

ACTIVE LIFESTYLES, LEISURE & CULTURE SCRUTINY COMMITTEE

Minutes of the meeting of the Active Lifestyles, Leisure & Culture Scrutiny Committee held on Monday, 27th September, 2010 at 3.00 p.m. in the Reception Suite, Civic Offices, Telford

NB: Members of the Adult Care & Support Scrutiny Committee had been invited to attend and participate in this meeting

PRESENT: Councillors V.A. Fletcher (Chairman), R.G. Chaplin, J.A. Francis, C.N. Mason and F.R. Picken
Ms D. Davis and Ms J Gulliver (Co-optees)
Councillor K.S. Sahota (member of Adult Care & Support Scrutiny Committee)

ALSC-9 MINUTES

RESOLVED – that the minutes of the meeting held on 8th September 2010 be confirmed and signed by the Chairman.

ALSC-10 APOLOGIES FOR ABSENCE

Councillor K.T. Blundell and Mr D Saunders (Co-optee)

ALSC-11 DECLARATIONS OF INTEREST

None

ALSC-12 TRANSFORMING COMMUNITY SERVICES

The Chairman welcomed Jo Chambers (Chief Executive, Shropshire County Primary Care Trust) and Peter Price (Director of Finance, NHS Telford & Wrekin), who gave a presentation on the integration of community health services and proposals for an NHS Community Foundation Trust. A briefing paper was attached to the agenda.

Under national guidance from the Department of Health, by April 2011 all Primary Care Trusts (PCTs) had to arrange for a new organisation to manage the community health services which the PCTs until now had managed themselves. Initially, discussions had focussed on moving to a social enterprise model, on which some consultation had taken place with staff and stakeholders. Some staff had expressed concerns about the social enterprise option because it was outside the NHS. However, the new Coalition Government had issued new guidance in June 2010 that offered a further option of a Staff membership Community Foundation Trust. This option appeared to offer the benefits of the social enterprise model in terms of locally based community health services working closely with GPs, but overcoming staff concerns by being part of the NHS. The new NHS White Paper clearly indicated a commitment for Foundation Trusts to remain within the NHS. Both PCT Boards had reached the same conclusion that there were clear benefits in joining together to form an integrated community health service across Shropshire, Telford & Wrekin. Benefits included improved patient outcomes, reduced management costs through shared back office functions, and a larger size created a stronger basis for

Foundation Trust status. Engagement with patients, the public and staff was now taking place on the Community Foundation Trust proposals, with a period of written consultation (11 October to 17 December) that would allow the wider public to find out more and comment, running alongside a series of engagement events on specific topics. The Business Case for an integrated Community NHS Trust would be considered by both PCT Boards on 28th September, with a submission to the Strategic Health Authority in October. If successful, there would be a new Trust from April 2011, with the aim of working towards Foundation status after that.

Members then asked a number of questions, including:

What would be the costs of setting-up the new Trust, and would it be a viable organisation?

Response – there would be a small cost to the formal amalgamation and application for Trust status. However, much of the preparation work was being carried out by existing staff across both PCTs. In terms of its size, the proposed new Trust would be viable based on current national criteria.

Would there be a need for some capital expenditure, given the lack of existing buildings for community care in the Telford & Wrekin area?

Response – there could be a need to develop other sites, such as the recently acquired premises at Euston House. If Foundation status was achieved, the Trust would have the flexibility to invest any surplus to develop new assets.

Would the new arrangements be of the same benefit to residents in Telford & Wrekin as to those in the Shropshire Council area?

Response – the purpose of the Trust would be to serve both populations. Under the new commissioning arrangements, GPs in Telford & Wrekin would be asking the Trust to provide services for their patients. Therefore, the leverage to ensure that any area was not disadvantaged would come from the GP consortia. Each GP would have an amount of money for their patients based on population and other weighting factors.

What were the current PCT management/back office costs, and how much would it cost the GP consortia to pay for these services in the new model?

Response – Annual management costs for Telford & Wrekin PCT were currently around £5.5m, although this needed to be reduced to £3.8m by 2011/12. On the disbandment of the PCTs, these costs would be split into different directions. On the provider side, some management costs would be taken out due to the reduction in duplication arising from the amalgamation between Shropshire and Telford & Wrekin.

What would happen to “patient choice”?

