

CONSULTATION REPLY COMMENTS – In Support of the Proposals

On the whole, do you support the proposal for the development of future public services in Herefordshire as outlined in this consultation document?

'The proposals to integrate service planning are to be welcomed, but should also include mental health and district nursing provision.' Y001

'In principle, proposal good but huge change of approach to work required by many employees who have been used to "the old bottomless pit"' Y002

'It's common sense to have all working together and should improve the health of those patients covered by the plan.' Y003

'The risks of NOT following the proposal make it compelling to support it.' Y004

'The emphasis should be on front line services and less in bureaucracy.' Y005

'It will, hopefully, save money for use to provide additional (or extended) services.' Y007

'I hope that this change in public service will make it easier for people to understand the services better and access them less stressfully.' Y008

'Makes sense for one commissioning body, however, could create extra layer of bureaucracy. What is the model for provision of Health and Council Services? Will we see more contracting out?' Y009

'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.' Y010

'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 is was in the vicinity!' Y012

'Clear Management Structure, working closer together to improve care. Better use of limited resources.' Y014

'Looks good on paper, time will tell, when and if it is put into practice.' Y016

'In general terms OK but in practice could prove to be NON VIABLE – at extra cost to Council Tax payers.' Y017

'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.' Y019

'This is a great opportunity to fully utilise third sector organisations and provide flexible services for clients. Third Sector organisations offer flexibility, fast response and value for money.' Y021

'Providing another layer of administration is not put in place causing increase in costs.' Y022

'Working together and telling the public about all that is going on.' Y023

'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.' Y025

'Better co-ordination of 'all care services' from one source must be advantageous.' Y026

'I'm hoping the plan reduces cost in management and improves the service.' Y027

'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.' Y028

'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.' Y030

'Anything that can help things happen more quickly, without duplication, has to be better.' Y031

'Improved information and easier communications are an attractive proposition.' Y034

'Single Management Structure should mean less people. There is major benefits in removing inter-departmental financial incentives, which can otherwise encourage bad practices.' Y035

'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.' Y037

'Savings from not duplicating services, more Shared Services providing better quality.' Y038

'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.' Y039

'Safeguarding Hereford Service is a priority plus patients and customers.' Y041

'It is an obvious way forward and will provide a closer relationship with customers and patients.' Y042

'Having see the way council departments currently communicate, I wonder if any real advantages of "joined-up" working will come to fruition.' Y043

'Herefordshire would benefit from a more integrated consistent approach.' Y045

'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.' Y047

'By joint together I think that we are more likely to keep local PCT therefore more control over our own affairs.' Y050

'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.' Y051

'No they seem like good common sense!' Y053

'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.' Y054

'I am always searching for a better service.' Y056

'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.' Y057

'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.' Y058

'Although I do have reservations about the evidence of yet another decision making/commissioning group! Does this mean redundancies in current council/PCT in order to deliver the promised better value for money.' Y059

'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.' Y060

'But don't overpay GPs and keep admin to a minimum.' Y061

'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.' Y062

'Have not understood what all this is about, all the coloured print is difficult to read. So disregarded anything in colour as some art work not important so gave up. Would have like all doctors seen to fill up a column in a type of record card, such details as blood condition etc. A comment of progress. Being alone, I did not like being made to travel by car (taxi) as bending down released some of the clips, thus scarring. Would like to have used a bus/rail station where seats are higher and more leg room.'

Shortage of nurses on heart ward at Birmingham. So far I have found the NHS excellent' Y063

'Although on the list of high influence, high interest groups to be consulted you have included Diocese of Herefordshire. It would be more equitable to have consulted religious bodies through Churches together in Herefordshire. On the condition that it can be revised if it goes wrong.' Y064

'The proposed development should allow more efficient planning and delivery of services especially for the elderly.' Y065

'I support the idea, without another layer of management – any change should provide economical – with a better service.' Y066

'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.' Y067

'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.' Y068

'It must be ensured that the new body delivers the expected saving and is not seen as yet another layer of administration.' Y071

'In principle the suggested changes should save time, energy and money – giving better services. There may also be less frustration for staff.' Y074

'Why could this not have been done sooner?' Y078

'Could drive efficiencies and retain services in Herefordshire if well managed.' Y079

'People should judge there Councillors performance on health issues.' Y080

'The NHS and the Council needs to cooperate for peoples' benefit and not pass the buck.' Y082

'Reward the very best Chief Executive and Management Team.' Y085

'Excellent Presentation.' Y091

'Make life easier for the people who matter – the patients.' Y092

'Thank you for consulting.' Y093

'What happens to Hereford Hospital?' Y098

'Yes, but please explain more clearly.' Y100

'Sort out funding issues regarding bed blocking patients.' Y101

Please describe any other ideas you have for how the Herefordshire Primary Care Trust and Herefordshire Council might better work together to improve public service?

