

COMMENTS FROM CONSULTATION RESPONSE FORMS

Responses from those who support the proposal

Service Issues

Should include mental health and district nursing provision.

What is the model for provision of Health and Council Services?

What happens to Hereford Hospital?

Why use mental health scenario, when mental health services not included

Dentistry? We live close to Ludlow and finding an NHS dentist is extremely difficult.

Better links with NHS and Private Mental Health Units – encourages wider understanding of available services.

As per rapid response arrangements from Hillside.

Better provision for children with mental problems.

I have only worked here a few months so have no strong views. I do wonder how Education will be linked in with regard to Children's Services and Extended Schools.

Keep health local so people know their GPs and Dentists. Keep local hospitals open (ward closed in Bromyard). Out of Hours cover is no longer local.

Ongoing Concerns – Financial and cultural

In principle, proposal good but huge change of approach to work required by many employees who have been used to "the old bottomless pit".

I am in favour of the idea. I can't quite see who is going to determine the amount of finance required by each of the respective bodies.

I very much approve of the idea, but will be interested to see how it works out in practice. In 1968 I was a founder member of the newly formed North Shropshire District Council, which merged five smaller authorities and therefore had much greater financial clout. However, I generally disagreed with the idea of a West Midlands Police Authority – I live 10 miles from Ludlow and an Officer there had no idea it was in the vicinity!

The intentions are good, an interesting presentation. There has not always been very good working relations between the County Council and the NHS since 1948.

After reading the consultation it seems a good idea. I just hope that it works out in practice so I do have some reservations. There must be internal ring fencing/financial sharing of revenue. Don't follow the revenue robbing that occurs in the new Natural England, for example DEFA, robbing English Nature.

On the condition that it can be revised if it goes wrong.

The NHS and the Council needs to cooperate for peoples' benefit and not pass the buck.

Yes, but please explain more clearly.

Improving Access Through Joint Working

Is it too much to hope for joined up thinking in prescribing – for example, despite NICE “guidelines”, to prescribe drugs for age related macular degeneration to patients in ALL stages of the disease. There are immense costs (in social terms, in social services budgets, and to informal family carers), if prescribing is rationed. Currently these costs are not shown in the NHS Budgets. Many patients in rural areas have unequal access to NHS services, and fund some of the costs themselves (taxis, running a car despite age and infirmity). This should be addressed by the new body.

Some social workers still seem to be unaware of the Direct Payments scheme or are reluctant to tell clients all the information they need to know. This heightens the need to more appropriate training for all professionals concerned. Closer liaison between staff will mean that relevant information will be passed between them more quickly. Wheelchairs, and other aids and equipment should all be kept on the same site, similar to a Disability Living Centre, with an O T and physio on hand to offer advice and assistance.

To support the proposed multi-surgery development – this is a vital step forward to improve the access/facilities for a large proportion (over 50%) of the city population.

Bureaucracy Concerns

I support the idea, without another layer of management – any change should provide economical – with a better service.

Yes, in principle. But I am concerned that rather than achieving savings the process could result in a further tier of bureaucracy to Service the Joint Commissioning Body and implement their decisions.

Only if it delivers! Better value for money for tax payers. Safe guard services in Herefordshire. Protect Herefordshire from political influences. Often the bigger the organisation the greater the waste.

It must be ensured that the new body delivers the expected saving and is not seen as yet another layer of administration.

The emphasis should be on front line services and less in bureaucracy.

Makes sense for one commissioning body, however, could create extra layer of bureaucracy.

Looks good on paper, time will tell, when and if it is put into practice.

In general terms OK but in practice could prove to be NON VIABLE – at extra cost to Council Tax payers.

Working together and telling the public about all that is going on.

Pity the politics did not allow more detail to the financial forecasts re staff and purchasing, savings and payback, period of project realisations costs and document somewhat verbose.

Providing another layer of administration is not put in place causing increase in costs.

