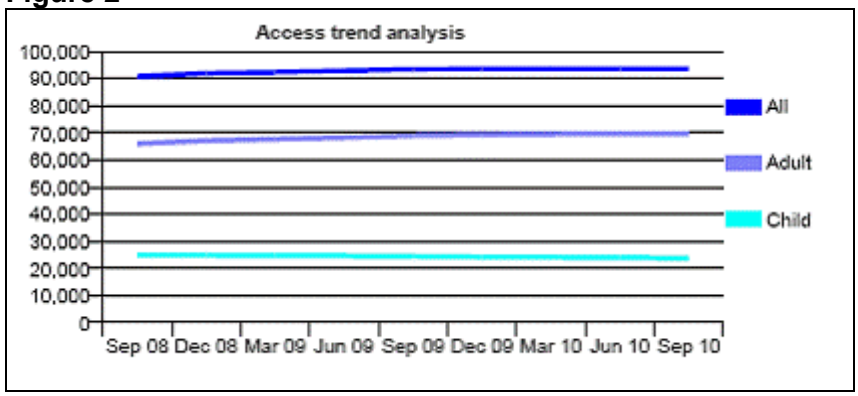
Table 1

Patients seen in 24 months	Total	Change since previous quarter
Quarter ending September 2009	93,436	
Quarter ending December 2009	93,498	→
Quarter ending March 2010	93,622	→
Quarter ending June 2010	93,582	→
Quarter ending September 2010	93,521	→
Variance since September 2009	0.1%	

Source: Vital Signs at a Glance Report, Dental Practice Board (NHS BSA)

Figure 2 shows the trend in the number of patients accessing NHS dental care since September 2008.[14]

Figure 2



Source: Vital Signs at a Glance Report, Dental Practice Board (NHS BSA)

The maps shown below in figures 3 - 5 show the access rate by ward (expressed as a % of the ward population) for patients resident in Herefordshire. They are broken down by age group (figures 4 and 5) as well as for all patients (figure 3). For each map those wards shaded red have the lowest access rate, those shaded blue the highest. The scales for each map are based on an equal range, which divides records across ranges of equal size, therefore the levels for each map are relative to the specific data.

These maps show that access rates are lowest overall in the south-east of the county, notably in Hope End, Ledbury, Old Gore, Penyard and Ross-on-Wye East

[13] 24 month access rates are a standard measure for dental access.
[14] NB the additional dental capacity procured during 2010/11 started to be delivered in October 2010 and so is not yet reflected in published access data

wards (figure 3). A similar pattern is seen in patients aged 20 years and over (figure 4). For patients aged 19 and under, the lowest level of access is found in Hope End (figure 5).

Figure 3: Ward Level Access Rate (%) for All Patients

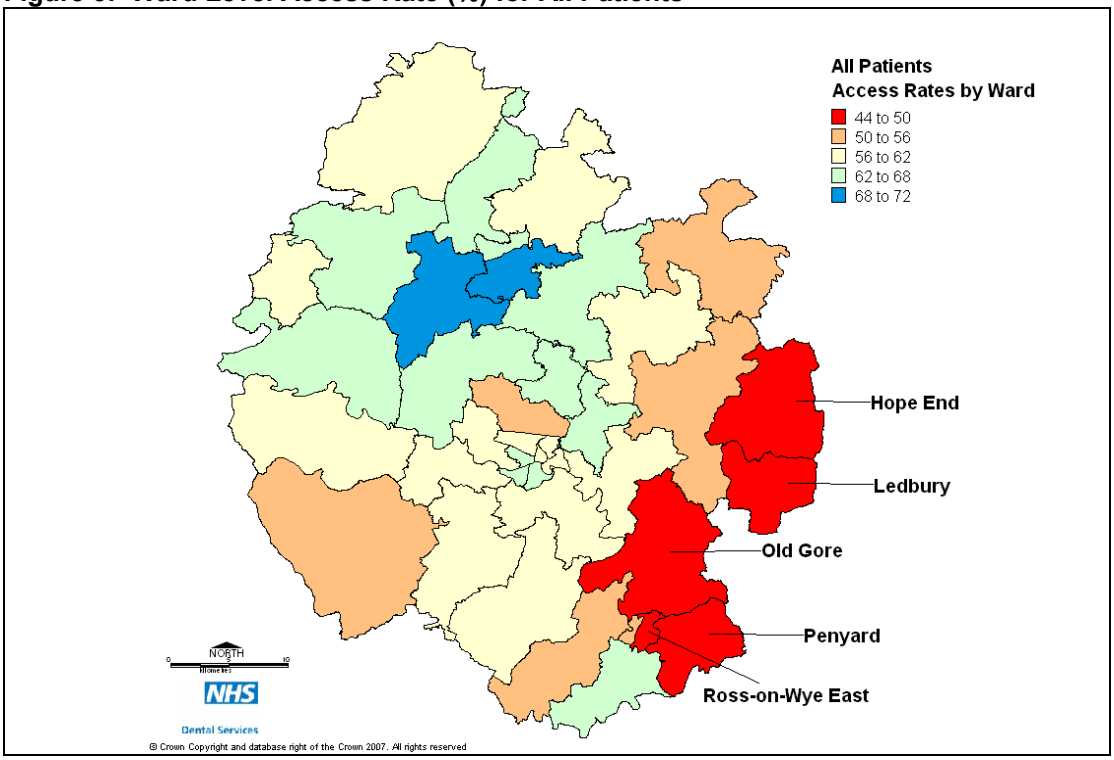


Figure 4: Ward Level Access Rate (%) for Patients aged 20 and over

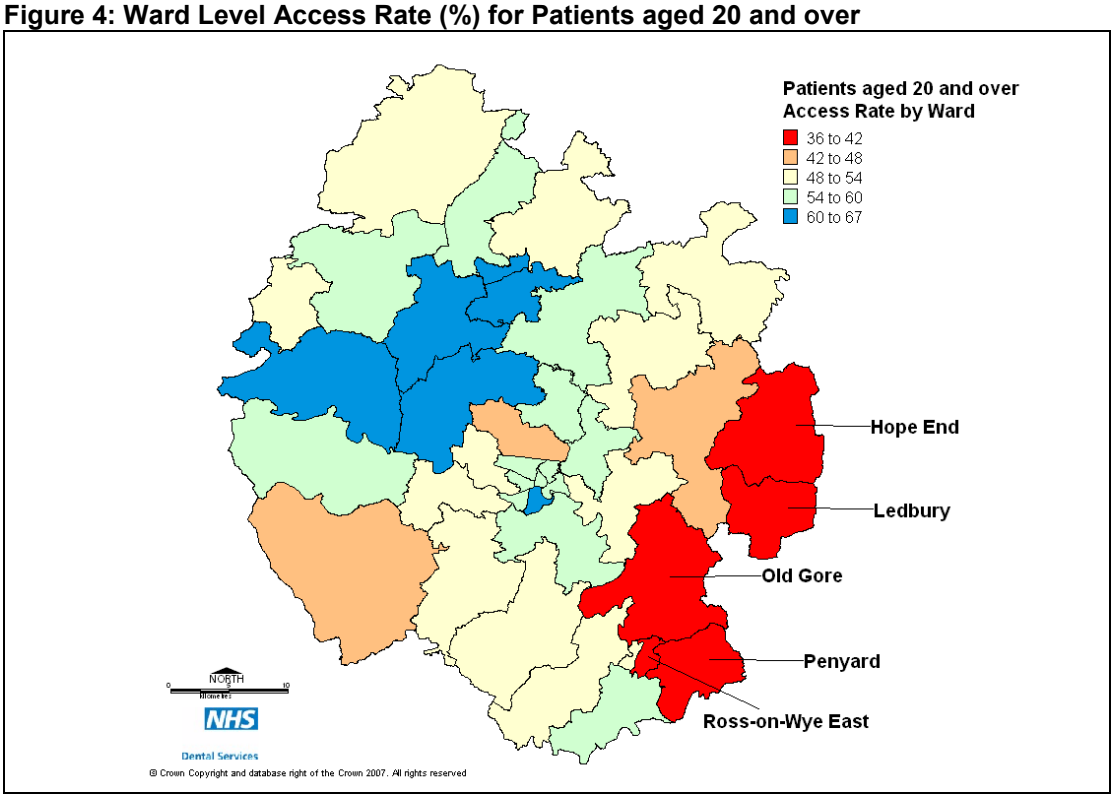
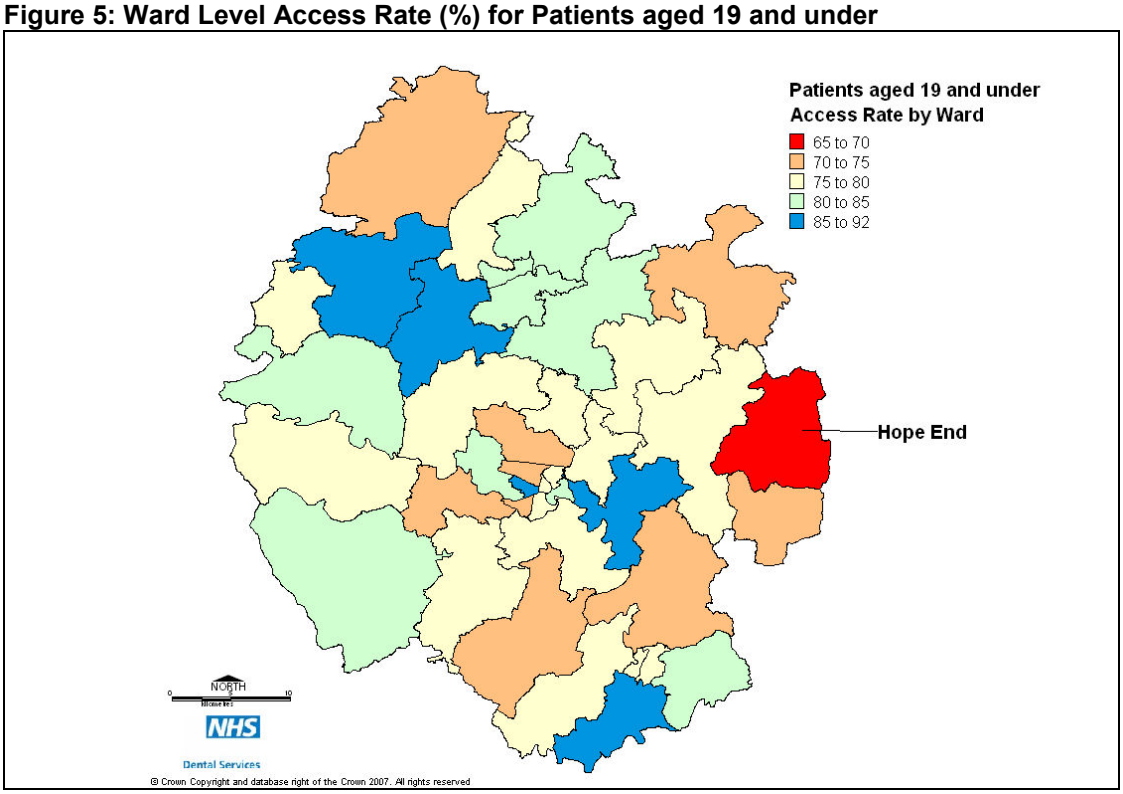


Figure 5: Ward Level Access Rate (%) for Patients aged 19 and under



4. NHS Dental Services Delivered (UDAs)

Figure 6 shows the treatment locations which have delivered NHS dental care (by UDAs)[15] for the 12 month period October 2009 to September 2010. Those locations with the highest levels of UDA are shown with the larger symbols on the map. Main towns and cities are shown for geographical reference.

