COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 31st March, 2005 at 10.00 a.m.

Present: **Councillor W.J.S. Thomas (Chairman)**
Councillor T.M. James (Vice Chairman)

Councillors: Mrs. W.U. Attfield, G.W. Davis, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

29. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Mrs J.A. Hyde and Brigadier P. Jones.

30. NAMED SUBSTITUTES

There were no named substitutes.

31. DECLARATIONS OF INTEREST

There were no declarations of interest.

32. MINUTES

RESOLVED: That the Minutes of the meeting held on 9th December, 2004 be confirmed as a correct record and signed by the Chairman.

33. PRIMARY CARE TRUST BRIEFING

The Committee received an update on three areas of NHS interest upon which it had been briefed in December 2004: the Local Delivery Plan Process, NHS Dental Services and Primary Care Led Commissioning.

A briefing paper prepared by Mr Hairsnape, Director of Development at the Herefordshire Primary Care Trust (PCT) had been circulated with the agenda papers.

Mr Paul Bates, Chief Executive of the PCT, had been invited to attend the meeting. He commented that he had nothing to add to the briefing note but proposed to elaborate on the recently published executive summary of the PCT's Local Development Plan: A Strategy for Success: a Statement of Intent.

He explained that the Strategy had been produced in response to the number of national health initiatives currently underway. It sought to clarify the policy context within which the PCT was working, described the PCT's role and key functions, and commented on the current main NHS reforms and the main issues which needed to be addressed in the local agenda.

Since publication of the Strategy the PCT had received confirmation of the funding which would be available to the PCT over the next three financial years. This indicated increases in funding of 9% in 2005/06, 9% for 2006/2007 and 11% for

2007/2008. Mr Bates commented that these were significant sums. However, these headline figures did not necessarily mean that the PCT would have that level of additional resources available to it locally, because the headline figures might assume contributions from those sums to initiatives being conducted at national level or additional responsibilities being carried out by the PCT. It was important to exercise some caution in planning improvements, recognising that in future years the level of growth in funding may not be sustained at those levels.

He added that in response to the Government White Paper: Choosing Health, the PCT proposed, at its discretion, to reinforce its work on public health initiatives, ring fencing half a million pounds in 2006/07 and a further half million pounds in 2007/08 to fund measures to address public health issues. These measures would need to be delivered in conjunction with the Council and other partners. The Government had not explicitly identified either the PCT or the Council as the senior partner.

He noted the changes to the PCT's core functions since its establishment and the emphasis on improving and protecting public health, providing patient choice and commissioning services from a diverse range of providers.

Section 7 of the Strategy set out the system reforms taking place within the NHS to deliver the objectives contained in the NHS Plan. Mr Bates highlighted in particular:

- The requirement that the PCT must offer more choice to patients about the type of care they received, and where they received it from, and support the development of a market place which included a greater range of high quality providers.

- The Government's intention that large volumes of services should be procured from the private sector, and the question of how such services were to be accessed in Herefordshire.

- The need to prepare for the implementation of the Payment by Results Scheme, under which national tariffs would be set for procedures and treatments and providers paid in accordance with the tariff for the number of patients treated.

- The implications of the introduction of Practice Led Commissioning, under which GP practices, from 1 April, 2005, had the right to have budgets and commission services for their patients, and the need for the PCT to have appropriate risk management arrangements in place.

- The further organisational changes associated with the Children Act and signalled in the Government's Green Paper: Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England.

- The focus on Public Health and the Government White Paper: Choosing Health – Making Healthy Choices easier, and in particular improving the health of children and growing a healthy nation, and the need for the PCT and the Council to review resources committed to improving Public Health and how through closer integration they might achieve even more effective outcomes.

- The increased regulatory and inspection framework within which the PCT had to operate.

He remarked on the consideration being given to whether PCTs should themselves provide services, noting that Herefordshire PCT was a major provider.

