

# Health and Adult Social Care Overview and Scrutiny Panel

Thursday 16 September 2010

## PRESENT:

Councillor Ricketts, in the Chair.  
Councillor Coker, Vice Chair.  
Councillors Delbridge, Dr. Mahony, Mrs Nicholson, Dr. Salter, Viney and Wildy (Substitute Cllr Bowie).

Co-opted Representatives: Chris Boote (LINK)

Apologies for absence: Councillors Gordon and Margaret Schwarz (NHS Plymouth Hospitals Trust)

Also in attendance: John Richards (Chief Executive, NHS Plymouth), Nick Thomas (Director of Planning and Information NHS Plymouth Hospitals Trust), Carole Burgoyne (Director of Community Services, Plymouth City Council), Claire Cordory (Children's Trust), Giles Perritt (Lead Officer), Lisa Woodman (Business Manager, Plymouth City Council)

The meeting started at 3.00 pm and finished at 5.10 pm.

*Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 38. **DECLARATIONS OF INTEREST**

There were no declarations of interest in accordance with the code of conduct.

## 39. **CHAIR'S URGENT BUSINESS**

The Chair advised the panel that a petition had been received from members of the public concerning the move of the Gynaecological Cancer Surgery Unit from Derriford Hospital in Plymouth to Treliske Hospital in Truro. As the petition held more than 3,000 signatures the provisional meeting scheduled for the 13 October 2010 would be activated to consider the petition and an appropriate representative from NHS Plymouth would be requested to attend the panel.

The Chair informed the Panel that he had visited a consultation event on White Paper proposals around HealthWatch along with the Vice-Chair. It was reported that it was a very useful event which provided an opportunity for a full debate on the future direction of public involvement in health.

## **WHITE PAPER CONSULTATION**

### **40. White Paper Presentation**

The Director of Public Health gave a presentation outlining the major proposals contained within the Health White Paper and associated consultation documents with particular emphasis on the Local Democratic Legitimacy in Health consultation paper. It was reported that-

- a. the White Paper proposals outlined the most significant changes to the NHS since its creation and contained several key principles including –
  - Involvement of clinicians in service configuration and commissioning,
  - Provision of patient centric services,
  - Development of the Health Market;
- b. key issues to affect local authorities would include-
  - leading Joint Strategic Needs Assessments (JSNA) to ensure coherent and coordinated commissioning strategies,
  - supporting local voice, and the exercise of patient choice,
  - promoting joined up commissioning of local NHS services, social care and health improvement,
  - leading on local health improvement and prevention activity;
- c. local Health and Wellbeing Boards would be created, with statutory scrutiny functions being moved to the new body. The new board would have four main functions-
  - to assess the needs of the local population and lead the JSNA;
  - to promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
  - to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense; and to undertake a scrutiny role in relation to major service redesign;
  - to undertake a scrutiny role in relation to major service redesign.

In response to questions from the panel it was reported that funding allocations for commissioning would be made to GP consortia, although it was unclear how and with what formula allocations would be made.

### **41. Feedback on proposals from NHS Plymouth**

John Richards, Chief Executive NHS Primary Teaching Trust, provided comments on the white paper for consideration by the panel. It was reported that-

- a. the vision within the paper was a clear, broad ranging and good vision.

It built on “High Quality Health Care for All” and proposals formed a bridge from the previous Government’s health care strategy;

- b. many of the proposals would require changes to primary and secondary legislation. It would be reasonable to assume that many proposals may be amended or discarded through the legislative process;
- c. nationally there had been a challenge to the Department of Health approach. Unions were challenging the White Paper on the basis that many of the proposals were not included within Party Manifestos or the Coalition programme for Government;
- d. Plymouth was well placed to implement some of the changes proposed in the white paper with a proven track record of partnership working;
- e. the Sentinel organisation had expressed an interest in being developed as the GP consortium for the City;
- f. in terms of Health and Adult Social Care integration there had been arrangements made across the city, the NHS and Local Authority already had a memorandum of understanding and continue to work very closely together;
- g. if reforms were to be implemented in isolation from the NHS Quality, Improvement, Productivity and Prevention programme they could fail;
- h. the short proposed timescale and possible loss of capacity within NHS Plymouth over this period posed significant risks;
- i. there was a large number of statutory services that the NHS Plymouth provided. The services would still be required although the White Paper did not suggest how they may be delivered;
- j. by moving responsibility for Public Health into the local authority there was a risk that the health services could lose focus on the public health agenda, any health organisations formed in the future would need to work closely with local authorities so that issues of public health are embedded within all organisations.

In response to questions from members of the panel it was reported that-

- k. it was not clear how the JSNA would link to GP Consortia or other providers and how or where the Health and Wellbeing Board would have an overview, the critical test would be how commissioners take the JSNA into account;
- l. there were gaps in the white paper with regard to how broad the role of GP consortia would be in commissioning services;

- m. the White Paper allowed for further development of existing arrangements within the city, provided there was no loss of expertise from within the system the good working arrangements could continue;
- n. it was unlikely that an organisation such as Sentinel would go unchallenged as the GP consortium for Plymouth and it was possible that the City could have several consortia, however, the process for authorising GP consortia had not been outlined and the timescales within the white paper were very short;
- o. the theme of localism was present throughout the white paper.

