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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

TABLED DOCUMENTS

DATE: WEDNESDAY 13 OCTOBER 2010
TIME: 3.00 PM
PLACE: WARSPITE ROOM, COUNCIL HOUSE

Committee Members–

Councillor Ricketts, Chair
Councillors Bowie, Delbridge, Gordon, Dr. Mahony, McDonald, Mrs Nicholson,
Dr. Salter and Viney

Co-opted Representatives: Chris Boote (LINK) Margaret Schwarz (NHS Plymouth Hospitals Trust)

Substitutes–:

Any Member other than a Member of the Cabinet may act as a substitute member provided that they do not have a personal and prejudicial interest in the matter under review.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and Officers are requested to sign the attendance list at the meeting.

BARRY KEEL
CHIEF EXECUTIVE

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

4. CHAIR'S URGENT BUSINESS (Pages 1 - 4)

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

7. PETITION - GYNAECOLOGICAL SURGICAL CANCER UNIT (Pages 5 - 6)

The panel will receive a petition regarding the transfer of the Gynaecological Surgical Cancer Unit from Derriford Hospital in Plymouth to Treliske Hospital in Truro, Cornwall.

Q3 What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

Guidance for Local Authorities in procuring Local Involvement in Health Networks (LINKs) was too prescriptive. A framework giving clear expectations of the role of local Healthwatch from the DoH would be sufficient, with Local Authorities free to procure in line with relevant procurement legislation and with locally agreed priorities driving the process.

Clarity will be needed to avoid a conflict between the commissioning role of Local Authorities and local HealthWatch being part of the CQC, which has a regulatory role of Local Authorities.

Q6 Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

Subject to the handling of the scrutiny role with respect to Health and Wellbeing Boards, Local Authorities should retain the powers to require health agencies to be accountable to scrutiny, take account of recommendations and make references to the Secretary of State where agreement cannot be reached. This brief will expand with the receipt of public health responsibilities, and this should be reflected in resources made available to Local Authorities.

Q10 If a health and wellbeing board was created. How do you see the proposals fitting with the current duty to cooperate through children's trusts?

Children's Trusts deliver different functions to those proposed for the Health and Wellbeing Board. Steps should be taken to ensure that the Duty to Cooperate is applied consistently between duties with respect to Children's health issues and those of the wider population – for example older people and those with disabilities.

Q12 Do you agree with our proposals for membership requirements set out in paragraph 38-41?

If the Board is to perform a leadership or executive role, the key decision-makers of all stake-holding bodies should be represented, including elected members of the local authority, as well as key voices from the recipients of services. The proposed membership requirements have a key flaw, however if the role of the Board includes a scrutiny role of holding decision-makers to account, as they are members of it. A separate, powerful scrutiny function is still necessary to hold the Board to account if decision makers form part of its membership.

Plymouth City Council Health Overview and Scrutiny Panel
Health White Paper response

Q14 Do you agree that the scrutiny and referral function of the current Health OSC should be subsumed within the health and well being boards (if boards are created)?

The proposed Board's membership includes a strong executive element. If it inherited scrutiny functions it would, in effect be asked to hold itself to account.

There is not a strong tradition of this being a good governance model, so scrutiny functions should remain independent from those of the Health and Wellbeing Board.

Q16 What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Scrutiny and referral functions should not be vested in the Health and Wellbeing Board, as it consists, as proposed, of decision makers and executives of the health agencies. The Local Authority and its elected members should be allowed the flexibility to deliver these powers through locally agreed governance arrangements.

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Gynaecological Surgical Cancer Unit – Petition – Health and Adult Social Care
Overview and Scrutiny Panel
Briefing Paper – Prepared by Ross Jago
8th October 2010

Petition regarding transfer of the Gynaecological Surgical Cancer unit

1. Introduction

- 1.1** A petition was received on the 9 September 2010 from former patients of Derriford Hospital's gynaecological surgical cancer unit.
- 1.2** The petition requests that the Derriford Hospital gynaecological surgical cancer care unit should remain in Plymouth and not be transferred to Treliske Hospital in Truro. The petitioners highlight that the gynaecological cancer surgery outcomes achieved at Derriford Hospital are above the national average and the transfer of services would increase travel for patients in Plymouth, causing additional stress to local women diagnosed with rare gynaecological cancers.
- 1.3** Plymouth City Council has a duty to respond to petitions as outlined in statutory guidance from the Department of Communities and Local Government. Details of the Council's petition policy can be found at www.plymouth.gov.uk/homepage/newsandviews/petitions.
- 1.4** Section 14(2)(b)(ii) of the Local Democracy, Economic Development and Construction Act 2009 requires top tier authorities to respond to petitions which relate to an improvement in the economic, social or environmental well-being of the authority's area to which any of its partner authorities could contribute. This means that these local authorities must deal with petitions which relate to the functions, including petitions which relate to the functions, including petitions on matters which are sub regional and cross authority.
- 1.5** As the petition regarding the transfer of gynaecological cancer services received above the requisite 2,500 signatories, the Health and Adult Social Care Overview and Scrutiny Panel activated a provisional meeting. Representatives of NHS Plymouth Teaching Primary Care Trust have been invited to attend and respond to the petition.

2. Scrutiny of Service Reconfiguration

- 2.1** At the meeting of the Health and Adult Social Care Overview and Scrutiny Panel on the 27 January 2010, the panel considered service improvement proposals to centralise gynaecological cancer surgery.
- 2.2** The Panel considered the rationale for centralisation of gynaecological cancer surgery, the independent clinical review with its recommendation for the creation of a second specialist gynaecological cancer surgery centre for the peninsula and the engagement plan for

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people who might be affected by the creation of the proposed second centre.

- 2.3** Members welcomed the principle of developing centres of excellence but recognised that patients had other outcomes to consider such as emotional and financial wellbeing. Given that Plymouth was a city with pockets of deprivation, the panel sought assurances that the needs of patients having to travel would be met and supported, along with those of their families. The panel made the following recommendations which were forwarded to NHS Plymouth Teaching Primary Care Trust.

Recommended that the findings of the independent clinical review could not be supported because the report fails to provide the assurances the panel would need in respect of -

- (1) evidence to demonstrate that a second centre at Truro would make a significant difference to clinical outcomes for patients from Plymouth;
- (2) addressing the issue of individual choice for women over where their surgery should take place.

(Minute Number 54 Health and Adult Social Care Overview and Scrutiny Panel (1, 2) 21/01/10)

3. Progress

- 3.1** Following the recommendations being provided to NHS Plymouth, the Health and Adult Social Care Overview and Scrutiny Panel received information that any feedback on recommendations made to the panel would be dependent on the outcomes of the independent reconfiguration panel review of oesophago-gastric cancer surgery.
- 3.2** The review was completed in July 2010 and resulted in a change of emphasis on service reconfiguration. The Peninsula Cancer Network approved a new approach for improving services for patients across the Peninsula in September 2010 and has provided a report for the Panel's meeting of the 13 October 2010 in response to the petition.