

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 15 December 2010.

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

OFFICERS: J Bennington, J Ord and M Robinson.

PRESENT BY INVITATION: Cleveland Local Medical Committee:
Dr John Canning, Secretary
Janice Foster, Development Manager
Dr Vaishali Nanda, Middlesbrough Practice Based
Commissioning

NHS Middlesbrough:
Jenny Eggett, Commissioning Manager, Middlesbrough GPs
Martin Phillips, Director of Health Systems Development.

****AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Lancaster.

**** 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 25 November 2010 were taken as read and approved as a correct record.

EQUITY AND EXCELLENCE – LIBERATING THE NHS – PROGRESS IN MIDDLESBROUGH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Council, NHS Middlesbrough and the Cleveland Local Medical Committee to discuss progress made and the steps required towards the implementation of the developments outlined in the Government's Equity and Excellence White Paper (Appendix 3) of the report submitted.

Members were reminded of the responses to the formal consultations as outlined in Appendices 1 and 2 of the report submitted.

Although the Health & Social Care Bill was impending it was considered that most aspects of the Equity & Excellence White Paper would form important aspects of the Bill. Reference was made to the recently published Public Health White Paper: Healthy Lives, Healthy People, which reaffirmed the Government's commitment to the establishment of Health & Wellbeing Boards.

Bearing in mind the challenging timeline to have a new proposed new structure in place to be fully operational by 1 April 2013 the Panel had previously expressed a keenness to host a series of meetings at various junctures charting the progress of the local health and social care economy in implementing the plans.

In order to assist the discussion at the meeting a series of questions had previously been provided to representatives.

Reference was made to the Government's 'Liberating the NHS Legislative Framework and Next Steps' published today which set out the policy for reform in detail. It was noted that the proposal to abolish Strategic Health Authorities and Primary Care Trusts had been retained. An indication was given of some of the changes, which included a proposal to 'extend council's formal scrutiny powers to cover all NHS funded services, and will give local authorities greater freedom in how these are exercised'.

From the perspective of the Cleveland Local Medical Committee In terms of local discussions further details were likely to emerge over the next few months in relation to the structure of a shadow GP Consortia the size of which still had to be determined. It was noted that there was currently no consensus regarding the size of the GP Consortia. Differing views had been expressed regarding the size of potential GP Consortia taking into account such factors as location of tertiary services, geographical and local authority boundaries. An indication had also been given that initially the shadow GP Consortia may be small although it was felt that if there were any subsequent major changes with possible mergers there was a likelihood of being unable to retain all GPs losing valuable skills and corporate memory. It was noted however that a view had been expressed that there may be difficulties for smaller GP Consortia to ensure that they were fit for purpose and appoint an appropriate Accountable Officer. Conversely, comments had been made that smaller consortium were more likely to have a closer liaison with the respective Trusts and provide services in a more effective way to meet the needs of a particular area. No matter what structure was eventually put in place it was agreed that there was a recognised need to work together with the tertiary services bearing in view of the impact on each other.

Representatives of NHS Middlesbrough referred to a number of major changes over recent years. In relation to the size of the GP Consortia specific reference was made to responses given regarding the population size for a minimum ranging from 100,000 to 500,000. Given the continuing financial constraints a view had been expressed that this may impact on the viability of small consortium.

The Cleveland Local Medical Committee was working closely with NHS Middlesbrough pooling information and sharing best practice with a view to ensuring that appropriate measures were in place during the transition period and new arrangements to be operative from 2013. It was recognised that it was in the early stages of organisation. A meeting had been arranged in January 2011 with interested GPs in order to determine the next steps in establishing the transitional organisation.

As previously acknowledged Members indicated that inevitably there would be certain GPs who wished to play a leading role in the Consortia but there were those who didn't and a certain number of GPs who lacked the specialist ability to commission healthcare services. In terms of accountability the GP Consortia would have a statutory obligation to improve healthcare provision.

The Council's Director of Environment and Adult Social Care reported upon progress of discussions and proposed development of a programme of work with various representatives including the Chief Executive of NHS Tees with particular regard to Health and Wellbeing Boards with a view to setting up by April 2011. It was acknowledged that there were very complex issues to consider in examining the potential role of Middlesbrough Council, an essential part of which would be the responsibilities of the Director of Public Health. It was also recognised that there was a need to work closely together and strengthen current links with other local NHS Trusts and members of the public.

Given the continual publication of Government documents a number of workstreams had been established with a view to considering various elements with a view to submitting a report to the Executive in around March/April 2011 on the possible structure of a Health and Wellbeing Board.

The Panel discussed the potential role of health scrutiny in terms of the overall development and implementation of the proposals. It was acknowledged that as part of the joint working an action plan with timescales needed to be compiled in order to meet the statutory deadlines. At the various stages of development it was considered that there was a role for health scrutiny in cross checking progress and milestones achieved.

Members were advised of the Pathfinder programme with particular regard to Langbaugh (Redcar and Cleveland) which had been selected as one group of GPs in the North East to take on commissioning responsibilities as part of the Government's plans. Such groups would be working together on areas such as commissioning services for patients direct with other NHS organisations and local authorities. Members were keen to ascertain any impact on services and treatment to patients. In response an assurance was given that patients should continue to obtain the same service but there may be differences in where a patient received certain services.

AGREED that all representatives be thanked for the information provided and that further reports on the implementation of the Government proposals be submitted to the Health Scrutiny Panel as appropriate.