Herefordshire Council

AGENDA

Health Scrutiny Committee

Date:	**Friday 18 March 2011**
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 MD Lloyd-Hayes
	Councillor G Lucas
	Councillor GA Powell
	Councillor A Seldon

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AGENDA

		Pages
1.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
2.	**NAMED SUBSTITUTES (IF ANY)** To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.	
3.	**DECLARATIONS OF INTEREST** To receive any declarations of interest by Members in respect of items on the Agenda.	
4.	**MINUTES** To approve and sign the Minutes of the meeting held on 21 January 2011.	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.	**MENTAL HEALTH & LEARNING DISABILITY SERVICES - MOBILISATION OF NEW CONTRACT WITH 2GETHER NHS FOUNDATION TRUST** To brief the Health Scrutiny Committee on the new provider for Mental Health (health and adult social care) and Learning Disability (health) and progress with mobilisation of the new contract.	7 - 8
7.	**PUBLIC HEALTH WHITE PAPER - CONSULTATION** To consider the Public Health White Paper - ‘Healthy Lives, Healthy People the Government’s Strategy for Public Health in England, and the supporting consultation documents.	9 - 16
8.	**RESPONSE TO SCRUTINY REVIEW OF GENERAL PRACTITIONER SERVICES** To consider an update on progress in response to the recommendations made in the Scrutiny Review of GP Services.	17 - 18
9.	**INTERIM HEREFORD HOSPITALS NHS TRUST UPDATE** To receive an interim update from the Trust on Stroke Services and consider the Committee’s role in commenting on the Trust’s Quality Account.	19 - 26
10.	**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE** To receive an update from the Trust.	
11.	**NHS HEREFORDSHIRE UPDATE** To receive an update from the Trust	27 - 42
12.	**WORK PROGRAMME** To consider the Committee’s Work Programme.	43 - 60

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.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

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Adult Social Care and Strategic Housing

Statutory functions for adult social services and Strategic Housing.

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 Friday 21 January 2011 at 10.00 am

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

Councillors: WU Attfield, PGH Cutter, MJ Fishley, RC Hunt, Brig P Jones CBE, G Lucas and A Seldon

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

47. APOLOGIES FOR ABSENCE

Apologies were received from Councillors MD Lloyd-Hayes and GA Powell.

48. NAMED SUBSTITUTES

There were none.

49. DECLARATIONS OF INTEREST

There were none.

50. MINUTES

RESOLVED: That the Minutes of the meeting held on 22 November 2010 be confirmed as a correct record and signed by the Chairman.

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

There were none.

52. WEST MIDLANDS AMBULANCE TRUST - FOUNDATION TRUST STATUS

The Committee received a presentation on plans for the Trust to become an NHS Foundation Trust and considered points it would wish to include in its response to the Trust's consultation exercise on its proposals.

Mr C Harris, Foundation Trust Project Manager, gave the presentation on the plans. The principal areas covered were: the fact that the Government had announced that all NHS Trusts would become Foundation Trusts by 2013 either by moving through the process themselves, joining with an existing Trust, or being dismantled and incorporated within other Trusts; the background to the Trust and the challenges it faced as the second largest Ambulance Trust in terms of area; current performance levels and the Trust's focus on training its staff; the background to how Foundation Trusts operate and the proposed governance arrangements for the Trust.

The Trust considered that as a Foundation Trust it could deliver more benefits, more choice, better facilities and improved quality. The way it intended to achieve this was by workforce development including reaching a 70% paramedic skill mix; increasing efficiency and maximising ambulance availability including the introduction of the Make Ready system across the Region; implementing a single triage system giving access to emergency and primary care pathways; using the ethnically representative Membership to inform developments; supporting implementation of NHS reform agenda; and becoming an integrated emergency healthcare provider and developing a wider range of services.

In discussion the following principal points were made:

- The wording of the Trust's proposed vision was questioned, noting in particular that it made no reference to the provision of emergency care and was very general.

- In terms of service improvements Members considered that there was scope for improved integration of frontline emergency services.

- The Committee was well aware, through the review it had undertaken of the ambulance service and the regular updates to the Committee, of the challenges posed by the geographical area covered by the Trust, consisting as it did of large conurbations and extremely rural sparsely populated areas. It was recognised that the Trust had to meet a performance target for the Trust's area as a whole and that this could be achieved by focusing resources on the conurbations. It was essential that as pressures on resources increased the needs of the rural areas were recognised and response targets in those areas were met.

  Mr N Henry, the Locality Manager, commented that although the Government had yet to finalise its position on targets for the ambulance service the expectation was that there would be a requirement to achieve a minimum uniform standard of performance across the Trust's area to avoid the possibility of underachievement in any one section of it.

- Part of the plans to increase efficiency and maximise ambulance availability included the introduction of the Make Ready system. Mr Harris stated that the intention was that different models would be applied across the Trust's area recognising the different circumstances in the urban and rural areas.

- Members noted that in many ways the ambulance service, like the Accident and Emergency Service, was resorted to by the public almost by default because it could be relied upon to provide treatment. Part of the proposed efficiency savings were therefore based on a revised triage system that directed the public to the most appropriate provider of treatment.

- The continued investment in training including increasing the number of paramedics was a further way in which improved services and efficiencies would be delivered.

- It was observed that the governance arrangements were different for each of the three emergency services. The aim should be to keep the governance provisions as simple and straightforward as possible. It would be easier for the public to understand if governance arrangements were standardised.

- The proposal that young people should be admitted as members of the Foundation Trust from the age of 16 was considered acceptable. However, Members agreed that established mechanisms for engaging with young people, such as via Children's Trusts, might provide a more effective voice than individual membership and should

be incorporated into the Foundation Trust's Governance arrangements alongside the provisions for individual membership.

- The consultation document proposed 15 public governors elected by the public members from the five constitutional groups into which the Trust's area was proposed to be divided. This meant 3 public governors for the West Mercia Region comprising Herefordshire, Shropshire and Worcestershire.

  It also provided for nine appointed governors from key partner agencies to include two governors from local authorities, one urban and one rural.

  The Committee was concerned that this did not guarantee representation from Herefordshire.

  It was noted that the Trust was seeking to achieve a representative public membership across the Trust's area proportionate to populations. However, the Committee did not consider that this was a satisfactory substitute for direct representation for the County on the Members Council.

- It was suggested that given the increasing importance of the voluntary sector in service delivery one appointed governor was insufficient.

- The Committee acknowledged the cost to the Trust of each public Member and its intention to have two levels of public membership, developing engagement with an active membership of a few thousand, rather than a membership of 100,000 as developed by one current Foundation Trust.

RESOLVED: That a draft response be circulated to Members of the Committee for comment and authority granted for a response then to be submitted to the West Midlands Ambulance Service NHS Trust after consultation with the Chairman.

53. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE

The Committee received an update from the Trust.

In discussion the following principal points were made:

- Clarification was sought on the increase in category A calls. The interim Director of Public Health commented that the severe weather and a second wave of swine flu had contributed to an increase in those requiring critical care. The business continuity plans of both the acute hospital and the Ambulance Trust had proved robust.

- There was further discussion of the proposal to revise triaging arrangements, touched on in discussing the application for Foundation Trust status as referred to in Minute number 52 above, and how the effectiveness of these revised arrangements would be assessed. It was noted that currently the only relevant performance indicator was the one that measured non-conveyance to hospital. However, the Government had indicated its intention to develop measures of clinical outcomes and consultation was taking place. The Committee looked forward to targets measured by clinical outcome.

- Clarification was sought on studies available that provided the evidence supporting the clinical justification for the prescribed ambulance response times.

- A briefing note was requested on the Make Ready system for managing the provision of ambulance services and in particular a description of community response posts.

RESOLVED: That a briefing note be provided on the Make Ready system and in particular a description of community response posts.

54. HEREFORDSHIRE SERVICE INTEGRATION PROGRAMME

The Committee considered the outcome of the engagement exercise with patients, public and stakeholders on proposals to integrate services.

Mr A Dawson, Associate Director Hereford Hospitals NHS Trust presented the report.

He emphasised the extensiveness of the consultation that had been undertaken and how similar the themes that had emerged had been.

The Committee noted that it had not had sight of the financial model demonstrating the financial sustainability of these proposals and that officers intended to present reports to the NHS Herefordshire and Hereford Hospitals NHS Trust Boards in February 2011.