[15] Unit of Dental Activity – the measure used to record dentists' work

Figure 6: Delivered UDA October 2009 to September 2010 by Treatment Location

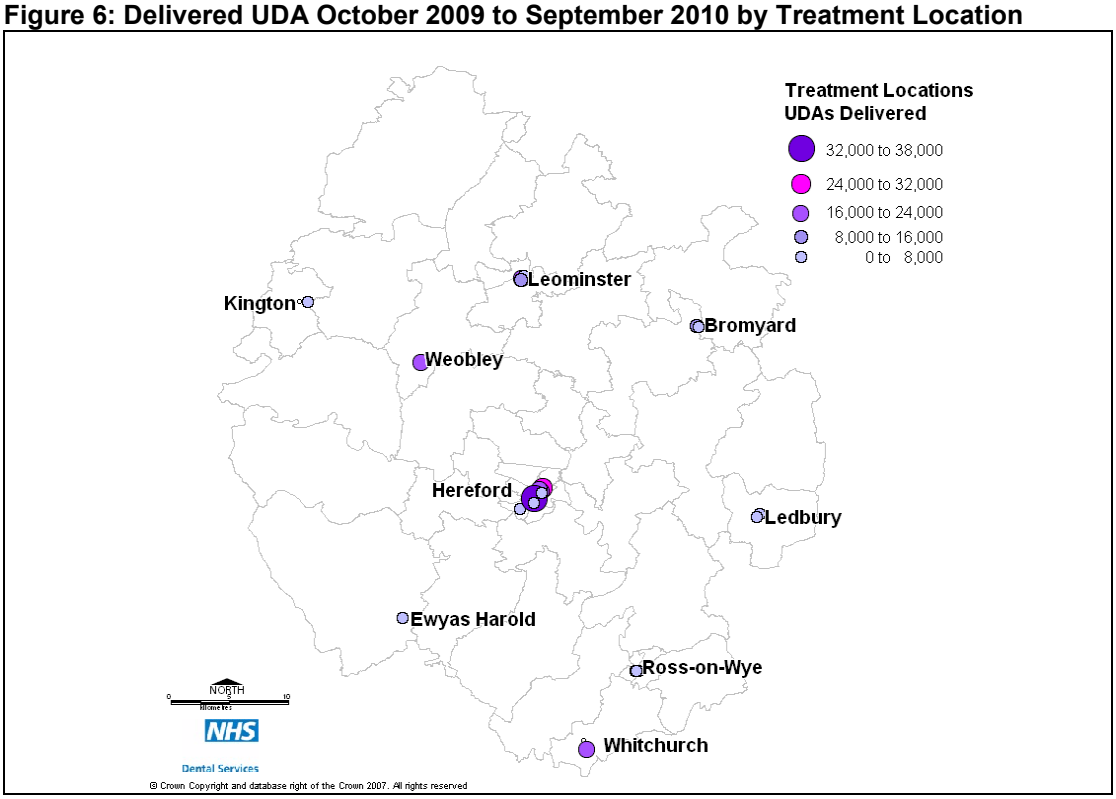
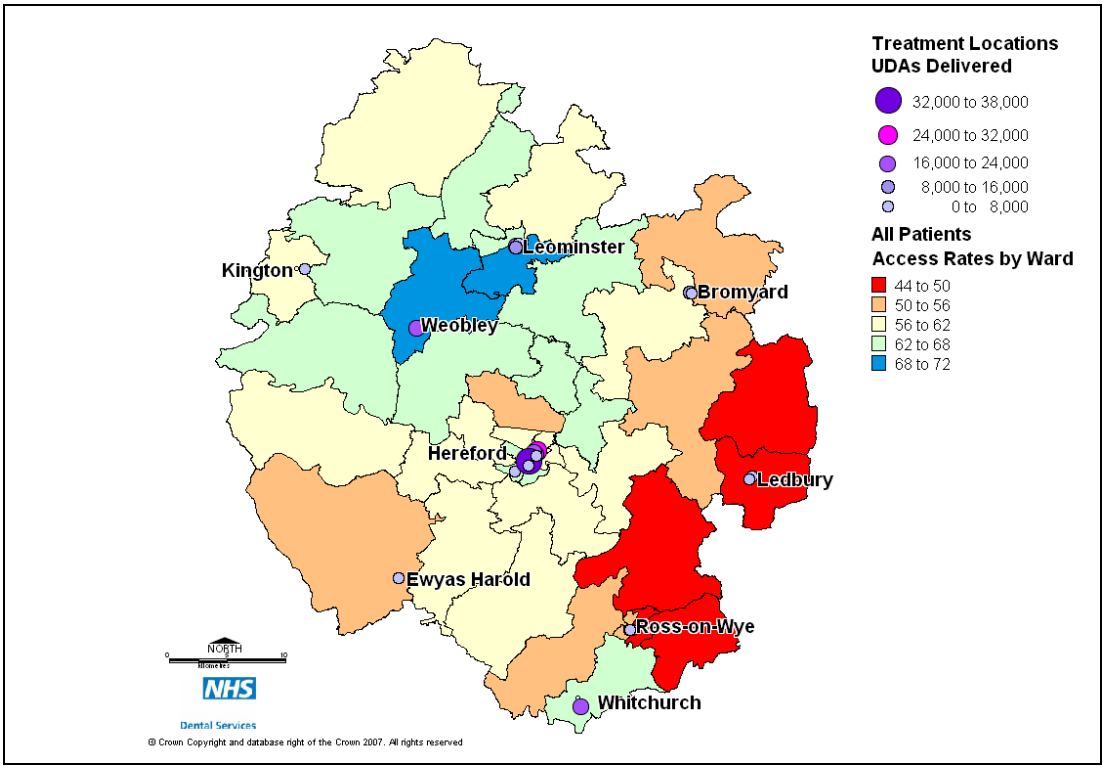


Figure 7 shows the access rate by ward overlaid with treatment locations that delivered UDAs for the analysed period.

Figure 7: Delivered UDA and Ward Level Access Rate (%)

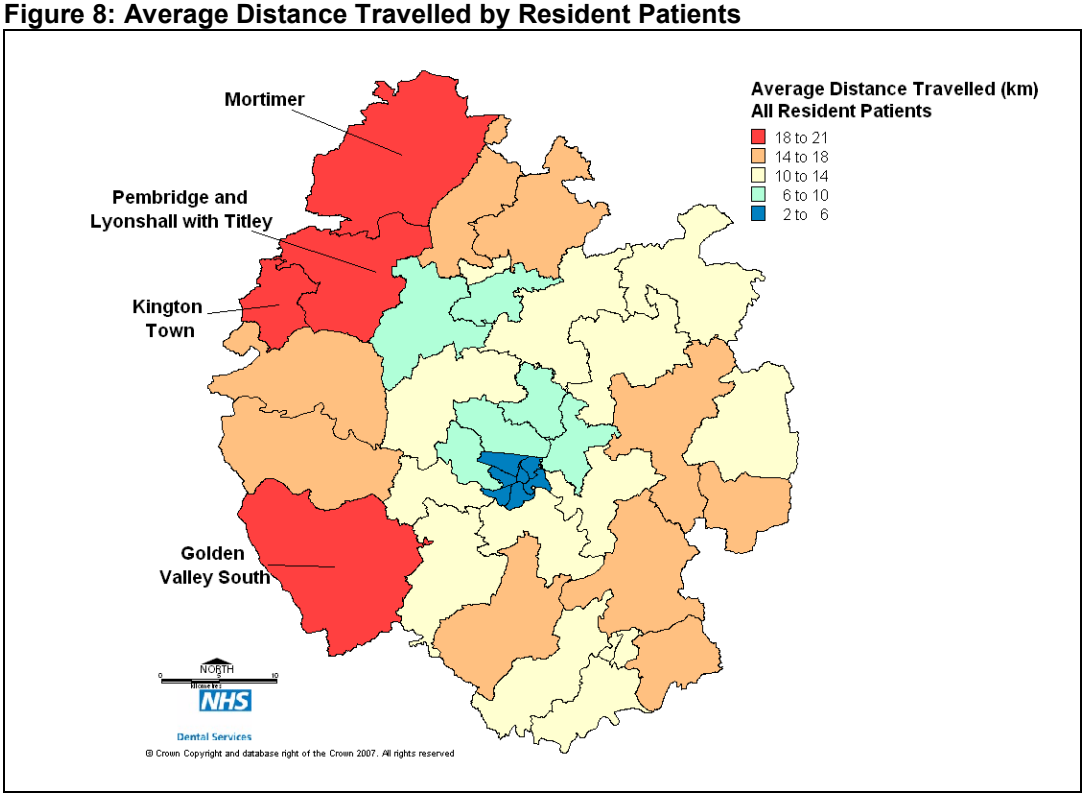


5. Distance Travelled

Figure 8 shows the average distance travelled in kilometres by patients resident in Herefordshire wards for the 24 month period October 2008 to September 2010. This is calculated by measuring a straight line between the home postcode and contract location. Please note as defined above, patients are selected on the basis that their "Patient Health Body Code" and therefore is not dependant on where the patient received treatment, so can either be in or outside the PCT.

This shows that, on average, people who live in the north-west of the county (Mortimer, Pembridge and Lyonshall with Titley and Kington Town wards) and those who live in Golden Valley South, travelled the furthest for dental care. People who live in or around Hereford, travelled the shortest distances to their dentist on average.

Figure 8: Average Distance Travelled by Resident Patients



6. Cross-border Patient Flows

Figure 9 shows the number of patients living in Herefordshire who received dental treatment at NHS dental practices outside Herefordshire PCT over the 12 month period from October 2009 to September 2010.

Figure 9: Patient Flow Out of Herefordshire to other areas

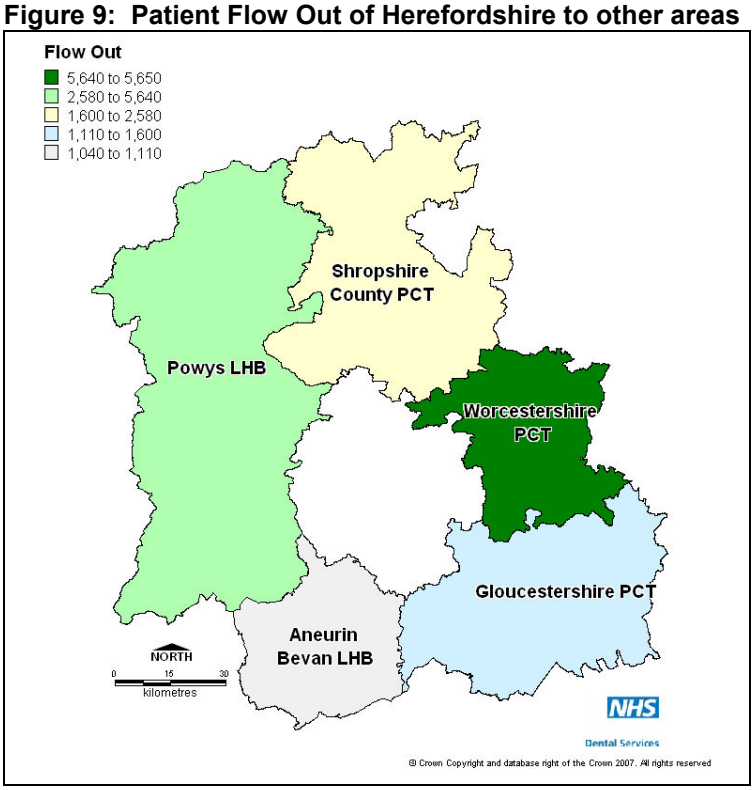
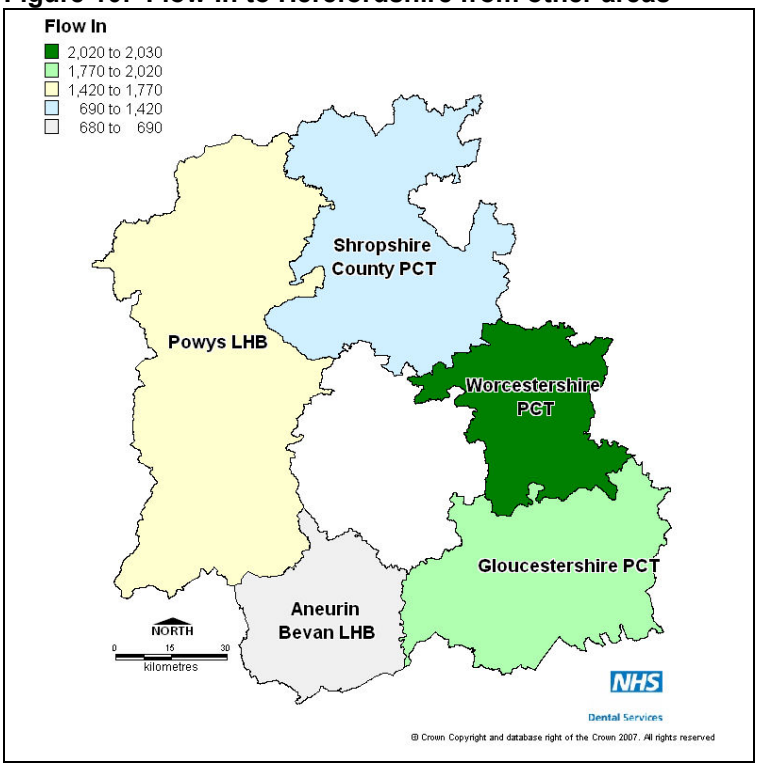


Figure 10 shows the number of patients living outside Herefordshire who received treatment at NHS dental practices within Herefordshire during the 12 month period October 2009 to September 2010.

