HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 21 February 2006.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Mrs H Pearson and K Walker.

OFFICIALS: J Bennington, J Douglas and J Ord.

**** PRESENT BY INVITATION:** D Flory (Chief Executive) and A Hyde (Head of Communications) (County Durham and Tees Valley Strategic Health Authority)

J Malone, Assistant Chief Executive, (Middlesbrough Primary Care Trust)

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Lancaster and Mawston.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 21 October 2005 were submitted and approved.

PRIMARY CARE TRUSTS REORGANISATION – MIDDLESBROUGH RESIDENTS

A report of the Scrutiny Support Officer had previously been circulated regarding the consultation process, led by the Strategic Health Authority in respect of the future configuration of Primary Care Trusts serving the Tees Valley.

It was noted that the Tees Valley Health Scrutiny Joint Committee had met on 13 February 2006 to consider the Tees Valley wide implications of the proposals and that the outcome of the Health Scrutiny Panel's deliberations would be submitted to the Joint Committee as part of the compilation of evidence from each participating Authority.

Executive Director of Social Care

The Chair welcomed the Executive Director of Social Care who addressed the Panel on the potential impact on Middlesbrough residents of the two options for the reconfiguration of PCT's. One option involved the creation of two new PCT's, one in County Durham and Darlington, and Teesside. The other option involved the creation of six PCT's, a new PCT for County Durham and five PCT's covering Darlington, Hartlepool, Stockton-on-Tees, Middlesbrough, and Redcar and Cleveland. A significant element of option 2 proposed that the boundaries of the current Langbaurgh PCT and Middlesbrough PCT would be revised to be more coterminous with Middlesbrough, and Redcar and Cleveland unitary authorities.

The Executive Director of Social Care in her opening comments acknowledged that there were advantages and disadvantages to both options. The overriding factor in determining the preferred option was which alternative provided a better opportunity to provide long term sustainability and an organisational structure which was fit for purpose.

The subsequent presentation focussed on the main factors influencing such a decision in respect of the following elements: -

Main Policy Drivers:

i) The White Paper 'Our Health, Our Care, Our Say' recently published which amongst other issues proposed:-

- two radical shifts in the way in which services were delivered (i) from centralised planning to more locally practice based commissioning and (ii) a shift from the Acute sector to community based services with an emphasis on preventing ill-health;

- local representatives were to be held accountable for outcomes and that in order for this to be achieved there required to be alignment in transparency and accountability between local authorities and NHS and emphasis placed on the importance of local connection of non-executive Board members of PCT Trusts;

- by 2008 there was an expectation that all PCT's and local authorities would have established Joint Health and Social Care Teams for people with long term conditions and complex needs;

- local area agreements and local strategic partnerships emphasised as critical for co-ordination and planning of services;

ii) Localism:

- a desire for devolution beyond the 'Town Hall';
- increased neighbourhood management;
- strong emphasis for public involvement in shaping services;

iii) Children's Services:

- local authorities had a responsibility to facilitate the establishment of Children's Trusts to serve the local child population;

<u>Evidence of Achievements within Current Arrangements:</u>

- 3 star rating for Middlesbrough PCT and 4 star rating for the Council;

- there were numerous examples of effective joint commissioning between the Council and the PCT including the development of Parklands Intermediate Care Centre; 'Green' Drug Action Team regarded as one of the best in the North East region; joint workforce planning with the establishment of health and social care assistants; recently established Carers Centre; strong engagement with the voluntary community sector; few local authorities had achieved as Middlesbrough Council in the last 2/3 years of receiving no fines as a result of no delayed discharges; both the Council and the PCT had achieved financial balance in recent years; and one of few in the North East had developed a Council/ PCT, Joint Public Health Strategy to tackle health inequalities;

<u>Evidence relating to Commissioning:</u>

- since the establishment of PCT's it was felt that it had been speedier and easier to achieve a faster pace of change in comparison with the former Tees Health Authority arrangements;

- the impact of Prof. Sir Ara Darzi's proposals in terms of district general hospital services needed to be taken into account;

- there were good examples of collaborative commissioning of specialist services such as the SHA Review and the development of the Autism Network;

<u>Option 1 – Teesside PCT</u>:

- likely to strengthen commissioning of Acute Services;
- potential to release resources to community sector;
- potential for increased bargaining power with larger providers;
- more likely to provide a short term rather than long term solution;

Option 2 – Coterminous PCT/LA Boundaries:

- strengthen capacity of joint commissioning of community services;
- strengthen joint strategic planning;
- provide local focus, local engagement, meeting local needs;
- provide transparency and accountability;
- easier to achieve a whole system approach to improving Health Care and Integrated provision;
- easier to achieve integrated workforce planning – there would be differences amongst local authorities given the different population profiles;
- enable better engagement with the voluntary community sector the vast majority of which was local based although it was acknowledged that larger regional organisations had an important role to play;
- assist market management to ensure priorities met the needs of Middlesbrough;
- assist with the continued development of shared responsibilities in terms of community safety, crime reduction, economic regeneration;
- enable effective use of resources.