RESOLVED:

That (a) the extent to which stakeholders had been engaged in the consultation exercise be recognised;

(b) the feedback from the various stakeholder groups and the response to that feedback be noted; and

(c) the NHS Herefordshire Board, the Hereford Hospitals NHS Trust Board and the Cabinet be advised that in welcoming the aspiration underpinning the proposals to integrate services through the establishment of an Integrated Care Organisation, the Committee wished to emphasise the importance of both Boards and the Cabinet satisfying themselves that the proposals were sustainable in terms of cost; noting that the financial model and business case had not been presented to the Committee but were to be presented to both Boards.

55. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee received an update from the Trust.

Mr T Tomlinson, Director of Nursing and Operations, presented the report.

He highlighted the following points:

- A continued reduction in the delayed transfers of care to the lowest level ever reported to the Committee.

- An increase in the number of emergency patients that had led to a high number of elective surgery cancellations, although urgent cases and cancer cases had continued to be treated.

- Performance against the 18 week access target, that had been retained as a local target, would decline because of cancelled surgery, A recovery plan was being developed to return performance to the previous 99% achievement.

- Infection control measures were proving effective, reducing the need for ward closures. This had helped in meeting the increase in the number of patients admitted as an emergency.

- Improvement actions had been implemented on Stroke care.

- There was good progress on the development of the Macmillan Renton Unit.

In discussion the following principal points were made:

- Concern was expressed at the report that 11.4% of patients admitted with Stroke had arrived at a time when thrombolysis was not available. Mr Tomlinson reported that the service, which was not clinically appropriate in every case, was currently available in Hereford from (8.30 am to 6.00 pm) Monday to Friday because there was only one specialist Stroke Consultant. Action was being taken to draw on support from other consultants and increase the number of physicians able to provide thrombolysis. This would begin to provide cover 7 days a week.

- The development of Hillside Intermediate Care Centre to operate as a Stroke Rehabilitation Unit alongside the continued provision of intermediate care was questioned. It was noted that re-enablement beds were available in the Community Hospitals at Bromyard, Leominster and Ross-on-Wye. However, Members were concerned that this provision did not meet the needs of residents of Hereford City.

  Mr Tomlinson commented that the provision of a specialised stroke rehabilitation unit had been considered essential. He added that some intermediate care provision would be retained at Hillside but this would be aimed at meeting more specialised rehabilitation needs. Some provision would also be available in Hereford hospital itself. The focus on providing re-enablement care to people in their own homes would reduce the need for intermediate care beds.

- Asked about the incidence of flu the Interim Director of Public Health reported that to date no one who had been vaccinated had been seriously ill. The Health Protection Agency was conducting a review of the arrangements that had been in place for immunisation in 2010.

- The Trust's financial position was noted and that despite funding support from the Strategic Health Authority breaking even was a challenge. Remedial measures remained in place to improve the position.

- Mr Tomlinson confirmed that there were no plans to delay admissions for routine operations on financial grounds. The cancellations that had taken place had been due to pressures from emergency medical admissions as described in the update report.

RESOLVED: That a fuller report on stroke care provision and the arrangements for the use of Hillside Intermediate Care Centre for specialist stroke care and specialist rehabilitation should be made to the next meeting, together with assurance that the needs of those who previously would have received intermediate care at the Centre would be appropriately met.

56. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Trust.

The interim Director of Public Health gave an update at the meeting. Notes upon which the update was based have been placed on the Minute book.

In discussion the following principal points were made:

- It was noted that a survey on the use of the Accident and Emergency Unit was being undertaken by the Local Involvement Network.
- Information was requested on the number of people in the County who did not engage with the Health Service at all.

RESOLVED:

That (a) a full NHS Herefordshire update report be made to the next meeting;

(b) the update should include a briefing on the implications of the Health and Social Care Bill;

(c) consideration should be given to how various ongoing consultations should be incorporated into the Committee's work programme;

(d) that the new mental health service provider should be invited to attend the next meeting to outline its plans for service delivery and in particular any substantial variations that might be proposed; and

(e) **a briefing note be provided on the number of people in the County who did not engage with the Health Service at all.**

57. WORK PROGRAMME

The Committee considered its work programme.

The following additions were agreed:

- Minute number 55 refers: -a further report on Stroke Care
- Minute no 56 refers: a full NHS Herefordshire Update, consideration as appropriate of current health related consultation papers, and a report by the new mental health service provider.

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

The meeting ended at 12.10 pm **CHAIRMAN**

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	18 MARCH 2011
TITLE OF REPORT:	MENTAL HEALTH & LEARNING DISABILITY SERVICES – MOBILISATION OF NEW CONTRACT WITH 2GETHER NHS FOUNDATION TRUST
Report By	Interim Director of Projects

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To brief the Health Scrutiny Committee on the new provider for Mental Health (health and adult social care) and Learning Disability (health) and progress with mobilisation of the new contract.

Recommendations

THAT the Health Scrutiny Committee:

(a) Receives a briefing on the new provider for mental health (health and adult social care) and Learning Disability (health);

(b) Notes progress with mobilisation of the new contract; and

(c) 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 when the new contract is mobilised.

Key Points Summary

- The aim of the Mental Health Procurement Project was 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 was achieved was via a competitive procurement process which commenced with NHS Herefordshire Board approval to proceed in July 2009, a formal invitation to tender launched in the first week of November 2010 and a

Further information on the subject of this report is available from
Ann Donkin, Interim Director of Projects, on (01432) 260618

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formal NHS Herefordshire Board decision on 15th December 2010 to appoint 2gether NHS Foundation Trust as the preferred provider.

- Section 75 (provision) arrangements are being revised and refreshed for Mental Health (adult social care) services as part of this process; and mobilisation of the contract and transfer of services is to be completed by the 1 April 2011.

Shaun Clee, Chief Executive of 2gether NHS Foundation Trust will attend the Health Scrutiny Committee to give a presentation on this matter.

Background Papers

- None identified

Herefordshire Council

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	18 MARCH 2011
TITLE OF REPORT:	PUBLIC HEALTH WHITE PAPER - CONSULTATION
REPORT BY:	INTERIM DIRECTOR OF PUBLIC HEALTH

CLASSIFICATION: Open –

Wards Affected

County-wide

Purpose

To consider the Public Health White Paper - 'Healthy Lives, Healthy People the Government's Strategy for Public Health in England, and the supporting consultation documents.

Recommendation(s)

THAT:

(a) **the Committee notes the Government's intention to transfer responsibility for improving population health and health protection to Local Authorities, supported by the transfer of public health staff at a local level and the creation of a Public Health Service for England; and**

(b) **the Committee considers whether it wishes to submit any comments to the Executive in response to the consultation.**

Key Points Summary

- Health inequalities in England result in a large, preventable burden of ill health and costs to the NHS and society.
- Previous Government strategies for reducing inequalities in health have been largely unsuccessful.
- The Government is proposing to transfer the responsibility for improving population health from the NHS to Local Authorities as local government has greater influence over the determinants of health.
- The Government's strategy for public health services are set out in the White Paper 'Healthy Lives, Healthy People: our strategy for Public Health in England' and supporting documents.

Further information on the subject of this report is available from
Dr Sarah Aitken, Interim Director of Public Health, Tel: 01432 260668

- There are a wide range of consultation questions relating to the public health strategy with closing dates in mid to late March.
- A consultation event was held in Herefordshire on 21st February and Herefordshire Partnership and Herefordshire Public Services processes are being used to seek as wide as possible a response to the consultation questions.

BACKGROUND

1 In the Government White Paper 'Equity and Excellence: Liberating the NHS the Government announced the intention to transfer responsibility for improving population health to Local Authorities supported by the creation of a Public Health Service for England and the move of local Directors of Public Health and staff into local government. These changes will take place in tandem with the creation of GP Commissioning Consortia and Health and Wellbeing Boards at local level, and the Public Health Service in England and the NHS Commissioning Board at national level.

2 The White Paper 'Healthy Lives, Healthy People; our strategy for public health in England'was published on 30 November 2010 and set out in more detail the Government's intentions for public health services in England. The Government envisages "a new era for public health, with a higher priority and dedicated resources". The White Paper for Public Health in England is a response to Professor Sir Michael Marmot's Fair Society, Healthy Lives report which recommends a life course approach to reducing inequalities in health. The goal is "a public health service that achieves excellent results, unleashing innovation and liberating professional leadership".