'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.' Y001

'Why use mental health scenario, when mental health services not included? 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.' Y002

'Dentistry? We live close to Ludlow and finding an NHS dentist is extremely difficult.' Y003

'Empower the people on the ground.' Y004

'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.' Y005

'Extend Councils “One Stop Shop” offices to include PCT information.' Y007

'Working together may make service more accessible to residents living in the North of the county – particularly the rural elderly.' Y008

'Locate all commissioning and support staff in a single location and work on single (new?) culture to avoid ‘them and ‘us.’ Y009

'Is the financing going to be worked out by unelected unapproachable civil servants who do not have to answer to their shortcomings?' Y010

'I enclose an article from the Times earlier this month. The story relayed is scandalous and adds support to the notion of Council and PCT confederation. Note particularly the paragraph I have starred.' Y012

'Smaller management teams, more resource to employ staff at other levels. More input from staff on the ground. Easier and more efficient decision making. Faster results.' Y014

'Social Services and NHS Care need to work together with Services they both provide to children.' Y017

'Spending the money correctly and cleaning up the hospitals of MRSA and other infections.' Y023

'Having been retired for twenty years I am not au fait with present day personnel so cannot offer useful ideas.' Y025

'An equal commissioning body that understand professionalism. Frequent reviews to document progress.' Y030

'Make sure that their wires of communication are not obstructed by red tape.' Y031

'Share sites and offices where possible.' Y032

'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.' Y037

'Better links with NHS and Private Mental Health Units – encourages wider understanding of available services.' Y039

'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.' Y043

'Improved communication and consultation with people and organisations who are directly involved in receiving/providing services.' Y045

'As per rapid response arrangements from Hilside.' Y046

'As a Cancer Research employee we know that over half of cancers could be prevented – thus saving the Health Service Money. Currently we are sending volunteer speakers into Primary Schools with a reduce the risk message. This work could be done globally across Herefordshire by NHS school health visits, in partnership with Caner Research UK.' Y048

'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.' Y050

'Green issues – less energy, transport, reducing carbon footprint. Need co-ordination with leisure (to promote healthy living) and transport (issues of getting to/from locations) or use of cycling.' Y051

'Get the cultures of co-operation right.' Y053

'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.' Y054

'Better provision for children with mental problems.' Y056

'The subject is really too complex to discuss after one meeting on one night in one small town. This is not adequate consultation. My overriding idea and suggestion is that people are kept clearly and carefully informed of decisions, changes and available services throughout all the coming years. Y057

'Ensure quality communication between all stakeholders.' Y059

'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.' Y060

'Reduce the rate of Community Charge. This has reached an absurd level!' Y061

'Avoid violating information about applicants/patients. The information seems to become isolated to detriment of the problem. Why? To much confidence because there is a lack of motivation to pass it on and urge to protect own self. The policy of generic work especially in the inexperienced. Was disastrous in Social Services. Though I look back 25 years! Allow specialisation in youngsters but move them around with proper handovers.

'Co-ordinate public volunteer and ambulance transport so it is properly integrated. To get to NHS and Council sites where the appropriate treatment is available, is a logistic muddle. A lot of people can't sort out their own transport so they loose out on the treatment.' Y064

'Public health information and initiatives for example, Heart Disease prevention, Healthy workplaces, Walking for health etc.' Y065

'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.' N068

'The outline of the proposals is far too vague to offer further comment of suggestions.' Y074

'Stop political appointments to PCT.' Y081

'Have one telephone number for all Health and Social Services.' Y082

'Improve Social Worker input for Community Hospitals.' Y101

**Individual Responses from Companies/Organisations and Groups
Covering both questions:**

The future of public services in Herefordshire: Public Services Trust

Consultation Response from Herefordshire Centre of Independent Living

In general HCIL supports the logic behind the proposals for more efficient and effective commissioning to be achieved through better use of resources, with a clear focus on 'joined up and responsive services that focus on the specific needs of local people'.

HCIL's concern is that the current context for the creation of the PST is not conducive to its ability to deliver real benefits to service users within an acceptable time frame. For example:

- Two accountable bodies and the diversion of time and resources into dealing with the arising process and personnel issues combined with the time and resources required to create a single accountable body
- Recent inspection reports (e.g. Learning Disability Service) point up the urgent need to improve commissioning and services immediately. The improvement programme for Adult Social Care and Integrated Services AND the creation of the PST, without additional resources, seems very ambitious. The benefits of the PST may not be realized for a long time, and in the mean time service users will not have the improved commissioning and services to which they are entitled.
- The possibility that resource may be diverted into Acute Care
- As the 3rd sector are not represented within the governance and commissioning arrangements, social care and the 3rd sector may have insufficient influence to steer commissioning towards citizenship and inclusion and away from the medical model.

If a PST is to be created the performance measures must focus on outcomes based on the original aims as stated on page 8 of the consultation document. For each of these stated aims/benefits there is arguably a lot that could be done within existing frameworks, therefore the performance measures need to focus on the added value of the integrated approach of the PST.

The performance measures should include a clear focus on increasing the voice of people who use (or will use) services within the commissioning and procurement processes, so that the purchased services are designed by the people who will use them and are based on concepts of inclusion, citizenship and human rights.

Traditionally the 3rd sector has been more responsive to service user needs, less bound by barriers and constraints than its larger statutory sector counterparts, and is more linked into communities in a number of ways; for the benefits of the PST to be realized HCIL regard it as essential that the 3rd sector is fully involved at all levels (governance and operational) in the PST.



Response to Proposals to create a Public Service Trust in Herefordshire from The Alliance

1. Introduction

The consultation on the proposed Public Service Trust, (PST) is welcomed by The Alliance, which has been actively engaged in putting forward third sector views on the proposed arrangements.

The Alliance has also provided the opportunity for a collective response to the consultation on behalf of its membership with a briefing paper and a confidential questionnaire. The information provided by individual member organisations through this process has informed this formal response to the proposals.

The Alliance has worked closely with colleagues in the third sector over the proposals and endorses the response of the Voluntary Sector Assembly.

2. Policy context

The thrust of government policy since the *'Cross-cutting Review of the Voluntary and Community Sector's Role in Service Delivery'* in 2002¹ has been to enhance and extend the scale and scope of the third sector's role in service delivery.

