At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 15th September, 2010 at 5.30 p.m.

Present:-

Councillor P. Walker in the Chair

Councillors Fletcher, A. Hall, Maddison, Padgett, Shattock, D. Smith, Snowdon and N. Wright.

Also in Attendance:-

Councillor Speding	-	Portfolio Holder
Councillor Tate		
Karen Brown	-	Sunderland City Council
Nonnie Crawford	-	Director of Public Health
Victoria French	-	Sport, Wellness and Partnership Manager
Julie Gray	-	Head of Community Services
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
Emma Hindmarsh	-	Sunderland City Council
Claire Harrison	-	Sunderland City Council
Graham King	-	Sunderland City Council
Karen Purvis	-	Sunderland City Council
Neil Revely		Sunderland City Council

Apologies for Absence

Apologies for absence were received on behalf of Councillors Chamberlin and Old.

Minutes of the last Meeting of the Committee held on 9th June, 2010

1. RESOLVED that the minutes of the meeting of the Committee held on 9th June, 2010 be confirmed and signed as correct record

Declarations of Interest

Item 4 – Response from Cabinet – Policy Review – Tackling Health Inequalities in Sunderland.

In accordance with Part 5 – [Part 2, Paragraph 11(b)] of the Council's Constitution, Councillor Speding declared a personal and prejudicial interest in the item as a

Member of the Cabinet and left the meeting having addressed questions from Members of the Committee in respect of their presentation and prior to any deliberation.

Policy Review – Tackling Health Inequalities in Sunderland

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) to provide feedback from the Cabinet meeting held on 24 June 2010, which considered the Health and Wellbeing Scrutiny Committee's Policy report into tackling health inequalities in Sunderland.

(For copy report – see original minutes)

The Chairman welcomed Mr Neil Revely, Executive Director of Health, Housing and Adult Services and Councillor Speding, Portfolio Holder for Healthy City to the Committee and invited them to present the report.

Mr Revely and Councillor Speding reported on the progress that had been made against each recommendation.

Councillor Shattock referred to the Handbook to be developed for Members and enquired how the Directorate would ensure that its availability was communicated and that issues of importance were addressed.

Councillor Shattock also advised that Members of the North Area Committee had been informed by a representative from the Salvation Army that requests for food parcels had gone up significantly recently and enquired whether the Directorate was aware of the situation.

Councillor Speding advised that the handbook would be brought to the Committee in draft form prior to it being published for comments. Mr. Revely advised that the handbook would be in the form of a pocked size aide memoir which was easily accessible. Briefings would be arranged for Members and Heads of Service (who would be asked to cascade the information to staff).

With regard to the food parcels, Mr Revely advised that concerns had been raised and were being looked into by the homelessness team.

Dr. Crawford advised that the results of the recent Marmot review had advised that a significant difference in health inequalities could be achieved during early years, employment and by tackling child poverty. The review provided evidence testifying to the importance of early years development and education as having a major impact on health. It urged too that employment, fair employment and decent working conditions were also major contributions to health and wellbeing. Therefore, some of the most important determents of health and health inequalities were the wider 'upstream' determinants other than health including housing, education and employment offering real opportunities to improve health and reduce health gap. She advised that the progress report should be addressing these issues.

Mr Revely agreed that early years could make a sustainable difference to health outcomes.

2. RESOLVED that the proposed actions detailed within the Action Plan be noted

Care Quality Commission (CQC) –CQC Service Improvement Plan (Safeguarding Adults and Choice and Control for Older People)

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) to present to Members, the CQC Improvement Plan for Health, Housing and Adult Services following the Service Inspection that took place in January 2010.

(For copy report – see original minutes).

Mr. Neil Revely presented the report and informed Members of the current position in relation to the CQC Improvement Plan which set out 20 improvement areas detailing the specific actions and timeframes that had been identified as central to meeting the overall improvement areas.

Referring to the action for the Council to review advocacy arrangements and complete process of Commissioning Independent Advocacy Service for Older People and Dementia Advisory Service for people with more complex needs, Councillor Wright advised that there were many other examples of advocacy and asked Mr. Revely to provide feedback on the entire advocacy service available.

Mr. Revely advised that advocacy was a growing area particularly around safeguarding adults and services were being expanded.

Mr. King stated that the CQC inspection had made a number of recommendations around safeguarding. These included fuller engagement with health partners around multi agency safeguarding, a greater awareness raising of the availability of advocacy services and addressing the gaps in the range of advocacy services available.

Mr. King advised that if advocacy in Sunderland was better promoted there was concern that the service needed would not always be in place, therefore, the current arrangements would be reviewed and potentially re-commissioned and a tendering process would commence.

Councillor Wright was extremely pleased to receive the report and stated that the Directorate response to the Service Inspection recommendations was very good.

Mr. Revely stated that the Directorate had acted upon the recommendations immediately. He hoped the report was reassuring.

The Chairman commented that he was very pleased to see the progress that had been made and queried how the CQC would be following up on the recommendations.

Mr. Revely advised that the national team CQC had now been disbanded by the new Government.