3. The Government's intention is that the new approach to public health will **reach across and reach out** addressing the root causes of poor health and wellbeing, reaching out to the individuals and families who need the most support and will be:

- **Responsive** – owned by communities and shaped by their needs;
- **Resourced** – with ring-fenced funding and incentives to improve;
- **Rigorous** – professionally-led, focused on evidence, efficient and effective, and
- **Resilient** – strengthening protection against current and future threats to health.

4. The rationale for a radical shift in the way public health challenges are tackled is that while clean air and water, enhanced nutrition and mass immunisation have consigned many killer diseases to the history books, there is a need to go further and faster in tackling today's causes of premature death and illness. The Marmot Report[(3)] described in detail how people living in the poorest areas in England will, on average, die 7 years earlier than people living in richer areas and spend up to 17 more years living with poor health. They have higher rates of mental illness; of harm from alcohol, drugs and smoking; of childhood emotional and behavioural problems and of premature death and illness from avoidable disease including a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases. This preventable burden of ill health costs society and the NHS in particular, billions per year[(4].

MAKING IT HAPPEN

5 Subject to the passage of the Health and Social Care Bill, the Government plans to:

a) Enable the creation of Public Health England which will take on full responsibilities from 2012, including the formal transfer of functions and powers from the Health Protection Agency (HPA) and the National Treatment Agency for Substance Misuse (NTA);

b) Transfer local health improvement functions to local government, with ring-fenced funding allocated to local government from April 2013, and

c) Give local government new functions to increase local accountability, support, integration and partnership working across social care, the NHS and public health.

6. The formation of Public Health England will occur in alignment with changes to Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs), and the creation of the NHS Commissioning Board (NHSCB). The detailed arrangements will be set out in a series of planning letters throughout the course of 2011.

7 There will be ring-fenced public health funding from within the overall NHS budget, and early estimates suggest that the likely allocation to Public Health England could be over £4 billion. There will be ring-fenced budgets for local authorities and a new health premium to reward them for progress made against the proposed Public Health Outcomes Framework taking into account health inequalities.

8 The best evidence of evaluation will be used, supporting innovative approaches to behaviour change with a new National Institute for Health Research (NIHR) School for Public Health Research and a Policy Research Unit on behaviour and health. There will greater transparency with data on health outcomes published nationally and locally.

9 The Chief Medical Officer will have a central role in providing independent advice to the Secretary of State for Health and the Government on the population's health and will be the leading advocate for public health within, across and beyond Government and will lead a professional network for all those responsible for commissioning or providing public health.

10 Public health will be part of the NHS Commissioning Board mandate with public health support for NHS commissioning nationally and locally. There will be stronger incentives for GPs so that they play an active role in public health.

CONSULTATION DOCUMENTS

11 The Government is not consulting on the fundamental elements of its new approach to Public Health in England, but has published a number of consultation questions about specific details both in Healthy Lives, Healthy People and in the supporting documents which are:

- Healthy Lives, Healthy People: Transparency in Outcomes. Proposals for a Public Health Outcomes Framework.
- Healthy Lives, Healthy People: Consultation on the funding and commissioning routes for public health.

12 The specific consultation questions are attached in Annex A as is the closing date for the consultations.

Appendices

- Consultation Questions

Background Papers

- Healthy Lives, Healthy People: Our strategy for public health in England (www.dh.gov.uk)
- Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health (www.dh.gov.uk)
- Healthy Lives, Healthy People: transparency in outcomes (www.dh.gov.uk)

Annex A

Consultation Closing Dates and Consultation Questions

Healthy Lives, Healthy People: Our strategy for public health in England

Consultation Closing Date**:** 8th March 2011

Consultation Questions:

a) **Role of GPs and GP practices in Public Health:** Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

b) **Public health evidence:** What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

c) **Public health evidence:** How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

d) **Public health evidence:** What can wider partners nationally and locally contribute to improving the use of evidence in public health?

e) **Regulation of public health professionals:** We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health

Consultation Closing Date**:** 31st March 2011

Consultation Questions:

Question 1

Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

Question 2:

What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?

Question 3:

How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?

Question 4:

Is there a case for Public Health England to have greater flexibility in future on commissioning

services currently provided through the GP contract, and if so how might this be achieved?

Question 5:

Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?

Question 6:

Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A?

Question 7:

Do you consider the proposed primary routes for commissioning of public health funded activity (the third column) to be the best way to:

a) Ensure the best possible outcomes for the population as a whole, including the most vulnerable, and
b) Reduce avoidable inequalities in health between population groups and communities?

If not, what would work better?

Question 8:

Which services should be mandatory for local authorities to provide or commission?

Question 9:

Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

Question10:

Which approaches to developing an allocation formula should we ask ACRA to consider?

Question 11:

Which approach should we take to pace-of-change?

Question 12:

Who should be represented in the group developing the formula?

Question 13:

Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

Question 14:

How should we design the health premium to ensure that it incentivises reductions in inequalities?

Question 15:

Would linking access to growth in health improvement budgets to progress on elements of the Public

Health Outcomes Framework provide an effective incentive mechanism?

Question 16:

What are the key issues the group developing the formula will need to consider?

Healthy Lives, Healthy People : Transparency in Outcomes:

Consultation Closing Date: 31st March 2011-01-05

Consultation Questions:

Question 1:

How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?

Question 2:

Do you feel these are the right criteria to use in determining indicators for public health?

Question 3:

How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

Question 4:

Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

Question 5:

Do you agree with the overall framework and domains?

Question 6:

Have we missed out any indicators that you think we should include?

Question 7:

We have stated in this document that we need to arrive at a small set of indicators than we have had previously. Which would you rank as the most important?

Question 8:

Are there indicators here that you think we should not include?

Question 9:

How can we improve indicators we have proposed here?

Question 10:

Which indicators do you think we should incentivise through the health premium? (Consultation on

how the health premium will work will be through an accompanying consultation on public health finance and systems).

Question 11:

What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

How well do the indicators promote a life-course approach to public health

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	18 MARCH 2011
TITLE OF REPORT:	RESPONSE TO SCRUTINY REVIEW OF GENERAL PRACTITIONER (GP) SERVICES
REPORT BY	INTERIM DIRECTOR OF PUBLIC HEALTH

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider an update on progress in response to the recommendations made in the Scrutiny Review of GP Services.

Recommendations

THAT

(a) progress in response to the findings of the scrutiny review of GP Services be noted, subject to any comments which the Committee wishes to make;

and

(b) the Committee considers whether it requires any further progress reports to be made.

Background

1. On 1 March 2010 this Committee approved the findings of the Scrutiny Review of the GP Services.

2. The Committee agreed that the response to the Review be reported to the first available meeting of the Committee and consideration be given at that meeting to the need for any further reports to be made.

3. On 18 June 2010 the Committee considered the response to the review, compiled from feedback from NHS Herefordshire, PCT Directors and Associate Directors of Integrated Commissioning.

4. The Committee agreed, amongst other things, that the response be noted subject to the Sustainable Communities Director being invited to reconsider and strengthen his

response on rurality and transport co-ordination; the Local Medical Committee be invited to comment on the response by NHS Herefordshire to the Review (the Secretary to the Local Medical Committee subsequently commented that in his view the responses of NHS Herefordshire were on the whole fair and reasonable and would have the support of GPs.); and 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.

5. It was intended that the issues relating to rurality and transport co-ordination referred to above would be considered as part of the report made to the Committee on access to services in November 2010. However the Committee agreed in November that a further report be made including information on access, based on distance, to GPs, Community Hospitals, Hereford Hospital and other specialist hospitals out of the County to enable the Committee to understand how the difficulties of distance are overcome or mitigated to ensure appropriate attention at health facilities and that further information be provided to the Committee on the proposed level of future support for community transport and how any reduction would affect the access to health care. These issues remain on the Committee's work programme.

6. An appendix to this report setting out progress in response to the recommendations in the scrutiny review will be circulated separately.

