

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 9 September 2010.

PRESENT: Councillor Dryden (Chair); Councillors Cole, Junier and P Rogers.

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board.

M Brydon, Capital Investment Manager, NHS Middlesbrough
 V Jackson, Practice Manager, Woodlands and Acklam Road
 Surgeries
 Dr R S Murphy, GP, Woodlands and Acklam Road Surgeries
 M Welford, Communication and Engagement Officer, NHS Tees.

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

**** DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor P Rogers	Personal/Non Prejudicial	Agenda item 4 relating to changes to the Cambridge Medical Group and the Woodlands and Acklam Road Surgeries – registered at GP Practice.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 16 July 2010 were taken as read and approved as a correct record.

CAMBRIDGE MEDICAL GROUP – WOODLANDS AND ACKLAM ROAD SURGERIES – RELOCATION

Further to the meeting of the Panel held on 16 July 2010 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives to discuss the proposed changes to the Cambridge Medical Group, the Woodlands and Acklam Road surgeries.

Members were reminded that the Panel had a statutory power to consider proposals for health service development/change and to formulate a judgement as to whether proposals should be supported or not, on the basis of the evidence presented and if they contributed to health services for the Town. Such developments often involved the Planning and Development responsibilities of a local authority but Members were reminded that such issues were not within the remit of the Panel.

The Chair welcomed the representatives to the meeting and confirmed that Members had been interested to receive further clarification around such issues as patient flows, catchment area and potential transport issues.

The Panel considered information circulated at the meeting together with statistical information previously forwarded to Members.

As part of the background information it was noted that in 2002 the respective GP practices had been identified as being in outdated buildings and in need of replacing based on the NHS Estatecode Methodology. For NHS estate/premises to be fit for purpose, a minimum rating of B should be achieved for the criteria, which included functional suitability; service capacity; physical condition; fire, safety and statutory regulations; and development capacity. Both practices had

fallen below the minimum standard of B on a range of criteria. It was confirmed that the Cambridge Medical Group, and the Woodlands and Acklam Road Surgeries had both been categorised as C with regard to certain criteria which was defined as the premises being operational but major repair or replacement would be required. Both groups had also been categorised as D in relation to the criteria in respect of Development Capacity, which was defined as the premises being in serious risk of imminent breakdown and in an unacceptable condition.

As previously indicated it was intended that the move would increase and enhance facilities available to patients and staff, improve access for the disabled, provide car parking; provide more flexibility around opening times; and allow the development and expansion of the Practices into the future to deliver a wider range of services.

Information was provided on the Practice population and analysis of patient list by postcode. The percentage number of current patients by postcode for both practices was shown as follows: -

Cambridge Medical Group:

TS1 (7%), TS3 (8%), TS4 (8%), TS5 (55%), TS7 (10%), TS8 (12%)

Woodlands Medical Practice;

TS1 (13%), TS3 (11%), TS4 (9%), TS5 (47%), TS7 (9%), TS8 (10%) and others (1%).

The statistical information demonstrated that in relation to the geographical base of the Practice population the majority of patients were from West Middlesbrough and in particular the Acklam area.

In terms of traffic infrastructure and transport issues it was noted that as part of the planning permission conditions, a traffic impact assessment needed to be undertaken which took into consideration where patients would be travelling to and from and a wider examination of public transport routes.

From initial rounds of informal consultation it had been recognised that access and traffic were potential issues and therefore much work had been undertaken to try and resolve the situation. Specific reference was made to encouraging discussions with a local service provider and the potential for re-routing a bus on a circular route around Town to the proposed new site.

The Panel's attention was drawn to recent public meetings, both of which had been well attended. Whilst general wide support had been expressed for the proposals which incorporated the restoration of Acklam Hall, issues had been raised as previously indicated with regard to traffic infrastructure and access issues. It was confirmed that as part of the formal consultation a meeting had been arranged for 15 September 2010 the outcome of which would be incorporated into the overall report to be completed by October 2010.

Members acknowledged the potential issues around traffic infrastructure and access especially with regard to those patients who resided in areas outside of West Middlesbrough and in areas of generally low car ownership.

It was confirmed that the GP Practice proposals was only one element out of three phases for the overall scheme for the Acklam Hall development which included the potential for a residential nursing home and new residential development. It was pointed out that planning permission would be required for each phase and it was intended for the overall development to be completed in five years

In conclusion, Members reiterated their support of the formal Consultation Plan and new investment into the replacement of the Practices from outdated buildings into new premises with the proposed enhanced facilities. The Panel agreed that every endeavour should be made to resolve the transport issues and that a patient's right to register with a GP of their choice should be made clear as part of the formal consultation with patients on the proposals.