Figure 10: Flow In to Herefordshire from other areas



Overall during this period, more Herefordshire residents accessed dental care out of county, compared to the number of non-Herefordshire residents who accessed care within Herefordshire – i.e. there was a net export of 3,914 dental patients. The highest "traffic" in patient flow, both into and out of the county, was between Herefordshire and Worcestershire (see table 2).

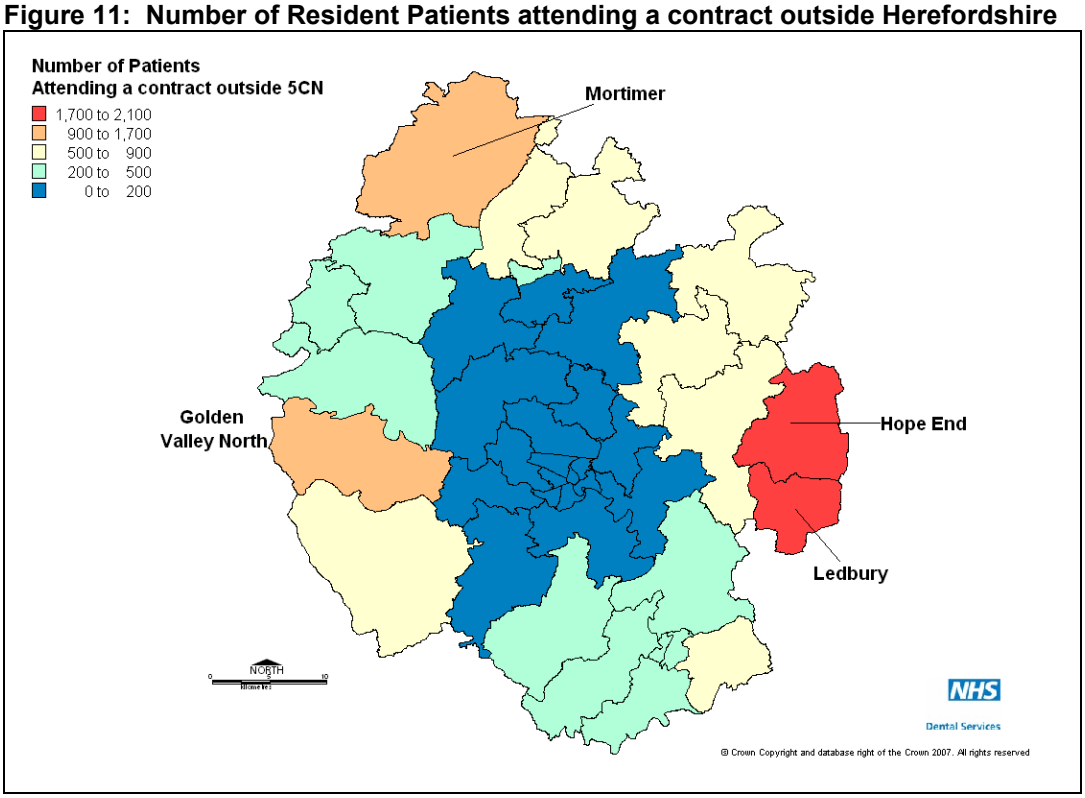
Table 2: Net Patient Flow (Oct 2009 – Sept 2010)

Health body	Flow Out	Flow In	Net (Flow Out minus Flow In)
Worcestershire PCT	5,641	2,025	-3,616
Powys Health Board	2,583	1,421	-1,162
Shropshire County PCT	1,601	695	-906
Gloucestershire PCT	1,112	1,770	658
Aneurin Bevan Health Board	1,044	684	-360
Non Neighbouring Bodies	1,007	765	-242
Unknown Health Body		1,714	1,714
Total			-3,914

Further detail of patient outflow from Herefordshire is shown in figures 11 and 12 which illustrate the numbers and proportion of resident patients by Herefordshire ward whose last treatment was at a dental practice located in another PCT or Health Board area.

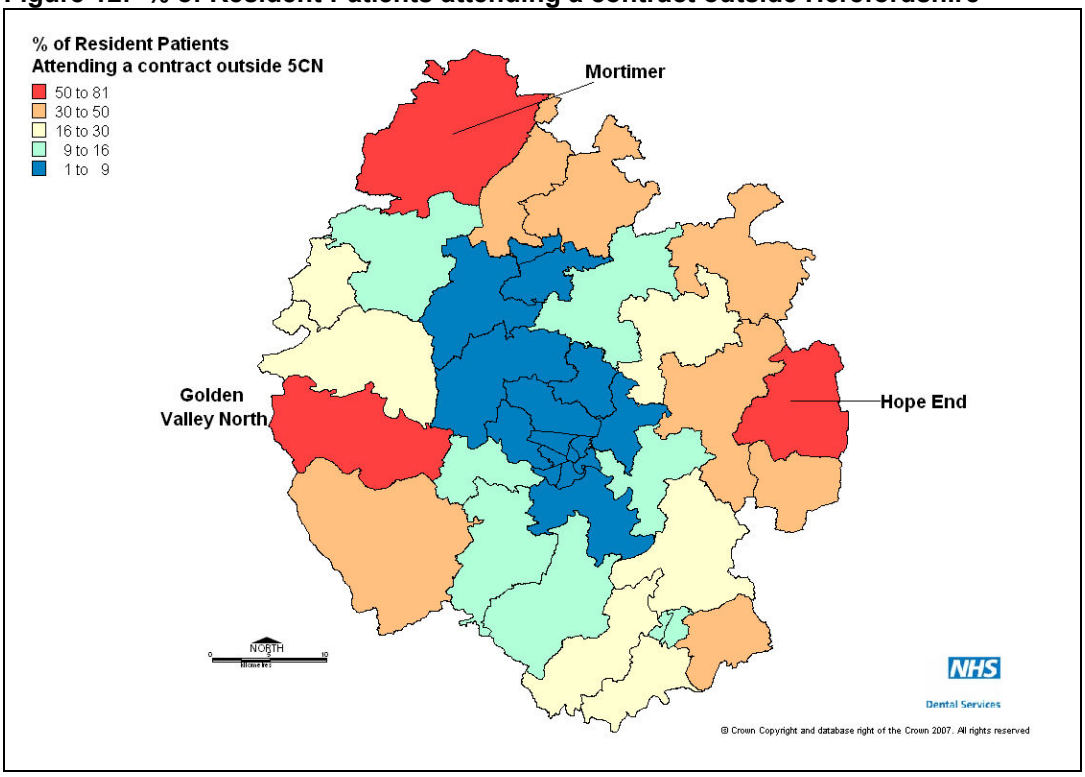
Figure 11 shows that the highest numbers of patients accessing dental care outside Herefordshire come from Hope End and Ledbury wards.

Figure 11: Number of Resident Patients attending a contract outside Herefordshire



The wards with the highest proportion of resident patients accessing care outside Herefordshire are Hope End, Mortimer and Golden Valley North (figure 12).

Figure 12: % of Resident Patients attending a contract outside Herefordshire



7. Data and methodology (sections 3-6)

This section provides a summary by the NHS BSA of their methodology in producing the data and maps used in sections 3-6 of this report:

7.1 Patients resident in Herefordshire: selected over a 24 scheduled month period from October 2008 to September 2010 (24 months to Sept 2010) on the basis that their "Patient Health Body Code" was that of the highlighted PCT. This is therefore not dependant on where the patient received treatment, so can either be in or outside the PCT. This "Patient Health Body Code" is based on the home postcode recorded in the personal details section of each FP17 submitted, therefore is dependant on this information being included and accurate in the records. A patient identifier, which consists of the patient's surname, initial, date of birth and gender, was used to remove duplicates (where duplicate records were found the most recent records were selected based on the most current Treatment Acceptance Date, with duplicate records excluded). This methodology differs from that used to produce PCT 24 Month Patient Numbers; therefore the information contained here is specifically for use in analysis. Any reference to Access Rates for the PCT as a whole should be made using the 24 Month Patient List which is supplied to the PCT every month.

7.2 Access Rates: by ward (expressed as a % of the ward population) were calculated using 24 months of scheduled data. Unique patient identifiers were used to identify single patients, whose address information was then used.

7.3 Patient Age Access rates: Ward level access rates have also been broken down by specific age groups. Currently published ward level population data is only available in quinary age groups (0-4, 5-9, etc). Therefore it is not possible to calculate child patient access rates (0-18 year old patients). Patients aged 0 to 19 have been used to as a best fit to calculate child access rates.

7.4 Ward boundaries: are given as at May 2008. The data is sourced from Ordnance Survey Boundary-Line[16].

7.5 Population: based on ward level data "Mid-2007 Ward Population Estimates for England and Wales for 2008 Wards" Source: Office for National Statistics. This is the most current ward population estimate available.

7.6 Ward Population Density: calculated as the number of residents per km^2. The data is taken from the population estimates and ward boundaries as defined above.

7.7 Distance Travelled: This is calculated by measuring a straight line between the home postcode and contract location.

7.8 UDAs Delivered: based on Total UDA[17] by treatment location. This consists of all activity data (including amendments) collected from FP17s scheduled in any of the last 12 schedule[18] months from October 2009 to September 2010. Only treatment locations which have some level of delivered UDA have been included in this analysis i.e. Total UDA is greater than zero. Treatment Locations were selected for the analysed period for contracts located within the PCT concerned. The reasoning behind selecting Treatment Locations rather than Practice Locations is that for some contracts these locations can be different. As the remit of the report and mapping process is to analyse provision and activity in a geographical context, it is thought that it would be best to assess locations where patients actually receive dental treatment.

7.9 Flow In and Out Data: based on the same methodology as PCT Patient Flow In and PCT Patient Flow Out Reports published on a quarterly basis. 12 schedule months from October 2009 to September 2010 has been extracted.

8. Acknowledgement

The data and maps reported in sections 3-6 (and summary of methodology in section 7) were provided by Robert Wise, Information Analyst, NHS Dental Services (NHS BSA).

