

AT A MEETING

- of the -

HEALTH SCRUTINY PANEL held at
the Council House, Walsall on
Thursday 12 January 2006 at
6.00 p.m.

PRESENT

Councillor Walker (Vice-Chair)
Councillor D. Pitt
Councillor Robertson
Dr Sam Ramiah - Director of Public Health
Mr. Jim Weston - Patient Forum
Kath Boneham - PALS (PCT)
Mr David Martin - Executive Director Social
Care & Supported Housing
Dr, T. A. Varkey - Local Medical Committee
Kathy McAteer – Assistant Director Adult
Services
Pat Warner – Scrutiny Officer

INVITED SPEAKER

Elizabeth Buggins - Chair of the Birmingham
& Black Country Strategic
Health Authority

APOLOGIES

An apology for non attendance was submitted on behalf of Councillor Woodruff.

In the absence of the Chair (Councillor Woodruff) Councillor Walker (Vice-Chair) chaired the meeting.

SUBSTITUTIONS

There were no substitutions received for this meeting.

DECLARATIONS OF INTEREST AND PARTY WHIP

Councillor Pitt declared an interest as an employee of the West Midlands Ambulance Service. He advised the panel that during consideration of the consultation on the Ambulance Service, he would take no part in the discussions in respect of this issue.

COMMISSIONING A PATIENT LED NHS

The panel received copies of the consultation documents in respect of the Strategic Health Authority Configuration, The Ambulance Service Configuration and the Primary Care Trust Configuration: -

(see annexed)

The panel also welcomed Elizabeth Buggins, Chair of the Birmingham and Black Country Strategic Health Authority who was present to undertake a presentation of the consultations.

Elizabeth thanked the panel for inviting her to present to them the three consultation documents before the panel. Members were reminded that the consultation period commenced on the 14 December and was due to complete by the 22 March 2006. Two of the consultations she said were to be led by the NHS but that the Ambulance Services consultation was a Department of Health consultation and the SHA would be collating the comments on behalf of the Department of Health.

Elizabeth commenced by outlining details of the three consultations: -

1. Consultation on the new Primary Care Trust (PCT) arrangements in Birmingham and the Black Country.
2. Consultation on new Strategic Health Authority (SHA) arrangements in the West Midlands.
3. National consultation on new configuration of Ambulance Services Trust.

In outlining the proposals for the configuration of the PCTs, she said investment in the NHS by the PCTs had been extensive and this has resulted in the success of Walsall's PCT having the lowest waiting list in the country and is the third best PCT in terms of its financial situation. There is therefore a lot for this PCT to be proud of but there is still a lot of work to be done. The government is to encourage PCTs to continue to improve to deliver a patient led NHS and in order to do that it needs to have a strong commissioning function that can lead the transformation in the NHS.

Together with the other reforms which have already commenced within the NHS, this configuration will release savings to be ploughed back into the frontline services and will allow PCTs to work together to achieve this by having shared support functions. It will also require PCTs to be co-terminus with their local authorities.

The proposed reconfigurations need to be completed to enable the proposed foundation trusts to be established by 2008.

The panel was advised of the proposals for the PCTs; option one involving eight PCTs within Birmingham and the Black Country.

The proposal contained within option one would be to create five co-terminus PCTs in the Black Country and by reducing Birmingham PCTs from four to three. The effect of option one would also leave Wolverhampton PCT, Walsall PCT and Solihull PCT as at present, but merge Dudley's two PCTs to create one single PCT for them and merge Sandwell's PCTs to create one single PCT for Sandwell.

The proposals within option two is to create five PCTs in the Black Country merging all Birmingham PCTs to create one co-terminus organisation. Merging Dudley's

PCTs to create one single PCT and merging the three Sandwell PCTs to create one single PCT for Sandwell.

The effect of that would be to leave Walsall PCT, Wolverhampton City PCT and Solihull PCT as at present.

The major affect of both proposed options would be to Birmingham.

The Strategic Health Authority at the present time believe that option one is the better option and Birmingham Local Authority has already restructured itself to fit around the three proposed PCTs.

Some concerns were expressed about the challenge of three individual governances. Elizabeth Buggins commented that there was a need to complete the various proposed changes to enable stability to be achieved and the configuration of PCTs will provide a function for this unlike Social Care which has been more of a challenge. She continued, however, that her concerns were somewhat eased because of the local arrangements which will remain in place and that learning which has already been achieved through the changes to the Mental Health Services will help to create a clear perspective in how individual agencies can manage change.

Providing the need is stressed for agencies to work together and that there is no option but to do so, success will be achieved.

In answer to questions raised Elizabeth confirmed that the Birmingham configuration related to either three proposed PCTs or one and there was no proposal for a trial period with one proposal and then proceeding to the next if one was felt to be unsatisfactory.

Further concern was expressed about the Mental Health Services which, following changes is beginning to make great progress and assurances were sought that at local level individuality will be maintained. It was felt that since the 1990's the focus on Mental Health Services within Walsall has improved and Walsall PCT would wish this to remain.

Elizabeth said she was concerned also that organisation's expanding to a large size will no longer have a connection with local needs which is not an ideal situation.