42. **Feedback on proposals from NHS Plymouth Hospitals Trust**

Nick Thomas, Director of Planning and Information, outlined the trusts view of the White Paper, it was reported that-

- a. a number of the key proposals were welcomed by the Trust;
- b. the renewed energy and focus on the Foundation Trust agenda was a positive step;
- c. the hospital would be required to be a flexible organisation in the future;
- d. a concern for the trust was the scale of the changes, particularly within the present financial climate;
- e. the focus on quality outcomes and standards was welcomed;
- f. transformation of services was important and proposals should not only on a transfer into a new organisation.

In response to questions from members of the panel, it was reported that-

- g. the Trust would become increasingly accountable to patients through the proposals in the White Paper;
- h. the Trust had no strong views on the membership or constitution of the proposed Health and Wellbeing Boards;
- i. there were plans to save 43% of management costs through the abolition of the Primary Care Trusts, Strategic Health Authorities and other arms length bodies;
- j. GP consortia were expected to be in place by 2013;
- k. there would be a risk that GPs would not be willing to develop consortia.

43. **Feedback on proposals from General Practitioners**

General Practitioners were not represented at the meeting.

44. **Feedback on proposals from Plymouth Adult Social Care**

Carol Burgoyne, Director for Community Services, highlighted the principles of joined up services and a patient centric wraparound service as principles supported by the Local Authority. The Local Authority welcomed the opportunity to have a stronger influence on health outcomes and take on Public Health responsibilities. Arrangements around the JSNA were already in place and would be developed. It was further reported that-

- a. there had been integration with Adult Social Care and Health, including services for people with mental health problems and learning disabilities. The Local Authority also co-locates with health services across several sites in Plymouth;
- b. Adult Social Care hopes to further develop joint commissioning;
- c. many of the suggestions and proposals within the white paper are already being carried out within Plymouth.

In response to questions from members of the panel, it was reported that more clarity was required from the Government around the role of the Health and Wellbeing Board.

45. **Feedback on proposals from UNISON**

UNISON were not represented at the meeting.

46. **Feedback on proposals from the Local Involvement Network**

Chris Boote, Chair of the Plymouth Local Involvement Network (LINK) advised the panel on the work of the LINK in relation to the white paper. It was reported that-

- a. LINK was considering approaching the public to gather views on the proposals set out in the White Paper;
- b. the LINK supported the proposals for Local and National HealthWatch which would be the natural next step for LINKs;
- c. the proposals would allow for a national brand, voice and opportunity to tackle national issues;
- d. the LINK would continue to carry out current activities with proposed new activities complementing the work already carried out;

- e. the future role of the LINK was dependent on funding and how Local Authorities commission a HealthWatch service.

In response to questions from members of the panel it was reported that-

- f. LINK would carry out consultation work on the 9<sup>th</sup> October 2010;
- g. LINK have carried out work to increase the public profile of the organisation. The establishment of National HealthWatch would increase the profile of local groups;
- h. Plymouth LINK fully supports the proposals for HealthWatch.

47. **Feedback on proposals from the Children's Trust**

Claire Cordory, representing the Children's trust reported that –

- a. the Children's Trust had jointly planned and delivered services across the city;
- b. the children's trust would encourage a response to the White Paper consultation which would recognise and preserve current arrangements particularly with regard to the duty to cooperate;
- c. the children's trust would develop links with new bodies and GP consortia when established.

48. **PANELS RECOMMENDATIONS FOR RESPONSE**

The Chair thanked officers who attended for the valuable information provided to the panel. It was commented by members of the panel that-

- a. HealthWatch was a good initiative which would strengthen patient involvement in health services. National HealthWatch would strengthen public awareness of local patient involvement. HealthWatch should be set minimum standards in order for benchmarking with similar services in other Local Authority areas. A general set of principles or framework should be developed in order for local authorities to assess local HealthWatch outcomes;
- b. there were severe doubts over the democratic legitimacy of the Health and Wellbeing board, it was felt by panel members that there was a muddle of executive and scrutiny functions on the board. It would be led by elected councillors but the proposed largely unelected membership could lead to a democratic deficit on the board. Although the ability to design governance arrangements locally was welcome, many of the proposals within the paper were seen as vague and potentially difficult to implement;

- c. it was felt by Councillors that a health scrutiny function would still need to exist within the Local Authority to scrutinise the work of the Health and Wellbeing board along with Adult Social Care, it was also suggested a redesign of the scrutiny function should be undertaken to reflect changes proposed not only by the NHS White Paper but also other legislative changes proposed by the coalition government;
- d. a health premium, similar to the pupil premium announced by the coalition government, would be a welcome addition to the white paper proposals;
- e. governance arrangements would need to be locally designed to allow the Local Authority and Health Services to deliver the best outcomes for the residents of Plymouth.

Agreed that a response to the consultation would be drawn from the comments made by Councillors during the debate with delegation for approval to the Head of Policy, Performance and Partnerships in consultation with Chair and Vice Chair.

49. **EXEMPT BUSINESS**

There were no items of exempt business.