Mr. King stated that under the old regime CQC would have returned in October. Although this was no longer a requirement, an informal meeting to demonstrate the work achieved following the initial inspection would still take place.

Councillor Shattock referred to Action 7 – Restructure Safeguarding Adults Team in light of expectations for improvements to make them more "fit for purpose" to environment and customer expectations, and questioned what the current structure was.

Mr. King advised that currently an alert came directly to the Safeguarding Team (Stage 1) and it was decided at that point if an Investigating Officer was needed (Stage 2). The Inspection Team advised that it was impossible for the Safeguarding Team to carry out the entire function given the volume of alerts received. Within the new structure the first alert would go to a social work team who would carry out the care manager function. If it was determined that the case needed to be taken further then the Safeguarding Team would become involved.

Mr. King informed the Committee that the Safeguarding Team had been strengthened by two further practitioner posts and a policy support officer. An independent Chairman had also recently been appointed for the Safeguarding Adults Board. Colin Morris, ex Chief Executive from Darlington PCT, was the successful candidate and he came with a wealth of experience.

The Chairman having thanked Mr. Revely for his report it was:-

3. RESOLVED that:-

i) the CQC Improvement Plan be received and noted;
ii) Members receive further updates on actions at future meetings.

Re Provision of Community Child and Adolescent Mental Health Services Across South of Tyne and Wear

The Children's Lead for Commissioning, Sunderland Teaching Primary Care Trust submitted a report (copy circulated) to provide members with an update on progress to date in relation to the re provision of Child and Adolescent Mental Health (CAMH) and Learning Disability Services across South of Tyne and Wear.

(For copy report – see original minutes).

The Chairman welcomed Janette Sherratt, Head of Health Improvement, to the Committee and invited her to present the report.

Ms. Sherratt provided background to the report and the current position.

Councillor Fletcher enquired what happened to young people the day after their 18th birthday.

Ms. Sherratt advised that the transition of patients from child and adolescent to adult mental health services was carefully managed and for some children over the age of 18 there may need to be flexibility over the two services and joint working to resolve any complexities.

Councillor A. Hall enquired how children living with parents with mental health problems were supported and enquired whether CAMHS were able to provide support.

Ms. Sherratt advised that the issue was again about joint working with joint client group.

Dr. Crawford stated that there needed to be greater integration across the client groups and the safeguarding agenda for adults needed to be cross cutting with children – the family needed to be considered as a client group.

Dr. Crawford suggested that the Committee consider inviting the two independent Chairs from the Children and Adults Safeguarding Boards to respond to how they can work towards an integrated approach.

Councillor Wright raised concerns regarding where in the locality services would be provided. The Committee was concerned about the interests of the people of Sunderland and it was important to know if patients would be expected to travel to South Tyneside for services as this could be extremely distressing for them.

Ms. Sherratt advised that the CAMHS service would definitely exist in Sunderland, South Tyneside and Gateshead. Tier 4 services (services to meet the needs of children and young people with highly complex and severe mental health needs) could not be provided in all areas. Currently all tier 4 services were based at the Fleming Nuffield site, however, practitioners were able to physically come and work with other services. Tier 4 services accounted for less than 0.07% of services.

There would be a South of Tyne and Wear clinic for Autism, but at the current time it was unsure where it would be based. However, it should be borne in mind that there was a whole scale shift to localisation.

In response to a further question from Councillor Wright, Ms. Sherratt advised that there had been three public consultation events and two for children and young people. Special schools had also been consulted. Carers organisations had met with the PCT and had been included.

Having thanked Ms. Sherratt for her report it was:-

4. RESOLVED that the Committee be kept informed of the outcome of the consultation. .

Equity and Excellence: Liberating the NHS Summary and Consultation Questions on the Local Democratic Legitimacy in Health Proposals

The Chief Executive submitted a report (copy circulated) to provide members with a summary of the 'Equity and excellence in health, liberating the NHS white paper' a summary of the consultation paper, 'Increasing democratic legitimacy in health', and to suggest a response to the consultation paper.

(For copy report – see original minutes).

Ms. Karen Brown presented the report and advised that at the informal meeting of the Scrutiny Committee held on 1st September, Members discussed the consultation paper and their comments were included in the report.

The Committee were asked to endorse the suggested response for submission as part of the consultation.

Ms. Brown advised that similar themes had emerged from the other regional health scrutiny committees.

Dr. Crawford made reference to the white paper proposal to establish health and wellbeing Boards and suggested that Members might want to consider and query how the Board would address children's issues given that the remit seems to be heavily weighted on adult social care.

Dr. Crawford also asked the Committee to consider the role of Cabinet Portfolio holders as elected Members on the Board and how it would be managed.

Dr. Crawford queried how the Board would address the five themed local strategic partnership areas and how the move from LINks to Healthwatch would maximise the benefits of feedback effectively.

Ms. Harries stated that the LINk was concerned about the morph into Healthwatch in that that they would not have the necessary skills to fully engage in the new remit and providing the support within the complaints procedure.

