

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 9th December, 2004 at 10.00 a.m.**

**Present:** Councillor W.J.S. Thomas (Chairman)  
Councillor T.M. James (Vice-Chairman)

Councillors: Mrs. W.U. Attfield, Brig. P. Jones CBE, G. Lucas, R. Mills,  
Ms. G.A. Powell and J.B. Williams

**In attendance:** Councillor P.E. Harling

**21. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors G.W. Davis, and Mrs J.A. Hyde.

**22. NAMED SUBSTITUTES**

There were no named substitutes.

**23. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**24. MINUTES**

**RESOLVED: That the Minutes of the meeting held on 29th July, 2004 be confirmed as a correct record and signed by the Chairman.**

**25. PRIMARY CARE TRUST BRIEFING**

The Committee received a presentation by Mr Simon Hairsnape, Director of Health Development at the Primary Care Trust (PCT) on three areas of current NHS interest: the Local Delivery Plan Process, NHS Dental Services and Primary Care Led Commissioning.

Mr Hairsnape had produced a briefing paper summarising the current position on each of the three areas and elaborated on aspects of the paper as set out below.

**(a) Local Delivery Plan Process**

Mr Hairsnape explained that the NHS planning cycle operated on a rolling three-year basis through the production of Local Delivery Plans (LDP). The next planning cycle started on 1 April 2005 running until 31 March 2008. An LDP was in preparation for submission to the Strategic Health Authority by 31 January 2005

He outlined the demands placed on the Trust by the Government's change agenda and the importance of devising a balanced financial plan in support, noting the expectation that additional resources would be made available to the NHS by Government in the forthcoming financial settlement and the opportunities this would provide.

He explained that the Trust would want to agree social care priorities with the Council and reflect them in the Plan.

The Director of Social Care and Strategic Housing confirmed that there was enhanced scope for joint planning and the Council and the PCT agreed on the direction to be pursued in taking advantage of this opportunity.

In response to questions Mr Hairsnape confirmed that the PCT worked closely with all the Council's Directorates, acknowledging the cross-cutting nature of health related issues.

**(b) NHS Dental Services**

Mr Hairsnape noted the extent to which access to NHS dental services had emerged as a national problem, becoming a top priority. He explained the current position in Herefordshire and the development of a Dental Action Plan, which had been agreed with the Department of Health, to provide additional NHS places. He advised that the PCT was taking what steps it could to improve the situation but expected that it would take 12-18 months to achieve any marked improvement.

The Committee noted the difficulties faced and the action being taken.

**(c) Primary Care Led Commissioning**

Mr Hairsnape advised that the introduction of indicative budgets for GP practices, to enable them to commission their own services, was another key aspect of the NHS System reforms. All GP practices would have a right to choose to take part with effect from 1st April, 2005, the expectation being that this would rapidly become the norm for Practices. Discussions with GP practices in Herefordshire about the system were currently ongoing.

In the course of discussion some concern was expressed as to whether the change would mean better services for the public or might even be open to abuse. Mr Hairsnape advised that the commissioning process would have to be set out in the Local Development Plan and mechanisms would be included to manage the process. However, the PCT had decided to adopt a flexible stance and there was good reason to be confident that the system would be of benefit to patients. He confirmed that the requirement on the PCT to consult the Committee in the event of a substantial variation to a service would be unaffected by the initiative.

**26. FUTURE SUPPORT FOR PATIENT AND PUBLIC INVOLVEMENT IN HEALTH**

The Committee considered a draft protocol concerning future working arrangements between the Committee and the Patient and Public Involvement Forums (PPIFs); and its response to a Department of Health questionnaire seeking views on changes to the system for patient and public involvement (PPI) in health.

The report noted that the draft protocol appended to the report had not yet been commented upon by the PPIFs. The draft allowed for PPIF members to attend Health Scrutiny Committee meetings and speak at the Chairman's discretion, but did not reciprocally provide for Members of the Health Scrutiny Committee to speak at PPIF meetings. It was proposed that the draft should be amended to that effect.

The report also noted that, having announced changes to the system for patient and public involvement in health, the Government had issued a questionnaire consulting on future support arrangements. A proposed response to the questionnaire had

been circulated separately to Members of the Committee.

The Committee acknowledged the interrelationship of the roles of the Committee and the PPIFs and the importance of developing an effective working relationship.

**RESOLVED:**

**THAT (a) the Director of Social Care and Strategic Housing be authorised to liaise with the PPIFs to revise the draft protocol to allow for Members of the Committee to speak at PPIFs at their Chairman's discretion; and agree the protocol;**

**and**

**(b) the response to the questionnaire seeking views on changes to the system for patient and public involvement in health, as separately circulated, be submitted to the Department of Health.**

**27. EMERGENCY CARE ACCESS**

The Committee reviewed the scoping statement for the review of Emergency Care Access.

The report noted that the scoping statement had been approved in January 2004 but it had not proved possible to progress the review because of the Committee's other commitments. It had been confirmed that there would be benefit in proceeding with the review. However, the scoping statement and in particular the timetable needed to be updated.

It was suggested that the timetable should be revisited by the Committee once the initial evidence gathering had been undertaken, which would provide a clearer indication of the scale of the task.

**RESOLVED: That the review of Emergency Care Access proceed and the scoping statement reviewed in the light of the initial evidence gathering exercise.**

**28. COMMUNICATION AND MORALE**

The Committee considered a scoping statement for its planned review of communication and morale in the health service.

A draft scoping report was appended to the report.

**RESOLVED: That the scoping statement for the review of communication and morale, as appended to the report, be approved.**