BACKGROUND PAPERS

- None

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	18 MARCH 2011
TITLE OF REPORT:	INTERIM HEREFORD HOSPITALS NHS TRUST UPDATE – STROKE SERVICES AND QUALITY ACCOUNTS
REPORT BY:	CHIEF EXECUTIVE OF THE TRUST

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To receive an interim update from the Trust on Stroke Services and consider the Committee's role in commenting on the Trust's Quality Account.

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.

Stroke Services

2. In January, in considering the Trust's update, the Committee agreed that a fuller report on stroke care provision and the arrangements for the use of Hillside Intermediate Care Centre for specialist stroke care and specialist rehabilitation should be made to the next meeting, together with assurance that the needs of those who previously would have received intermediate care at the Centre would be appropriately met.

3. A report is attached at Appendix 1

Quality Account 2010/11

4. A report on the preparation of the Quality Account 2010/11 and the Committee's role in commenting upon the document is attached at Appendix 2.

Background Papers

- None identified.

Further information on the subject of this report is available from
Martin Woodford, Chief Executive, on (01432) 364000

APPENDIX 1

HEALTH SCRUTINY COMMITTEE MEETING
18th MARCH 2011

STROKE SERVICES UPDATE REPORT
HEREFORD HOSPITALS NHS TRUST

1) Introduction

This report provides committee members with an update on the progress made to deliver improved stroke care to local residents.

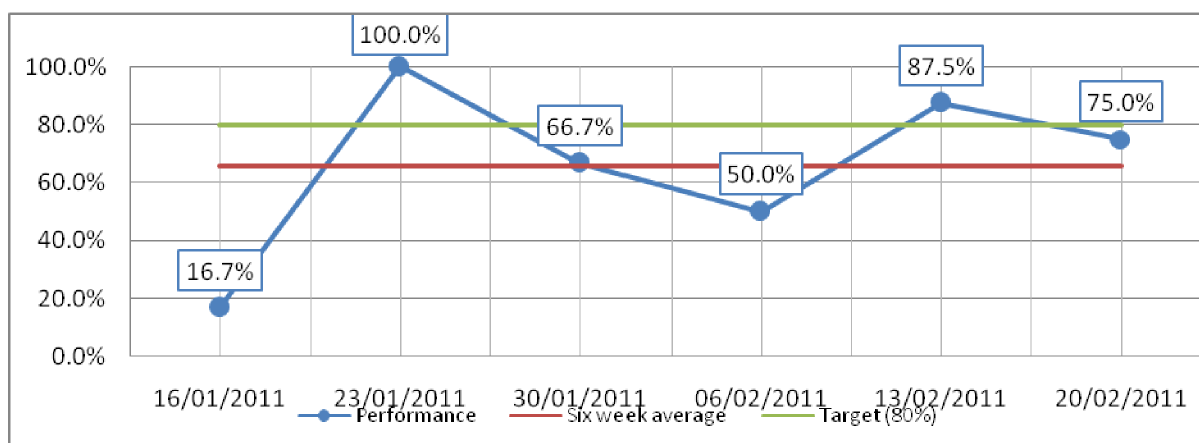
2) Acute Stroke Care

The Hereford Hospitals NHS Trust (HHT) continues to support and develop improvement plans for acute stroke care. The key elements of this plan and progress against it are indicated below:-

- Appointment of 2nd stroke consultant
  - Advertised March 2011
- 24/7 Stroke thrombolysis
  - In place from 23 February 2011.
  - Potentially benefiting 3 to 4 patients per month who present out of normal working hours
- Increased bed numbers on Acute Stroke Unit
  - Increased from 10 to 12 beds from January 2011
- Increased direct admissions to ASU
  - Reviewed stroke pathway introduced from 4 January 2011 improving patient flow and communication

Recent data measured against the Stroke Vital Signs indicates an improvement in patient stay on the specialist Acute Stroke Unit.

Vital Signs Stroke Patients spending 90% of stay on Stroke Ward (by week of discharge)



3) Stroke Rehabilitation

The development of the Hillside Centre as a Stroke Rehabilitation Unit continues. Progress made recently includes:-

- Recruitment of the first group of additional nurses, with more nurse and re-ablement assistant posts out to advert
- Recruitment of a specialist dietician
- Specialist therapists posts out to advert with close integration of the rehabilitation and community therapy teams underway
- The use of agency therapist posts as an interim measure is being considered
- The formation of an "operational team" at Hillside to co-ordinate patient care.
- Multi-disciplinary patient review involving clinicians, nurses and therapists

As of now, up to 8 stroke rehabilitation patients can be accommodated at Hillside at any one time. The numbers of patients will increase as additional nursing and therapy staff are recruited and trained.

4) Transient Ischaemic Attack (TIA) Service

Progress in delivering improvements against the TIA element of the Stroke Vital Signs remains challenging. The objective aim is that all "high risk" TIA patients are seen and treated within 24 hours of first contact with a healthcare professional, with a national expectation that this will occur in 60% of cases. Additional measures now in place to work towards this are:-

- Five Consultant Physicians now trained and prepared to offer urgent TIA appointments (an increase of 4 on the previous report)
- Increased vascular technician time to provide one stop diagnostic ultrasound
- Advancing discussions with colleagues in Worcester to provide a 6 day and ultimately a 7 day TIA service

However, there are still additional hurdles to overcome. Analysis of TIA referrals between April 2010 and February 2011 (128 patients) shows that:-

- Only 72% of TIA referrals are received at HHT within 24 hours of first contact with a healthcare professional
- Up to a quarter of "high risk" TIA patients declined an appointment on the same day, preferring to come on a later date
- Over 50% of "high risk" patients have received an appointment offer within 24 hours over the last 3 months, an increase on the average of 33% in the preceding 8 months

The focus is to reduce the time from first contact, referral and appointment and the views from colleagues in general practice are being sought on how this may be achieved. Local media involvement is being considered to raise public awareness on recognising stroke symptoms.

Tim Tomlinson
Director of Nursing & Operations,
Hereford Hospitals NHS Trust

APPENDIX 2

HEALTH SCRUTINY COMMITTEE MEETING
18th MARCH 2011

QUALITY ACCOUNT 2010/11 REPORT
HEREFORD HOSPITALS NHS TRUST

1) Introduction

This report provides committee members with an update on the current situation with the Quality Accounts 2010/11.

All NHS Providers are required to produce annual Quality Accounts; last year was the first year when all acute providers had to do so and members of the Committee will recall meeting to scrutinise it before submission to the Department of Health. This year we are seeking wider engagement earlier in the process, including with the required commentators such as the Health Scrutiny Committee. We are required to send a copy of the Quality Account to the Health Scrutiny Committee, Primary Care Trust and LINk by 30th April 2011, after which, they have up to 30 days to comment. All comments received will be included in the submitted report which must be sent to the Department of Health not later than 30th June.

2) Recommendation

This year, the timeline will present a specific problem due to the Council elections taking place in May. Much of the report has to be written in April when we have the end of year data but we are able to start forward planning. The Trust would recommend:-

- An organised workshop event for Health Scrutiny Committee members week commencing 18th April 2011 (this will enable timely access to required data)
- Draft Quality Accounts to be forwarded to existing Health Scrutiny Committee members for comment
- The Health Scrutiny Committee Chair to 'sign off' final Quality Accounts

The Trust would like to seek guidance from the Committee on how we and they might discharge this responsibility.

3) Background

The Quality Account is perceived as a means for Trusts to:-

- Demonstrate the organisation's commitment to continuous, evidence-based quality improvement across all services
- Set out to patients where we will and need to improve
- Receive challenge and support from local scrutineers on what we are trying to achieve
- Be held to account by the public and local stakeholders for delivering quality improvements

In the coming year HHT and Herefordshire PCT Provider Services will be coming together as an integrated care organisation. The 'forward looking' section and goal setting, therefore, needs to reflect the new organisation rather than the current one. We have already, in the process of developing plans for the ICO, had a significant amount of engagement with the public and other stakeholders from which we know many of the issues that matter to people in health services. A common theme is 'get the basics right' and this will be one of our primary drivers for sustaining and improving quality as it also work well across the whole

spectrum of acute and community services. This means monitoring and taking actions to reduce things like:-

- Pressure sores
- Falls with injury
- Inadequate fluid intake
- Catheter related infections

We will also continue to work on specific areas such as stroke care, which was a priority last year, but where although there have been improvements put in place there is still significant improvement to make.