The Chairman advised that the White Paper still had many grey areas and there were still many questions to be answered. He too was aware that the existing LINk had concerns about its capacity to be able to fulfil the crucial role of providing advocacy and support.

The Committee agreed that Dr. Nonnie Crawford's input was invaluable and agreed to include the following comments within the response.

- In a rapidly moving system there needed to be adequate representation on the Health and Wellbeing Boards and should include Elected Members from

all political parties and include the Director of Children's Services. However, the Board should not become too big otherwise its effectiveness would be diluted.

- GP Commissioning – how successfully will the NHS Commissioning Board engage with GPs to establish a comprehensive system to GP consortia and ensure they are on board to meet the new challenge of balancing patient centred care and population viewpoints

Dr. Crawford felt that the White Paper was travelling in the right direction but the speed was happening too quickly.

Having thanked Dr. Crawford for her input it was:-

5. RESOLVED that the Committee endorse the suggested response for submission to the Regional Health Scrutiny Committee.

Centre for Public Scrutiny 8th Annual Conference Feedback

The Chief Executive submitted a report (copy circulated) provide the Committee with feedback from the Centre for Public Scrutiny (CfPS) 8th Annual Conference that was held on 30 June and 1 July 2010.

(For copy report – see original minutes).

6. RESOLVED that the contents of the report be received and noted

Annual Work Programme 2010 - 11

The Chief Executive submitted a report (copy circulated) for the Committee to receive an updated work programme for the 2010-11 Council year.

(For copy report – see original minutes).

The Chairman advised that he had requested a future report to be presented to the Committee regarding sexually transmitted infections.

7. RESOLVED that the Committee note the updated work programme.

Forward Plan – Key Decisions for the Period 1 July 2010 – 31 October 2010

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 September – 31 December 2010.

(For copy report – see original minutes).

The Chairman requested further information on Item number 01436 – To agree for the Council to assist with and facilitate the transfer of NTW's learning disability homes to a registered Social Landlord.

Councillor Shattock requested more information regarding item number 01426 – To agree Moving from Contracting to Personalised Budgets (Day Care Services – OP)

Mr King agreed to provide the information.

8. RESOLVED that the contents of the report be received and noted and additional information be provided to Members.

Policy Review – Appointment of a Co-opted Member

The Chief Executive submitted a report (copy circulated) for the Committee to endorse the nomination of one representative on the Health & Well-Being Scrutiny Committee for a time-limited project in relation to Malnutrition and Dehydration in Hospitals.

(For copy report – see original minutes).

Ms. Karen Brown, Scrutiny Officer presented the report and reminded the Committee that they had determined that Membership for the current municipal year should include one nominated (non voting) representative to support the delivery of the Policy Review into malnutrition and dehydration in hospitals.

Two organisations had made nominations and details of the individuals were set out in the report.

Councillor Fletcher proposed Alan Patchett, Director of Age UK which was duly seconded.

Accordingly it was:-

9. RESOLVED that it be agreed that Alan Patchett, Director of Age UK is the coopted on to the Committee until April 2011 subject to agreement by Council.

Health of Ex-Service Community

The Chief Executive submitted a report (copy circulated) for the Committee to receive a briefing about progress on the regional health scrutiny review of ex-service personnel.

(For copy report – see original minutes).

Ms. Karen Brown, Scrutiny Officer presented the report and advised that the project was progressing well. Gratitude was expressed to Councillor Graham Hall who had attended the overview day and provided feedback.

10. RESOLVED that the progress of the project be noted.

Performance Report 2009/2010 – Health, Social Care and Sport and Leisure Services

Report of the Chief Executive, Executive Director of Health, Housing and Adult Services and Executive Director of City Services (copy circulated) to provide Health and Wellbeing Scrutiny Committee with a performance update relating to the period April 2009 to March 2010. This report includes key achievements during 2009/10, residents satisfaction with services and progress in relation to the LAA targets and other national indicators.

(For copy report – see original minutes).

Mr. Graham King provided the update. Ms. Julie Gray was also in attendance to respond to any queries Members might have on the sport and leisure statistics.

Councillor Shattock enquired whether the abolition of free swimming had had an effect on the numbers.

Ms. Gray advised that the free swimming scheme had ended in July and it was therefore too early to ascertain whether numbers had dropped. In response to removal of the free swimming provision, the Council was doing what it could to remove price barriers.

Referring to the success of the existing extra care schemes, Councillor Shattock queried what the long term plans were for future proposed schemes given the current spending cuts.

Mr. King advised that a different model would need to be established in future. Investors needed to be encouraged to come into the City and purchase Council/private land for building. A recent event at the Glass Centre had received a great deal of interest from parties which would hopefully lead to a great reduction in financial input from the Council.

Dr. Crawford again stated that the performance reports were principally about adults; as mentioned previously. Consideration needed to be given to employment rates and breastfeeding – following more of a life course.