[16] Admin Line Ward Boundaries: PB MapInfo Corporation
[17] Non VDPs only
[18] The term scheduled means FP17s that were received and processed prior to the processing date as given in the relevant month's schedule programme. Please see our website for details of the 2009/2010 schedule dates www.nhsbsa.nhs.uk/dental

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**22 NOVEMBER 2010**
TITLE OF REPORT:	**HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME**
REPORT BY:	**INTERIM MANAGING DIRECTOR OF PROVIDER SERVICES**

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To invite the Committee to submit its formal response to the proposed changes to health and social care services in Herefordshire.

Recommendation

THAT the Committee submit its formal response to the proposed changes to health and social care services in Herefordshire.

Introduction and Background

1 The Committee most recently considered a report on the Herefordshire Service Integration Programme, on 2 August 2010 when it was invited to the implementation of the Herefordshire Service Integration Programme and the intensive engagement process accompanying it.

2. The Committee agreed that the engagement programme be supported, with the recommendation that it be extended to involve presentations to the PACTs, to seek views from those who had not been to hospital or visited their registered GP with any frequency and to provide an engagement event for all Councillors rather than for the Committee alone; following the planned engagement event for Councillors a report be made to the Committee seeking the Committee's formal response to the consultation on the proposals, allowing the Committee to take account of any issues arising from the engagement event; and that the report to be prepared in December 2010 describing the overall engagement process, the responses and any changes made to the services as a result should also be presented to the Committee, at which point the Committee would make further observations as it saw fit.

3. A report is attached as requested seeking the Committee's formal response to the consultation on the proposals.

Further information on the subject of this report is available from
Trish Jay, Interim Managing Director of Provider Services Tel 01432 363963

Background Papers

- None identified.

Herefordshire Health and Social Care Community

Report to Health Scrutiny Committee on the Health & Social Care Integration Engagement to Date

Introduction

The Herefordshire health and social care community has been engaging with patients, public and stakeholders on proposals to integrate services. This engagement process ran from mid-August 2010 and is scheduled to end on the 12th November 2010.

Members were given the opportunity to learn more about the proposals at a seminar held on the 30th September 2010 as part of the engagement process. This paper seeks to:

1. Update members on the engagement progress to date
2. Remind members of the comments made at the seminar held on the 30th September
3. Invite the committee to formally put their views on the proposed variation to health and social care services

The proposed changes to service are set out in the booklet; 'Your local health and social care services are changing – tell us what you think' (attached) and are based on proposals to:

- Create a new integrated model of health and social care provision in Herefordshire, with specific care pathways aimed at providing personalised high quality, safe and sustainable care for local people which promotes personal health, well being and independence.
- Create an integrated care organisation under one management structure composed of an integrated care organisation (ICO) combining community and acute health services that is also integrated with social care so far as is practicable under current legislation.

Engagement Activities to Date

A number of activities have been undertaken as set out in the Engagement Plan supported by the Health Scrutiny Committee at its meeting in August 2010. The main points of this plan that have been delivered are:

- 5000 hard copies of the leaflet *"Your local health and social care services are changing – tell us what you think"* have been distributed
- Soft copy distribution to all staff and members of Herefordshire Alliance, Herefordshire Carer's Support and LINk (estimated 4000 recipients)
- Intranet and internet sites available
- Over 60 presentations given (to over 900 people) to groups including:
    - Herefordshire Council members (as recommended by members)
    - PACT meetings (as recommended by members)
    - GP practice patient and user groups (as recommended by members)

- Herefordshire LINk
- Brecon & Radnorshire Community Health Council
- Hereford Hospitals NHS Trust members
- General Public
- Community Hospital League of Friends
- Staff side
- Staff from across the three organisations

Feedback

Compared to an early engagement exercise held in 2009 there has been an enormous amount of feedback so far from this engagement process. Overall, stakeholders are broadly supportive of the proposals but have a number of concerns/issues. These issues are loosely based around a number of consistent themes:

- The importance of GP's in the new arrangements – have they been adequately engaged in this process and will the new GP consortia pose a threat to the ICO proposals?
- Are the proposals affordable?
- Will we still have critical mass for a stand-alone Herefordshire health and social care provider as an ICO – what is plan B?
- The role of the voluntary sector could and should be an important part of these proposals – are they able to deliver?
- The members of the public that receive care from Herefordshire but live in neighbouring areas are concerned that they may not get the benefits of the new model of care
- Have the effects of rurality been taken into account – transport infrastructure across the county is patchy

Feedback from staff is still being processed but it is clear from this early stage that whilst they share the sort of views set out above, their issues largely relate to the practical implementation of the proposals.

Member's Feedback

Members met at a seminar held on the 30th September 2010 to receive a presentation on the proposals and provide their comment before formally expressing views. Feedback was based around the following themes:

Primary Care

- The GP's position in relation to the proposals, particularly in light of the proposals for GP consortia in the coalition government's White Paper.
- Clarification of the GP role and how their workload may be affected by the proposed changes.
- The importance of Nurse Practitioners (Practice Nurses) within GP's surgeries in relation to the proposed changes.

Social Care

- Concerns about Social Care funding, noting that there is an overspend on the budget.

Sustainability

- The amount of financial saving expected from the changes.
- How the transfer of services from hospital to community will affect budgets.
- The number of beds available to the proposed integrated care organisation and whether it was possible to reduce the number of beds given the current levels of activity.
- Clarification was requested on the Shared Services savings.
- Population growth and whether this was compatible with shutting beds noting that there maybe an increase of 40,000 in population.

Mental Health

- The amount of support there would be for people with dementia and how dementia services are organised.
- Links with Mental Health Services

Vulnerable People

- How vulnerable people were to be identified in the new integrated
- Processes in place to ensure people do not fall through the system.

Information Technology

- The importance of integrated information technology and data sharing in supporting care delivery.

Community Services

- Community services being reorganised as Neighbourhood Teams and the number of teams proposed for the city.
- Recruiting into community services and whether there were currently enough staff.

Children and Young People

- Issue raised about Children and Young People, Substance Misuse Services being outside of the programme currently
- The need for Children Services to link into the locality model as this work moves forward.

Barriers to Change

- The potential barriers to change and the major cultural change it signals.
- Whether all practitioners supported the changes and were embracing the change.
- Discussion on approach to change and ensuring that this is a positive process, involving people and ensuring that staff stay enthusiastic.
- The importance of proactive leadership in ensuring the changes take place.

Next Steps

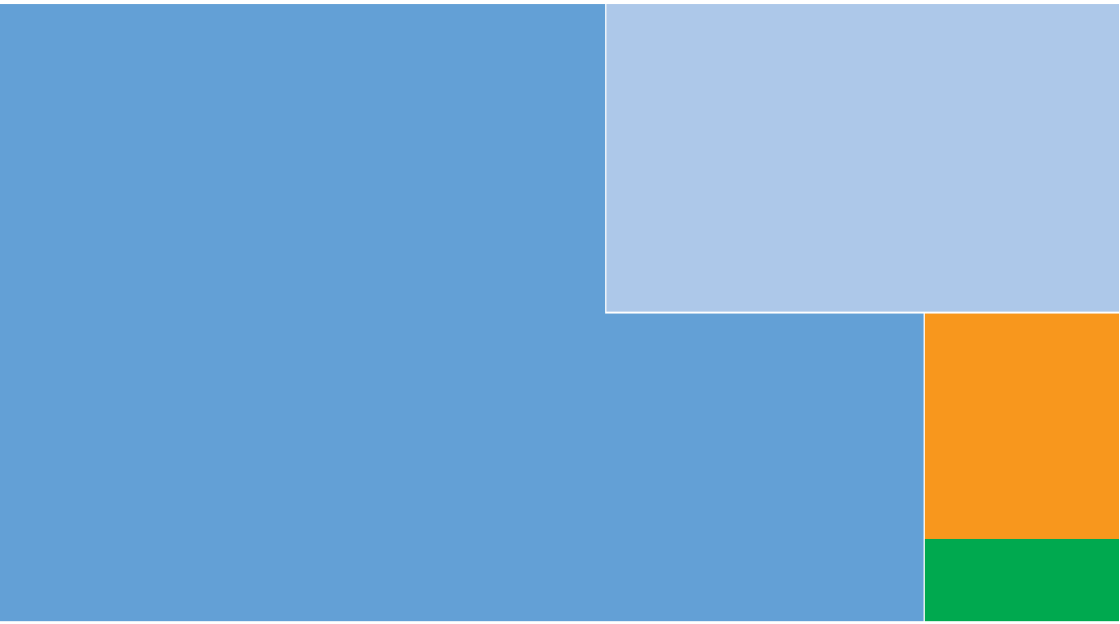
This period of intensive engagement will continue as scheduled until November 12th 2010. Several more engagement sessions are scheduled leading up to November 12th. A full report on the engagement feedback will be presented to the Health Scrutiny Committee at its meeting in January 2011. This report will analyse the feedback by stakeholder group and set out the Programme's response to this feedback.

The Integration Programme Team, is now considering how to continue to engage with the public, patients and stakeholders over the coming months leading up to the creation of the ICO.

Recommendation

The Committee is formally invited to submit its formal response to the proposed changes to health and social care services in Herefordshire.as set out in the engagement documentation.

Your local health and social care services are changing – tell us what you think



Herefordshire Council

NHS Herefordshire

Hereford Hospitals NHS
NHS Trust

Introduction

In November 2009, we asked for your views as NHS Herefordshire started to look at how health and social care services in the county were currently provided. The objective of this was to look at how we could improve services with the aim of providing high quality care through a more joined up and seamless approach.

After listening to your feedback and completing this work we now have more detailed proposals for you to consider. We want to continue to involve you at every step of the planning process that will change the way services are provided to you, your family, friends and carers.

Over the coming months, we will be holding a number of engagement events, giving you the opportunity to learn about, discuss and contribute to the more detailed proposals that have arisen so far. Your views are vital in building the service of the future and in deciding how it is to be delivered.

There is an opportunity to create a new integrated care organisation (subject to formal approval processes) that would take on responsibility for the vast range of services currently provided by teams from across community care, hospital care and social care. The proposed changes do not include mental health services.

However, we will work closely with the provider of mental health services to ensure that they are fully involved in these proposals and that any new structure and services are fully compatible.

Why are we engaging now?

Maintaining our services to a small population of around 179,000 people in a large rural area presents challenges in Herefordshire. We are striving to:

- Make sure everyone receives the same high quality of care;
- Provide care closer to people's homes;
- Provide cost effective care.

The age profile in Herefordshire is already higher than elsewhere in England, and older people tend to have a much greater need for social and health services than the young. We estimate that by 2012, our population aged 65 or over will have increased by nearly 15% from 2008, almost a third more than the rest of England.

The care we currently provide relies heavily on a significant number of hospital beds in institutions such as Hereford County Hospital and the community hospitals. By contrast, the NHS as a whole is keen to provide care closer to or in people's homes. For the future we are looking to deliver more care in this way.

Public services nationally face a difficult future. The economic downturn means that constraints on public spending are going to be severe in the coming years. We therefore have a duty to ensure that the services we provide for everybody in the county are safe, sustainable and the best value for money.

Recent reviews of services in Herefordshire have highlighted significant potential for improvements in quality and efficiency through closer integration of services. As a result, we have completed work to model how care might be provided differently in Herefordshire, at the same time as delivering a better service to users. Our findings are summarised in this document.

Aims

Our ambition for health and social care in Herefordshire is summarised as follows:

'We will provide integrated, high quality and safe care to support personal health, well-being and independence within a sustainable Herefordshire health and social care community.'

We will continue to provide existing services for residents of Powys and other neighbouring counties.

We will:

- Work with you to achieve maximum well-being and independence;

- Ensure that you receive care that is appropriate to your needs and circumstances;
- Be clear with you what care you will receive, who will provide it and where it will be provided from.