I'm hoping the plan reduces cost in management and improves the service.

Single Management Structure should mean less people. There is major benefits in removing inter-departmental financial incentives, which can otherwise encourage bad practices.

My last wife had Alzheimers and broke her hip - I looked after her for 3 years. The division between the NHS and Social Services was a bureaucratic negligence. Better communication can only be an improvement.

In most organisations, public or private, big is not always beautiful. While I like the "dream" of joined up services. I fear that the reality will be a huge cumbersome organisation where nobody knows what anyone else is doing and the ordinary public will remain ill-served.

In support but hope this does not produce an additional head count. Having checked current vacancies on the web site there already are too many new jobs.

I think this should benefit the people of Herefordshire in providing a more patient focussed approach to care. I hope it will not result in increased bureaucracy.

But don't overpay GPs and keep admin to a minimum.

Improving Efficiency

Less waste of money spent on staff pursuing their own agenda in terms of advancement. Many paid for hours wasted every day with “study leave” meetings, travelling, diary mis-management, poor accountability. Stop producing leaflets in seventy languages and wasting time and paper and achieving the opposite of what is needed.

Less levels of management, less chiefs and more ‘workers’ too many pen pushers with not a clue about caring for the elderly, sick or disabled people.

Value of Joint working

It’s common sense to have all working together and should improve the health of those patients covered by the plan.

It will, hopefully, save money for use to provide additional (or extended) services.

I hope that this change in public service will make it easier for people to understand the services better and access them less stressfully.

Clear Management Structure, working closer together to improve care. Better use of limited resources.

Working together and telling the public about all that is going on.

Better co-ordination of ‘all care services’ from one source must be advantageous.

Staff who work with clients should, at best, share a building, if not an office. This will help with care of the elderly, children and people with disabilities etc.

In principle the idea is good. However, with the dreadful integration of the Learning Disability Service then it needs to be managed with people who are competent.

Anything that can help things happen more quickly, without duplication, has to be better.

Improved information and easier communications are an attractive proposition.

Yes I support the proposal for the development of future public services in Herefordshire, on the whole. There should be improvements all round; less time to wait to see services delivered and more money available where it is needed most. However, I am concerned that services delivery may not always be 100% reliable or achieved in the expected time. There should be

some kind of penalty if service delivery is not effective enough, in order to increase the motivation to succeed.

Savings from not duplicating services, more Shared Services providing better quality.

Encourages more varied service and will hopefully improve standards of care and level base regulatory system across the board/county for everyone involved to benefit from.

Safeguarding Hereford Service is a priority plus patients and customers.

It is an obvious way forward and will provide a closer relationship with customers and patients.

Having seen the way council departments currently communicate, I wonder if any real advantages of "joined-up" working will come to fruition.

Herefordshire would benefit from a more integrated consistent approach.

Would be a good use of financial and human resources and lead to fewer people slipping through the cracks when it comes to a complete care/healthy living package.

No they seem like good common sense!

PCT and Social Services need to work together to provide the correct "full" level of care – this would prevent a quadriplegic person being left with no care for nearly three years and also a gentleman in hospital for over twelve months due to no care or housing provisions.

The proposed development should allow more efficient planning and delivery of services especially for the elderly.

In principle the suggested changes should save time, energy and money – giving better services. There may also be less frustration for staff.

Could drive efficiencies and retain services in Herefordshire if well managed
Make life easier for the people who matter – the patients.

Locating staff together

Locate all commissioning and support staff in a single location and work on single (new?) culture to avoid 'them and us'.

The location of all staff in one building would be a major advantage, allowing easy communication and joint working. If housed separately, I suspect things will carry on pretty much as they are currently.

Single contact for patients/public

There should be better and direct public access to services ie; one centralised phone number to answer all queries which is answered by a person (not a machine) who is actually present and knowledgeable.

Extend Councils "One Stop Shop" offices to include PCT information.

Have one telephone number for all Health and Social Services.

