

Health Overview and Scrutiny Committee

13 March 2012, County Hall, Worcester – 2.00pm

Minutes

Present:

Worcestershire County Council:
Mr A C Roberts (Chairman), Mr M Broomfield,
Mrs M Bunker, Mr A P Miller, Mrs P J M Morgan, Mr J W
Parish, Mr T Spencer

Bromsgrove District Council: Dr B Cooper
Malvern Hills District Council: Mrs J Marriott
Worcester City Council: Mr R Berry
Wychavon District Council: Mr G O'Donnell
Wyre Forest District Council: Mrs F M Oborski

Officer Support:
Suzanne O'Leary – Overview and Scrutiny Manager
Samantha Morris – Overview and Scrutiny Officer

Available papers:

- A. The Agenda papers and appendices referred to therein (previously circulated);
- B. Presentation on Clinical Commissioning Groups (circulated at the meeting)
- C. Presentation on Health and Wellbeing Board (circulated at the meeting)
- D. The minutes of the meeting held on 21 February 2012 (previously circulated).

A copy of documents A-C will be attached to the signed Minutes.

Chairman's Announcements

The Chairman welcomed guests and members of the public in attendance.

The Overview and Scrutiny Manager advised Members that further to their query at the 21 February 2012 meeting about why the Director of Children's Services did not sit on the Worcestershire Clinical Senate, clarification had been received from the Director and circulated to Members. The response clarified that although unable to regularly attend clinical senate meetings this does not prevent the Director from engaging or being aware of key issues. The Director of Adult and Community Services regularly attended the Meeting and had agreed to feedback any issues related to child health. The Director had also undertaken to

	<p>write separately to Dr Anthony Kelly to clarify this matter with him and to see if there were any issues which he believed were lost through the Director not being able to attend these meetings.</p>
542. (Agenda item 1) Apologies	<p>Apologies were received from Brandon Clayton.</p>
543. (Agenda item 2) Declarations of Interest and of any Party Whip	<p>None.</p>
544. (Agenda item 3) Public Participation	<p>None.</p>
545. (Agenda item 4) Confirmation of Minutes	<p>The Minutes of the meeting held on 21 February 2012 were confirmed as a correct record and signed by the Chairman.</p>
546. (Agenda item 5) The Role of Clinical Commissioning Groups, Their Establishment in Worcestershire and Relationship with the Health Overview and Scrutiny Committee	<p>Attending for this item from South Worcestershire Clinical Commissioning Group were Dr Carl Ellson, Chairman and Simon Trickett, Chief Operating Officer and for Redditch and Bromsgrove CCG and Wyre Forest CCG was Simon Hairsnape, Chief Operating Officer.</p> <p>Dr Richard Harling, Joint Director of Public Health also attended.</p> <p>Members of the Health Overview and Scrutiny Committee (HOSC) received a presentation outlining the development of the CCGs in Worcestershire.</p> <p>Members were reminded that the White Paper, 'Equity and Excellence: Liberating the NHS' detailed the Government's vision to create a NHS which was a clinically-driven commissioning system which was more sensitive to the needs of the patient. Working in partnership with local communities and local authorities, clinical commissioning groups (CCGs) would commission the majority of NHS services for their patients.</p> <p>Following the initial phase of the subsequent Health and Social Care Bill, there was a further listening exercise in the summer of 2011. Members were advised that primary care trusts (PCTs) would be abolished by 1 April 2013 and were therefore working in a transition phase, with NHS Worcestershire being part of the West Mercia</p>

Cluster which also included Herefordshire, Shropshire and Telford and Wrekin PCTs. The Government had committed to establishing CCGs which would include a broader clinical representation. NHSW would help the three local CCGs to be established by April 2013, although they could be authorised from July 2012.

The 3 CCGs being established in Worcestershire were:

- Wyre Forest CCG
- Redditch and Bromsgrove CCG
- South Worcestershire CCG

The CCGs would broadly have the role of the current PCTs. Wyre Forest/Redditch and Bromsgrove would have a shared management team with locality offices and GP Chairman and South Worcestershire would have a GP in the 'accountable officer' role and a separate GP Chairman. It was envisaged that the 'back office' functions would be outsourced.

They would focus on co-operative and collaborative county-wide working, as there were insufficient resources to do everything. Worcestershire were advanced in terms of the establishment of the CCGs compared to other areas of the country and had passed the initial assessments.

The main challenges being faced were:

- the current Joint Services Review;
- significant performance issues in certain areas e.g. stroke and A&E waiting times;
- development of new organisations and cultures;
- meeting the financial challenge;
- using primary care to improve health services;
- making clinical commissioning work.

During the ensuing discussion, the following main points were raised:

- It was suggested that county-wide collaborative working would be more difficult with 3 separate CCGs. In response Members were advised that the 3 CCGs were a totally new approach to dealing with local problems with local solutions but that there would also be collective working.
- Members asked how it had been decided that there would be 3 CCGs in Worcestershire and what consultation there had been. It was explained that the process had been clinically led, with GPs determining the CCGs.

- In terms of management costs, members were advised that it was necessary to look at what could be shared and avoid duplication.
- It was suggested that in order for GPs to lead the CCGs, there would be an increase in the number of locums employed to cover and as a result there would be a lack of continuity of care for patients. Members were advised that although employing locums was costly, it was a cost that would need to be incurred in order to have clinical leads for CCGs. GPs were very conscious of the importance of continuity of care and strove to achieve this.
- It was noted that the Wyre Forest, Redditch and Bromsgrove CCG were being set up in a slightly different way to the South Worcestershire CCG. In response, members were advised that there were freedoms and flexibilities for GPs to set up the CCG in different ways.
- It was questioned how it was envisaged that the patient stakeholder relationship would be developed. Government had not prescribed the way in which this should be done so each CCG could look at different ways of linking with the community avoiding duplication. There was an inherent legal duty to involve the public and to ensure that there were processes in place to involve stakeholders. Additionally, each CCG would have two lay members.
- Wyre Forest CCG was holding a launch event on 27 March 2012; the other CCGs may choose to launch their services in the same or a different way.
- It was confirmed that the creation of the CCGs should not materially affect the finances of Worcestershire Acute Hospitals Trust. The 3 CCGs were developing a single contracting mechanism with the Acute Trust.
- It was confirmed that patient choice would not be affected by the creation of the CCGs.
- Concern was expressed that the changes were effectively a 'slimming down' of the Service and what would be the potential impact of this on patients. Members were reassured that the changes being made would all genuinely benefit the patients.
- The Committee explored the role of the private sector. It was confirmed that there had always been a role for the private sector in the NHS and that the CCGs would

commission services as appropriate and that although there would continue to be a role, it wasn't envisaged that this would rapidly expand. The private sector was only in a position to provide certain services and the CCGs would wish to work with all providers and would only look towards increasing the use of the private sector if they were not receiving an effective service. The importance of maintaining viable NHS Trusts in Worcestershire was recognised.

- Concern was expressed about whether there would be a 'postcode lottery' with the new arrangements in terms of equality of access to services. Members were reassured that although the CCGs would have differences which reflected local need, they would still work collaboratively.
- It was suggested that the Out of Hours GP Service would benefit from sharing medical histories. Currently different GP Practices use different computer systems which weren't always compatible but it was a future aspiration.
- It was noted, that the Acute Trust were mindful that they were not currently meeting the required standards in terms of delayed discharges.
- It was suggested that if the community hospitals extended some of their services e.g. X-Ray, it could relieve some of the pressure on A & E. In response it was explained that although a logical suggestion, Radiographers were a scarce resource and as a result the allocation of service needed to be considered within the context of meeting the needs of the whole service.
- It was questioned how involved other professionals such as midwives, occupational therapists and pharmacists had been with the consultation on clinical commissioning. In response members were advised that in addition to the GP lead there was a senior nurse and a secondary care specialist on the Board.
- It was confirmed that CCG meetings would be held in public.
- It was envisaged that there would be some national framework to assist with the selection of lay members.
- It was noted that the JSR was clinically led.