As well as priorities highlighted in the Quality Account, we will be continuing to monitor a wide range of quality issues and focusing overall on reducing avoidable mortality and avoidable harm. These, and the basic care issues, will be brought together in a targeted improvement program using National guidelines which we are calling 'Putting People First'. If members of the Committee have other areas, than those mentioned, we will be happy to consider putting those in the programme. Any suggestions should be sent to Dr Alison Budd, Medical Director at alison.budd@hhtr.nhs.uk.

Alison Budd
Medical Director
Hereford Hospitals NHS Trust

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	18 MARCH 2011
TITLE OF REPORT:	NHS HEREFORDSHIRE UPDATE
REPORT BY:	CHIEF EXECUTIVE OF THE TRUST

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To receive an update from the Trust.

Introduction and Background

1. Health Trusts are asked to provide regular reports to update the Committee on key issues. A report is attached.

Background Papers

- None identified.

Further information on the subject of this report is available from
Dr Sarah Aitken, Interim Director of Public Health on (01432) 260668

Herefordshire Council

NHS Herefordshire

HEALTH SCRUTINY COMMITTEE MEETING
18 MARCH 2011

CHIEF EXECUTIVE'S UPDATE REPORT
NHS HEREFORDSHIRE

1. Health Improvement

1.1 Introduction

As part of its current programme of work, the Health Scrutiny Committee has looked at work aimed at improving population health with a particular focus on Smoking and Alcohol, and Diet and Physical Activity.

This report is intended to provide an update report to the Health Scrutiny Committee. It looks at progress and achievements to date in relation to improving the health of local people, and the development and implementation of strategic plans for population health improvement, focusing on Smoking, Alcohol, Diet and Physical Activity. It identifies areas where work is continuing including areas where more work is needed and looks forward to the next steps that need to be taken in future years in order to achieve real improvements in population health and to reduce health inequalities affecting local people.

1.2 Background

In general, people in Herefordshire enjoy relatively good health. However, despite this, too many people suffer avoidable ill health or die prematurely from preventable conditions. In addition to the resulting unnecessary suffering for individuals and their families and carers, this also leads to unnecessary time off school or work and avoidable costs for society (for example, spending on health and social care, benefits payments, lost productivity for businesses).

During 2010/11 the Public Health Directorate has led on the development of a new Population Health Improvement Plan (HIP) for Herefordshire. At the beginning of this process there were no existing strategic population health improvement plans in place locally from which the 2010/11 HIP could be developed. The process of developing a local HIP therefore had to start from scratch.

1.3 Overview of the 2010/11 Population Health Improvement Plan

The aim of the HIP is to create a single strategic plan for improving population health and preventing avoidable illness and early death in Herefordshire. The HIP identifies, and brings together into a single plan, nine priority areas which influence the main causes of avoidable illness and premature death in Herefordshire, namely:

- Smoking;
- Alcohol;
- Diet;

- Physical activity;
- Oral health;
- Infectious diseases;
- Sexual health, including teenage pregnancy;
- Accidents and injuries;
- Mental wellbeing.

Each section is structured to include the wide range of actions required to improve health using the following framework:

- Encouraging a healthy start in life;
- Reducing exposure to risk factors;
- Enforcement and ensuring a supportive environment;
- Inequalities;
- Advocacy;
- Early diagnosis and treatment.

1.3.1 The importance of the underlying wider determinants of health

Because of the fundamental influence of wider determinants such as socio-economic and environmental factors on population health, the 2010/11 HIP is not limited to health services and attempts to capture existing and proposed activity across a wide range of partner organisations. Where possible, the HIP also identifies how existing work is funded and sources of funding for new and proposed activities.

It is important to recognise that both the development and the implementation of the HIP has involved, and continues to require, joint working across a wide range of partners. Health is about much more than expecting individuals to adopt a more healthy lifestyle by giving them information or education. Whilst this has a role, we also need to make sure that people are encouraged and supported towards better health by the community, their surroundings and environment in which they live and work. Crucially, it is important to recognise the role of the wider socio-economic and environmental determinants (the "causes of the causes") which underpin health and to work with partners who have influence over these determinants in order that action is taken to address them.

1.4 Progress to date

Section 1.4.1 looks at recent achievements in population health improvement as a whole. The rest of section 4 reviews progress in relation to developing and implementing the 2010/11 HIP, looking in turn at what we have achieved to date, areas that we are still working on and areas where work hasn't progressed as much as we would have liked, but which are still priorities.

This section focuses on the topic areas within the the HIP that the Health Scrutiny Committee has looked at over the past year ie: smoking, alcohol, diet and physical activity. However, a short update on oral health has also been included here following the Committee's recent consideration of access to services which included some discussion of both access to dental services and population oral health.

1.4.1 Recent key population outcome achievements

All Cause Mortality

Males: all cause mortality has dropped by 8.5% from baseline rate of 656.4 per 100,000 population (2006-08) to 600.8 per 100,000 population in 2009.

Females: all cause mortality has dropped by 3.8% from baseline rate of 430.3 per 100,000 population (2006-08) to 413.9 per 100,000 population in 2009.

Coronary Heart Disease

Coronary Heart Disease mortality has dropped by 7.8% from baseline rate of 79.2 per 100,000 population (2006-08) to 73.0 per 100,000 population in 2009.

Circulatory Diseases

Circulatory Diseases mortality has dropped by 3.9% from baseline rate of 61.8 per 100,000 population (2006-08) to 59.4 per 100,000 population in 2009.

Cancer

Cancer mortality has dropped by 0.6 % from baseline rate of 103.7 per 100,000 population (2006-08) to 103.1 per 100,000 population in 2009.

Land Transport Accidents

Land Transport Accidents mortality has dropped by 17.1% from baseline rate of 11.7 per 100,000 population (2006-08) to 9.7% per 100,000 population in 2009.

(NB; the rates are based on very small numbers, therefore significant drop should be interpreted cautiously. It may not be sustainable as only a few fatal accidents can avert the course of success.)

Life Expectancy at Birth

Male: Life Expectancy has increased by 0.6% from baseline of 78.1 years (2005-07) to 78.6 years in 2006-08.

Females: Life Expectancy has increased by 0.5% from baseline of 83 years (2005-07) to 83.4 years in 2006-08.

MMR Uptake

MMR Uptake rate has increased by 6.4% from 73.9% (in 2007-08) to 81.3% (in 2009-10).

Chlamydia Screening

Chlamydia screening uptake rate has increased by more than fivefold from 4.3% (in 2007-08) to 23.2% (in 2009-10).

1.4.2 Overall progress

During 2010/11 a "baseline" HIP was completed as planned. This has been an iterative process resulting in a "live" HIP document which will form a sound basis for future plans. This process has brought together existing initiatives and new ideas for action together into a structured plan covering the nine priority areas listed above.

A prioritisation process has also been undertaken to identify priority areas for action within each section of the HIP. This identified 'best buys' and key target groups where efforts should be focused in order to achieve maximum population health gain including the regional QIPP priorities on alcohol and tobacco.

Work to develop and implement the HIP has involved and engaged a range of local partners. This process has helped to foster a greater shared understanding locally that

health is everyone's business and that everyone has a part to play in working towards achieving good health and wellbeing for the whole population.

1.4.3 Smoking

Achievements to date

- Implementation of a new hub and spoke model for the Stop Smoking Service. This has involved a changed role for the Stop Smoking Team (Specialist Stop Smoking Service) which now focuses primarily on providing training and support for a network of Stop Smoking providers across the county along with specialist stop smoking advice for smokers with more complex needs and for groups of quitters.
- New management arrangements have been put in place for the Specialist Stop Smoking Team.
- A Service Specification for the Specialist Stop Smoking Service has been developed.
- Continued development of a network of trained Stop Smoking advisers across the county in GPs practices, pharmacies, HALO leisure centres.
- Implementation of stop smoking database within the "hub".
- Stop Smoking providers trained in HALO leisure centres across the county.
- Service Level Agreements agreed with HALO and pharmacies.
- Inclusion of briefing intervention for smoking within 2011/12 CQUIN.
- Pilot completed for provision of Stop Smoking advice in a local dental practice and development of an SLA for this new service provider.
- Development of a workplace-based stop smoking pilot scheme with local employer Amey Herefordshire, as part of the national Healthy Places, Healthy Lives programme.
- Training provided for staff in brief intervention, including HHT and community health staff as part of 2010/11 CQUIN.
- Established a multi-agency Smoking Strategy (Tobacco Alliance) Group.