Responses from those who do not support the proposal

Lack of Evidence

I cannot answer Yes or No from the level of detail provided here. I need to see the figures and cash savings and the budgets being brought into the trust.

Added value for the customer is not demonstrated

Information, particularly financial, is too inadequate to make a judgement. You will do what you want to do anyway regardless of what anyone may say.

1. The consultation document frequently refers to "savings" or "value for money" but nowhere is there any attempt at quantifying what savings are available. What is known is that costs are going up eg; a new Chief Executive at £175,000 plus employer's NIC plus pensions plus office and at least one PA no doubt. A likely overall costs of at least £250,000 a year. This is probably more than the present two CE's costs between them.
2. The "directors reporting to the new CE will undoubtedly argue that their new jobs are bigger so will call for and very probably get bigger salaries too.
3. The proposed PST has no legal status it is explained so it cannot employ anyone. So who employs the new CE?
4. At a public meeting it was explained that existing staff will continue to be employed by their existing employers so how can they co-operate when they will be constantly trying to find out what each earns and whether HCC or PCT employees are better paid.
5. The proposed management structure is absurd in the extreme, far too big so it will all be talking shop. No doubt it's members will require support in organising meetings minutes etc so extra cost!
6. HCC and PCT have different reporting structures and are governed by different legislation so to the aforesaid talking shop will be added severe conflict of interests.
7. The discretionary spend available to either HCC or the PCT is limited in the extreme so that it is difficult to see what scope for re-ordering priorities exists.
8. There is already a timetable in place with a completion date of 1st of April and the new CE job already advertised thus "consultation" is a farce and an insult to the taxpayers who are forced to fund these schemes.

9. If the rationale relates to the point that both HCC and PCT outsource more and more of their work then consider that the Government led by Gordon Brown is already pressing for less outsourcing no more. Some PCT's are already cancelling deals with, for example, BUPA clinics (cf Surrey).

10. Finally why cannot the staff of both bodies co-operate already where it matters in social care? You won't ask doctors to mend roads or dustmen to be care assistants will you?

Your document makes frequent reference to cost savings in its proposals and 'better value for money for taxpayers' but there is scant evidence for how this will be achieved. When I was involved in similar studies, Treasury rules required all our reports to be supported by full investment appraisals detailing the precise cost savings and the method of achievement. Without such evidence nothing received the sanction to proceed.

Members of the Council have attended a Meeting and examined documents available for the proposed merger consultation process. The Parish Council wishes to express it's dismay at the way this has been presented. What are you proposing represents a major change in procedure, purporting to bring cost cutting, increased efficiency and major savings. Yet the amount of detailed factual information provided is minimal. There are no details of a properly evaluated and costed programme. A simplistic "yes/no" answer would be meaningless. This Council opposes the proposed merger. It can come to no other conclusion on the basis of the insufficient information provided. The Council would also like to question the detailed personal information your questionnaire asks for. What possible relevance can this have?

I cannot possibly say without considering more information. A brave idea but we lack enough detail to comment realistically.

This document says nothing – it's just window dressing – rubbish!

Herefordshire Council and the existing PCT are two totally separate organisations with separate aims and public responsibilities. No satisfactory case has been made to show that their amalgamation and joint working arrangements will benefit either the organisations themselves, or more importantly, the people they are intended to serve. Professional accountabilities differ between individuals and across organisations. Evidence to substantiate the level of savings required to support the scheme is largely unsubstantiated. The level and nature of costs incurred is contrary to the statement on savings from 'economics of scale' identified on page sixteen of the consultation paper. It is reported that officers have progressed the scheme without adequate reference to Councillors as public representatives. Introduction of a further layer of bureaucracy will do nothing to improve or streamline the services currently being offered. In addition, there is no evidence that the changes will achieve greater efficiency. There is no reference or evidence as to how other statutory responsibilities will be adequately fulfilled under this arrangement, for example the public scrutiny committee, responsibility for Governance. The move is premature, given the