Response – this would stay the same, and Telford GPs would still be able to send patients to a community hospital in another part of Shropshire.

The Committee then gave consideration to the consultation arrangements for the proposals. In relating the proposals to the Consultation Framework agreed at the last meeting, it was accepted that this was a Level 4 consultation – ie: “the proposed change in service was a significant change in service but the decision had been

made at a national level and therefore local consultation on whether the change should be implemented was not necessary. However the Committee may expect the local NHS organisations to demonstrate that patients and the public will be involved in how the change will be implemented". In this instance, it was felt that the proposed 10 week consultation period would be sufficient. Members were assured that the proposal to become a Community Trust and then a Community Foundation Trust would not mean any immediate change in service – the proposal to become a Community Trust would change the organisational structure, not service provision. Any subsequent proposals to change services would be brought to the Scrutiny Committee.

RESOLVED -

- (a) **that the progress in implementing the integration of Community Services be noted;**
- (b) **that the proposed consultation process is sufficient in terms of involving patients and the public in the integration proposals.**

ALSC-13 SCRUTINY RESPONSE TO THE HEALTH REFORM WHITE PAPER
“EQUITY AND EXCELLENCE: LIBERATING THE NHS”

The Scrutiny Manager presented a report which outlined the key proposals of the Health Reform White Paper, and sought Members' views on key questions.

The White Paper had been published in July 2010, with four detailed consultation documents subsequently being produced. Copies of these documents had been previously circulated to Members. The documents not only presented a major restructuring of the NHS, but also contained significant implications for local authorities, particularly the transfer of responsibility for health improvement and the introduction of the lead co-ordination role for health and social care. In relation to the governance arrangements, the White Paper proposed that Councils be required to establish Health & Wellbeing Boards to promote integration, partnership and support joint commissioning and pooled budget arrangements with the new GP consortia. The Board would also be required to assess the needs of the local population and to undertake a scrutiny role in relation to service re-design. It was suggested that the statutory functions of the Health Overview & Scrutiny Committee would transfer to the Health & Wellbeing Board. It was proposed that local involvement networks (LINKs) would become local Health Watch branches, with a continued statutory duty to support patient and public involvement activity, but accountable to local authorities. Their brief might also be extended to social care.

The consultation documents contained 100 questions in total, but the key questions with the most relevant implications for local authorities were set out in Appendix 1 of the report. Cabinet would consider the Executive response to the consultation on 28th September, and it was anticipated that a Council response representing the views of both Scrutiny and the Executive would be submitted to the Department of Health by the deadline of 11 October.

During the ensuing discussion, the main comments that emerged in response to the key questions in the White Paper consultation papers were:

- That the scrutiny function should be independent of the proposed Health & Wellbeing Board. There should be clear accountability and independent scrutiny of the proposed Board by a Health Overview & Scrutiny Committee along the lines of the current arrangements;
- That the powers, duties and responsibilities of the Health & Wellbeing Board and the constituent member organisations should be statutory;
- That the responsibility for local authorities to support joint working on health and wellbeing should be under-pinned by statutory powers;
- That the development of patient and public involvement is supported, but that there are concerns at the proposal for local HealthWatches to have a wider advocacy role. If this was along the CAB model, it could have significant implications in terms of resources and workloads. Any new arrangements must be sustainable over a number of years in order to maintain public credibility;
- That the GP consortia should be accountable to the local Health & Wellbeing Boards, as well as to the NHS Commissioning Board, and be subject to independent scrutiny;
- That GP commissioning consortia should be co-terminous with upper-tier local authority boundaries;
- That there should be a clear protocol to distinguish between GP's role in setting commissioning policy and their role in supporting individual patients to access the best health care;
- That the transition period from PCTs to GP commissioning must be managed carefully to avoid incurring additional costs at a time when there are existing targets for management savings.

The Scrutiny Manager advised that it might also be useful to inform local health providers of the Committee's views on the White Paper.

RESOLVED –

- a) that the key proposals contained within the White Paper be noted;**
- b) that the responses to the key consultation questions, as summarised in the bullet points above, be agreed;**
- (c) that the Scrutiny Manager be authorised, in consultation with the Chairman, to prepare and submit the final joint Scrutiny and Executive response to the Department of Health.**

The meeting ended at 5.15 p.m.

Chairman:

Date: