

**Minutes of: SPECIAL OVERVIEW AND SCRUTINY
MANAGEMENT COMMITTEE**

Date of Meeting: 7 March 2011

PRESENT: Councillor Sandiford (Chair)
Councillors L Barnes, Crawforth, Jackson, Kenyon,
Milling, Morris, Oakes, C Pilling, Stansfield, and
Thorne.

Irene Divine and Keith Pilkington (Co-opted
Members)

IN ATTENDANCE: Councillor McInnes
Councillor Gill
Councillor J Pilling
Councillor D Barnes, Whitworth Town Councillor
Susan Warburton, NHS East Lancashire PCT
Sue Harvey, NHS East Lancashire PCT
Dr Peter Williams, Rossendale GP
Fiona Meechan, Director of Customer and
Communities
Jerry Smith, Rossendale District Partnership Officer
Pat Couch, Scrutiny Support Officer

10 members of the public

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor A Barnes, Lamb
and H Steen.

2. DECLARATION OF INTEREST

There were no declarations of interest.

3. URGENT ITEMS

There were no urgent items for discussion.

4. PUBLIC QUESTION TIME

The Chair agreed to deviate from the Procedure for Public Speaking and
allow members of the public to ask questions as the reports were
discussed.

A Member of the public asked a question in relation to the PCT funding for Carers' Breaks which equates to approximately £783 for East Lancashire and whether the PCT intend to consult with Carers and Carers' Centres on how to use the money. It was confirmed by the PCT that there is now a Lead Manager in place, who is looking at how best to consult with Carers.

5. CHAIR'S INTRODUCTION

The Chair welcomed everyone to the meeting and indicated that scrutiny forms had been circulated to the public and asked that if anyone had any ideas of what services could be scrutinised they should complete the forms and return to the Scrutiny Officer.

6. HEALTH PRESENTATIONS

a) Presentation from Sue Harvey, Consultant in Public Health, East Lancashire PCT

Sue Harvey, Consultant in Public Health provided Members with an update on the new structures within the health service, explaining some of the wider determinants of health and the new structures follows:

- Abolition of Primary Care Trusts and Strategic Health Authorities
- Establishment of Public Health England (PHE)
- GP Consortia
- National Commissioning Board
- Transfer of responsibility for Health Improvement to Local Authorities (Upper Tier)
- Joint appointment of Director of Public Health with Public Health England and LA
- Ring fenced budget to commission Public Health Services at upper tier
- Health and Wellbeing Boards at upper tier

There was discussion on Memberships of the Health and Wellbeing Boards and a Member of the public indicated that due to lack of elected Members on the Health and Wellbeing Boards, there should be a continuation of the health theme group to ensure that Rossendale was heard independently.

Sue Harvey gave an overview of funding arrangements for Public Health and the timescales for implementation which were as follows:

- Nationally
 - Public Health England – Shadow form in 2011, operationally by 2012

- New public health system in place by 2013
- Locally
 - Development of Public Health Lancashire underway
 - Discussions commenced within LCC re Director of Public Health
 - Work ongoing regarding support to GP Consortia and District Councils

Sue Harvey explained that whilst some of the structures are already in the Act some are still being consulted on.

A number of questions were raised, which representatives from the PCT answered, which were as follows:-

- Hospital referrals of Rossendale people to Blackburn and/or Burnley – Dr Williams responded by saying that their objectives were to see as many services as possible in Rossendale taking into account the safety aspect and there were issues around the birthing centre and its safety of some patients who may require Consultant care.
- The closing of health facilities in Rochdale and whether or not the PCT was consulted – Susan Warburton indicated that they were not consulted directly on proposed closures as it was being led by Greater Manchester PCTs.
- Access to urgent care facilities – Dr Williams explained that they are looking at situations within local accident and emergency units.
- Health and Wellbeing Boards – what authority is there to hold people to account – Sue Harvey explained that need to work within the terms of the Act and work in cooperation and partnership with the GP Consortia.
- Services promised in the hub including ENT and Consultant Clinics – the Health Trust were not being held to account.
- Why set up Health and Wellbeing Boards without adequate local representation - Sue Harvey explained that these are Government decisions and they were still not totally clear on the remit/responsibility of these Boards

b) Presentation from Fiona Meechan, Director of Customer and Communities

The Director of Customer and Communities informed Members on what the Council was currently doing that contributes to protecting and improving public health and explained some of the challenges and opportunities for the future.