guidance awaited on the provider side or primary care services outlined in section fifteen of the consultation paper. The stated purpose of moving the purchasing and provision of health services under the auspice of Primary Care is apparently intended to recognise that these were inextricably interwoven. To dismiss the Government's sentiment for the convenience of this consultation is unjustified and unacceptable. Statements made in this regard in sections nine and fifteen appear to be contradictory. Public presentations have been poorly made and inappropriately presented to promote understanding by lay personnel. This has prompted scepticism as to 'lip service' being paid to the public interest, and has undermined confidence in the consultation process. Councillors have asked that, at the conclusion of the consultation process, details of comments and feedback received should be published.

Little evidence available in the consultation document, or at the public meeting, that even basic planning has taken place. Even the few figures given do not add up for example, Council affordable revenue is £122m against Council contribution of £138m. 138 is not 70% of 122!

No information on costs/savings. No comparison given between current and proposed plans. Needs support of FHS practitioners – none of the dentists opticians or pharmacists I spoke to have heard of the PST.

Too Large/Bureaucratic/Costly

Too large scale to begin with. Yes to health, social care and leisure but far too wide reaching to start this process

Costs will escalate significantly, Internal processes will increase, sloppy inefficient working will increase.

Far too top heavy from Executive point of view. I do not like political interference with suggested new Public Service Trust.

Another layer of bureaucracy does not deal with real issues ie; inadequate resources for the demand.

More people more trouble.

More bureaucracy. Heaven knows how many people in offices are paid colossal sums of money which would be better used where it is intended. Not in the Chief's pocket.

There are already too many administration staff within the NHS and Council. As this proposal does not involve community hospitals and mental health services I can see no benefit from it – apart from creating new posts.

Larger the organisation the less efficient it becomes.

NHS experience has proved large managerial structures do not improve service to the public.

A monolithic structure is hardly likely to improve services – in fact the reverse. Was it designed by a first year MBA student?

Another layer of bureaucracy!

Not all services integrated. An extra level of management together with Local Politicians on the Board which could change direction every four years on new elections.

This will introduce a further layer of bureaucracy into an already bureaucratic system. An abundant waste of public money.

It seems to me that it will lead to another layer of bureaucracy without any tangible benefits.

We have talked of this proposal with some care and report the following; There are some clear areas of conjunction around Social Services that would be better served. There are many areas where we cannot find the benefits of reorganisation. Our experience of public bodies getting bigger and bigger is not encouraging. Your diagram on page five clearly shows the creation of an additional body rather than a reduction. In spite of your words we fear the creation of more layers of management, more bureaucracy, and more meetings of people sitting round drinking coffee, less useful results. While the NHS shows clear signs of obesity in it's affairs, we think deeper links can only be detrimental to Herefordshire Council. There is already the Herefordshire partnership which we think should be capable of most of what you propose. Periods of amalgamation are historically followed in time by periods of devolution.

This proposal, if carried, will simply add another layer of offices to the already overstuffed PCT and County Council. Talk of a salary a year of £175,000 plus per year for another Chief Executive plus the cost of many more hundreds of Officers would not be sustainable. We are a small county in population with a growing old age percentage.

Too much change

It is yet more reorganisation which I feel sure will bring more bureaucracy not less. I work for the PCT and many of my colleagues have low morale, feel undervalued and management seem incredibly remote. If the government changes in 2-3 years this could all change again. I have seen several reorganisations before the present PCT. What staff need and want is consolidation to give them chance to do their jobs without thinking what or when the next change will bring. I am not against change by think much more serious thought needs to be given to this. What I have heard and read so far is much 'High Thinking' but not very practical. Although the presentation on 25 July 2007 was well done, with eloquent speakers I think they do not realise

the huge amount of detail the staff would have to take on board to be able to operate and communicate effectively.