Two key recent policy guidance documents, namely the *'Commissioning Framework for Health and Wellbeing'*² and the publication of *'Partnership in Public Services – An Action Plan for third sector involvement'*³ clearly state the role of the sector in transforming and improving services by contributing to their planning, design and delivery, with desired outcomes of services which are locally responsive and person centred. The third sector's role in partnership with commissioners in terms of advocacy and engagement is seen as crucial in developing innovative and responsive services.

'Partnership in Public Services' sets out eight commissioning principles focused on putting outcomes for users at the heart of the strategic planning process and to ensure that services meet local needs. Accessing the specialist knowledge of third sector organisations is regarded as essential in developing an understanding of the needs of users and communities.

The devolution agenda has also been underlined even more in the 2006 Local Government White Paper and Bill, *'Strong and Prosperous Communities'*⁴, which has at its core the ambition to deliver more responsive services and to empower communities, with the third sector central to achieving this. This agenda links directly

¹ 'The Role of the Voluntary and Community Sector in Service Delivery' HM Treasury September 2002

² 'Commissioning Framework for Health and Well-being' Department of Health March 2007

³ 'Partnership in Public Services; an action plan for third sector involvement' Office of the Third Sector, Cabinet Office December 2006

⁴ 'Strong and Prosperous Communities- the Local government White Paper' Department for Communities and Local Government October 2006

to the development and delivery of Sustainable Community Strategies, Local Area Agreements, Local Charters and Local Strategic Partnerships.

It is clear that government policy expects the full inclusion of the third sector in future local arrangements for the planning of local services as well as in their delivery. The Alliance would expect the proposed PST structures and processes to deliver on these expectations.

Role of the third sector in Commissioning

It is essential for the PST to recognise the role of the third sector in commissioning and what third sector organisations can offer to the commissioning process. In particular the sector is well placed to assist and advise on:

- putting people at the centre of commissioning – advocating with and empowering patients and users, particularly those who are hardest to reach
- understanding the needs of the population and individuals, providing information on needs (met and unmet) and gaps in service
- sharing and providing feedback on existing services and being co-producers of information with users
- assuring high quality providers for all services, building on acquA assurance of fitness for purpose, extending the kite-mark to be of use to practice based commissioners and adapting it for users in self-directed care.
- recognising the interdependence between work, health and wellbeing, providing information and advice and opportunities on volunteering and activities in the community
- proposing new service models and delivery mechanisms, including community based solutions, focusing on individuals and their needs in a holistic way.
- monitoring and scrutinising the performance of public sector services
- harnessing third sector skills and know how to apply to the task of defining the core competencies and skills of commissioners to commission effectively from the third sector.

It is crucial to understand and incorporate the benefits of involving the third sector in commissioning and to embed this relationship with third sector organisations within the proposed PST. This is a significant role for sector organisations, alongside their role as service providers.

3. Partnerships in Health and Social Care in Herefordshire

Significant progress has been made in Herefordshire over the past four years, with strategic investment in The Alliance producing the framework for an effective, dynamic and evolving partnership between the Council, PCT and the sector in the design and delivery of health and social care services.

The Alliance now has a membership of 73 organisations working collaboratively for improved health and care services in the county.

Three areas of development in particular have been undertaken by The Alliance in seeking to improve relationships in planning and delivering health and social care services in the County.

- The Compact and the Compact Code of Good Practice in Funding and Procurement spell out the detail of the relationship between the third sector and commissioners of services and the Compact Code Implementation Group is driving its implementation.
- acquA, the comprehensive accreditation scheme designed by The Alliance that provides third sector organisations with a kite-mark of good practice to confirm their fitness for purpose for delivering services and entitling their entry on the Register of Approved Providers, which is recognised by public sector commissioners and will come into full effect in April 2008.
- A *'Report and Action Plan on Strategic Planning and Joint Commissioning in Herefordshire 2006'* on effective third sector engagement in commissioning, which recommended the adoption of the "commissioning cycle" diagram with explicit explanation of the third sector's role at each stage within the cycle, and set out an action plan for achieving effective engagement.

These developments provide **robust foundations which can be built upon** in the next phase, as the Public Service Trust comes in to being. The Alliance would expect the PST to re-affirm the commitment to this work, and for this good practice in health and social care to be spread across the PST as it moves into other service areas later in its development.

The Alliance believes that the PST provides an important opportunity to refresh the partnership between the public and third sectors for the next period, based on a broader vision, with the sector fully integrated into the governance, planning and delivery of the commissioning cycle and with this engagement underpinned by continuing investment.

4. Response to the proposal to create a Public Service Trust

In general terms, The Alliance is positive about the proposed Public Service Trust. It is seen as an **opportunity to greatly improve** on the current position, particularly in:

- **Improving accountability**
Processes for deciding service priorities, design and delivery should be more open, with more direct involvement of and accountability to users and communities.
- **Reducing duplication**
In creating a single organisation, structures and processes within the two organisations must be seen to be streamlined
- **Strengthening commissioning capability**
Commissioning capacity is weak; skills in commissioning need to be built across sectors.
- **Maximising expertise**
Identifying strengths and building on these will be important along with a robust approach to addressing weaknesses and gaps in expertise.
- **Achieving savings on overheads to invest in front-line services**

The consultation document asserts that savings will be achieved. These should be made explicit, along with plans for the re-investment of savings in services.

If these benefits are realised, the PST could result in the provision of higher quality, better focused and more joined up services. The Alliance believes that this should be the ultimate test of the success of the PST, with **performance indicators, monitoring and scrutiny** in place to assess progress. The third sector has a role in that process.

In supporting the proposal The Alliance has an **expectation** that the PST will:

- deliver a seamless service across all services;
- demonstrate a real belief that the third sector can make a positive difference; and
- create more openness and an atmosphere of using each others' strengths to the best advantage of the people needing services

There are, however, real **concerns** about the scale of the challenge for the PST. These include:

- the length of time it would take to create the new organisation and to integrate the planning and purchasing of services;
- the possible detrimental impact of realising cost efficiencies in an environment of already stretched resources;
- the bias of resources directed to the provision of acute health care at the expense of providing community based and preventative services; and
- the need for a shared understanding of and approach to commissioning and building the capability and capacity to deliver.

While many members of The Alliance are hopeful that the PST would deliver real change, this is tempered by others with low expectations that this will be achieved. A period of stability with no further restructuring within the next five years is seen as fundamental to the success of the PST.

5. Third sector engagement in the PST

The Alliance is concerned about the lack of clarity on the **engagement of the third sector as equal partners** in the new structure throughout the consultation, both in the document and at events. In particular, the consultation document does not envisage third sector representation on the governing Board of the PST.

The need for representation through The Alliance on the PST Board, building on the **positive experience to date** is important to member organisations, who value the influence The Alliance has brought to bear to ensure that the third sector is not sidelined nor regarded as an unequal partner. A firm commitment is sought to involve The Alliance in the governance of the PST with early input to ensure structures are established which are fully inclusive.

There must be **no diminution of representation and expertise** from the third sector in contributing to the strategic planning and joint commissioning of services in the new PST arrangements. It is particularly important to include The Alliance as the priorities for the PST in the early days are to be commissioning for health and social care and for children and young people. There are, however, strong arguments for

extending the involvement to include the wider sector, in order to reflect its diversity, and particularly as the scope of the PST is extended to cover other service areas.

In exercising its influence, The Alliance would be seeking to:

- Develop **trust and confidence** in relationships with commissioners and service managers;
- **Educate** the PST as to the positive impact of the sector's contribution;
- Ensure **effective two way communications** between third sector networks and the PST; and
- **Reach** a broader range of voluntary and community organisations promoting wellbeing.

More sophisticated relationships will be needed in future need that recognise the complexity, multiple roles and potential conflicts of interest for all involved. Future engagement should be backed up by an agreed **guidelines and protocols** between the PST and the sector. This would include understandings with the Commissioning Team about a clear separation between the planning and design of services from their procurement, and ensuring that all commissioning is Compact compliant.

The Alliance proposes that, subject to resources being made available, there should be a third sector **secondment into the Commissioning Team**. This is seen as vital for the credibility of the team in building capacity in commissioning from the third sector, in line with the Government's initiative to have 2,000 such lead commissioners across the country. The post-holder would strengthen links, improve communication, articulate the added value the sector can bring to service delivery, contribute to service design and ensure that commissioning and contract tendering are open and fair and consider the widest possible range of choice of provision.

6. Performance management

The Alliance would like to see a range of performance measures for the PST including:

- Regular checks on equality of opportunity;
- Declared outcomes, which should also focus on inclusion, citizenship and human rights;
- Publication of unit costs, showing full cost recovery measures both within the PST and outside;
- Focus on increasing the voice of people who use (or will use) services within the commissioning and procurement processes;
- Regular monitoring of The Alliance and third sector representation; and
- Third sector inclusion in the ongoing scrutiny of the PST.

7. Herefordshire Partnership

Clarification is needed about how the proposed PST will work alongside the Herefordshire Partnership and how the two will relate in terms of their relevant structures. The Health and Social Care Partnership, on which the third sector has been represented via The Alliance, has now been 'stood down', so there are real and immediate implications for the involvement of the third sector.

The Council is required to establish a Health and Wellbeing Partnership, although there is no commitment in the consultation document to do so. The Alliance would like to see this done as soon as possible, and for there to be Alliance representation

to address the current deficit in voice and accountability. The organisation would be pleased to participate in the preparatory work to set up this Partnership.

Clarification is also needed on how the proposed Children's Trust will develop in order to ensure that it is in line with the PST proposals in the commissioning of services. Clarification is also needed on the relationship of the Children's Trust with Herefordshire Partnership.

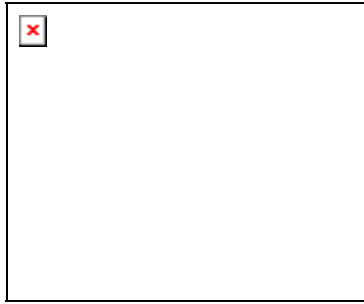
5. Conclusion

There are particular concerns about the lack of recognition of the significant role of the third sector in planning and commissioning, particularly the lack of clarity for The Alliance in the proposed structures and the potential loss of momentum and progress gained to date.

The Alliance **supports the proposal for the PST subject to particular issues being resolved.** These are:

1. Third sector inclusion **at all levels in the governance of the Public Service Trust**, its Board and supporting structures, (for example the proposed Executive Group), and that this should be via The Alliance in respect of health and social care.
2. A commitment to the development of **protocols for engagement** to ensure clarity of roles and accountabilities across sectors.
3. Investment by the PST to secure effective third sector engagement, including an Alliance **secondment to the Commissioning Team.**
4. A commitment to third sector involvement in on-going **monitoring and scrutiny** of the PST and participation in the development of outcomes and performance measures which clearly demonstrate that the proposed benefits of the PST are being realised.
5. The early establishment of a **Health and Well-being Partnership**, with third representation via The Alliance in respect of health and social care.

We trust this response is helpful. We would be pleased to follow up any of the points made.



Response to the consultation on the future of public services in Herefordshire

Herefordshire Infrastructure Consortium is aware that the Voluntary Sector Assembly and the Alliance have made detailed responses to the consultation; the Consortium would wish to support these. However, the Consortium would like to underline the following points and trusts that they will be taken into account concerning the proposed development of a Public Service Trust.

The proposed development would appear to offer a positive opportunity to rationalise and streamline the commissioning structures around the majority of health and local authority services across Herefordshire. There could be a danger however that developing a new structure could distract from the importance of translating that into the effective integration of service delivery. The two provider agencies will need to learn to work closely together, otherwise what difference will integrated commissioning make to individuals? In addition, it will be important to define the likely savings made through combining these structures, ensuring transparency as to where savings are being reinvested for the increased benefit of those living in the County. At present, it is not possible to see from the consultation documentation what level of savings are likely to be seen or how and where these savings and reinvestments are likely to be made.

The aim of improving the health and well-being of the people of Herefordshire is clearly to be supported. Well-being however is wider than direct care services; the importance of prevention through leisure, learning and financial stability cannot be underestimated. The growing percentage of older people in the population will make increasing demands on care services; without investment in early intervention services and support in order to enable people to remain healthier longer, these demands will rapidly become unsupportable. In addition, the retired population provides a large proportion of volunteers within voluntary and community organisations, it will be increasingly important to encourage, in younger as well as older age groups, healthy and active lifestyles to ensure this vital resource is maintained.

The voluntary and community sector are specialists in providing well-being services, as well as prevention, maintenance and monitoring services for those living at home, but in need of low level support. The Infrastructure Consortium would like to underline the importance of maintaining and enhancing the capacity and capability of the voluntary and community sector through investment in services to support those front line organisations. Herefordshire benefits greatly from the rich variety of voluntary and community organisations developed over many years across the county, who have strong relationships with various groups of service users; it will be crucial to ensure stability and continuing support to the sector over what is currently an uncertain time for many.

Public service delivery spans a wide spectrum of services. The voluntary and community sector is a provider at mainly the lower level, whilst clinical and critical services are provided by the specialist statutory agencies. Whilst some larger more professionalised voluntary agencies would be interested in providing public services at a more critical level, the majority of voluntary and community organisations are smaller and yet excel at providing preventative and community-centred services and support; because of their capacity and often very local base, they are in danger of being excluded from formal commissioning processes. It will be important for a new commissioning body to be familiar with the opportunities available through developing integrated services across all agencies, including the voluntary and community sector; a patient's journey often moves several times between specialist services and support at home. In order for this to be facilitated, the Infrastructure Consortium would emphasise the importance of voluntary sector representation and involvement at all levels of the proposed Public Service Trust. Without the knowledge and intelligence around the needs of the voluntary and community sector, and the expertise in how to address this which the Consortium can bring to the discussion and the development of commissioning strategies, there is unlikely to be any real change in the way that public services are provided.

In conclusion, Herefordshire Infrastructure Consortium supports in principle the proposal to develop a Public Service Trust for Herefordshire, but would emphasise the importance of the following:

- Clarity and transparency about savings and reinvestment in public service delivery
- Encouraging the integration of services delivered by all agencies in order to improve the quality and effectiveness of support;
- Investment in prevention and well-being services
- Ensuring the support for voluntary and community sector organisations is available in order to build capacity and capability for front line service delivery;
- Effective representation of the voluntary sector at all levels within the Public Service Trust structures.

The Infrastructure Consortium has an important role to play in ensuring the voluntary and community sector is prepared for the opportunities which the development of the Public Service Trust could offer; the Alliance has the knowledge of those voluntary organisations specialising in health and social care service provision, and the Voluntary Sector Assembly provides the wider voice of the voluntary and community sector. It would seem crucial therefore that there should be representation by all three bodies within the Public Service Trust at all levels.

**‘THE FUTURE OF PUBLIC SERVICES IN HEREFORDSHIRE’
Views of HALC (Herefordshire Association of Local Councils)**

At a recent meeting of HALC, the following views were expressed on the above document, concerning proposals for a Public Service Trust (PST).

Consultation Exercise

For whatever reason, the consultation document was not initially sent to Parish Councils via their Parish Clerk, but appeared to have been forwarded to individual Councillors in some but not all Parish and Town Councils across Herefordshire. Because of this initial delay, many Parish and Town Councils only received the document in mid July and therefore may not have been able to respond by the deadline of 31st July.

It is hoped that any future documents for consultation purposes would be sent direct to Parish and Town Clerks, which is the appropriate route into a Parish Council. If you wish to circulate to all Parish and Town Councillors, as well as the Clerk, that is an added bonus.

HALC View on Consultation Document

In principle, HALC is in favour of a Public Service Trust (PST). However, strong concerns have been raised about the absence of a Parish and Town Council representative on the proposed PST Management Board.

Unlike many other counties, Herefordshire is 100% parished. Parish and Town Councillors are volunteers who have been elected by their local residents to represent the views of those residents. The elected representatives form the ‘grassroots’ or first tier of local government.

On page 12 of the consultation document, it states that the proposed governance model of the PST would sit within the decision-making and performance management structure of the Herefordshire Partnership. As HALC plays an active part in all levels of the Herefordshire Partnership and has been excluded from the PST Management Board, it is suggested that this statement is incorrect.