In conclusion, the Executive Director of Social Care expressed the view that option 2 was likely to provide an organisational structure fit for purpose; provided greater opportunity to fulfill the objectives of the main policy drivers for community based services and for achieving overall health improvements.

Chief Executive of County Durham and Tees Valley Strategic Health Authority

The Chair welcomed David Flory, Chief Executive, County Durham and Tees Valley Strategic Health Authority.
Whilst Middlesbrough PCT had been successful in making significant improvements in services it was acknowledged that there was much work to be done to consistently provide high standards of healthcare efficiently and effectively as well as improving health across the region.

It was considered that for a significant period of time there had been a dominance on acute services and given recent legislation and national guidance there was a need to redress the balance and focus on a shift towards providing more services in community settings. A stepped change was envisaged to achieve improvements and develop services away from an acute setting to a more responsive service to the needs of patients.

Although the James Cook University Hospital had received national and international recognition it was nevertheless currently facing severe financial constraints. In such circumstances important consideration needed to be given to the current ways of working in order to restore financial and business equilibrium. It was suggested that more co-ordinated tees wide strategic approach needed to be pursued. Although there had been opposition to Prof. Ara Darzi's proposals it was suggested that the main thrust of the review sought to achieve a sustainable system of healthcare from a Tees wide perspective.

A copy of the presentation used in the consultation exercise was circulated and the Panel's attention was drawn to the following main elements: -

Reconfiguration must meet National Criteria set by DoH for new PCT's:

- to provide secure high quality, safe services;

- improve health of population and reduce inequalities;
- a key part was strengthening commissioning involving the engagement of GP's and roll out of commissioning by GP practices to provide a more responsive local service;
- GP practices were better placed to develop models of care;
- improve public involvement;
- improve commissioning and effective use of resources with providers to develop a wide range of services in response to preferences and needs of patients;
- manage financial balance and risk;
- crucial to improve co-ordination with social services and other local authority services;
- from the required national savings of £250m to be achieved, deliver at least 15% reduction in management and administrative costs i.e. £6 in County Durham and Tees Valley;

Option 1:

The two PCT option was seen as being stronger in terms of strengthening commissioning; making more effective use of resources; was well placed to develop practice based commissioning; well placed to make the savings in management costs to re-invest in patient care; and achieve greater economies of scale. It was acknowledged that there would be a need to establish local arrangements to work effectively with local authorities and communities.

Option 1:

In terms of the six PCT's option it was considered stronger in relation to established ways of working with GP's and other providers; current working with local authorities; and continued local focus for public involvement. Although existing boundaries would be retained of Darlington, Hartlepool and Stockton-on-Tees there may be a challenge in terms of strengthening commissioning and some PCT's were already experiencing financial difficulties.

Of the £6m required financial savings across County Durham and Tees Valley, £2.8m savings were required from the reconfiguration of PCT's. Savings were identified by the merger of the two Strategic Health Authorities; the reduction of PCT Boards; savings in accommodation and Performance Executive Committees and audit.

It was noted that £3.2m savings could be achieved in respect of option1 and £2.8m, which included other savings in management (back office functions) in relation to option 2.

Assistant Chief Executive Middlesbrough Primary Care Trust

The Chair welcomed Jo Malone, Assistant Chief Executive, Middlesbrough Primary Care Trust. It was confirmed that whilst a formal response from the PCT as a statutory consultee had not yet been given an indication was given of their involvement in the consultation process and initial observations which had been made.