Our ambitions for health and social care services are:

- A quality of care that we would want for ourselves, families and friends;
- Care delivered within your local neighbourhood;
- Efficient and excellent value for money;
- Help you to remain independent by providing support to look after yourself.

Service Principles

We have developed a new integrated model of care based on a number of key principles:

- Deliver services through improved pathways of care;
- Focus on predicting and preventing crises in the people that are most at risk of becoming unwell;
- Deliver health and social care through local neighbourhood teams where possible;
- Provide improved services for dealing with crises when they do happen.

Proposals

When we engaged you earlier in this process, you told us that you wanted services that enabled you to remain independent and stay at home for longer, with fast access to a specialist when necessary.

The changes we are proposing are based around four integrated care themes as set out in the diagram opposite:

Predict and Prevent

This element recognises the importance of health promotion, screening and self care as a way of improving health outcomes for people. Active management and early intervention reduces the need for crisis management and in some cases a hospital admission. At the earliest stages of a problem, people can be supported to manage their own conditions and circumstances with the right amount of support from health and social care services. Early detection of difficulties can help people to make informed choices about how their condition can be managed and reducing the chance of the situation worsening.

Neighbourhood Health and Social Care Teams

Neighbourhood teams would be at the heart of the new model of health and social care delivery in Herefordshire, providing co-ordinated care and support to people and

Care Pathways	• Five new care pathways that aim to ensure that care is continuously improved wherever you receive it; • Standards of care based on best practice guidance; • Care delivered in the right place, at the right time.
Predict & Prevent	• Screening for those at risk of illness ensuring that those identified are given opportunities to reduce that risk; • Using information in GP practices to identify those frail older people who are most at risk; • Signposting people to community based services that will support choice and maximise independence.
Neighbourhood Teams	• Rapid response services to support frail older people and avoid unnecessary hospital admission; • Intensive rehabilitation in the community (often in people's own homes) to promote independence and support the individual over a short-term illness; • Supporting people with the management of their longer-term health and/or social care needs and conditions.
Crisis Care	• Urgent Care situated at the County Hospital with an integrated health centre, community care base and A&E department; • Hospital care for those that need it; • New systems to help people return home as soon as they are able.

their carers. Neighbourhood teams would include adult health and social care services working in close partnership with GPs and voluntary services. The teams will:

- Promote independence and recovery;
- Reduce the need for hospital admissions when care could be provided in another setting;
- Reduce the length of stay for hospital patients;
- Work with other county-wide specialist services to ensure a co-ordinated approach.

Each neighbourhood team will work across a number of GP practices. The teams would include nurses, social workers, occupational therapists, physiotherapists and support workers. It is estimated that a neighbourhood team would serve a population of around 15,000 people.

Neighbourhood teams are key to the implementation of a new model of integrated working through their ability to:

- Provide care that is designed around the needs of the local population;
- Be accountable for the quality of care provided in their neighbourhood;
- Work together in teams to ensure that people who use our services receive treatment at the right time and in the best location for them.

Crisis Care

There will be times that people need increased support and help when their circumstances change. For example, this could be due to changes in their illness or a change in their social situation. To deliver the new model of care, we have reviewed how our "crisis care" services operate. Where possible, people will continue to be supported in their own home through increased support and treatment. Good crisis care will ensure that:

- People are able to access the services that they require;
- Individual's needs are rapidly assessed;
- High quality care is delivered in the right place.

For those people that need hospital admission, services will be developed to ensure that once treatment is completed; support and help will be put into place to enable people to continue to recover in their own home.

Care Pathways

The new approach to providing services is based on improving the care that we provide. To help achieve this we want to deliver services in a more joined up way and ensure that people receive their care in the right place, by the right people and at the right time.

A care pathway looks at the whole of the person's journey through the health and social care system from first contact through to follow-up care and discharge.

We have looked at how we currently provide services and have initially developed 5 new care pathways for people who have:

- Problems because they are frail and older;
- Had a stroke, or are at risk of having one;
- Chronic Obstructive Pulmonary Disease;
- Diabetes;
- Lower back pain.

The new pathways aim to set out standards and expectations that ensure high quality care is consistently provided. The care pathways also aim to identify those people most at risk, promote self-care and management, deliver care closer to home, reduce the need for hospital admission and provide services that meet national best practice guidance. Key to the success of the new pathways is the focus on support at the very early stages of a person needing care.

How will it be different in practise?

Mrs Collins' story

Mrs Collins is not a real person, but she is typical of people that access our services daily. She is 85 years old, having retired at 65 and lives alone in a bungalow in Leominster. Her husband died four years ago and her daughter lives in Warwick.

She has been a diabetic for ten years, has mild heart failure and leg ulcers.

The existing model of care

- Practice nurse dresses her leg ulcers, monitors her diabetes and heart failure;
- When she had a dizzy spell in March and fell at home, she was admitted to the County Hospital and stayed for two weeks;
- Mrs Collins' confidence was shaken by being in hospital and was transferred to Leominster Community Hospital and stayed in for a further four weeks;
- After a total of six weeks away from home she was discharged and a district nurse visited a further three times to check she was managing her Diabetes. Her leg ulcers had healed.

Future/proposed model of care

- Mrs Collins is known by the GP and Neighbourhood Team as a person who has complex health needs and therefore at risk of hospital admission;
- She is clear that if she becomes unwell she would like if possible, not to go into hospital as she says it took a long time for her to get back to normal after her previous hospital stay;
- She has support from a neighbour who takes her shopping and a local friend who calls in every day. She has a community alarm in her home which she can use in times of crisis;
- She has a clear personal plan for all her health conditions;
- Her health is also monitored by a Telehealth device. This technology monitors Mrs. Collins diabetes and sends information electronically to the Neighbourhood Team on her health and blood sugar levels;
- If she becomes unwell she can telephone her dedicated Neighbourhood Team, who will visit her. The Neighbourhood Team are able to quickly set up increased packages of support (24/7) that will help Mrs Collins stay in her own home. The Team would identify a Care Coordinator who will be

responsible for ensuring that Mrs Collins' needs are continuously reviewed and that an individualised care plan is put into place. The Neighbourhood Team are able to arrange an appointment with Mrs Collins' consultant who looks after her diabetes and heart problems;

- Mrs Collins and her Neighbourhood Team have a greater opportunity to provide better care and support without the need of going into hospital.

Differences between now and the future

- High quality of care provided through an integrated health and social care Neighbourhood Team which:
  - Reflected what Mrs Collins wanted ie. Care in her home;
  - Enabled her to return to normal health more quickly;
  - Continued the use of her existing support network.

- Enabled more efficient use of the local NHS & social care resources as Mrs Collins was not admitted to hospital when she could have care at home;
- Single team approach meant that her care was not complicated by organisational boundaries.

Mr Walker's story

Mr Walker is not a real person, but he is an example of someone who could access our services.

Mr Walker lives with his wife having retired to Hereford 20 years previously to be near their daughter. Mr Walker leads an active life and enjoys walking their dog and evenings dancing with friends. On Saturday Mr Walker celebrated his 80th birthday with an evening out in the company of his wife, his daughter and friends. On Sunday afternoon Mr Walker developed disturbed speech and a weakness in his left arm.

The existing model of care

- Mrs Walker telephones the out of hours service who arrange for an ambulance to bring Mr Walker to hospital;
- Mr Walker is assessed and receives acute stroke treatment and rehabilitation;
- Mr Walker receives further rehabilitation at a community hospital.

Future/proposed model of care

- Mrs Walker telephones a single Herefordshire health number where she speaks to a triage nurse. The triage nurse collates information about Mr Walker's condition. Given the description of his symptoms which would suggest he may have had a stroke, the nurse arranges for an ambulance to bring Mr Walker immediately to hospital. The nurse provides initial advice and reassurance to Mrs Walker;
- Mr Walker arrives at A&E accompanied by his wife. Within 15 minutes, an initial clinical assessment has been made by the A&E team. An action plan is put into place, the initial actions include:
  - Immediate arrangement of a CT scan;
  - Immediate assessment for treatment;
  - Transfer to the Specialist Acute Stroke unit at the County Hospital.
- Once he is transferred to the unit, Mr Walker has a more detailed assessment and treatment is started;
- Over the next 48 hours Mr Walker receives acute treatment for his stroke;
- Mrs Walker is given advice and support by the acute stroke team, including assessment of her needs as a carer;

- Once acute treatment is completed, Mr Walker is transferred to a local specialist stroke rehabilitation unit which will support both Mr and Mrs Walker through the recovery process;
- The rehabilitation team makes early contact with Mr Walker's GP and Neighbourhood Team;
- A Neighbourhood Team care coordinator is assigned, who begins to work with the Walker family to plan discharge and ongoing treatment at home.

Differences between now and the future

- Mrs Walker was able to get advice through a single point of access. Mr Walker's situation was assessed by a health professional and immediate action taken;
- On arrival to hospital, the A&E team were quickly able to further assess Mr Walker's health and commence treatment as described in the national stroke strategy;
- The care team were able to follow a clear and explicit patient pathway which ensures that all service users receive a high quality service that is consistently provided regardless of time, day or where someone lives;
- Following the acute phase of treatment, Mr Walker was transferred to a specialist intensive rehabilitation facility;
- The Neighbourhood Team were involved at the earliest opportunity; a care

coordinator was assigned who would begin to work with the family and the rehabilitation team in planning for discharge;

- The discharge planning would include a full assessment of the Walker family's health and social care needs. Ongoing care and support would be put into place that will help Mr Walker's medical recovery alongside access to local community supports that would assist both Mr and Mrs Walker.

GLOSSARY

Crisis Care Services – Emergency Care services mainly delivered from the County Hospital including A&E and the medical admissions unit. Sometimes known as the unscheduled care system.

CT scan – Special x-ray used to establish causes of some illness such as stroke. Sometimes known as a brain scan or CAT scan.

Integrated Care Organisation (ICO) – proposed new body incorporating the Acute Trust (Hereford County Hospital), Community Services (PCT Provider) and Adult Social Care.

Neighbourhood Team – Integrated team of health and social care staff – eg. Nurses, Occupational Therapists, Physiotherapists, Social Workers and Support Workers will provide health and social

care in local communities grouped across GP surgeries.

NHS Herefordshire – NHS body responsible for commissioning health care services for the Herefordshire population (often known as the PCT).

Thrombolysis – drug treatment that breaks down blood clots.

Triage – a system for assessing someone's needs, prioritising the problems and arranging appropriate response or treatment.

What happens next?

We are seeking your views on these proposals now. The responses that you provide will be recorded and any changes made as a result will be clearly shown.

In January 2011 we will present your feedback and our proposals to the Boards of Hereford Hospitals NHS Trust (HHT), NHS Herefordshire, PCT Provider Services and Herefordshire Council's Health Scrutiny Committee (HSC) for consideration.

We will make this document widely available by mail or e-mail to a range of individuals and groups, including:

- Carers groups
- General public
- Herefordshire Council/Parish and Town Councils
- Herefordshire LINk
- HHT members
- Service user and patient representative groups (e.g. Age Concern etc.)
- Partner agencies
- Service users
- Staff and staff groups
- Voluntary organisations and community groups

We are aware that many of the people that use our services live outside of Herefordshire, particularly those in Powys. We will therefore ensure that groups representing these areas are included in this exercise.

We will also hold meetings to give individuals, groups and organisations the opportunity to contribute to the discussion. An up-to-date schedule of meetings will be available on the programme website and will be widely publicised.

How you can help

Your views on the proposals set out in this document are required. We will also be pleased to attend meetings of local groups to explain our proposals in more detail and answer questions. We will include information on our website about the meetings we are organising or attending.