He also noted the discussions at national level about NHS structures and the suggestion that PCTs should be co-terminous with local authority areas. In this regard he cautioned that whilst the PCT recognised the benefits of co-terminosity with Herefordshire Council others might choose to focus on the fact that the PCT as a commissioning body only would be one of the smallest PCTs in the Country.

In conclusion he reiterated the importance of working closely with the Council to improve the health of people in Herefordshire.

In response to questions Mr Bates commented as follows:

- In relation to financial risks facing the PCT, the ability to plan over three years rather than one was beneficial. However, there was a concern that the level of additional resources being made available to the NHS was creating unrealistic expectations on the part of clinicians, patients and advocacy groups. It had to be recognised that the PCT would still have to prioritise services and would not be able to meet all these expectations.

- The new market place being created, with payment by results, could provide an incentive to hospitals to seek to attract more patients, lowering the threshold for admission to hospital, and increasing the speed with which patients were treated. This would lead to increased bills for the PCT. There were already signs of this happening and it was important that the PCT put demand management arrangements in place to ensure that only those needing hospital treatment went to hospital.

- The Childrens' Services agenda was a developing one and he planned to assess with the Council and other partners how best to target resources within the overall public health agenda to deliver practical benefits.

- He reported that the national programme to ensure compatibility of IT systems across the NHS was proceeding. He acknowledged that there was no plan to make the NHS systems compatible with local authority systems across the Country. However, discussions were taking place with the Council about how Children's records might be shared.

- The introduction of Primary Care Led Commissioning was a challenge and the PCT would need to regulate service provision.

- He advised that the PCT was mindful of the future of Hereford Hospital and had to date in making its plans considered the potential implications for the Hospital. However, the national perspective was that it was the PCT's job to commission services from a range of providers and offer choice, not to protect the hospital. It was for the Hospital to create its own future, and take advantage of the opportunities created by the new system. He noted that Hereford Hospital NHS Trust had recently published its own Strategy.

- The creation of choice was more problematic in Herefordshire than in urban areas which had both alternative NHS providers and a range of private sector providers for patients to choose. In discussing choice the PCT and the Professional Executive Committee tried to consider what was best for Herefordshire and what the people of Herefordshire would expect. His view was that they would wish to see an improved service but with Hereford Hospital being given the opportunity to flourish.

- The Chairman noted that there was scope for the Committee to reinforce the PCT's message about the particular circumstances facing the delivery of health

services in Herefordshire and support it in seeking to have regard to the local context in responding to national initiatives so as to derive the maximum benefit for Herefordshire.

- Mr Bates acknowledged that, following all the discussions about health being subject to a postcode lottery, concerns had now been expressed that practice led commissioning might instead create a lottery where provision depended on the choices made by a particular GP practice as to what services it might provide. The Strategy for Success recognised existing health inequalities and the LDP would set overarching standards. However, it had to be recognised that the new system would produce different patterns of provision across the County. The national expectation was that differences would be temporary as other practices would improve to meet the level of service provided by neighbouring practices. It was also expected that a range of alternative providers would also emerge.

- He agreed that it was important that patients had the information available to them to make an informed choice about their treatment and that a Strategy to engage and inform the public was needed, noting that the Department of Health had issued guidance in relation to Marketing Health. He added that the approach to exercising choice differed between generations, with the younger generation much more willing to demand and explore alternatives.

In conclusion the Chairman thanked Mr Bates for his attendance and commented that the Committee would need to monitor the progress of the PCT, the Council and other partners in responding to the various health initiatives.

34. PATIENT AND PUBLIC INVOLVEMENT FORUMS

The Committee received an interim report on the work of the Patient and Public Involvement Forum for the Primary Care Trust (PCT PPIF) and on future support for patient and public involvement in health.

The report set out the Government's response to a consultation exercise it had conducted on the system for patient and public involvement in health, as considered by the Committee in December 2004. The PCT PPIF's interim report was appended to the report.