There are too many other, mainly central government inspired initiatives under way at present. We do not need yet another complication that offers no guaranteed benefits.

Government proposals regarding polyclinics specialist hospitals will involve re-thinking of Health provision. The role of PCT is not clear. No need for public service at present time.

The political influence, cost and there have been far too many changes imposed already.

Hereford DC has finally 'settled down' after severance from Worcestershire. Another reorganisation is the last thing that it needs. The proposal is untried and is likely to be costly. This is not the county to experiment with taxpayers money.

Cultural differences between the organisations

Herefordshire Council is essentially a political body and should not be involved in commissioning healthcare.

I believe that Health Services should be provided by committed health professionals and not left to politicians.

Concerned that a strategic body and a government appointed one will find it difficult to work together.

The culture of the two organisations are too different. I fear an unmanageable structure will be developed. I don't think that enough detail is in place regarding practicalities.

The Council is an elected body and therefore subject to democratic process. The PCT has no such checks and balances. The proposal is against public interest.

Health professionals do their best for us. Social Services are always on the lookout for loopholes to do the least they can get away with and reduce services if they can. Vulnerable people should fear this partnership as we will lose the fact that we have someone "on our side" against social services.

Elected and unelected organisations do not mix. Bureaucracy covering GPs and Highways is ridiculous.

Can be achieved without new structure

Ensuring that each side works with the other, have joint working groups to understand each other's remits and working practices. Communication is the key to everything.

They can enter into joint purchasing contracts without all this bureaucratic nonsense and work together as now where health and education needs intersect.

Work closely and co-operate as happens now to a large extent. Why change what generally works well. Will there be a pruning of management? I believe much could be done to reduce the huge amount of administration.

Partnership Working.

I have recently seen amazing co-operation between social services, hospitals, GP, rehab until and voluntary organisations in relation to the elderly in East Sussex and think this the way forward.

Have confirmed executive meetings regularly so that each body could better understand the operations and problems of the other.

Provide offices in common but not entire buildings.

Greater Co-operation in long term case. Social Services and PCT need clearly defined aims and roles. Needs of elderly and disabled citizens warrant greater resources.

Should remain separate by more joined up working especially in the case of mental health.

Better communication might help less self indulgence and I am syndrome will also help.

You don't need something new to improve your working relationships – just get on with it and stop prevaricating. How long is it since you last reorganised – yes well that says everything? It's a really good way of not doing anything. The benefits could easily and cost-effectively be achieved by co-operation between the organisations.

Just work properly together and stop reorganising.

Closer management committee with Officers with no consolidation budgets.

Do what they are paid to do in a more professional manner.

Implement existing community care plan properly and in a timely and efficient way with the needs of the individual foremost. Your proposal shows no evidence that any additional fund of resources will result.

I think they need to be kept as separate entities but agree there needs to be improvement in joint working practices. This could be achieved by looking at models from other areas or more consultation with employees at the workplace.

A co-ordinating committee should be sufficient.

Work more creatively within the existing provisions for joint commissioning. Managers need to talk to consult with and listen to those actually delivering services

Calls for an independent study

In essence your proposals for a Public Services Trust Arrangement would institute a new tier of bureaucracy, with a high paid chief executive, to serve the PCT and Council. A better way forward would be to keep the PCT and the Council separate by to draw up a list of all the areas where they share services and responsibilities. An individual report, supported by an investment appraisal, should then be commissioned into each area of overlap with the aim of giving either the PCT or the Council the lead responsibility for the provision of that service for both bodies. If each body, for example, had 10 staff involved in the provision of a particular service, it may be that 15 staff could provide the same service for both from a single location. In sum, this way forward has been proved to work, would be less disruptive than your current proposals and the efficiencies and cost savings would be more transparent.

A properly run joint study can come up with this answer after proper consultation and then any necessary "tweaking" for "joined-up" working can be addressed. An amalgamation is several steps to far. This is all to much of a tearing hurry.