Such observations included: -

a) acknowledgement of shared views as expressed by the Executive Director of Social Care and the Chief Executive of the County Durham and Tees Valley Strategic Health Authority;

b) strong recognition for the need for organisational change;

c) acknowledgement of the successful improvements made so far and the need for this to be maintained and developed further;

d) arising from joint consultations with Langbaurgh PCT views had been expressed that option 1 for a Teesside PCT could work and reference made to current examples of successful working methods for patient services provided across boundaries;

e) the importance of tackling the need to make savings was reiterated and in order to do so effectively it was considered that option 1 provided a better opportunity to do so and meet the national criteria for the reconfiguration of new PCT's;

f) it was considered that whatever option was adopted there was a need for a shared management arrangement;

g) in favouring option 1 as indicated in (d) above it was considered crucial to retain a locality focus.

The key points arising from the deliberations following the presentations centred on the following:

a) a Member expressed the view that the composition of the former Tees Health Authority incorporated a better overall expertise from service representatives and provided a better opportunity for greater bargaining powers;

b) an important factor was seen as the need to release resources from the acute setting and to sustain the development of more locally based community services and to channel resources to tackle the problems most prevalent in the area;

c) smaller organisational units were not always regarded as the most appropriate and were often less cost effective;

d) option 1 was seen as providing greater strategic commissioning capacity and providing services more effectively to meet the needs of the population from a wider range of providers;

e) Members expressed support for option 1 but stressed that the thriving joint working and practices should be retained and continue to be developed and the financial strengths of successful PCT's safeguarded.

AGREED that Option 1 which involved the creation of a Teesside PCT be supported taking into account the points outlined above with specific regard to safeguarding existing successful joint working practices; financial strengths; maintain and develop current level of services available to the residents of Middlesbrough.

TOBACCO CONTROL SCRUTINY REVIEW – DRAFT FINAL REPORT

The Panel considered the draft final report on Tobacco Control. Since the compilation of the document additional information was circulated at the meeting following the recent vote in the House of Commons to introduce legislation which would enable a total ban on smoking within enclosed public places with no exceptions.

In formulating the conclusions and recommendations the Panel was mindful of recent developments.

The Panel concluded that:

a) Following the ban's implementation, the Panel considers it would be highly beneficial for Middlesbrough to positively advertise itself as 'smoke free' in an effort to take full advantage of any upturn in business the hospitality trade experiences following the change.

b) Whilst Parliament has taken a lead on establishing that a total ban will be implemented and fines for those contravening the ban have been discussed, the Panel notes that there has been a distinct lack of national guidance as to how such a ban will be policed. The Panel would like to see that remedied.

c) Whilst the Panel notes a ban will ban smoking in enclosed public places, it is mindful of evidence it received which asserted that such a ban would merely displace tobacco consumption into the home and potentially increase children and other family members to second hand smoke. The Panel concludes that this would be an ironic and unacceptable consequence of the tobacco ban, that in seeking to protect hospitality workers and other customers, the home became a more dangerous place.

d) The Panel has received evidence to indicate that in the event of a total ban, de facto smoking areas may start to develop around entrances and exits to pubs, clubs, restaurants, shopping centres and the like. The Panel is mindful that this will, in all probability, increase the amount of tobacco associated litter being dropped in public places. Further to this, the Panel is mindful that this may cause an extra strain on the Council's street cleaning commitments.

The Panel considered the following suggested recommendations: -

i) That following the imposition of the total smoking ban, Middlesbrough Council in conjunction with key partners actively seeks to promote Middlesbrough as 'smoke free', so that the Town may capitalise on any upturn in commercial activity as a result of the ban.

ii) That the Council lobbies the Government to publicly clarify exactly how the incoming ban will be policed and who will be responsible for its policing, including who will meet the financial commitments of policing the ban.

iii) That Middlesbrough Council, together with key partners, strenuously pursues a campaign to combat potential displacement of tobacco use into the home and that such a campaign should emphasise that smoking has been banned in enclosed public places for a reason and that reasoning applies equally to the home.

iv) That the Council, together with key partners, consider providing more litter bins and other receptacles outside establishments likely to have people smoking outside of them in an effort to prevent increases in the amount of tobacco related litter dropped.

v) That the Council considers the likely ramifications of a smoking ban for street cleaning functions and devotes an appropriate level of resources to deal with the possible increase in tobacco related litter.

It was also suggested that where appropriate premises such as public houses be encouraged to assign outside areas within the perimeter of such properties as sectors where smoking would be permitted in accordance with legislation.

AGREED that the draft final report on Tobacco Control as submitted be approved subject to the inclusion of the conclusions and recommendations as outlined above.

**** OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meetings of the Overview and Scrutiny Board held on 9 and 31 January 2006.

NOTED