Ongoing areas of work

- Continuing development of a network of trained Stop Smoking advisers across the county in GPs practices, pharmacies, HALO leisure centres.
- Roll-out of database to "spoke" providers.
- Promotion of new "hub and spoke" model.
- Develop and implement local communications/social marketing plans based on national campaigns eg Quit Kit, No Smoking Day.
- Further roll-out of workplace-based stop smoking.
- Implement a Local Enhanced Service to increase provision of smoking cessation services in primary care (GP LES).
- Further movement towards formal commissioner/provider relationship with Specialist Stop Smoking Service.
- Development of further capacity in brief intervention in range of settings/providers including secondary care.
- Implementation PGD and staff training for varenicline.

Priority areas where progress has not yet been made

- Develop further workplace-based smoking cessation activities, building on the Healthy Places, Healthy Lives pilot including within NHSH and HC.
- Delivery of smoking prevention and cessation interventions in schools.

1.4.4 Alcohol-related harm to health

Achievements to date

- Inclusion of IBA (brief intervention for alcohol) in 2011/12 CQUIN.
- Training programme established for IBA.

Ongoing areas of work

- Develop primary care LES for alcohol services and service model for Level 2 primary care based alcohol service.
- Increase capacity and provision of structured brief interventions (IBA) on alcohol in primary and secondary care and in locality settings.
- Provision of advice and treatment for harmful alcohol consumption, ensuring adequate capacity within existing specialist alcohol services to meet additional demand resulting from the structured brief interventions.
- Case management of frequent admissions due to alcohol.
- Undertake a needs assessment/service review of specialist alcohol services.
- Alcohol liaison nurse to identify and manage patients frequently admitted to hospital due to alcohol (including providing family support) – supported by new alcohol admissions database.

Priority areas where progress has not yet been made

- Develop a service specification for the delivery of IBA in secondary care.
- Building on existing good practice in the delivery of social marketing interventions for young people.
- Evaluate the impact of existing social marketing campaigns and look to identify future funding opportunities.

1.4.5 Healthy diet and physical activity

Achievements to date

- Launch of local Change for Life programme.
- Pilot of NHS Health Checks programme in local GP practices implemented.
- Local implementation of national Healthy Start programme.
- Completion of a number of MEND and post-MEND programmes for overweight children.

Ongoing areas of work

- Continued promotion and roll-out of Healthy Start.
- Implementation of Start4Life and the Unicef Baby Friendly initiative.
- Build on local Change4Life programme including promoting of Ten Top Tips.
- Evaluation of interventions to manage and support children who are overweight and obese to lose weight, including MEND programme.
- Increase opportunities for physical activity including opportunities for walking, cycling and dancing.
- Increase the provision of lifestyle coaching support through development and implementation of a new Health Trainer service specification.
- Development of obesity care pathway to identify, manage and support people who are overweight or obese.
- Development of a children's obesity care pathway.
- Evaluation of pilot of NHS Health Checks programme.
- Roll-out of NHS Health Checks (depending on outcome of evaluation.

Priority areas where progress has not yet been made

- Launch the middle-age strand of Change4Life.
- Increase workforce capacity to deliver healthy lifestyle advice and support.
- Develop further local social marketing plans based on C4L.
- Develop care pathways to increase physical activity for those identified as at low/medium or high risk of cardiovascular disease from the NHS Health Checks programme, based on the Let's Get Moving programme.

1.4.6 Oral Health

Achievements to date

- Implementation of Herefordshire "Brushing for Life" programme (fluoride toothpaste/toothbrush distribution to pre-school children, delivered by Health Visitors).
- Implementation started of school-based supervised toothbrushing programme for nursery and reception children.
- Work with local dental practices to increase the use of fluoride varnish
- Completion of training programme in oral health and the application of fluoride varnish for a cohort of local dental nurses.
- Provision of educational update for dental team staff as part of the local post-graduate programme.

Ongoing areas of work

- Further roll-out of the school-based supervised toothbrushing programme for nursery and reception children.
- Continue work with local dental practices to increase the use of fluoride varnish.
- Establish mechanism for ongoing provision of Brushing for Life programme and supervised school-based toothbrushing programmes.

Priority areas where progress has not yet been made

- Establish mechanism for ongoing monitoring of prevention in practice including provision of fluoride varnish as part of routine contract monitoring.
- Promote key oral health messages via communication/social marketing campaigns.
- Increase awareness of oral cancer.
- Explore options for provision of general health improvement, eg stop smoking within dental practices.

1.5 What priorities have we identified for 2011/12 – 2012/13?

It is important that local plans for health improvement are updated in line with local needs and in the context of local and national policy.

1.5.1 Priorities

The following key issues are highlighted in the 2010 JSNA and remain priorities for 2011/12 onwards:

- smoking remains the single most important cause of avoidable ill-heath and premature death;
- rates of alcohol-related hospital admissions are increasing;

- 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.

These priorities need to continue to be reflected in the updated plans for 2011/12 onwards. In addition, since the 2010/11 HIP was developed, fundamental changes to public services, including to the delivery of health services, local services and public health have been introduced including the NHS and the Public Health White Papers.[1, 2] Some of the funding streams identified in the 2010/11 HIP have been reduced or withdrawn. The impact of these changes and the current financial challenges will need to be considered in the development of the future HIP.

1.5.2 Herefordshire localities

Future plans for health improvement need to be closely aligned to localities agenda in Herefordshire, both in terms of identifying the health needs of local communities and in implementing initiatives to address these needs.

1.5.3 Economic climate

The potential of preventative health approaches to deliver significant cost-savings to both the NHS and wider public services is increasingly being recognised There will, however, continue to be a need to keep this under review and to ensure that the system as a whole delivers the most clinically and cost-effective interventions to ensure we are maximising value for money, and making real progress in reducing the burden of preventable disease in the Herefordshire population.

1.6. Summary and next steps

Most of the major causes of ill-health and mortality in Herefordshire are influenced by lifestyle behaviours including smoking, diet and physical activity. A range of simple, affordable and cost-effective interventions have the potential to improve population health in Herefordshire significantly and include:

- identifying and treating hypertension, high cholesterol levels and diabetes at an early stage for example via NHS Health Checks programme;
- supporting smokers to quit;
- supporting people who are overweight or obese to lose weight and
- reducing tooth decay in children by promoting appropriate use of fluoride toothpaste and professionally-applied fluoride varnish.

It will be important that these (and other) simple measures continue to feature in our plans for population health improvement and that these are implemented on an "industrial scale" if we are to have the greatest impact on population health and great potential for saving future health and social care costs.

The 2010/11 HIP has provided a foundation for the development of future health improvement plans. In order to build on the current HIP and develop comprehensive plans for health improvement during 2011/12-2012/13, the priorities identified in sections 4.1 and 4.2 will need to be reviewed in the light of local needs as identified, for example, in the JSNA. The updated plans will also need to take account of emerging new structures for the delivery of services across the public, private and third sectors,

[1] Equity and excellence: liberating the NHS
[2] Healthy lives, healthy people: our strategy for public health in England

including new structures within local government (including the introduction of a Health and Wellbeing Board), the NHS and new arrangements for the delivery of public health. A life-course approach is recommended as this would build on the conceptual framework used in the 2010/11 HIP and be aligned to the national approach to health improvement and reducing health inequalities outlined in the Marmot Review.[3]

2. Finance

2.1 In year financial position 2010/11

A verbal update on the February financial position will be given to the Health scrutiny committee as the date for submission of this paper was prior to the February financial position being available. The January financial position of the PCT reported a £2.9m over performance on the Hereford Hospitals NHS Trust contract. This over spend was attributable to the high levels of usage of the A&E department, the number of emergency admissions and expenditure on high cost drugs.

Other cost pressures at month 10 are primarily a result of an increase in the level of continuing health care packages which results in a forecast overspend of £3.4m. This is despite an additional £2m investment in 2010/11 and cumulatively c£6.8m additional investment since 2007/08. However it is important to note NHSH is ranked 11th highest in terms of activity nationally and 5th highest per 10,000 population. Despite significant cost pressures NHSH will have delivered its cost improvement target and anticipates achieving all of its statutory financial duties by 31st March 2011.