Ms. French, Sport, Wellness and Partnership Manager, provided an update in relation to referrals to wellness centres which incurred a lot of detail around the report. 2009/10 saw over 3,000 adults referred with 2,300 people participating in the scheme. 42% had experienced significant weight loss and 39% had managed to reduce their BMI.

In response to a question from the Chairman regarding the roll out of pharmacies delivering health checks, Dr. Crawford advised that they were universally delivered in

GP surgeries. Pharmacies in seven natural neighbourhoods delivered the checks. As resources were shrinking there had been a need to prioritise.

The Chairman queried details regarding the heartbeat award, where it was advertised and whether it was voluntary.

Ms. Gray advised that it was a national standard promoted via the environmental health department.

11. RESOLVED that the good progress made by the Council and the Sunderland Partnership be noted and consider those areas requiring further development to ensure performance is actively managed.

The Chairman then closed the meeting having thanked Members and Officers for their support.

(Signed) P. WALKER,
Chairman.

HEALTH AND WELL-BEING SCRUTINY COMMITTEE **13 October 2010**

TRANSFORMING COMMUNITY SERVICES

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 The purpose of this report is to inform the Scrutiny Committee about how the transition on Transforming Community Services will take place and allow members to discuss this change in management arrangements.

2. Background

2.1 The Government launched the Transforming Community Services (TCS) programme in January 2009. TCS confirms that all PCTs should increase the separation between commissioning and providing parts of the organisation.

2.2 Transforming Community Services is a new model of care and partnership working across South of Tyne & Wear.

2.3 The South of Tyne and Wear PCT has endorsed the recommendation of the Stakeholder panel to move forward to Stage 3 of the Transforming Community Services process, with South Tyneside Foundation Trust as the chosen management partner.

2.4 The Committee will receive a presentation from Lorraine Lambert, Chief Executive, South Tyneside NHS Foundation Trust to explain the background to Transforming Community Services and the way forward followed by a discussion.

3. Transforming Community Services

3.1 Transforming Community Services was an initiative which commenced under the previous government which tasked all PCT's to split their service provision of community health services from a commissioning function. It was agreed that South Tyneside NHS Foundation Trust would be the best placed organisation to provide these the community services currently provided by the PCT.

3.2 These services include:

- district nursing
- health visiting
- specialist nursing care supporting patients with diabetes
- respiratory disease and heart disease
- school nursing

- community matrons
- palliative care
- community dentistry
- substance misuse and sexual health
- speech and language therapy
- audiology
- podiatry

4. Conclusion

4.1 The Committee is asked to receive information about the model of care and comment on the development of these services in the future.

Contact Officer: Karen Brown, Scrutiny Officer
Tel: 0191 561 1004

HEALTH AND WELL-BEING SCRUTINY COMMITTEE 13th October 2010

EQUITY AND EXCELLENCE: LIBERATING THE NHS WHITE PAPER – UPDATE REPORT

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 The purpose of this report is to provide members with an update in relation to the 'Equity and Excellence in Health, liberating the NHS white paper' and its associated consultation papers.

2. Background

2.1 On 12th July, the Secretary of State for Health launched the equity and excellence in health, liberating the NHS white paper. The white paper represents a major restructuring of health services and councils' responsibilities in relation to health improvement, and coordination of health and social care. It aims to remove unnecessary bureaucracy and devolve power to the local level. It proposes the transfer of public health responsibilities to local authorities, with the role of joining up health improvement, health services and social care locally to achieve better outcomes and greater efficiency.

2.2 The Health White Paper 'Equity and Excellence – Liberating the NHS' was open for consultation until 5th October.

2.3 The five supplementary papers are out for consultation until 11th October, under the overall heading Liberating the NHS

- Transparency in outcomes: a framework for the NHS – proposals for performance standards
- Local democratic legitimacy in health – the role of Local Authorities, Health and Wellbeing Boards, HealthWatch
- Commissioning for patients – the establishment of GP commissioning consortia and the demise of PCTs
- Regulating healthcare providers – the proposed regulatory role for 'Monitor'
- Report of the arms-length bodies review – the merger or abolition of health related quangos including the Appointments Commission

2.4 At an informal meeting held on 1 September members discussed the NHS White Paper and the consultation questions. The consultation responses were endorsed at the Scrutiny Committee held on 15 September. The comments were submitted to the North East Regional Joint Health Scrutiny Committee on 16 September and the collective regional scrutiny response is attached.

3. Healthy Accountability Forum - Local Democratic Legitimacy in Health

3.1 Sunderland Health Overview and Scrutiny was represented at a CfPS meeting of Health Scrutiny Chairs and scrutiny officers on 20th September in London. The discussion was focused on 'How might transparency and accountability be achieved in the Health White Paper proposals?'

3.2 The facilitated debate followed an introductory briefing from Ed Moses of the Department of Health White Paper Team, and Alyson Morley, Senior Policy Analyst for the Local Government Association on the implications of the white paper for local government, and focussed on GP Commissioning, Health and Wellbeing Boards, Health Improvement and HealthWatch.

3.3 For the final panel discussion, Ed Moses and Alyson Morely were joined by Andrew Larter, Deputy Director Local Government and Regional Policy, Department of Health; Dr Hugh Annett , Director of Public Health, Bristol; Ivan Rudd, Chief Executive, Ipscom, GP-Led Commissioning Consortia for Ipswich Community; Steve Holmes, Performance Assessment Manager London, Care Quality Commission and Frances Blunden Senior Policy Manager , NHS Confederation.

3.4 The focus of the Forum was on four aspects of the white paper where existing health scrutiny has experience to contribute to the development of the detail and implementation of GP commissioning, Health Improvement, and the creation of HealthWatch and Health and Wellbeing Boards.

3.5 Ed Moses from the Policy Unit at the DoH described the White Paper proposals as a radical simplification of the NHS so that it becomes more resilient, transparent, patients are placed at its centre; and outcomes are improved. His briefing introduced the White Paper as a whole, but was primarily intended to promote discussion and consideration of the issues. He focussed on commissioning for patients and increasing democracy and legitimacy in health to be achieved by GP Commissioning Consortia, responsible for commissioning local services; an autonomous NHS Commissioning Board, responsible for commissioning other services such as primary medical services, dentistry and community pharmacy; all NHS Trusts will become Foundation Trusts or be part of a Foundation Trust with staff having a greater say in how they are run; and a new role for local authorities.

3.6 The local authority role will be to support local strategies for NHS commissioning and integration of NHS, social care, and public health services; leading joint strategic needs assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies; supporting local voices, and the exercise of patient choice; promoting joined up

commissioning of local NHS services, social care and health improvement; leading on local health improvement and prevention activity. Health and Wellbeing Boards would be created to set the local direction of health services and as part of this they would absorb the powers currently given to HOSCs.

3.7 Alyson Morley briefed the forum on the emerging response of the Local Government Group (formerly LGA) based on five tests:

- Do the proposals build on existing experience and good practice?
- Do they support an area-based approach?
- Do they support a person-centred approach?
- Do they ensure accountability to local communities?
- Do they ensure that public resources are directed to the areas of greatest need?

3.8 She welcomed the proposals for the transfer of Public Health back to local government describing it as 'coming home', reminding scrutiny practitioners that local government was brought into being to tackle the great public health challenges of the nineteenth century. She also welcomed health and wellbeing boards and urged local authorities not to wait but to set up shadow boards as soon as possible to enable a smooth transition of responsibilities.

3.9 Finally, she expressed the LGG's strong support for the retention of HOSCs and separation of executive and scrutiny in health. Her questions, to be echoed in all discussions later were how the transition was to be managed; the nature of the public health role; how transparency and accountability were to be achieved, and not least, resourcing, with a brief reference to Total Place, now referred to as place-based budgets.

3.10 The four topic based facilitated discussions made it quite clear that at its best, scrutiny, in the independent format of the last ten years, has shared the vision of the White Paper – it is patient and public centred, takes an integrated view of the determinants of health, joined up, and well informed. It has demonstrated that it has a role to play in informing commissioning and monitoring progress against the Joint Strategic Needs Assessment. It has also given voice to local interests and sought community involvement in times of major change in both primary and secondary care.

3.11 The potential for Health and Wellbeing Boards to deliver joined up health and social care was welcome, and a statutory requirement for the establishment of the boards would be preferred. There is also concern for how to manage successful and practical transition from a culture of central regulation to local initiative. The role of elected members, if any, on the Health and Wellbeing Boards is not clear, but the main concern is the conflict of interest created by transferring scrutiny powers to the board.

3.12 HOSCs have matured and have ten years experience in an environment of perpetual change. The strongest case for the continuation of HOSCs comes from the significant contribution of vast numbers of topic based reviews to commissioning strategies and reducing health inequalities. There was widespread concern among participants that the proposal to merge current health scrutiny powers into Health and Wellbeing boards will be the end of this level of accountability to the local community, and that the scrutiny function will be diluted by conflict of interest as well as capacity constraints. The proposals to merge HOSC scrutiny powers into Health and Wellbeing Boards runs totally counter to the classic philosophical arguments for the separation of executive and scrutiny.

3.13 Some forum members held the view that currently many LINks appear to model their role on Overview and Scrutiny and are perceived to want to work in a similar fashion to HOSCs. In fact, where LINks are successful the role is complementary, with LINKs able to connect more consistently and deeply with patients and public, become experts in specialist areas, and provide evidence and insight to HOSCs when required. The full realisation of the LINk as a link to specialist patient groups and the voluntary sector is still unfulfilled in many places, or so it would appear from the experiences described at the Forum.

3.14 There is considerable concern how LINks will transform in to HealthWatch and serious work on this is only just beginning. There have been problems in some areas with LINks, which HOSCs would not want replicated, around hosting arrangements, the realisation of the role of Links, and lack of public engagement in the LINK. Links/Healthwatch have the potential to reflect the multiple voices of the public in an idiom the public feel most comfortable in, and need to be supported by, not in competition with, the HOSC in fulfilling their role. There are enough high performing LINks to carry forward good practice in to HealthWatch.

3.15 Historically relationships between HOSCs and GP commissioners has been as variable as with the LINks. Partly the relationship of HOSCs with PCTs has often hindered building constructive relationships directly with GPs. Currently HOSCs would like to see the statutory nature of their relationship with PCTs transferred to GP consortia. Without this GP consortia may find it difficult to demonstrate their accountability to the community and miss out on the useful contribution scrutiny can make to commissioning. Where scrutiny of GP commissioning has previously been undertaken, or GPs have been involved in topic based reviews, the mutual learning that has resulted has been constructive and can be carried forward as a model.

3.16 If a key outcome from the Health and Wellbeing Boards is the reduction of age-old silo working practices, and place-based budgeting without the need for complex legislation, the full transfer of Public Health functions to local authorities, unlike the current joint appointments, should accelerate this process. The foundation of the Joint Strategic Needs Assessment

(JSNA) is already in place, but will the new focus on outcomes change the way scrutiny performs its work, or encourage more topic based reviews and emphasise work on reducing Health Inequalities?

4. Conclusion

4.1 The event provided useful discussion to inform the next steps for HOSCs in responding to the consultation, and interpreting those consultation responses and taking part in the implementation of specialist aspects of the reforms.

4.2 The Committee is asked to note the update report and receive further updates on the white paper developments.

5. Background Papers

Equity and Excellence in Health, liberating the NHS white paper
Commissioning for patients – consultation paper
Regulating healthcare providers – consultation paper
Transparency in outcomes – consultation paper
A framework for the NHS and local democratic legitimacy in health – consultation paper

---

Contact Officer: Karen Brown, Scrutiny Officer
karen.brown@sunderland.gov.uk
Tel: 0191 561 1004

My Ref:
Your Ref: NHS White Paper Team
Please ask for: Peter Mennear, Stockton-on-Tees Borough Council
Tel: 01642 528957
Email: peter.mennear@stockton.gov.uk

Date

Dear Sir or Madam,

NHS White Paper, *Equity and Excellence: Liberating the NHS*

I am writing in my capacity as Chair of the North East Regional Joint Health Scrutiny Committee, in order to submit the Committee's response to the NHS White Paper consultation.

The full response is attached at Appendix 1. The Committee would also like to emphasise the following points in relation to health scrutiny:

- The Committee welcomes the enhanced role for local government within local health services, and the creation of Health and Wellbeing Boards. However, Members have serious reservations about the proposed transfer of scrutiny powers in relation to major service re-design from health scrutiny committees to the new Boards. The Boards will have influence over the type and shape of local services and for the Board to also have the ability to then scrutinise service changes can only lead to blurred accountability.

- Furthermore, health scrutiny is effective as it makes use of the ability of elected Members to reflect the views and concerns of the people they represent. Health and Wellbeing Boards will need to be accountable for their actions and although the proposed membership of Health and Wellbeing Boards includes elected Members, they will be in the minority compared to the other proposed members.

- It is important to recognise the full scope of the work that is being undertaken by health scrutiny committees. The introduction of Health Scrutiny has enabled non-executive Councillors to undertake a wide range of pro-active investigations into issues of local concern and/or interest. Many of these reviews have identified recommendations aimed at reducing health inequalities. The Committee see it as important that the ability to carry out this work, and to require responses from NHS bodies in relation to associated reports and recommendations, is maintained.

- There should be a clear separation between those who are commissioning and influencing health services, and those whose duty it is to hold them to account. The Committee believes that the retention of the full range of scrutiny powers by an independent health scrutiny forum made up of elected, non-executive Members represents the best way forward in terms of ensuring that local accountability is maintained.

The Committee would like to thank the Department of Health for the opportunity to comment on the proposals contained with the White Paper and associated documents.

Yours faithfully,

Councillor Ann Cains
Chair
North East Regional Joint Health Scrutiny Committee

Appendix 1

North East Regional Joint Health Scrutiny Committee

Response to the NHS White Paper (via the consultation document, *Liberating the NHS: Local Democratic Legitimacy in Health)*

1. The Committee recognises the benefits that could flow from the establishment of local Health and Wellbeing Boards. Many areas already have well developed joint working arrangements, especially in relation to health and social care. The creation of HWBs will provide additional impetus towards integrated working.

2. The Committee agrees with the proposal to use statutory powers to underpin the requirement for joint working and co-operation by partners with the Health and Wellbeing Board. It will be important to keep the balance between local flexibility with regard to how it operates, and the need for the duties and powers that would be necessary to enable it to function effectively. Generally speaking, Members prefer the opportunity to use local flexibility where appropriate, and that this could apply to membership of the HWBs.

3. The increased role for local authorities in local health provision is welcome, and this is further enhanced by the transfer of responsibilities for local health improvement. Reducing health inequalities is integral to a range of services that are provided by local authorities and HWBs represent the chance to further develop a co-ordinated approach and mutual understanding of the issues.

4. The Committee agrees with the proposed functions of the Health and Wellbeing Board, with the exception of the scrutiny role in relation to major service re-design. The Committee has serious concerns about this proposal.

5. The Board's responsibilities in relation to influencing commissioning, health improvement, the reduction of health inequalities and social care, will be incompatible with a scrutiny role and would lead to blurred accountability. It is inconceivable that a Board's membership should not contain those who would be closely involved in proposals for major service changes. It would represent a clear conflict of interest if those people were then able to subject these proposals to scrutiny.

6. Currently, health scrutiny is effective as it makes use of the ability of elected Members to reflect the views and concerns of the people they represent. Health and Wellbeing Boards will need to be accountable for their actions and although the proposed membership of Health and Wellbeing Boards includes elected Members (presumably executive Members), they will be in the minority compared to the other proposed members.

7. The Committee believes that the retention of the full range of scrutiny powers by an independent health scrutiny forum made up of elected, non-executive Members would represent the best way forward in terms of ensuring that local accountability is maintained. There should be a clear separation between those who are commissioning and influencing health services, and those whose duty it is to hold them to account.

8. This independence built into existing arrangements has already proven to be effective. The Independent Reconfiguration Panel has taken into account the reports of health scrutiny committees when making recommendations on major service changes.

9. A separate scrutiny function would also provide a forum for the local resolution of disputes, both in situations where partners on the HWB could not agree on, for example, shared goals and priorities, and also in relation to major service re-designs. Unless there is a robust local mechanism for dealing with disagreements, there is the potential for an increase in referrals to the national level (however appropriate this may be in some cases).

10. The Committee feels that it is important to highlight the full scope of the work that is undertaken by Health Overview and Scrutiny Committees. In addition to responding to NHS proposals and consultations, the introduction of Health Scrutiny has enabled non-executive Councillors to undertake a wide range of pro-active investigations into issues of local concern and/or interest. For example, the North East Joint Committee is currently undertaking a regional collaborative project that seeks to assess the health needs of ex-service personnel and how well they are being met across the region.

11. The Committee would be against any proposals that sought to remove the ability of health scrutiny committees to be able to undertake this type of work, and to require responses to reports and recommendations from relevant NHS bodies.

12. Many of these reviews have identified recommendations aimed at reducing health inequalities and it has been demonstrated that NHS commissioners have been able to use the evidence that has been gathered as part of the reviews when designing services, and providers have been able to benefit from an extra level of assurance as to the quality of their services.

13. One example of the future relationship between health scrutiny and HWBs, could be that Health and Wellbeing Boards may wish to refer issues to Health Scrutiny Committees in order for them to be fully investigated, and to provide recommendations for improvement.

14. There needs to be further clarity in relation to the accountability of GP Consortia (whether to HWBs or independent health scrutiny forums), and the accountability of locally based services that have been commissioned on a national basis. Local GP consortia will need to be fully accountable, due to the significant sums of public money for which they will be responsible.

15. The Committee believe that where possible, GP Consortia should be aligned to the same areas covered by HWBs. This would improve co-ordination of services, accountability, and the ability to produce relevant documents including Joint Strategic Needs Assessments. In relation to national services, the Committee has concerns over the type of services that will be commissioned nationally (for example, maternity services) and what opportunities there will be for local involvement in the design of such services.

16. It is proposed that LINks will be replaced with local HealthWatch organisations. The Committee believe that LINks as currently constituted do not have the capacity to undertake additional responsibilities, especially in relation to complaints advocacy and the provision of advice and information.

The volunteer base would need support that would be commensurate with the additional services that it would be commissioned to provide. In addition, the future Health Watch must be able to ensure that it is able to keep a focus on both health and social care matters.

17. It is proposed that the HWBs will include membership from the local Health Watch. This would have the benefit of ensuring that the voice of the public and patient is heard directly by those influencing the provision of services. However, unless careful consideration is given to the operation of the Board (for example, with regard to voting rights) Health Watch's ability to act as the independent 'consumer' voice could be compromised, and there is a danger of blurred accountability, similar to the situation with health scrutiny.

18. The Health Watch proposals represent a significant change to patient and public engagement, at a time when there has as yet been no national evaluation of the effectiveness of LINks, which were themselves only established in 2008.

19. The Committee notes the considerable challenges that will be faced during the transition period. PCTs in particular will be subject to significant disruption at the same time as being asked to support the transition period, and LINks are currently only funded until March 2011. The Committee is keen to be assured that during the transition period, high standards of patient care will be maintained, and that there will continue to be opportunities for robust patient and public involvement.

HEALTH & WELL-BEING SCRUTINY COMMITTEE

13th October 2010

FORWARD PLAN – KEY DECISIONS FOR THE 1 OCTOBER – 31 JANUARY PERIOD

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

1.1 To provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 October – 31 January 2010.

2. Background Information

2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.

2.2 Holding the Executive to account is one of the main functions of scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.

2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

General Scope: To consider issues relating to health and adult social care services

Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Food Law Enforcement; Citizenship (Adults); and External inspections (Adult Services)

3. Current Position

3.1 The relevant extract from the Forward Plan is attached.

3.2 In the event of members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. Recommendations

4.1 To consider the Executive's Forward Plan for the current period.

5. Background Papers

Forward Plan 1 October – 31 January 2010

Contact Officer : Karen Brown, Scrutiny Officer
0191 561 1004 karen.brown@sunderland.gov.uk

Forward Plan – Key Decisions 01/Oct/2010 – 31/Jan/2011

R.C. Rayner,
Chief Solicitor,
Sunderland City Council.

14 September 2010

Forward Plan: Key Decisions for the next four months - 01/Oct/2010 to 31/Jan/2011

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01436	To agree for the Council to assist with and facilitate the transfer of NTW's learning disability homes to a Registered Social Landlord.	Cabinet	03/Nov/2010	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties.	Via the Contact Officer by 20 October 2010 - Health and Wellbeing Scrutiny Committee	Full Report	John Fisher	5661876
01438	To agree the Contributions Policy	Cabinet	03/Nov/2010	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties	via the Contact Officer by 20 October 2010 - Health and Wellbeing Scrutiny Committee	Report	Neil Revely	5661880
01426	To agree Moving from Contracting to Personalised Budgets (Day Care Services - OP)	Cabinet	03/Nov/2010	Cabinet Service Users and Carer Groups, Portfolio Holder, Adult Services Staff, Health Partners	Briefings and/or meetings with interested parties	Via the Contact Officer by 20 October 2010 - Health & Wellbeing Scrutiny Committee	Full Report	John Fisher	5661876
01398	To agree the Re-procurement of Advocacy (Mental Health) Services	Cabinet	12/Jan/2011	Cabinet, Service Users and Carer Groups, Portfolio Holder, Adult Services Staff and Health Partners	Briefings and/or meetings with interested parties	Via the Contact Officer by 19 December 2010 - Health and Wellbeing Scrutiny Committee	Full Report	Graham King	5661894

HEALTH & WELL-BEING SCRUTINY COMMITTEE

13th October 2010

ANNUAL WORK PROGRAMME 2010-11

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Committee to receive an updated work programme for the 2010-11 Council year.

2. Background

2.1 The Scrutiny Committee is responsible for setting its own work programme within the following remit:

> *Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Food Law Enforcement; Citizenship (Adults); and External inspections (Adult Services)*

2.2 The work programme can be amended during the year and any Member of the Committee can add an item of business.

3. Current Position

3.1 In addition to the items taken at the scheduled meetings the following activities have taken place since the last meeting.

3.2 The regional review of the Health Needs of the Ex-Service Community has been progressing. The review has received considerable publicity most recently at the launch event of the NHS North East Armed Forces Forum held on 29 September.

3.3 The first meeting of the North East Joint Health Committee met in Sunderland on 16 September. The new Committee discussed the NHS White Paper, the Veterans review, and received a progress report on substantial developments and variations in service across the region.

4. Conclusion & Recommendation

4.1 That Members note the updated work programme.

5. Background Papers

None

Contact Officer : Karen Brown 0191 561 1004
karen.brown@sunderland.gov.uk

HEALTH AND WELL-BEING SCRUTINY COMMITTEE WORK PROGRAMME 2010-11

	JUNE 09.06.10	**JULY 07.07.10**	**SEPTEMBER 15.09.10**	**OCTOBER 13.10.10**	**NOVEMBER 10.11.10**	**DECEMBER 08.12.10**	**JANUARY 12.01.11**	**FEBRUARY 09.02.11**	**MARCH 09.03.11**	**APRIL 06.04.11**
Cabinet Referrals & Responses	Article 4: Food Law Enforcement Service Plan. (NJ)	CQC Service Inspection of Safeguarding Adults & Choice & Control for Older People	CQC Service Inspection – Action Plan Response to 'Tackling Health Inequalities in Sunderland' Review					LSP Delivery Report		
Policy Review	Proposals for policy reviews (KJB) Ex-Service Personnel Review (KJB) Regional Health Protocol (KJB)	Scope of review – Malnutrition in Hospitals (KJB)	Appointment of Coopted Member Ex-Service Personnel Review Progress (KJB)		Evidence Gathering – City Hospitals Sunderland				Final Draft Report	Final Report
Performance			Performance & VfM Annual Report (GK)				Performance Q2 April – Sept 09 (GK)			Performance Framework Q3 (GK)
Scrutiny	Mid-Staffordshire NHS hospitals Foundation Trust – Francis Report (CH) Internal Service Development (CW) CfPS Conference attendance (KJB)	TeleCare Services (PF) Total Place (LC) Social Care for Adults with LD (JF)	CAMHS Review (PCT) Health White Paper Consultation CfPS Conference Feedback	Out of Hours Service (PF) Review of District Nursing Update Transforming Community Services		Children's Acute Pathway Reform (NHS) Pride Project				Annual Report (KB)
CCfA/Members items/Petitions										

At every meeting: NHS White Paper – Equity and Excellence, Forward Plan items within the remit of this committee / Work Programme update