Conclusion

HALC strongly recommends that the Primary Care Trust and Herefordshire Council, in setting up the proposed Public Service Trust for Herefordshire, recognise the value of working in partnership with Parish and Town Councils across Herefordshire.

Furthermore, that a place on the proposed Board of Management for the PST is made available for a representative from the 134 Parish and Town Councils which comprise the first tier of local government within Herefordshire.

HALC would be pleased to assist with that process.



**CONSULTATION ON THE FUTURE OF PUBLIC SERVICES IN HEREFORDSHIRE
– THE PUBLIC SERVICE TRUST**

- This is a response from the Herefordshire Partnership Chief Executive Group. The Group includes Chief Officers from West Mercia Constabulary, Chamber of Commerce, Learning & Skills Council, Advantage West Midlands, Fire & Rescue Service, HALC, and the Voluntary and Community Sector.
- The Chief Executive Group welcomes the opportunity to comment on the proposals for the Public Service Trust. The Group is pleased that there are a range of consultation methods, including opportunities for local people to be involved, to ask questions, and to clarify points. The Group is pleased that this can be done face-to-face, and through the Internet.
- Given that the role of the Chief Executive Group's includes making strategic connections between local organisations and services, the Group welcomes the strategic linkages between the two key local agencies that the proposal describes. The Group acknowledges the innovative nature of the proposals, both regionally and nationally.
- The Chief Executive Group hopes that the Public Service Trust will enable strong linkages with other Partner organisations, and will be the catalyst for the delivery of joined up service delivery right across Herefordshire.
- The Chief Executive Group anticipates that the proposal will lead to improved value for money in designing and delivering services and that financial benefits from joint commissioning will be seen and clearly evidenced, thereby releasing greater resource to front line services.
- It would be useful for all partners to have feedback on improvements to service delivery as the new ways of working are developed and implemented between the PCT and the Council, including sharing examples of good and best practice and performance. This would also potentially highlight new areas for joint working.
- The PST proposal supports the Vision of the Herefordshire Community Strategy in 2020 where "people, organisations and businesses working together within an outstanding natural environment will bring about sustainable prosperity and well-being for all".
- The proposal also supports key outcomes within the Community Strategy, particularly those within the Healthy Communities and Older People theme, and in the Children's and Young People's Theme.
- Within the proposal documents, a diagram shows how the Public Service Trust can work with the PCT, the Council and Herefordshire Partnership. The Chief Executive Group will need to consider how this will work in reality. For example, will the PCT and Council be represented by the Public Service Trust arrangement?

The Chief Executive Group is aware that if it is through one person, the need for partnership working across organisations and sectors will be great.

- While the focus of the consultation is about how the PCT and the Council will better work together and the benefits this will bring, it would also be useful to see some discussion of how the new joint body will be able to work better with the services and agencies represented through the Herefordshire Partnership. For instance, in terms of community safety the new body may be able to help in improving access to key target groups – such as older people and isolated communities – particularly for partners like the Fire and Rescue Service and the Police, and enable a greater level of joint working and information sharing.
- The Chief Executive Group would like to work with the PST on ensuring that the commissioning role fits with that of the commissioning role for the Local Area Agreement and therefore Herefordshire Partnership. And, also the commissioning roles of the Community Safety and Drugs Partnership, the Children’s Trust and the Statutory Health and Well-being Partnership.
- Similarly that the Performance Management functions sit within the LAA context and arrangements in place.
- The Voluntary Sector members of the Chief Executive Group would like to note that the consultation period has been relatively short, particularly for the Voluntary and Community Sector to input. Had the Herefordshire Compact been in place, this would have guided the consultation period. The Voluntary and Community Sector representatives also request that the Voluntary and Community Sector has a greater presence at the commissioning level of the PST.
- The VCS representatives wish to note the potential of the VCS, and that this should be reflected in the Public Service Trust arrangements.

**Herefordshire Voluntary Sector Assembly
Response to proposals to create a Public Service Trust in Herefordshire**

Introduction

The consultation on the proposed Public Service Trust (PST) is welcomed by The Voluntary Sector Assembly (VSA). This response has been developed following a presentation on the proposed PST which included an open question and answer session for VSA members on the 6th July 2007 and further discussion with Voluntary and Community Sector (VCS) colleagues within the Alliance and the Herefordshire Infrastructure Consortium.

The Assembly would like to thank public sector partners Tamar Thompson and Joanna Newton (Herefordshire Primary Health Care Trust), and Neil Pringle and Roger Phillips (Herefordshire Council) for their presentation on the 6th July and for their willingness to field questions afterwards. The presentation and the following question and answer session were thought provoking and informative. However there are many questions and issues still to be resolved as is to be expected in such a radical and untested proposal.

The voluntary sector in Herefordshire

Herefordshire has a strong and growing Voluntary and Community Sector¹ (VCS), supported by Herefordshire Infrastructure Consortium (HIC)² and The Alliance³. Research commissioned by the Herefordshire Infrastructure Consortium highlights the growing importance of the sector to the well being of people in Herefordshire.

The sector consists of 1,580 VCS organisations, two thirds of which are registered charities. Over 2,700 people are employed by the sector, which is about 4% of the total local workforce. In 2005 the sector had an income of £95 million, £28m from voluntary activity; £63m from sale of goods or services and £4m from investments.

1. VCS is also referred to as 'The Third Sector'
2. HIC was formed in 2003 in response to governments ChangeUp agenda. Locally it consists of Age Concern; Community First; Community and Voluntary Action, Ledbury and District; Herefordshire Council for Voluntary Youth Services and Herefordshire Voluntary Action.
3. The Alliance grew out of Herefordshire Community Care Alliance. The Alliance supports Voluntary and Community groups working in the Health and Social Care field.

SUSTAIN Consultancy Ltd, who carried out the research also uncovered a strong volunteering base, with 18% of the population, (31,600 individuals) having volunteered an average of three hours a week in 2005. These volunteers make a huge contribution to the quality of life and prosperity of Herefordshire, being especially good at supporting 'hard to reach' groups and the most vulnerable in our society.

Traditionally the VCS in Herefordshire has worked closely alongside the statutory service providers, playing a complementary role, with 54% actively participating in partnerships. The sector is keen to rise to the challenge of playing a greater role in direct service provision, with 37% of organisations reporting growth in 2005.

However this new role should not be at the expense of the time-honoured support the sector offers communities and individuals, such as:

- a trusted source of independent advice and advocacy
- a niche provider of bespoke services
- strong local knowledge and
- access to diverse community networks

The sector has a proven ability to respond directly to community needs because it is expert in harnessing local skills and knowledge, as well as having a track record of raising additional funding, often for essential services. The VCS can only do this because of the high level of commitment, persistence and independence found within the sector, qualities which are essential to good governance and thriving communities.

Key principles and objectives

The VSA would want to highlight the following key principles and objectives that underpin its response to this consultation:

- A commitment to the local 'Compact'
- A strengthened representational role for the sector at all levels within the PST
- A strong delivery role for the sector within the PST
- A desire to support the creation of effective structures and high performing people
- An effective and productive relationship with the statutory sector
- A strong belief in the independence of the voluntary and community sector
- A collaborative approach between VCS infrastructure organisations in relation to VCS support and representational activities.

Key Voluntary and Community Sector Networks and linkages

Herefordshire Voluntary and Community Sector already has well developed links with both the PCT and Herefordshire Council.

- **The Alliance** has played a key role in developing the Health and Social Care Compact and the Funding and Procurement Code with the PCT and Herefordshire Council, and is a full partner in the current joint planning and Commissioning of health and social care services, providing representation on a multiplicity of service design, reference and project groups from among its membership.
- The **Voluntary Sector Assembly** elects and support representatives on the key management boards of Herefordshire Partnership and, following the success of the 2007 Assembly, has a growing role in enabling and supporting representation of the sector in all its diversity. The VSA has also worked closely with all parties involved in developing the wider local Compact
- **Herefordshire Infrastructure Consortium** works to make sure that The Community and Voluntary Sector has access to the full range of resources and support to increase the effectiveness and influence of the sector. The Voluntary Sector Assembly appreciates that given the current focus on Health and Wellbeing and the close contractual relationship The Alliance has with the PCT and Herefordshire Council, that it inevitably has a fundamental stake in the current Public Service Trust proposals. However many Voluntary and Community Groups, outside the Alliance's remit

also promote Wellbeing. The support provided by many small community organisations help individuals and communities to remain independent and viable. It is vital that the contribution of groups working at the grassroots level is recognised and nurtured.

The Consultation

The Voluntary Sector Assembly considers that the consultation period on these important changes, which runs from 12 June 2007 to the 31 July 2007, a period of only seven weeks is not adequate, neither is it Compact compliant. Whilst it is appreciated that the timescales are very tight if the new Trust is to become operational in April 2008, the VSA believes that such an important proposal should have been subject to the fullest consultation. To curtail the consultation in this way at a time when the VCS and the Herefordshire Council are consulting on the adoption of a 'best practice' Compact seems unhelpful and perverse. The VSA would want to ensure that all future consultations are fully Compact compliant and that those involved receive full training on the Local Compact once that is in place.

The Proposal

The VSA agrees that the creation of a Public Service Trust, uniting the commissioning aspects of the PCT and the Herefordshire Council, makes sense for Herefordshire. It is recognised that there are great pressures to make administrative savings in order to release resources to improve existing services and to meet the rising demand which will inevitably come as the population ages. The Assembly would want to see front line services improved and enhanced. It supports the drive to reduce cost wherever possible and to see any savings reinvested to enhance delivery. However it would be concerned if these resources failed to reach the front line and were, instead, returned to the Treasury.

It would be helpful for all stakeholders to have some indication of the approximate savings that are likely to be released to the front line as a result of the PST proposals.

The Assembly supports moves to remove duplication and barriers so that frontline services are delivered in accordance with patient needs. Whilst the Assembly would endorse the list of services to be included in the PST proposal it is surprised that more back office functions such as human resources, finance and ICT, which could release substantial additional efficiency savings, appear not to have been included at this stage.

The Structure

The Voluntary Sector Assembly takes the view that the creation of a Public Service Trust offers an ideal opportunity to further strengthen links between the Voluntary and Community Sector and the statutory sector. Furthermore it considers it essential that the Voluntary and Community Sector is represented at every level within the PST including in all governance and commissioning arrangements.

It is noted that the current proposal for the PST Board does not include any voluntary and community sector representation. This omission seems illogical and entirely inappropriate.

Reflecting the diversity, breadth and specialisms of the third sector in partnership structures is of fundamental importance though also presents some challenges

for the sector. The VSA considers that in the interest of proper transparency, accountability and effectiveness 2-3 places should be allocated, as a minimum, to reflect VCS perspectives at every level of the PST. In addition it would suggest that consideration is given to alternate and observer status where it is not possible to offer 3 formal places.

The VSA would encourage the PST to ensure that all constituency representatives (private, public, voluntary and users) are recruited against specific role descriptions and skill specifications and are appropriately inducted, supported and trained. Where population of VCS places is concerned the VSA in partnership with other local VCS infrastructure would be keen to take a lead role in facilitating the recruitment process.