2.2 2011/12 Budget

Historically, NHSH has had a sound history of financial management achieving all statutory targets and delivering planned surpluses. However the limited level of growth in NHS budgets combined with a growth in service demand and the key local issue of an aging population will mean that Health and Social Care resources will be constrained in Herefordshire for the next 4-5 years. Sound financial management will be essential for enabling Herefordshire Public Services to improve and maintain services for patients, service users, carers and communities.

In 2011/12 NHSH will receive an uplift of 3.1% which equates to an £8.6m increase making the NHSH total accountable spend for next year £290m. In 2011/12 there will be no automatic capital allocation for PCTs, with necessary capital funding for PCTs being granted on a case by case basis. This represents a fundamental change in funding which previously was consisted of both a block capital allocation and bidding process. Figure 1 shows the makeup of Herefordshire 2011/12 allocation with figure 2 outlining the distribution of financial resources across the Herefordshire Health and Social Care Economy.

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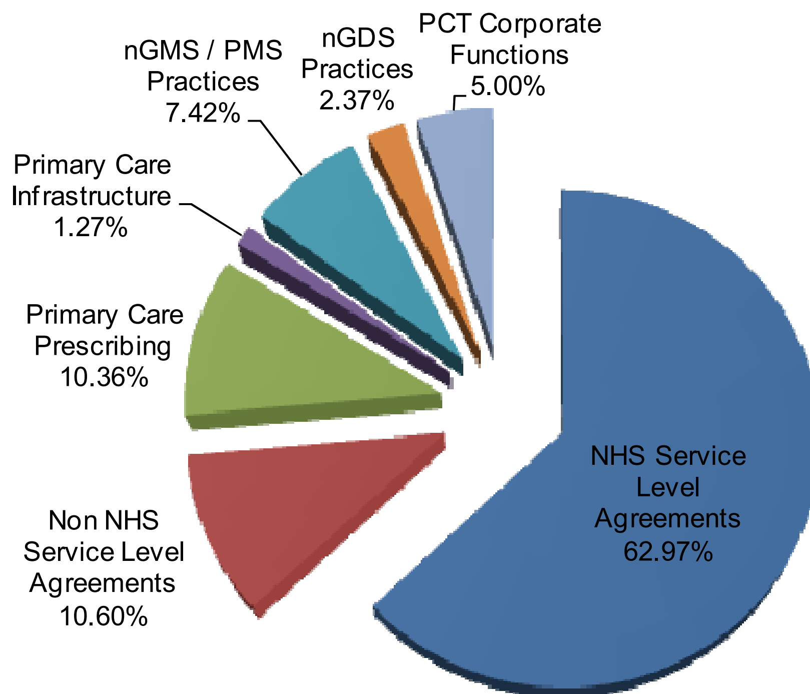
[3] The Marmot Review: Fair Society, Healthy Lives.

Figure 1.NHS Herefordshire Resource Allocation 2011/12:

Total 2011/12 Revenue Allocation			Composition of Total Allocation			Growth in Recurrent Allocations Plus Growth in Non Recurrent Allocations £000's	Recurrent Allocations		
Total Revenue Allocation £000's	Growth in Total Revenue Allocation £000's	Growth in Total Revenue Allocation %	Recurrent Allocation £000's	Non Recurrent Allocation £000's	Support for Joint Working Between Health and Social Care £000's		Growth in Recurrent Allocations %	Distance from Target %	Distance from target £000's
289,677	8,614	3.1%	274,490	12,280	2,368	6,246	2.2%	-2.8%	-8,000

Figure 2. Percentage distribution of NHSH Resource Allocation:



The West Midlands Strategic Health Authority will top slice 2% or £5.3m from this allocation to create financial flexibility and to create headroom to support change. Provision for a 2% non recurrent top slice was made recurrently in 2010/11. NHSH will be required to submit business cases to the SHA in order to release our funding. It is envisaged that the top slice will be used to support restructuring costs. Additionally NHSH is required by the SHA to plan for a surplus of £250k and set aside a 1% contingency fund of £2.7m.

In 2011/12 £2.3m of non recurrent funding will support joint working between Health and Social Care. This £2.3m will be transferred to Herefordshire Council to invest in Social Care services that will benefit Health and improve overall Health gain. A joint plan will be developed that outlines appropriate areas for Social Care investment and the

outcomes that will be expected from this investment. An extra £4.8m is also being invested in continuing care, special placements and free nursing care to close the current funding gap at current activity levels.

Finally it is anticipated that growth in service demand will mean that there will be financial pressures on NHS contracts of £10.9m with other factors, such as inflation uplift, Practice Based Commissioning savings liability, cancer drugs fund and GP consortia development adding further pressure of £3.1m.

Overall this means that NHSH is facing costs pressures of £14.35 in 2011/12. A base budget contribution and the return of the contingency will give NHSH a funding gap of £11.0m in 2011/12. Quality, Innovation, Productivity and Prevention (QIPP) plans have been developed to deliver £10.8m have been developed to, in conjunction with management of the year end, close this funding gap. Figure 3 summarises this position.

Figure 3. Summary of factors contributing to NHSH funding gap:

Source	**Amount £m**
3.1% Uplift in total revenue allocation	8.6
Application	**Amount £m**
Transfer of Health Budgets to Social Care	-2.3
1% Contingency	-2.7
Delivery of in year surplus	-0.25
Demand Pressure on NHS Contracts	-10.9
Investment in continuing care, special placements and free nursing care	-4.8
Other	-2.0
Cost Pressure	**-14.35**
Base budget contribution	0.6
Add back contingency	2.7
Funding Gap	**11.0**
Planned QIPP Savings	10.8
Year end management	0.25
Funding Gap to be closed	**0**

It can be seen from figure 3 that the delivery of the Quality, Innovation, Productivity and Prevention (QIPP) savings, realised through the implementation of the transformation programme outlined in this strategy, will be critical for maintaining the financial sustainability of the Herefordshire Health and Social Care Economy. Figure 4 shows the NHSH Quality, Innovation, Productivity and Prevention (QIPP) savings Schedule for 2011/12 through to 2014/15

Figure 4 NHSH Quality, Innovation, Productivity and Prevention (QIPP) Schedule for 2011/12 through to 2014/15:

QIPP Initiative	Amount £m
Planned Care	1.64
Care Pathways	1.77
Management Costs	1.30
Urgent Care	0.27
Medicines use and procurement	1.40
Right Care	1.37
Intermediate care and reablement	1.20
Mental Health	1.00
Other	0.90
Total QIPP Savings	**10.8**

Ultimately, if efficiencies cannot be driven out of the health and social care system and demand continues to increase then investment in those interventions which have the least health benefit will have to be further reduced so that resources can be diverted to increase the capacity of essential services.

3. Performance

NHS Herefordshire currently monitors 79 performance indicators on a regular basis to provide assurance that the care delivered in the county is of the highest quality. In 2010/11 these indicators highlighted a number of areas for improvement, these included:

- Stroke Care
- Ambulance response times
- Cancer diagnostics waits
- Immunisation
- Chlamydia screening

Action plans have been put in place to rectify these issues and in many areas improvements against performance targets are being delivered. Additionally in a number of areas NHS Herefordshire is performing better than target these include:

- 18 week waits for elective care
- Cancer referral to treatment waiting times
- Access to maternity services
- People supported to live independently
- Breast feeding coverage

4. NHS Clusters

NHS Clusters have been developed to maintain the strength of the commissioning system in light of the significant financial challenges ahead. NHS Herefordshire is part of the West Mercia Cluster which also includes Worcestershire and Shropshire PCTs. The primary aim of Clusters is to maintain and improve the quality and safety of services across their areas through the commissioning and contracting process. The key developments in this area will be:

- Work with Cluster colleagues to design a regional planning process which supports GP Consortia in their commissioning role
- Establish a methodology for coordinating initiatives aimed at managing the supply and demand for health care services across the Cluster
- Develop local quality, innovation, prevention and productivity (QIPP) plans and integrate these into a cluster wide approach to securing quality improvement and delivering cost improvements
- Explore opportunities for centralising some functions
- Design and implement a Cluster wide plan for the closedown of PCT's in 2013
- Work with West Midlands Specialist Commissioning Group in supporting the transition of specialised services to the NHS Commissioning Board

5. GP-Led Commissioning Consortium - Herefordshire

- All 25 Herefordshire practices (including the Walk In Centre) are expected to join a single county-wide Consortium, which has been granted national first wave Pathfinder status, the aim of which is to empower pioneering groups of GP practices.