In answer to questions raised about the understanding behind practice based commissioning services; the panel was advised that practice based commissioning services refers to a service which allows clusters of GP practices to have greater control over the commissioning of services. General Practitioners would have all the resources at their disposal to enable this to happen. Any funds left over following the provision of services to supply the full needs of patients would be thrown back into patient care unlike the fund holding GP practices which were allowed to keep any profits.

Concern was also expressed about the funds which were being provided to develop the services and whether all of that fund would be used to improve patient services.

Elizabeth confirmed that all of that money sits entirely with the PCTs and would be used in developing the services.

Concern was expressed about the future of dentistry as part of the National Health Service provision. April 1st appeared to be the deciding for the future of dentistry within the NHS. The concern was that dentistry would come to an end if the changes were not facilitated. Already Sandwell is experiencing problems. New health centres which have been proposed with dentistry as part of the service is being put on hold. Concerns therefore are that the continuation of NHS dentistry is in jeopardy.

Elizabeth Buggins commented that she was aware of the concerns raised in respect of dentistry but that she was not in a position to give an answer to the concerns raised. She would be happy, however to find out what the current position is in respect of dentistry and report back to the Panel.

The Panel's next presentation related to the proposals for the configuration of the Strategic Health Authority.

Elizabeth advised members that there were currently three Strategic Health Authorities within the West Midlands and the proposal was to create one.

It was recognised that the function of the Strategic Health Authority needed to change inline with local hospitals becoming foundation trusts and the current system was unsustainable.

Councillor Robertson said that he could see the sense in the proposals for one Strategic Health Authority but there was a need to think about how local accountability could be taken into account.

Elizabeth advised the panel that discussions had taken place in the past about the establishment of local executive committees and that there would be a need to establish a Regional Strategic Health Authority with a view to keeping local connections. Although there would be fewer local organisations to refer to, discussions have commenced to look at different mechanisms to enable local connections to continue.

She continued that during the transition arrangements for the future of the Strategic Health Authorities, three managing directors would be insitu and that it would be up to those directors to decide what the local responsibilities would be.

She was of the view that it might be necessary to have an officer within each Strategic Health Authority area but it might not be possible to sustain this financially.

Concern was expressed about the reasons behind the proposed configuration of the Strategic Health Authority.

Elizabeth explained that the organisational change was necessary to enable the costs to be evaluated and reduced. The configuration was about getting the focus right, saving money and enabling this money to be used on frontline services.

A question was raised about the possible impact of the configurations on employee pension schemes and whether consideration had been given to the affect the changes might have on these.

The committee was advised that as far as possible redundancies would be avoided and steps were being taken to minimise any adverse effect that the proposals might have on the staff pension scheme.

A further concern was raised in respect to the message being sent out to potential employees in respect of a further change to the Strategic Health Authority following the last configuration. It was felt that this second change might affect the willingness of employees to take up a career which might be prematurely ended with the deletion of their posts.

Elizabeth advised the panel that this had not been an issue in the past during the previous configuration of the service and that experienced and good staff would always find a position within a newly configured service.

The proposed configuration of the Ambulance Service was next presented to the panel for their consideration.

The panel were advised that this was the national consultation on behalf of the Department of Health following publication of "Taking Healthcare to the Patient" which was a national review of ambulance services. It was proposed to establish eleven ambulance services throughout the country with a view to saving costs and refocusing the ambulance service fit for future challenges. There were currently four ambulance services within the West Midlands region and the proposal was for one ambulance service to take on this role. There are currently no major performance concerns in respect of the four ambulance services, but that the way they operated were very different. It was confirmed, however, that the services would continue to be managed locally with the trust boards covering governance arrangements in the local delivery areas.

Elizabeth continued that the benefits of having one regional ambulance service created more capacity for expert knowledge to be pooled and the Department of Health were of the view that the services would be better provided from one large ambulance trust with the local delivery areas.

Concern was expressed about the proposals to create one ambulance service and a comparison was made between this proposal and the proposal in 1959 to create the Metropolitan Borough of Walsall and the benefits which at the time were predicted to be enormous with that change which it was felt has not since materialised. It was feared that the proposed configuration of the ambulance service would experience the same problems being experienced by the Local Authority with the perceived erosion of local expertise.

The panel was advised of local meetings which were being held across the Black Country to present to the general public the "Ensuring a Patient NHS" agenda.

Members were advised that the meeting which would cover the services affecting Walsall would be held on the 31 January 2006 at Bescot Stadium.

The panel thanked Elizabeth Buggins for her presentations.

The panel AGREED that the following comments should be submitted to the Strategic Health Authority as this panel's views on the proposed consultation documents.

RESOLVED

1. Configuration of PCTs

This panel welcomed the opportunity given to PCTs to develop a co-terminus relationship with local authorities with the benefits this may bring. It however, expresses some concerns regarding the impact of changes to the provider function of PCTs on Mental Health Services; Learning Disabilities and Dentistry.

2. Configuration of SHAs

This panel is broadly supportive of the creation of a single SHA but expresses concerns regarding accountability and understanding on a local level.

3. Configuration of Ambulance Service

The panel is also broadly supportive of the creation of one single Ambulance Service Trust but again expresses concerns regarding accountability and understanding on a local level.

4. This panel wishes it to be noted that the more strategic a service becomes the more effort has to be put into understanding issues at local levels. It is therefore very important that communication is maintained with local organisations including the local authorities making decisions.

There being no further business the meeting terminated at 7.25 p.m.