AGREED as follows: -

1. That the representatives be thanked for the information provided.

2. That the Panel's comments as outlined form the basis of a formal response to the statutory consultation process regarding the proposals to relocate the Cambridge Medical Group and the Woodlands and Acklam Road, Middlesbrough surgeries to new premises located on a site at Acklam Hall.

WHITE PAPER – EQUITY AND EXCELLENCE – NHS

In a report of the Scrutiny Support Officer information was provided on the Government White Paper, published on 12 July 2010 outlining major reforms to the National Health Service structure and operation. The document, entitled Equity & Excellence: Liberating the NHS a copy of which was provided at Appendix 1 of the report submitted set out a future vision for the NHS.

Reference was made to a number of associated key documents with particular regard to 'Increasing democratic legitimacy in health' which was regarded as the most relevant to the work of local authorities, elected members and specifically the work of Health Overview and Scrutiny Committees.

The key provisions included the following: -

- a) the creation of GP consortia to commission local primary health services;
- b) transferring responsibilities for local public health improvement from PCTs to local authorities;
- c) the abolition of Strategic Health Authorities in 2012/2013 and Primary Care Trusts by the end of March 2013;
- d) the creation of a new national NHS Commissioning Board to lead on the achievement of health outcomes, allocate and account for NHS resources and support GP consortia further details of which were outlined in the report;
- e) the creation of Health Watch England, a new national independent consumer champion within the Care Quality Commission, Local Involvement Networks (LINKs) to become the local Health Watch ensuring that the views and feedback from patients and carers were an integral part of local commissioning across health and social care further details of which were given in Appendix 2.

Despite their approaching abolition, it was noted that the White Paper made it clear that PCTs and SHAs would be expected to play a full role in the transitional arrangements the precise nature of which required further work.

The report set out the local authorities' new functions, which included the responsibility for: -

- promoting integration and partnership working between the NHS, social care, public health and other local services and strategies;
- leading joint strategic needs assessments and promoting collaboration on local commissioning plans;
- building partnership for service changes and priorities.

It was intended that Health Watch would have more powers and areas of responsibility than LINKs currently had and were intended to become a kind of 'citizens advice bureau' for health providing a 'sign-posting function'. It was also proposed that LINKs would receive additional support and funding for NHS complaints advocacy services and supporting individuals to exercise choice.

Specific reference was made to the function of the proposed Local Health & Wellbeing Boards the primary aim of which would be to promote integration and partnership working between the NHS, social care public health and other local services and improve democratic accountability.

The LHWB were also envisaged to have a lead role in determining the strategy and allocation of any local application of place based budgets for health.

It was proposed that the four main functions of LHWB would be to: -

- a) to assess the needs of the local population and lead the statutory joint strategic need assessment;
- b) to promote integration and partnership across areas, including by means of promoting joined up commissioning plans across the NHS, social care and public health;
- c) to support joint commissioning and pooled budget arrangements where all parties agreed this would make sense;
- d) to undertake a scrutiny role in relation to major service redesign.

Despite its status as a White Paper, Equity & Excellence: Liberating the NHS was open to consultation and comments invited to be received by 5 October 2010 and Local Democratic Legitimacy in Health, a deadline for comments of 11 October 2010.

In terms of the consultation process the Chair referred to the decision by the Tees Valley Health Scrutiny Joint Committee to collate the responses from the constituent authorities and formulate a response on behalf of the Joint Committee on the White Paper proposals. Reference was also made to the arrangements, which had been made for the Panel to host a seminar on the White Paper on 10 September to which representatives from an Acute Trust, Primary Care Trust and a GP had been invited to attend to give their perspective.

In commenting on the likely implications of the White Paper Members expressed a number of concerns with particular regard to the following aspects: -

- a) ability, capacity and willingness of GPs to commission local primary health services;
- b) issues around accountability of Local Health & Wellbeing Boards which would have a scrutiny role but would also have a responsibility in setting local health strategy;
- c) capacity of Local Involvement Networks to deliver services and functions envisaged by the proposed Health Watch.

AGREED as follows: -

1. That the information provided be noted.
2. That following the Health Seminar to be held on 10 September 2010 a draft formal response be formulated on the White Paper proposals and circulated to Members for comment prior to submission.

OVERVIEW AND SCRUTINY 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 27 July and 24 August 2010.

Reference was also made to a number of additional meetings of the Board, which had been arranged in accordance with the Council's Call-In procedure and to the current requirements of such a process.

NOTED