Our web address is:
www.herefordshire.nhs.uk/serviceintegrationprogramme

You can contact us by e-mail to: psipconsult@hhtr.nhs.uk

Send your responses by post to:

Herefordshire Services
Integration Programme
Trust HQ
County Hospital
Union Walk
Hereford
HR1 2ER

Or by telephone:
01432 372928

We will keep a full account of all responses received during this engagement exercise. All contributions will be acknowledged and comments responded to, so please include full contact details. Representative groups will be asked to provide a summary of the people and organisations they represent when responding. The analysis of the responses will be made available to all respondents and made available on the website. Individual responses will be made available to anyone who requests one.

This information leaflet is also available in Large Print (it is also available in Braille, other languages and on audio tape on request).

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**22 NOVEMBER 2010**
TITLE OF REPORT:	**MENTAL HEALTH & LEARNING DISABILITY SERVICES – PROCUREMENT OF A PREFERRED PARTNER**
PORTFOLIO AREA:	**Health & Adult Social Care**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To update the Health Scrutiny Committee on the progress of the Mental Health Procurement Project (known as MHPP).

Recommendations

THAT the Health Scrutiny Committee:

(a) notes the progress and next steps to procure a preferred partner to provide Mental Health (health & social care) services & Learning Disability (health care) services; and

(b) notes that any proposals to vary the range and location of services upon which formal consultation is required will brought to the Committee as appropriate should that be the necessary after the new provider is appointed.

Key Points Summary

- The aim of the Mental Health Procurement Project is to select a preferred partner for Mental Health (health & social care) services & Learning Disability (health care) services to deliver and modernise services for the people of Herefordshire;
- The process by which this will be achieved is via a competitive procurement process which commenced with NHS Herefordshire Board approval to proceed in July 2009;
- An formal invitation to tender was launched in the first week of November 2010 with a view to making a formal NHS Herefordshire Board decision on the preferred provider at the Board's meeting on 15th December 2010;

Further information on the subject of this report is available from
Ann Donkin Project Director (MHPP) on (01432) 383419

- Section 75 (provision) arrangements will need revision and refresh for Mental Health (social care) & Learning Disability (social care) services as part of this process.
- Award of contract is scheduled for early 2011 with transfer of services to be completed by the 1 April 2011.

Introduction

1. The purpose of this paper is to update the Health Scrutiny Committee on the progress of the MHPP.

2. The aim of the MHPP is to select a preferred partner for Mental Health (health & social care) services & Learning Disability (health care) services to deliver and modernise services for the people of Herefordshire. The procurement is one element of the process that NHS Herefordshire is undergoing to divest its Provider Services organisation as part of the *Transforming Community Services* policy. The other key element of the process relates to the creation of an Integrated Care Organisation to provide hospital, community and adult social care services in a joined-up way across care pathways. The Health Scrutiny Committee is being kept briefed separately on the redesign of integrated services and the creation of the new organisation, subject to approval by the *Cooperation & Competition Panel (CCP)*.

3. The MHPP commenced with NHS Herefordshire Board approval to proceed in July 2009. This process is complex and is governed by EU procurement rules. The view at the time was that these Part B services should be procured under the stringent rules for Part A services as defined under The Public Contracts Regulations 2006 (Statutory Instrument 2006 No.5 as amended). In following this process the procurement organisation must follow a tightly defined set of rules about conduct of the process.

Progress with Procurement Process

4. A formal invitation to tender was launched to the two potential bidders, both of whom are Foundation Trusts, remaining in the process in the first week of November 2010, for return by 19th November 2010. These bids will then be evaluated against a range of pre-set evaluation criteria with a view to making a formal NHS Herefordshire Board decision on the preferred provider at the Board's meeting on 15th December 2010. Award of contract is scheduled for early 2011 with transfer of services to be completed by the 1 April 2011.

5. Section 75 (provision) arrangements will need revision and refresh for Mental Health (social care) & Learning Disability (social care) services as part of this process.

Mobilisation Process

6. There is a further significant phase that must be undertaken to enable the new provider, once nominated, to begin to operate as a service provider on 1st April 2011. The plan for mobilisation includes:

    - A *Cooperation & Competition Pane(CCP)* process that the provider must go through to test the proposal in terms of its impact on choice & contestability;
    - A *MONITOR* process to test the Foundation Trust's due diligence and risk of the proposed acquisition;

- A formal statutory process to vary the terms of the Foundation Trust's Establishment Order to provide wider geographical range and location of services; and
- A Care Quality Commission variation to registration process as necessary.

7. There is also a need to develop a detailed change management plan with the new provider when nominated and to agree the detail of how corporate resources and overheads will be split. The latter also interfaces with the work being undertaken to divest certain corporate services into a new Shared Services organisation for Herefordshire partners as well as the creation of the Integrated Care Organisation.

8. These detailed plans are being developed now and will be shared with the appropriate implementation team/s and Boards, and subject to formal scrutiny as necessary.

Next Steps

9. The Health Scrutiny Committee is asked to note the progress and next steps to procure a preferred partner to provide Mental Health (health & social care) services & Learning Disability (health care) services.

Background Papers

- None identified

Herefordshire

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**22 NOVEMBER 2010**
TITLE OF REPORT:	**HEREFORDSHIRE 2010 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**
PORTFOLIO AREA:	**CORPORATE STRATEGY AND FINANCE**

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To draw the Committee's attention to the following aspects of the 2010 JSNA:

1) The new web-based Herefordshire JSNA is a dynamic integrated resource that also draws upon the many information sources and analyses that are available within Herefordshire

2) An analysis of the key points and recommendations contained within the JSNA web-site have been produced in a summary document (see Appendix 1)

3) The findings of the 2010 JSNA should underpin decisions regarding future plans, strategy development, budget decisions and commissioning of services

Recommendation(s)

THAT the Committee

(a) Recognises the usefulness of the JSNA web-site and the summary document for the local health and social care economy, as a dynamic resource that also draws upon the wide range of local information and analysis undertaken across Herefordshire;

(b) Notes the Key Points and Recommendations from the 2010 JSNA (Appendix 1);

(c) Encourages the use of the findings of the JSNA across the local health and social care economy, to inform future plans, strategy development, budget decisions and commissioning of services.

Further information on the subject of this report is available from
Dr A Talbot-Smith, Public Health Department NHS Herefordshire (01432) 344344

Key Points Summary

- The JSNA should be used across the local health and social care economy to underpin decisions regarding future plans, strategy development, budget decisions and commissioning of services

- It is the central resource that draws together all the information required to provide an over-arching understanding of the needs of the people of Herefordshire - it identifies current needs across the spectrum of well-being, health and social care, as well as considering how those needs are likely to change in the coming years

- The JSNA has been developed into a web-based dynamic resource, that will be updated throughout the year and that also draws upon the breadth and depth of information and analyses undertaken across Herefordshire.

Alternative Options

1 Not applicable.

Reasons for Recommendations

1 The new style JSNA has provided a dynamic resource that also draws upon the breadth and depth of analysis already undertaken across Herefordshire, providing a robust assessment of needs.

2 Ensuring that JSNA is used to underpin decisions regarding future plans, strategy development, budget decisions and commissioning of services will ensure that they are based upon robust assessments of need.

Introduction and Background

3 This is the third JSNA for Herefordshire. It has been produced by a cross-Directorate project group from the Council and NHS Herefordshire, in particular from the Research Team, Public Health, Integrated Commissioning and Children and Young People's services.

4 The project group have retained responsibility for determining the content of the JSNA, as well as for ensuring the accuracy and data quality of information in the JSNA.

5 As described below we have built upon the strengths of previous JSNAs, moving towards an electronic web-based resource. This enables it to be dynamic and 'continuous', and as well as containing analyses undertaken specifically for JSNA can explicitly draw upon other information and analyses undertaken across Herefordshire.

Key Considerations

6 As in previous years the 2010 JSNA examines the important things that affects peoples lives, their health, and their well-being. Thus it does include peoples health and social care needs, but these are set within the context of the other things that affect peoples lives.

7 This year the project group have sought to build upon the strength's of previous JSNAs, by utilising a similar 'chapter heading' structure that focuses on population groups, by recognising the ongoing importance of much of the analyses in previous JSNAs, and by including the annual analyses we undertake specifically for JSNA.

8 We have also sought to explicitly draw upon the breadth and depth of other information and analyses already undertaken within Herefordshire, to provide a more efficient approach to JSNA but also to increase it's robustness. This includes unique information resources such as the State of Herefordshire Report, as well as a considerable number of information and analyses undertaken as part of ongoing service planning and development across NHS Herefordshire and the Council.

9 To facilitate this approach we have developed JSNA into a web-based resource, able to link seamlessly across other resources, information and analyses. This has enabled us make it more dynamic, with ongoing 'in-year' additions of relevant information and analyses as they become available. It also means that it is readily available to stakeholders, facilitating their ability to utilise it within decision making.

10 The ability of the JSNA to improve population health and well-being depends upon it being used across the health and social care sector and by other stakeholders, to underpin decisions regarding future plans, strategy development, budget decisions and commissioning of services

Community Impact

11. The community impact of the JSNA will depend upon how the findings of JSNA are utilised within strategy development, service planning and commissioning decisions

Financial Implications

12. Not applicable

Legal Implications

13 These proposals deliver the relevant statutory duties of NHS Herefordshire and Herefordshire Council

Risk Management

14 Risk 1 - The findings of the JSNA do not reflect the needs of Herefordshire's population

15 Risk 2 – The findings of the JSNA are not used across the health and social care economy in decisions regarding future plans, strategy development, budget decisions and commissioning of services

16 The proposals in this paper are explicitly designed to mitigate those risks

Consultees

17 Many of the analyses within the 2010 JSNA have been prepared in consultation with a wide range of partner organisations and interests.

18 The 2010 JSNA is being presented and discussed with a wide range of stakeholders, including NHS Herefordshire, Herefordshire Council and Herefordshire Partnership. Their views will be taken into account as the JSNA is updated and taken forward.

Appendices

19. Appendix 1 – Herefordshire Joint Strategic Needs Assessment 2010. Key Points and Recommendations

Background Papers

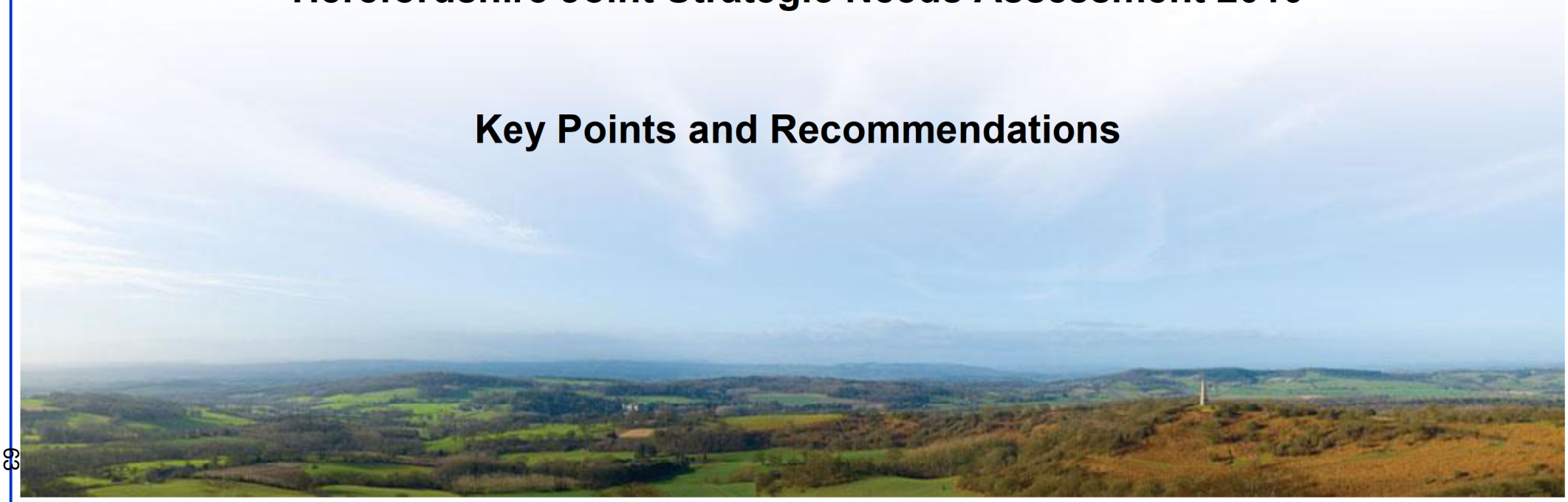
- None identified

The full web-based JSNA resource is available at www.herefordshire.gov.uk/jsna

It can be obtained in an alternative format or language by contacting the Herefordshire Corporate Policy and Research Team, Herefordshire Council, PO Box 4, Hereford, HR4 0XH.