The Chairman thanked all guests for their attendance and the very useful session.

**547. (Agenda item 6)
The Role of
Worcestershire
Health and
Wellbeing Board,
its
Establishment in
Worcestershire
and Relationship
with the Health
Overview and
Scrutiny
Committee**

Dr Richard Harling, Simon Hairsnape and Simon Trickett also attended for this item. Members were advised that Marcus Hart, CMR for Health and Well-being had been unable to attend the Meeting.

The HOSC was asked to consider the role of Worcestershire Health and Well-being Board (HWB), in particular how it was evolving in Worcestershire and its relationship with the HOSC.

Members of the HOSC received a presentation outlining the background to the Health and Well-being Board (HWB).

The core purpose of the HWBs was to integrate public services to secure better health outcomes, better quality of care and better value for money. To do this they would undertake four functions:

- oversee the production of the statutory Joint Strategic Needs Assessment (JSNA) by the local authority and CCGs to provide a clear statement of the health and well-being needs of the local population;
- develop the statutory Joint Health and Well-being Strategy (JHWS) on behalf of the local authority and CCGs to provide a framework for how the population's needs are assessed;
- consider whether the commissioning plans of the local authority and CCGs are consistent with the JSNA and JHWS;
- support the development of joint commissioning and pooled budgets

Since May 2011, the Worcestershire HWB had been operating in shadow form and five meetings had taken place so far. A Stakeholder Event would be held on 30 May 2012 followed by the first public meeting and then bi-monthly meetings in 2012/13.

Board membership would consist of the CMR for Health and Well-being (Chairman), the Leader of the Council, the Directors of Adult and Community Services, Children's Services and Public Health, NHS Worcestershire Director and Non Executive Director, CCG leads, one member from the District Councils in each CCG area, Chair of LINKs/Healthwatch and a voluntary and community services member.

During the ensuing discussion, the following main points were raised:

- It was confirmed that there wouldn't be any additional funding available for the HWB; the main resource would be from officers' time.
- The HOSC's future role and relationship with the HWB was questioned. In response members were advised that although the HOSC's relationship needed to be worked out, ultimately it held the system to account and it was envisaged that the role would develop as the HWB became more established.
- It was suggested that there was a democratic deficit in the suggested structure. Although there was district council representation it was questioned whether the HOSC should be represented. Members were advised that one district council representatives from each CCG would be a member of the HWB and that the district councils would decide who the representative would be.
- The importance of the District Council involvement with the HWB was emphasised.
- It was emphasised that HWB had a key role in areas covered by 3 overview and scrutiny committees: Health, Adult and Community Services, and Children and Young People.
- Members were advised that the structure of the HWB was evolving and that the detail was still being worked on.
- It was suggested that, as the HWB was a county council committee, it should link clearly with Council.
- Concern was expressed about how the public could be engaged in a meaningful way given the complexities of the structure. In response members were advised that the health reforms were very complex and it was very important for all partners to work together to aid understanding.
- It was noted that engaging with the CCGs had so far gone well.
- It was important to ensure that in lean economic times preventative work was still prioritised.
- The HWB would sit above everything in the structure and would have a view about how a service was commissioned, but it wouldn't be in a position to comment on the detail of commissioning strategies, such as that for drugs and alcohol.

**541. (Agenda item 6)
Health Overview
and Scrutiny
Committee
Round-up**

It was agreed that the Committee would receive a further update in early summer 2012.

The Chairman thanked all guests for their attendance.

Ongoing issues around the County were discussed:

- in Malvern Hills, there was no health-related news to report;
- in Bromsgrove, there was no health-related news to report;
- in Worcester, the Overview and Scrutiny Committee were due to receive a report about the parking difficulties experienced by health and community staff when delivery community services in Worcester;
- in Wychavon, Cllr O'Donnell advised that the HOSC representative was currently being considered.
- in Wyre Forest, there was no health-related news to report.

The meeting ended at 3.55pm.

Chairman