- A Transition Steering Group has been established to complete the necessary background work, e.g. communication with key partners, Terms of Reference, testing design concepts and participation in learning networks.

- A Vision Event took place in January 2011 to begin the process of formulating the Consortium's commissioning strategy and priorities.

- Elections have taken place for GP and Practice Manager colleagues to take up key posts within the Consortium, i.e. Chair, Deputy Chair, GP leads for finance/contracting and GP lead for governance/clinical, Practice Manager representative. Results are expected to be announced during March 2011.

- The elected leads will as a first priority work with the PCT Board to align key staff to the Consortium. Further national HR guidance is awaited.

- From April 2013 GP Consortia will take full responsibility and PCTs will be abolished. However, from April 2011 the Herefordshire GP-led Commissioning Consortium will be a subcommittee of the Herefordshire PCT Board, with a scheme of delegation and work plan towards full establishment by April 2013.

- For 2011/12 it is proposed that the Consortium take delegated responsibility from 1 April for the primary care prescribing budget, high cost drugs budget and contract with the Integrated Care Organisation. From 1 October 2011 it is proposed that the Consortium would take delegated responsibility for the contact with the new mental health provider.

- The Consortium will be a member of the proposed health and social care community QIPP delivery mechanism.

Chris Bull
Chief Executive
NHS Herefordshire

MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	18 MARCH 2011
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 Democratic Services 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.

Further information on the subject of this report is available from
Tim Brown Committee Manager (Scrutiny) on 01432 260239

Background Papers

- None identified.

Health Scrutiny Committee Work Programme 2010/11

The agenda will be based on:

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

Items suggested for future consideration	• Further report including information on access, based on distance, to GPs, Community hospitals, Hereford Hospital and other specialist hospitals out of the County to enable the Committee to understand how the difficulties of distance are overcome or mitigated to ensure appropriate attention at health facilities; • Population Health- further information on the proposed level of future support for community transport and how any reduction would affect the access to health care • Population Health – Health Issues relating to housing • Population Health - health and wellbeing of older people • Consideration of consultations as appropriate • Quality Accounts • Mental health Services – any proposals to substantially vary services • an update on dental health care of children in the County when the results of the next National Surveys were published (Next survey of five year olds due in 2011/12 and next survey of 12 year olds in 2012/13. • a report on the outcome of a review of the mental health procurement exercise to see what lessons can be learned from this exercise.

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. (Report on use of Centre made in September 2010.)
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.

Appendix 2

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;	
		(b) the Local Medical Committee be invited to comment on the response by NHS Herefordshire to the Review;	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.
		(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 on agenda for March 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 made in 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 made in 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	Report scheduled for January 2011.
		(d) a structure chart showing the various bodies involved in the integration programme should be circulated to all Members.	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.
20 September 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.**	
20 September 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 scheduled for March 2011.
20 September 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.**	Circulated 18 November

Appendix 2

Date	Item	Resolution	Commentary
22 November 2010	Population Health – Access to Health Services	**RESOLVED:** **That (a) a further report be made to the next meeting including information on access, based on distance, to GPs, Community Hospitals, Hereford Hospital and other specialist hospitals out of the County to enable the Committee to understand how the difficulties of distance are overcome or mitigated to ensure appropriate attention at health facilities;**	Report proposed to be made in summer 2011
		(b) further information be provided to the Committee on the proposed level of future support for community transport and how any reduction would affect the access to health care;	Report proposed to be made in Summer 2011
		(c) a briefing note be provided giving assurance that in pursuit of more integrated working the joint needs of health and social care were being fully taken account in the work being pursued to improve broadband coverage for the County, including, for example, the need for satellite GP surgeries to have access to Broadband;	Note circulated 14 January
		(d) NHS Herefordshire be requested to	

Date	Item	Resolution	Commentary
		issue a press release making clear that it was intended to retain some form of provision at Belmont once a permanent Walk In Centre was operational adjacent to the Accident and Emergency Unit; (e) **NHS Herefordshire or the Council should be recommended to include a question on access to private dental care in one of their forthcoming surveys; and** **(f) updates be provided on dental health care of children in the County when the results of the next nationally co-ordinated Surveys were published.**	Report in Hereford Times – 2 December There should be relatively few surveys forthcoming imminently but consideration will be given by the Research Team to whether there is an appropriate survey for such a question. Logged in Work Programme
22 November 2010	Herefordshire Service Integration Programme	**That (a) the themes set out in the report arising from the Member seminar held on 30 September 2010 form the basis of the Committee's formal response to the consultation exercise emphasising the importance that the proposals were sustainable in terms of cost;** **(b) a further report be made to the Committee in January 2011 describing**	Views of Committee registered. Report Made

Date	Item	Resolution	Commentary
		the overall engagement process, the responses and any changes made to the proposed services as a result, together with a financial overview, at which point it be noted that the Committee will make further observations as it sees fit; and **(c) Councillors and PCT Board Members be kept informed of the proposals for the development of neighbourhood teams.**	
22 November 2010	Mental Health and Learning Disability Services – procurement of a Preferred Partner	**RESOLVED:** **That (a) the progress and next steps to procure a preferred partner to provide Mental Health (health & social care) services & Learning Disability (health care) services be noted;**	
		(b) any proposals to vary the range and location of services upon which formal consultation is required be brought to the Committee as appropriate should that be the necessary after the new provider is appointed; and	Lead Officers advised. Noted in Work Programme.
		(c) the Committee's concerns at the length of time taken to conduct the procurement exercise be registered	Lead Officer advised. Noted in work programme

Date	Item	Resolution	Commentary
		and it be requested that officers undertake a review to see what lessons can be learned from this exercise and the outcome of the review be reported to the Committee.	
22 November 2010	Herefordshire Joint Strategic Needs Assessment	**THAT (a) Key Points and Recommendations from the 2010 JSNA be noted; and** **(b) 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 be encouraged**.	
21 January 2011	West Midlands Ambulance Service – Foundation Trust Status	**That a draft response be circulated to Members of the Committee for comment and authority granted for a response then to be submitted to the West Midlands Ambulance Service NHS Trust after consultation with the Chairman.**	Circulated 31 January. Response sent 3 February.
21 January 2011	West Midlands Ambulance Service – update	**That a briefing note be provided on the Make Ready system and in particular a description of community response posts.**	Information circulated – 10 March
21 January 2011	Herefordshire Service Integration Programme	**the NHS Herefordshire Board, the Hereford Hospitals NHS Trust Board and the Cabinet be advised that in welcoming the aspiration underpinning the proposals to integrate services through the establishment of an Integrated Care Organisation, the Committee wished to emphasise**	Notification sent 28 January.

Date	Item	Resolution	Commentary
		the importance of both Boards and the Cabinet satisfying themselves that the proposals were sustainable in terms of cost; noting that the financial model and business case had not been presented to the Committee but were to be presented to both Boards	
21 January 2011	Hereford Hospitals Trust - update	**That a fuller report on stroke care provision and the arrangements for the use of Hillside Intermediate Care Centre for specialist stroke care and specialist rehabilitation should be made to the next meeting, together with assurance that the needs of those who previously would have received intermediate care at the Centre would be appropriately met.**	Report on agenda for 18 March.
21 January 2011	NHS Herefordshire update	**That (a) a full NHS Herefordshire update report be made to the next meeting;** **(b) the update should include a briefing on the implications of the Health and Social Care Bill;** **(c) consideration should be given to how various ongoing consultations should be incorporated into the Committee's work programme;** **(d) that the new mental health service provider should be invited to attend the next meeting to outline its plans for service delivery and in particular any substantial variations that might be proposed; and**	Report on agenda for 18 March. Report on agenda for 18 March. Report on agenda for 18 March. Report on agenda for 18 March.

Date	Item	Resolution	Commentary
		(e) **a briefing note be provided on the number of people in the County who did not engage with the Health Service at all.**	To be circulated.