Herefordshire Joint Strategic Needs Assessment 2010

Key Points and Recommendations



The full assessment is available as a web based resource at: www.herefordshire.gov.uk/jsna

Should you require this document in an alternative format or language please contact the Herefordshire Corporate Policy & Research Team on telephone 01432 260498 or email researchteam@herefordshire.gov.uk

Herefordshire Council

Working together for the people of Herefordshire

NHS Herefordshire

SUMMARY OF THE HEREFORDSHIRE JOINT STRATEGIC NEEDS ASSESSMENT 2010

What the Joint Strategic Needs Assessment (JSNA) is for:

This is a summary of Herefordshire's third Joint Strategic Needs Assessment. The JSNA brings together, in a single, continuous process, all the information on the health and well-being needs of Herefordshire's population. It examines current and predicted health and social care needs, as well as the other main things that affect people's life-chances, quality of life and health and well-being. By identifying the major issues that need to be addressed regarding people's health and well-being it helps Herefordshire Council, NHS Herefordshire and our partners identify what our priorities should be. These priorities inform future plans and help us target money and services where they are needed most.

What's new about this year's JSNA and how it will develop:

Since our first *Joint Strategic Needs Assessment* in 2008, we have been working to ensure we continuously improve our understanding of the needs of the county. This year we have adopted a new approach to the JSNA, developing a dynamic web-based facility[1] that will enable us to continuously (in-year) update the JSNA as a resource. This approach has also enabled us to increase the breadth and depth of information used to inform the JSNA – as well as including analyses specifically undertaken for JSNA, we have included information and analyses developed during the ongoing service and development process, and we have utilised the unique information resource of the Herefordshire Partnership by linking into the State of Herefordshire web-based report.

Through this approach we have continued our focus on different 'groups' across the county, including children and young people and older people, as well as different 'issues' important for the county, such as the major causes of mortality and ill-health and other factors that affect people's lives. We have also continued our focus on 'what people think', gained through ongoing consultation and discussions with local people, as well as new analyses

[1] Full web-based JSNA available at **www.herefordshire.gov.uk/jsna**

of data. All of this information will now be supplemented in-year as new information and analyses become available – this will make JSNA a dynamic 'up-to-date' information resourced that can be used to inform priority setting and decision making.

What we know: the main facts and trends

Many of the issues identified in previous annual JSNAs remain current for Herefordshire, although there are some new emerging issues and trends. Within this short summary document we have highlighted the key points and recommendations – for more details, we would encourage you to visit the full web based JSNA resource which is available at **www.herefordshire.gov.uk/jsna**.

Overall people in Herefordshire are healthy, live longer compared with national life expectancy, and have positive experiences of the things that affect their lives and well-being:

- Women live on average to 83, a year longer than in England as a whole; men to 79, which is slightly longer than nationally.
- People born in Herefordshire are expected to live a greater proportion of their lives in good health and without a limiting long-term illness than nationally - healthy life expectancy at birth is over 71 for men and 75 for women.
- Our young people generally get better qualifications than in England as a whole, with 74 per cent achieving five or more A* – C grades at GCSE.
- Even with the recession, Herefordshire has much lower levels of unemployment and crime than nationally, although the percentage of 16-18 year olds not in education, employment or training remains at the level it climbed to in 2008/09 (largely as a result of the economic downturn).
- A much higher proportion of people compared with nationally (nearly nine out of ten) are satisfied with their local area as a place to live.
- Herefordshire has a vibrant 3rd sector providing a rich patchwork of community action, voluntary groups and neighbourhood support.

Even so, there are a number of significant issues facing our communities which can get 'hidden' behind these headline statements. In the following pages we have highlighted the major issues that need to be tackled to improve health and well-being, and to reduce inequalities in Herefordshire, both now and in the future. We have tried to draw these together into some overarching themes, but some points and issues will operate across more than one.

1) Inequalities and Deprivation

There is a strong association between health inequalities and other measures of deprivation, including educational under-attainment, low skills, unemployment, low income and poor housing conditions.

- Herefordshire has a number of 'pockets' of deprivation, with the highest levels of overall, multiple deprivation (areas within the 25 per cent most deprived in England) in parts of Hereford and Leominster, together with small pockets in and around the other market towns and several rural villages and hamlets.
- The proportion of people experiencing income deprivation in all of these areas has increased from 2004, and increasingly high proportions of children in some areas, particularly of Leominster and Hereford, live in households with low incomes - the gap between the most deprived areas and the rest of the county seems to be widening.
- Some parts of the county have increasingly high proportions of people aged 60 and over living in households with low incomes; for instance, nearly two in five in areas of Bromyard, Hereford and Leominster.
- People living in Herefordshire's deprived areas experience worse health outcomes – being more likely to be admitted to hospital or die from a range of conditions - than those living elsewhere.
- Deprivation is clearly linked to educational attainment, and the gap between the best and worst performing wards at GCSE (pupils achieving 5 or more A*-C grades at GCSE including English and Maths) is increasing. Although Herefordshire performs relatively well compared with nationally for the educational achievement of looked after children they still do less well than their peers; there are still significant attainment gaps between identifiable groups of vulnerable children, including those with special educational needs, those in care, and pupils from minority ethnic groups, notably Gypsy and Roma Traveller children.
- Many people across the county, not least younger people, struggle to find affordable housing, and the demand for this is expected to continue to grow.
- A quarter of the population lives in very sparsely populated areas (the highest proportion of any county-level authority area in England) and many face difficulty accessing some key services. This is a particular issue for vulnerable groups and children and young people.
- Although levels of unemployment remain low compared to the West Midlands and England, numbers have increased as a result of the recession and are expected to increase further. Unemployment has also been felt disproportionately by unskilled and semi-skilled people.

2) Changing Demographics

The increasing number of people aged 65 and over has been recognised for some time, but it is also important to identify what this means in terms of their health and social care needs. Other demographics also need to be considered – and not forgotten just because it has been heard before.

- The number of people aged 85 and over is expected to almost double by 2026 to 10,200. This group makes by far the greatest demands on health and social care and is at greatest risk of isolation and of poor, inadequately heated housing.
- Expected increases in levels of disability, due mainly to the ageing of the population structure, will add significantly to the number of people having to provide care to their families or friends.
- Dementia presents a significant and urgent challenge to health and social care in Herefordshire in terms of both numbers of people affected and costs. Projections suggest that the estimated 2,900 people affected in 2010 could almost double to 5,600 by 2030. The ratio of GP recorded prevalence of dementia to estimated occurrence based on national rates of the condition suggests under reporting in the county. This leads to a lack of treatment and care for individuals affected, and lack of support for their carers. The Joint Commissioning Plan *Living Well with Dementia in Herefordshire*, due to be finalised by the end of 2010, will be the catalyst for change in the way people with dementia are viewed and cared for.
- The number of people aged over 65 with learning disabilities will double by 2015, and those with moderate disabilities living at home are likely to have high dependency as they age. There will be an increase in the need for age appropriate services. In more general terms we need to identify how we most appropriately support people with the highest level of support needs to access community facilities, and to increase the employment opportunities for working age people with learning disabilities.
- Although the number of children continues to decrease within Herefordshire there have been more births than expected in the last two years, mirroring a national increase in fertility – this will have implications for planning across the whole range of children's services.
- Herefordshire has a relatively small Black, Asian and Minority Ethnic population - but this is growing.
- Although the numbers employed by local farms declined in 2010, Herefordshire continues to have a large numbers of migrant workers, mainly from Eastern Europe. There are several thousand at any one time in the summer but most stay for only a few months.

3) Health and Health-related Behaviours

Many of the major causes of ill-health and mortality remain unchanged within Herefordshire since the publication of the 2009 JSNA. We know that nearly all of these are influenced by 'unhealthy' lifestyle behaviours; at the same time newer challenges are emerging as the result of these 'unhealthy' lifestyle behaviours.

- The levels of cancer and coronary heart disease are lower than nationally and regionally but remain the county's biggest killers.
- The rate of deaths related to stroke has fallen more rapidly than nationally over recent years, but they are still more prevalent in the county.
- Although the number of people killed or seriously injured in road accidents has decreased over recent years the fatality rate remains slightly higher than the national rate
- Suicide rates are higher than regionally and nationally and are increasing, while the number of 18-64s with the most serious mental health disorders is much higher than would be expected.
- The dental health of children is poor with two in every five having some experience of tooth decay by the age of 5 years
- The number of teenage pregnancies is relatively low but has risen; and there has been a sharp rise in sexually transmitted diseases (although this could be the result of better screening).
- Smoking remains the single most important cause of premature death and ill-health, but rates of alcohol-related hospital admissions are increasing. We also know that high proportions of young people, especially girls, smoke and drink alcohol and get drunk.
- Obesity is emerging as a major contributing factor to poor health, disability and premature death. Herefordshire has a higher rate of obesity amongst adults than England generally and it is particularly concerning that more than one in four 11 year-old children are overweight or obese.
- Prescribing is the most common intervention in the NHS. The continued development of new drugs, the identification of new applications for existing drugs, and Herefordshire's aging population mean that this will remain an important issue for Herefordshire, in terms of ensuring safe and appropriate medicines management as well as managing resource implications.

4) What People Have Told Us

In 2008 we undertook the 'Quality of Life Survey', which we detailed in the 2009 JSNA and which is still available on the JSNA web-site and which we will update should the survey be repeated. Other stakeholder's views regarding how to improve people's health and well-being through NHS Herefordshire's Health Improvement Plan can also be found on the web-site.

Recommendations

The main challenges that require action remain similar to those in previous years, although they do encapsulate new and emerging issues that have developed over the last year. These recommendations are of necessity 'high-level' – the more detailed area-specific recommendations will be found within the detailed analyses on the JSNA web-site resource, which is updated continuously as information and analyses become available throughout the year.

1) If we are to address the health and social care needs of Herefordshire's population, as well as the things that contribute to their health and well-being, we need to ensure a co-ordinated approach to service commissioning and delivery across partner organisations. This is particularly true for areas and groups in the population suffering from deprivation, including families with children. This approach will need to be safeguarded through organisational change and re-structuring as GP-led commissioning consortia are introduced.
2) As the effects of economic recession are felt we need to work with partner organisations to minimise the effects of unemployment and deprivation on people's life-chances, as well as on their health and well-being. Measures to reduce the number of young people not in education, employment or training are important for the future strength of the county's economy, as well as for social benefits.
3) There is a growing need to prevent the lifestyle behaviours that contribute to ill-health and mortality and through which we can prevent ill-health and disease. In particular we need to work to reduce the prevalence of smoking, reduce alcohol intake and 'binge drinking', and improve people's diet and levels of physical activity. This is true for adults, children and young people, and their families.
4) We need ongoing programmes to reduce accidents – across all ages.
5) There is a need to provide more support via GPs for people with common mental health problems, as well as to reduce suicides, especially amongst 25-44 year-olds.