The Voluntary and Community Sector has an important part to play in planning and shaping services and in relation to advocacy in providing a voice for the most disadvantaged and excluded groups in society (recognised in the recently published final report of the Government's Third Sector Review). The cost implications for VCS organisations undertaking this representative/expert voice role needs proper recognition and resourcing. In some cases this may need to be reflected in a financial contribution, in others recognition that the role is a legitimate element of an existing contractual relationship with the public sector may be a more appropriate approach.

The Assembly supports The Alliance's proposal for a voluntary sector secondment to the Commissioning Team and believes that the Herefordshire Infrastructure Consortium and the VSA have a key role in helping to develop capacity in commissioning and monitoring within both voluntary and public sector partners. This should include training for staff, elected members and trustees to develop an appreciation of the Compact and Codes, what the sector has to offer, as well raising awareness of how the sector operates.

In Conclusion

The VSA supports the proposal to create a Public Service Trust provided that the sector's role: -

- in being a voice for the most disadvantaged;
- in providing a way of reaching the socially excluded;
- in offering a valued independent source of advice;
- as a provider of support to the sector as a whole;
- are recognised, alongside that of a potential service delivery partner, at all levels of governance within the PST.

Furthermore the VSA would want to ensure that:-

- all savings generated by the creation of the PST are used to improve and extend local services and not just returned to the Treasury;
- wider non-statutory services and facilities provided by the voluntary and community sector as part of its important civil society role are protected;
- funding for the community and voluntary sector is not cut back to meet the ever increasing demands of Health and Social Care.

The VSA would welcome wider discussion with both the PCT and Herefordshire Council about how these recommendations can be taken forward.

Letter from A Plummer, Fayre Oaks Park

Following receipt of 'Herefordshire Matters' and the information on Public Services here are a few comments.

- We do not have enough 'social/public housing' especially for those that cannot find funds, even for the low cost housing market.
- We talk about the elderly remaining in their community and home, but where is the accommodation when easy access and mobility is required, no stairs, easy to clean and with some one visiting regularly, and a garden!?
- Ort a couple wishing to live and work locally on the minimum wage, reducing to one income when children are expected.
- Where are the 'clean/happy' nursing homes, sheltered housing for all groups of people not only the elderly.
- Improved 'Home Help', Community Services and Day Centres free or with much reduced rates would improve the quality of many people's lives.
- We need improved, more frequent and lower cost public transport. The 'new Edgar Street Grid' has to have parking access planned before building starts. Otherwise it will be a White Elephant as was the inner ring road and Tesco's Bus Station. Without realistic plans to deal with traffic flow, the working lives of those that come to the city and those visiting won't improve, nor will the cities finances.
- City managers talk of less hassle for police with the 'new' drinking laws, that DOES NOT extend to the local Health Service, A&E nor Ambulance Service. The short and long term affects of Alcohol on individuals, their families and the community is devastating with increased organ disease and morbidity. Increased teenage/unplanned pregnancies, sexually transmitted infections and diseases and physical/mental abnormalities for many babies born to Alcoholic dependent parents. Not forgetting the Adult and Child abuse that occurs when one or both parents and their families are 'sufferers' or require stronger 'medication'.
- Any partnership needs to recognise that Hereford has a very large 'Drugs' problem, with many young people considering that cannabis is mild and just a smoke, 'not harmful' while Methadone is 'their medicine' enabling them to have a 'normal' life or/and additional to their 'on side' drug use. Many do not recognise or even want to consider the affects these might have on baby pregnancy, unborn child or the physical/mental/environmental life of their children.
- To have a real impact on the Public Services of Herefordshire need the joining/work cooperation of the PCT/HC & HHT NHS.
- One wonders where the money will materialise from.
- When other services such as the Library and general environment services are also important and vital for ones standard of life.
- When the government state; 'all vulnerable pregnant women and their partners will have access to a support worker continuing for the first two year and which services are sacrificed for the 'new' initiative?
- And will there be a close liaison between different services or the guarding of ones clients and restriction of information that happens at present?

Y101

Letter from Nunwell Surgery

Thank you for sending comprehensive consultation documents about the future of public services in Herefordshire.

We have debated this at Nunwell Surgery. We see many potential advantages that might flow from the merger. We hope that it will for instance allow more effective planning of services for the elderly and do away with the sterile debate about whether care is “social” or “medical”. There will also be opportunities for raising awareness about public health issues and developing strategies for preventative medicine.

Herefordshire has been fortunate in recent years in the quality of primary care management. Unlike some parts of the country, there has been co-operative between the PCT and GPs and perhaps the high standards achieved in primary care – and acknowledged nationally – are testament to this. We do hope that any change in the managerial structure of the health service does not detract from this and that we can continue to work in a mutually supportive way.

Y102

Letter from Herefordshire Local Medical Committee

I am writing on behalf of Herefordshire Local Medical Committee of GPs regarding the Public Service Trust Consultation.

Our committee as you may expect had both positive and negative views on the proposal.

On the positive side it was felt that combining PCT and the Council gave Herefordshire more political clout and the future of these organisations may be safe guarded. Other advantages seemed to be a measure of closer working between health and social care.

Concerns included local politics being closely involved with health issues, greater bureaucracy, dilution of funding streams and a move of the social care model of means testing to health with possible increase in management costs.

I hope the comments are useful. Please don't hesitate to contact me should you have any further questions.

LMC Secretary

Y103