

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 4 October 2010.

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

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** Councillors Coppinger, Kerr, Lowes, Rooney, Sanderson, B Thompson and J A Walker.

Dr Peter Heywood, Locality Director of Public Health,
Middlesbrough Council and NHS Middlesbrough.

****APOLOGIES FOR ABSENCE** were submitted on behalf of Panel Members, Councillors Carter, Cole, Mrs H Pearson and Purvis, and Councillor Elder.

**** DECLARATIONS OF INTEREST**

Name of Member	Type of Interest	Item / Nature of Interest
Councillor B Thompson	Personal/Non-Prejudicial	Agenda Item 3 – White Paper Equity –Liberating the NHS- Non Executive Director of South Tees Hospital NHS Foundation Trust

WHITE PAPER – EQUITY AND EXCELLENCE – LIBERATING THE NHS

Further to the meeting of the Panel held on 9 September 2010 the Scrutiny Support Officer submitted a report which outlined a draft response (Appendix 1 of the report) to the NHS White Paper Equity and Excellence - Liberating the NHS for the Panel's consideration.

The Chair welcomed all present and reported upon comments received on the draft response.

In considering paragraph 3 of Appendix 1, which related to concerns around General Practice having ultimate control over local commissioning Members were mindful of the findings of a previous scrutiny review into Practice Based Commissioning. It was felt that Practice Based Commissioning had been ambitious and not fully embraced resulting in a certain lack of confidence in such matters. The Panel agreed that paragraph 3 of the draft response should be strengthened and a reference made as to whether or not there was an evidence base for the concept of GP Consortia and if there was a strong enough willingness, skills and expertise for General Practice to commission services. Given the abolition of PCTs and uncertainty of support for GP Consortia there was also a concern around General Practice having sufficient expertise in relation to understanding the needs of the wider population and what services were required to improve the health of the overall population and to tackle health inequalities. It was felt that the opportunity to jointly commission and/or work in partnership with local authorities was an important consideration.

The Panel agreed that the proposal to transfer public health duties to local authorities required further clarification as Members highlighted the importance of ensuring that appropriate measures would be in place to deal with such matters effectively.

Given the proposal to abolish PCTs Members agreed that it was essential that further clarification was provided around estate interests and possible liabilities.

As highlighted in the draft response the Panel reaffirmed the concerns of a body such as the Health & Wellbeing Boards of having a dual responsibility for developing strategies at the same time as scrutinising such matters.

Members also expressed concerns as to whether the Local Involvement Networks (LINKs) (comprising volunteers) currently had the capacity to deliver services and functions as envisaged of Healthwatch.

Members raised questions around the ring-fencing of NHS public health budgets and the importance of ensuring that such budgets were proportionate to those areas in greatest need and if there would be certain flexibility to enable them to be utilised to meet local requirements.

As evidenced by the Panel and indicated in the draft response it was agreed that commissioning was not just about the procurement of services but involved stimulating the market and the commissioning of services appropriate to local need.

Reference was also made to the Government Bill expected in early December when it was hoped that further clarification would be provided in relation to the role of Local Health & Wellbeing Boards.

It was suggested that additional comments be made as part of the formal response covering the following aspects: -

- a) links with Social Care and the increasing financial pressures being faced by the service;
- b) clarification on issues of accountability and utilisation of any surpluses in respect of GP Consortia;
- c) concern at the lack of consistent and standard approaches should the National Service Frameworks be abolished;
- d) clarification on how commissioning by the GP Consortia aligns with the Joint Strategic Needs Assessment.

AGREED that subject to the Members' comments as outlined the draft response as outlined in Appendix 1 of the report submitted form the basis of the response to the Secretary of State for Health in respect of the White Paper Equity and Excellence – Liberating the NHS.

LOCALITY DIRECTOR OF PUBLIC HEALTH – DR PETER HEYWOOD

The Committee was advised that Dr Peter Heywood, Locality Director of Public Health, Middlesbrough Council and NHS Middlesbrough would be leaving his present post at the end of October 2010.

On behalf of the Committee, the Chair thanked Dr Heywood for his valuable contribution in relation to the health scrutiny function and wished him every success in the future.

NOTED