6) There is an increasing proportion of the population who will require personalised support and re-ablement services to enable them to live independently in their own homes. This includes people over 85, those with dementia, people with learning disabilities, and people with moderate to severe mental health problems. The support needs of their carers and families also need to be addressed, to enable them to cope and to lead fulfilled lives.
7) In tandem with this the housing needs of these and other groups need to be considered, with innovative approaches needed to provide the supported housing needs of the populations. Work is under way to look at the housing needs of people with mental health problems. Other issues, such as an increased need for additional authorised pitches for Gypsies and Travellers, will require working with local communities.
8) The number of children in Herefordshire and the birth rate will need to be monitored to identify whether or not they pose a challenge to the sustainability of high quality children's services, especially in rural areas. The educational under-achievement of groups such as looked after children and Gypsy and Traveller children still needs continued attention.
9) The rurality of Herefordshire can make access to and delivery of all services problematic – we need to continue to innovate and make use of new technologies to bring services to people in their own localities and their own homes.
10) As the ethnic mix of Herefordshire changes we need to ensure there are adequate opportunities for people to gain quickly a reasonable ability to speak English.
11) We need to support 3rd sector organisations, recognise good practice and excellence where it exists and encouraging it's spread. We also need to ensure the effective growth of links between 3rd sector organisations and the statutory sector.

Future developments

The detail and in-depth analysis that provides a full understanding of these issues can be found at **www.herefordshire.gov.uk/jsna** on the JSNA web-site. Ongoing information and analysis that is undertaken throughout 2010/11 will be added to the web-site as it becomes available.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**22 NOVEMBER 2010**
TITLE OF REPORT:	**INTERIM TRUST UPDATES**
REPORT BY:	**HEREFORD HOSPITALS NHS TRUST, NHS HEREFORDSHIRE, WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To receive an interim update from Hereford Hospitals NHS Trust, West Midlands Ambulance Service NHS Trust and NHS Herefordshire.

Introduction and Background

1. Full updates from the Chief Executive of each Trust to provide assurance to the Committee are made to every other meeting. At meetings when a full update report is not presented the Committee receives a report containing updates or outstanding information from the previous meeting, any urgent or very topical information and any other information that the Trusts feel should be drawn to the Committee's attention.

2. **Hereford Hospitals NHS Trust**: The Trust has no additional information to submit.

3. **West Midlands Ambulance Service NHS Trust:** The Trust has no additional information to submit.

4. **NHS Herefordshire:**

   The Integrated Care Organisation (ICO) proposal was submitted to the *Cooperation and Competition Panel (CCP)* on 4 August 2010 to trigger the *CCP* review process for proposed mergers between NHS-funded healthcare providers. The purpose of this process is to ensure that the proposal is in the best interests of patients and taxpayers, the *CCP* process tests the proposal in terms of its impact on choice for patients & provider market contestability.

   Notification was received from the *CCP* on 9 November 2010 that the proposal will be considered under their 'fast track' process which elapses over 10 days. This is the initial phase of a number of statutory processes that need to be undertaken in order

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Further information on the subject of this report is available from Nick Henry, General Manager for West Mercia Locality Tel: 07971 305209, Martin Woodford, Chief Executive (Hospitals Trust) on (01432) 364000, Ann Donkin , Interim Director of Integrated Commissioning on 01432 383419

to establish the new organisation in formal governance terms.

Further phases include the *MONITOR* process to establish the organisation as a Foundation Trust from 2013 following a full shadow year from April 2011, the formal statutory process to vary the terms of Hereford Hospitals NHS Trust's Establishment Order to provide wider range and location of services and the Care Quality Commission re-registration process.

These processes may be running concurrently in order to meet the required timescale set out by the Department of Health for Primary Care Trusts to divest their Provider Services organisations and for all remaining NHS Trusts to become Foundation Trusts.

Background Papers

- None identified.

Herefordshire Council

MEETING:	**HEALTH SCRUTINY COMMITTEE**
DATE:	**22 NOVEMBER 2010**
TITLE OF REPORT:	**WORK PROGRAMME**
REPORT BY:	**COMMITTEE MANAGER (SCRUTINY)**

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To consider the Committee's work programme.

Recommendation

THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Overview and Scrutiny Committee.

Introduction and Background

1. The Overview and Scrutiny Committee is responsible for overseeing, co-ordinating and approving the work programmes of the Committee, and is required to periodically review the scrutiny committees work programmes to ensure that overview and scrutiny is effective, that there is an efficient use of scrutiny resources and that potential duplication of effort by scrutiny members is minimised.

2. The work programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director in response to changing circumstances. A copy is attached at appendix 1.

3. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.

4. 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.

Progress in response to recommendations made and issues raised by the Committee

5. A note showing progress in response to recommendations made and issues raised by the Committee at the Committee's previous meetings is attached at appendix 2.

Background Papers

- None identified.

Health Scrutiny Committee Work Programme 2009/11

The agenda will be based on:

- Quarterly Updates – Service Development
- Statutory Business including consultations
- Quality Assurance and Public Engagement
- Population Health and Equalities

21 January	
	• Updates by Chief Executives of Health Trusts • Population Health - health and wellbeing of older people • Update on response to Scrutiny Review of GP Services • Herefordshire Service Integration Programme
18 March	
	• Follow up points from previous meetings and "need to know" information from Health Trusts. • Population Health – Issues relating to housing

Appendix 2

Progress in response to recommendations made and issues raised by the Committee

Date	Item	Resolution	Commentary
1 March 2010		**Additional Actions** **Clarification as to why 17% of respondents found it difficult to access GP Services.** **Requested consideration be given to retaining the temporary equitable access provision at South Wye when the permanent Centre at the hospital site was open.**	Briefing note to be provided The Director of Public Health acknowledged that it would be worth exploring the pattern of use of the temporary provision and other health facilities.
1 March 2010	Quality Assurance Framework	**a seminar be arranged on Quality Accounts; and** **further report be made when timely, within six months, reviewing quality performance and highlighting any areas of concern.**	Informal meeting held on 20 May Reported in September 2010.
1 March 2010	Provider Services Integration	**mindful of the significance of the proposed change it was requested that the Committee be kept fully informed of progress in addition to being formally consulted.** **the importance of ensuring services were tailored to localities be emphasised.**	Report made in July and August 2010 and on agenda for November 2010.

Date	Item	Resolution	Commentary
1 March 2010	Hereford Hospitals NHS Trust Update	**That the full updates to the Committee incorporate performance against all relevant indicators in the corporate plan**	Request made.
		Additional Actions **Requested that a more user friendly name be used for the Equitable Access Centre.** **Briefing note requested on Hospital standardised mortality ratios setting out actual numbers of cases to put the ratios in context.**	 To be considered. Briefing note circulated 14 May 2010.
29 March 2010		**That** **(a) a further report be made in six months time reviewing performance against targets including comparative information for the West Midlands Region and a more detailed breakdown showing by what margin targets were being missed, and also providing information on patient outcomes;** **(b) a report be provided to the Committee on the Community First Responder funding plan and communication links with Community First Responders and the Community Response Manager be invited to attend the meeting;** **(c) the Committee be advised of the amount and**	Reported in September 2010

Date	Item	Resolution	Commentary
		nature of cross-border work with the Welsh Ambulance Service and the extent to which this was reciprocated. **(d) an update be requested from Hereford Hospitals NHS Trust on performance against the target for ensuring all emergency ambulance arrivals are accommodated safely in the hospital; and** **(e) the invitation from WMAS to visit the Emergency Operations Centre at Dudley be accepted.**	
29 March 2010	World Class Commissioning	**That mindful of the significant changes proposed, for example the scale of the transfer of activity from the secondary sector to the primary sector and community services, regular updates on the World Class Commissioning Strategy be provided to the Committee describing progress and providing evidence of the degree of change and its effectiveness.**	Updates Scheduled as part of NHS Herefordshire updates.
18 June 2010	Suggestions from Members of the Public	**Agreed to add the provision of dental services to the work programme.**	Issue included in population health report on access to services in November 2010.
18 June 2010	Response to Scrutiny of General Practitioner (GP Services)	**That the response to the findings of the scrutiny review of GP services be noted subject to the Director of**	Considered as part of the report on access to services – November 2010

Date	Item	Resolution	Commentary
		Regeneration being invited to reconsider and strengthen his response on rurality and transport co-ordination;	Secretary to the Local Medical Committee has commented that in his view the responses of NHS Herefordshire are on the whole fair and reasonable and would have the support of GPs.
		(b) the Local Medical Committee be invited to comment on the response by NHS Herefordshire to the Review;	
		(c) a further report on progress in response to the review be made in six months time with consideration then being given to the need for any further reports to be made;	Report Scheduled for January 2011.
		(d) The Valuing People Partnership Board should be asked to comment on its evaluation of the outcomes for adults with learning disabilities from the Learning Disability Locally Enhanced Service incentive scheme;	Information being sought.
		(e) a glossary be prepared of the various boards in the County with responsibility for considering health and social care matters; and	A glossary circulated. Further Information being sought.
		(f) the next quality report should include information on the numbers using the Equal Access Medical Centre and also report on the effects on use of GP	Reported in September 2010.

Date	Item	Resolution	Commentary
		surgeries and the out of hours service.	
18 June 2010	Mental Health Procurement Project	**That (a) progress on the Mental Health Procurement Project be noted; and** **(b) a further report be made to the Committee in November 2010 setting out how the new arrangements will improve services and benefit service users and their carers and deliver value for money.**	Report scheduled for November 2010.
18 June 2010	NHS Herefordshire Update	**RESOLVED: That updates be provided on delayed transfers of care and Stroke services.**	Included in interim updates for 30 July.
2 August 2010	Herefordshire Service Integration Programme	**RESOLVED:** **That (a) the engagement programme be supported, with the recommendation that it be extended to involve presentations to the PACTs, to seek views from those who had not been to hospital or visited their registered GP with any frequency and to provide an engagement event for all Councillors rather than for the Committee alone;** **(b) following the planned engagement event for Councillors a report be made**	Event for all Councillors held on 30 September. Report on agenda for November 2010.

Date	Item	Resolution	Commentary
		to the Committee seeking the Committee's formal response to the consultation on the proposals, allowing the Committee to take account of any issues arising from the engagement event; **(c) that the report to be prepared in December 2010 describing the overall engagement process, the responses and any changes made to the services as a result should also be presented to the Committee, at which point the Committee would make further observations as it saw fit; and** **(d) a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.**	Report scheduled for January 2011. Circulated.
2 August 2010	Population Health – Alcohol Misuse and Smoking	**RESOLVED: That a briefing note be provided setting out the evidence supporting the investment in measures to reduce smoking as outlined in the Public Health improvement Plan; and the evidence supporting the establishment of alcohol health workers and alcohol liaison nurse posts to deliver the Identification and Brief Advice programme.**	Circulated

Date	Item	Resolution	Commentary
2 August 2010	Interim Trust Update – Delayed Transfers of Care	**It was agreed that an updated report should be circulated to the Overview and Scrutiny Committee who had expressed concern about performance in this area.**	To be circulated.
22 November 2010	Population Health – Improving People's Diet and Taking up Exercise	**That action being taken to improve people's diet and take up of exercise be supported and proactively and vigorously pursued with all Councillors being encouraged to champion this work in schools and in the Community.**	
22 November 2010	Reviews of West Midlands Ambulance Service NHS Trust	**That (a) a briefing note be provided on the cost/benefit of providing defibrillators; and** **(b) the Chairman and Vice-Chairman of the Committee be authorised to consider what further reporting on the ambulance service should be included in the Committee's work programme.**	Note circulated 11 November 2010-11-12 Report requested for January 2011.
22 November 2010	Hereford Hospitals NHS Trust Update	**That briefing notes be circulated providing information on initiatives being taken to discourage inappropriate attendance at A& E and how Councillors could support these initiatives as community leaders; and on statistical information on admissions to A&E that were due to alcohol and drug abuse.**	In preparation.