

**MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND
SCRUTINY COMMITTEE HELD ON 2 MARCH 2011 AT 10.00 AM AT
COUNTY HALL, CHELMSFORD**

Membership

County Councillors:

* G Butland (Chairman)	* R Gooding
* Mrs J M Reeves (Vice-Chairman)	* Mrs S Hillier
* Mrs M A Miller (Vice-Chairman)	Mrs M Hutchon
* J Baugh	* E Johnson
* R Boyce	J Knapman
	* C Riley

District Councillors:

Councillor N Offen	- Colchester Borough Council
* Councillor M Maddocks	- Rochford District Council
Councillor S Henderson	- Tendring District Council

(* present)

Cabinet Member Ann Naylor, Deputy Cabinet Members Anne Brown and Derek Robinson, Councillor Ray Howard and John Carr from Essex and Southend LINK were also in attendance.

The following officers were present in support throughout the meeting:

Graham Hughes	- Committee Officer
Graham Redgwell	- Governance Officer

1. Apologies and Substitution Notices

The Committee Officer reported apologies from County Councillors M Hutchon and J Knapman, and Colchester Borough Councillor Nigel Offen.

Councillor Miller updated the Committee on Councillor Hutchon's absence due to ill health and the Committee extended its best wishes to her.

2. Declarations of Interest

The following standing declarations of interest were recorded:

Councillor John Baugh	Director Friends of Community Hospital Trust
Councillor Graham Butland	Personal interest as Chief Executive of the East Anglia Children's Hospice.
	Personal interest due to being in receipt of an NHS Pension.
Councillor Sandra Hillier	Personal interest as member of Basildon and Thurrock Hospital Trust

Whilst not a member of the Committee John Carr declared an interest being a member of the Transformation Board for West Essex.

3. Minutes

The minutes of the meeting of the Health Overview and Scrutiny Committee held on 5 January 2011 were approved as a correct record and signed by the Chairman.

4. Questions from the Public

In response to a question from Mr. Brian Winder, the Governance Officer confirmed that the recent launch of an updated national drugs strategy by the Coalition Government had indicated that alcohol misuse would be treated as part of that strategy in the future. However, draft legislation was at an early stage, with future funding arrangements unclear, and any changes were not expected until 2012-13 at the earliest.

There were no other questions from the public.

Councillor Howard advised that the South Essex Regional Health Scrutiny, conducted by a Task and Finish Group of the South Area Forum, had been concluded and would be presented to the South Area Forum on 15 March 2011 for formal approval before submission to the HOSC in April.

5. NHS White Paper: Liberating the NHS

(a) Introduction

The Committee received an update report (HOSC/07/11) from Councillor Ann Naylor, Cabinet Member for Adults Health & Community Wellbeing, and Clare Hardy, Senior Manager, Executive Office AHCW, on ECC preparations for the implementation of the proposals outlined in the Health & Social Care Bill ("the Bill") which had been published on 19 January 2011. The Bill had confirmed the Government's intentions for health and social care as set out in the NHS White Paper with some minor amendments. In particular, the suggestion that the Health and Wellbeing Board should incorporate local authority Health Overview and Scrutiny functions had been removed. A Social Care White Paper was also expected later in the year.

(b) Developing relationships with GP commissioning consortium

ECC were working with the recently established two Essex Primary Care Trust (PCT) clusters in North Essex (incorporating Mid, West and North East Essex) and South Essex (incorporating South East and South West) in the development of their transition plans. ECC also had been involved in the development of the PCT Quality, Innovation, Productivity and Prevention (QIPP) plans which set out their priorities and savings for the next 2 years, including ensuring the work around joint commissioning was embedded, leaving a stronger joint commissioning legacy for the GP consortia to inherit.

Essex GP commissioning consortia had been asked to apply for pathfinder status and nine consortia in Essex had applied and, so far, four consortia had

been successful. Meetings had been held with all nine pathfinder applicants to discuss the future and development of joint commissioning. There also were ongoing discussions with PCTs and the Local Medical Committee.

(c) Future model for Public health

The Chairman of the Committee expressed concern about some of the language used in the update paper and the suggestion that public health would be 'brought into the Council' and questioned how the Cabinet Member saw the future role of public health. It was acknowledged that the service should not be overly centralised but that it was important to have a focus within the County Council. It was stressed that considerable parts of the existing local public health service was decentralised, such as in community care trusts, in the voluntary sector (e.g. initiatives to encourage walking for general good health), or in schools (e.g. initiatives to tackle child obesity) and it was thought that these services would continue in the same manner.

It was stressed that, whilst the proposed legislation stipulated that responsibility for public health would transfer to ECC, many aspects of the method and process of implementation would be for ECC to determine. It was acknowledged that one of the key issues would be to ensure consistent standards of commissioning but within a framework where there could be differences in local delivery.

Members suggested that some of the main determinants of public health were poverty, housing and education and they wanted to see a joined-up approach to tackle it and questioned whether a doctor heading the service was the most appropriate occupation. It was noted that these debates also were occurring nationally. One of the reasons for transferring public health responsibility back to strategic level local authorities had been to 'open up' the health agenda and be more inclusive cross functionally with the broader determinants of public health.

A regional event had been held the previous week attended by district councils and other stakeholder organizations to engage the various partner organizations in discussing and developing an Essex vision for public health.

Councillor Naylor and the Director of Public Health had started individual consultations with each of ECC's Cabinet Members to discuss how their respective portfolio areas impacted on public health. Whilst acknowledging that this was worthwhile cross functional consultation within ECC, Members queried how there could be adequate consultation on housing issues when social housing was not the responsibility of the County Council and, instead, was dispersed through district councils and registered social landlords, and it was questioned how they could be fully engaged in the consultation process.

It was suggested that the proposed changes to public health responsibility would be easier to implement within the Southend and Thurrock Unitary Authorities than in ECC, as services there already were more inclusive and

localised, and that ECC might have to think differently to them in how to fully implement the proposals.

(d) Essex Health and Wellbeing Board

Shadow Health and Wellbeing Boards were due to be established by strategic level local authorities in shadow form by April 2012 and would become statutory boards in April 2013. There would be a separate board for each of Essex County Council, Southend Unitary and Thurrock Unitary Council.

The first meeting of the shadow Essex Health and Wellbeing Board (HWB) would be held on 26 April 2011 with the first year of operation, through to March 2012, seeing the Board in development phase with the membership, functions, and governance evolving during this period. The HWB would not operate in public during this initial period. A fully functioning shadow board would then operate from April 2012 whilst continuing to evaluate its mechanisms and structures.

GPs, the voluntary sector, District/ Borough councils and service users were all being consulted as part of an exercise to determine the initial membership for the Essex shadow HWB, which would be chaired by the Leader of the Council. The minimum statutory membership was one Council Member; a representative from GP Consortia; the Director Adult Social Services; the Director Children's Services; the Director Public Health and a representative from HealthWatch. A HWB development group (with district and GP representation) had also been established to explore governance as well as how to develop the 'Joint Health and Wellbeing Strategy', (informed by an enhanced Joint Strategic Need Assessment) which was the key statutory function of the HWB. Essex County Council was recognised by the Department of Health as an Early Implementer of the new HWB.

There had been recent public criticism about the lack of local democracy and accountability of various government quangos. It was observed that the statutory membership guidance for the HWB had stipulated a mixture of officers and elected representatives and Members questioned the level of future democratic accountability for health, as a result of the reduced number of elected members on the HWB.

Members emphasised that it was important that the establishment of the HWB was taken as an opportunity to further democratise and increase joint working and they requested early influence on developing the model. Members requested that the proposed model for the HWB be circulated to them ahead of the 26 April first meeting date for the shadow HWB so there was the opportunity for them to challenge the HWB regarding member involvement. There would be similar opportunities to challenge at District and Borough Council level.

Members suggested that the implementation process for the HWB would be similar to that which was established for the Children's Trust Boards, with a larger officer representation, and that lessons could be learnt from that experience. It was acknowledged that with GP consortia holding the funds to commission services it would be challenge for the HWB to exert significant influence on their commissioning decisions.

(e) Clinical Commissioning

There would be advantages in both county wide commissioning and small localised provision and there would need to be understanding of tiering decisions in future. It was assumed that strategic commissioning for high cost and low volume clinical treatments would be undertaken by a sub-national commissioning body but the detail on how this would work had not yet been published. It was also unclear as to the structure for any future provider organization that might commission future community hospital capital projects.

(f) Patient representative groups

The Local Involvement Networks (LINKs) would be replaced by local HealthWatch, accountable to the national HealthWatch and the upper tier local authorities who establish them. Members expressed concern that organizations, such as LINKs, representing patients were being changed again and suggested that this latest re-organisation needed to be successful so as to provide future stability and avoid further change. It was noted that the Patient Advice and Liaison Office (PALs) had a slightly different role to that of LINKs and might continue in its current guise.

It was felt that LINKs needed to be included in the design of future health pathways. A recent stakeholder event to discuss the development of HealthWatch had included LINKs. It was confirmed that there was also regular monthly contact with a representative from Essex and Southend LINK who also would sit on the HWB. It was also intended to seek a further patient representative, through the PCTs, from PALs.

(g) Conclusion

On behalf of the Committee, the Chairman thanked Councillor Naylor and Clare Hardy for attending and updating the Committee. He suggested to Committee Members that they should consider further questions on the HWB ahead of the next meeting on 21 April and submit them to the Governance Officer so that the witnesses could prepare comprehensive and fully researched answers. He suggested that areas of questioning could include how the HWB Board operated and encouraged wider involvement, adult social care and the children's agenda, public health, how GPs were interacting with the public, their accountability, their reaction to public meeting scrutiny and joint commissioning. The Governance Officer would be contacting Members about this shortly.

Councillor Naylor suggested regular scrutiny and Members stressed that they were keen and would welcome further information on local thinking.

6. Report back on 'Away Day'

The Committee received a report (HOSC/08/11) from Graham Redgwell, Governance Officer, outlining general themes and subjects discussed on a non-attributable basis, at a private offsite meeting held on 2 February 2011,

between representatives from the Essex, Southend and Thurrock Health
Overview and

Scrutiny Committees, Essex based health and social care organisations, and supporting officers.

Issues had been raised and discussed in relation to acute hospital trusts, public health, mental health, the future of joint working and commissioning, regulatory structure and oversight at regional level, the role of Governors at Foundation Trusts, and Health and Wellbeing Boards. In particular Members highlighted the continued high activity levels and demand for acute beds that had been reported.

It was confirmed that events of this nature were very helpful to all concerned. It was suggested that the next 'Away Day' should focus on GP commissioning groups. It was noted that development of GP consortia in the south of the county seemed to be less advanced than elsewhere in the county. Members questioned the relationship between commissioners and providers and the governance and probity framework that needed to be in place for instances where GPs may be both commissioner and provider for a particular service.

Councillor Hillier had been invited to visit the South Essex Partnership Trust and would report back on the visit to the HOSC.

The HOSC Chairman had visited the SEPT facilities at Rochford Hospital and been encouraged by the evident good joint working between them and ECC Education. He had provisionally accepted an invite on behalf of the Essex HOSC for all Members to visit at a future date. He also updated Members on a meeting held with the Chairman of the Colchester Hospital Trust, who had been unable to attend the Away Day.

7. **General update**

The Committee received a general update (HOSC/09/11) from Graham Redgwell, Governance Officer, on health related matters and most of these were noted without further comment. The following matters were discussed in more detail:

(a) Quality Accounts 2010/11

Health bodies were now starting to prepare their Quality Accounts. These were statutory documents and had to include any comments that either HOSCs or LINKs made. Whilst the Secretary would ensure that responses were made in any cases where the HOSC had had an involvement with that health body in the previous 12 months, it was agreed that Members would be given a brief opportunity by email to comment, by return, on each of the draft responses before they were submitted.

(b) Mid-Essex PCT

The management of Braintree Community Hospital would be changing in the next 12 months. Whilst the Committee had not involved itself in contractual issues in the past, anecdotal reports had indicated various management

concerns had been raised at the hospital. Members were re-assured that reasons for the change in management were transparent and available from the Mid Essex PCT press release on the matter.

(c) Community beds

A consultation exercise was ongoing on the provision of community beds in the south of the County.

(d) PCT cluster arrangements

The five PCTs in Essex had 'clustered' into two groups comprising the South East and South West PCTs in the south of the County and Mid Essex, North East and West in the other group with a shared Chief Executive for each of the two groupings. It was now expected that other senior management appointments in each of the two clusters would be made who would run the organisations in the period up to their abolition in 2012/13.

(e) LiNK and Southend Hospital

The Care Quality Commission (CQC) had found that Southend Hospital did not have an overarching policy addressing the provision of services to people with mental health needs and that overall there were deficiencies in processes around the service provided to this patient group. The CQC had undertaken a responsive review of unacceptable delays in the Accident and Emergency Department at Southend Hospital, in carrying out psychiatric assessments of patients or delays for people waiting to move to more suitable services.

[Committee Officer note: The Community Wellbeing and Older People Policy and Scrutiny Committee would be reviewing this matter at its meeting on 10 March 2011]. LiNK was involved with the hospital trust and the local PCT in developmental work in connection with these concerns.

(f) Mid Area Forum – Health inequalities

The Task and Finish Group established by the Mid Area Forum to review health inequalities across Mid Essex, with particular reference to access and transport issues, had concluded its scrutiny and the report was due to be considered by the Mid Area Forum meeting the following day. Subject to their approval, the final report would be submitted to the June meeting of the HOSC. It was noted that there had been recent complaints made by Witham Town Council that their area had not been specifically included in the review although it was stressed that not all the recommendations were locality based and that two of the main draft recommendations applied to the whole mid Essex area.

8. Supporting Pupils in School Who Have Diabetes

John Carr drew attention to a protocol drawn up by the Essex and Southend LiNK [subsequently circulated to Members by email – Committee Officer]

9. Date of Next Meeting

The next meeting of the Committee was confirmed for Thursday 21 April 2011 starting at 9.30am.

There being no further business, the meeting closed at 11.36 am.

Chairman
21 April 2011