Mrs Ann Stoakes and Mr Jim Wilkinson, Chairman and Vice-Chairman respectively of the PCT PPIF were present, together with Mr Nick Comley PPI Project Manager. Mrs Stoakes informed the Committee of the difficulties the Forum had faced in seeking to establish itself and the progress which had been made. She explained how the PCT PPIF had accepted invitations to explain its role, including one from the Council's Local Area Forums and had sought to engage with groups of people traditionally recognised as being hard to reach.

In taking matters forward Mr Wilkinson commented on the need to work with the Scrutiny Committee to avoid duplication and focus on the health of people in Herefordshire. He informed the Committee that a PCT PPIF survey questionnaire was to be included in the Council's newsletter: Herefordshire Matters.

Mr Comley explained that the contract for providing support to the Patients Forums in Herefordshire was due for renewal and the current providers Herefordshire Community Care Alliance were not bidding for the contract. A tendering exercise was currently underway.

In response to a question it was confirmed that the Criminal Records Bureau (CRB) checks had now been completed for PCT PPIF Members, enabling them to exercise

their power to enter and inspect certain health premises. The PCT PPIF representatives expressed some doubt as to whether such checks had in fact been necessary, given the precautions it had itself put in place.

The Committee was firmly of the view that CRB checks were both appropriate and essential. It was proposed that this view should be highlighted to relevant organisations as appropriate.

The Chairman concluded by echoing the remarks made on behalf of the PCT PPIF for the Committee and the PCT PPIF to work closely together, noting the potential benefits the Committee could derive from the Forum's work.

RESOLVED: That the Director of Social Care and Strategic Housing be authorised, following consultation with the Chairman to, highlight as appropriate to relevant organisations the Committee's view that CRB checks for PPIF Members were both appropriate and essential.

35. HEALTH SCRUTINY WORK PROGRAMME

The Committee considered its work programme.

A draft programme was appended to the report at appendix 2. It was suggested that consideration of the GP Out of Hours service should be added to the programme.

RESOLVED: That the work programme as set out at appendix 2 to the report be approved as amended and recommended to the Strategic Monitoring Committee.

36. HEALTH SCRUTINY CONSULTATIONS

The Committee considered arrangements for responding to proposals for service development and variation by local NHS bodies.

The report set out the statutory requirement upon local NHS bodies to consult the Committee on proposals for any substantial development of the health service or any substantial variation. It explained how proposals had been dealt with to date and proposed a mechanism to formalise those arrangements.

It was noted that there was no definition of the word "substantial" in this context, although Government guidance identified some general issues which might be considered in determining whether or not a matter was substantial. It was suggested that the need to agree a specific local definition, as some authorities had done, should be kept under review.

RESOLVED:

THAT (a) the Director of Social Care and Strategic Housing be authorised, following consultation with the Chairman, to confirm on the Committee's behalf whether proposals by local NHS bodies are considered to be substantial developments or variations to services, subject to the proposed response having been circulated to Members of the Committee and no objection having being received within one week of the response being circulated;

(b) in the event of an objection being received from a Member of the Committee to a proposed response and that objection proving incapable of resolution the matter be referred to the Committee for consideration;

and

(c) the need to develop a detailed framework for determining whether or not a matter represents a substantial variation or development should be kept under review.

37. PROPOSAL FOR CHANGES TO NURSING RESPITE SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS

The Committee received an update to the proposed changes to nursing respite services for older people with mental health problems.

The report set out the background to the issue, which had been brought to the Committee's attention informally in September 2004. The Primary Care Trust (PCT) had been advised on behalf of the Committee that the proposal did not constitute a substantial change upon which the Committee would need to be formally consulted. In expressing this view it had been noted that the PCT was to consult patients and their families and it had been requested that the Chairman of the Committee be kept informed of progress.

The report set out the outcome of the PCT's consultation exercise and the course of action determined by the PCT.

RESOLVED: That the report be noted.

The meeting ended at 11.59 a.m. **CHAIRMAN**