Members were presented with an overview of how the Council were delivering on improving health within the Borough including the following:

- The Council's role on delivering healthy places and activities – world class mountain biking facilities
- Delivery of new leisure facilities
- Holiday activities for children
- Delivery of wider community events to celebrate landscape, art and heritage
- Delivery of grants to a range of community groups

The Director of Customer and Communities then highlighted what the new proposals for change mean to local Councils, although at the present time, most of the requirements are at an upper tier level.

The following questions were raised, which the Director of Customer and Communities responded:

- How would the Council balance its workload with less money – response from Director of Customer and Communities indicated that the Council would need to do things more collectively with more joint working.
- The need for central access to all services so that they are joined up and accountable – type of one stop shop
- Accessibility of services and the need for them to be local ie Adult and Social Care

c) Presentation from Susan Warburton, Head of Community Services and Rossendale Commissioning Lead

Susan explained that her role was to support GPs to establish a GP Consortium in Rossendale in addition to her post as Head of Community Services. She presented details of the government white paper highlighting the principle that GP's are the best health professionals to guide how health services should evolve and GPs will be accountable and responsible for health services following April 2013.

All GPs had to be part of the GP Consortia and cannot opt-out. By April 2012 there should be a GP Consortia in shadow form, although PCTs have accountability until April 2013.

Susan gave an overview of the proposed Commissioning arrangements indicating that GP Consortia would eventually commission the majority of NHS services.

Susan provided additional information on the developments of the Rossendale GP Consortia and timescales for ongoing discussion.

The Commissioning intentions for Rossendale in 2012/13, with Business Plans to be prepared by September 2011 were as follows:

- Mental health and adult and children
- Hospital Services
- Dementia
- Respiratory Disease
- Stroke

Any decisions re commissioning or decommissioning of services within Rossendale had been deferred until a true financial and contractual decision was fully understood. Susan noted that this was of particular relevance given the status of the urgent care provision.

Dr Williams confirmed that there were already discussions taking place for ENT, Ophthalmology and Cardiology services to be provided in the Hub. Negotiations were taking place with East Lancashire Hospitals NHS Trust and would shortly take place with Pennine Acute Hospitals Trust to get consultants to work in Rossendale. Dr Williams confirmed to Member that he would like to see as many services as possible returned to Rossendale.

The following questions were raised to which representatives from the PCT responded:

- Prospects for 3rd sector role to enable these to influence structure/processes – Susan Warburton indicated that there was a place for 3rd Sector to sit in the Consortia Forum and co-opted for special issues
- Need to get away from institutional barriers

There was discussion on the need to ensure that there would be an urgent care centre within the hub. Dr Williams informed Members that they should not keep their hopes raised on there being an urgent care centre within the hub, explaining that it would cost £1m to run the urgent care centre 7 days per week.

Members indicated that the people of Rossendale were persuaded to allow the closure of Rossendale Hospital on the understanding of having an urgent care centre in Rossendale.

The Director of Customer and Communities indicated that there had been a great deal of work undertaken leading up to the hub and whilst things had been lost along the way, it was critical that people now need to be involved in decisions being made. There was a need to ensure a positive way forward for everyone to be involved in its future. Dr Williams agreed that discussions would commence when the financial position for Rossendale GP Commissioning Consortium was known.

The Chair asked that the Director of Customer and Communities work with the PCT and GP Consortia to ensure positive outcomes for the people of Rossendale.

The Chair thanked everyone for their attendance.

The meeting commenced at 6.30pm and closed at 9.40pm

Signed
(Chair)

Date: