

## **Additional notes of Children's and Health Overview and Scrutiny Meeting - 17<sup>th</sup> October 2012**

### **NHS Reform**

The Director for Public Health gave a presentation on NHS Reforms as outlined in the Stakeholder Update.

Sally McIvor provided further explanation.

Julie Slater – Q Tobacco control.

DH approximately £12m comes over 1<sup>st</sup> April – inherited contracts mainly. Mostly cover what the NHS was already spending the money on. The list of broadly 22 headings are national 4 or 5 are Mandatory and a directive is expected on which areas. The Council can't take the money and reallocate it at present – if it isn't spent on public health and currently could be withdrawn. H&WB strategy has gone out for consultation – Annex 2 has the Strategic Needs Assessment for the Borough.

Brian T – Contracted for how long

DH – Some require 1 year notice others have 2 or 3 years rolling commitments. We know we are spending approximately "12m now – awaiting allocation paper in December. There is a clause in year 1 that Public Health won't receive less – however there is another spending review next year.

DH – less interest in the services purchased as to the outcomes that are delivered.

Phil – Development Shisha ranges – there could be a contradiction in granting planning licences for these sort of establishments. Contradicts in a lot of public health policies we are not responsible to deliver.

DH – Not about services but about how Local Government Acts – Challenge.

Sally - is managing both ends – local alcohol policies and fast food outlets – challenge is how do we get services, money mandatory services into the right place.

Tom which services are mandatory.

DH Health checks – Sexual Health Service, some drugs and alcohol child measurement programme. November 4<sup>th</sup> worst lift outcomes nationally. So...

David – Currently out consulting in H&WB strategic – Assure it comes out of Joint Strategic Needs Assessment. What are the timescales and is this a 3

year strategy going to be regularly updated and something scrutiny should look at?

DH Requirement only comes out this year. Other LAS don't want to consider.

*Dparto?* – consultation 1 week in November. Will bring back to next H&WBB and hopefully sign off at that meeting. Revised one for next year would need to be done before next summer. Plenty opportunity to feedback and welcome any comment.

John Slater – How are you going to liaise with the CCG to influence them as to what is best for the Borough.

Sally - The H&WB strategy needs to be signed up to by everyone – health, Council, partners, agencies. CCG needs to look at JSNS and see how it will fit with the H&WBB Strategy.

John Slater – Any powers if it isn't right.

DH Right to ask to change – if this is refused H&WBB can refer it to National Commissioning Board. GP's are providing primary care but commissioning secondary care. The NCB can tell the CCG that the H&WBB are unhappy with the CCG's Strategy. Don't think anyone would want it referring up to Secretary of State.

Kate Hollern – Government states to give more local accountability. Have a really good relationship with Directors on CCG. Have to consider .....? Areas not as far advanced. Ideally to get best results.

JS - Everyone around the table welcomes the partnership.

Sally McIvor - Going to split CT+ - CCG going to do clinical stuff going to form a way of working together in partnership that isn't about structures.

Kate Hollern – Don't have a contract – it will be partnership working all under one roof.

DH - Staff in CT+ who commissioned services – they are all moving into Commissioning Support Unit – That function across all of England will be privatised (within next 2 years.)

Bob – PCT then CT+, now CCG under BwD.

DH - Commissioning support will be private CCG will be BwD.

Bob – National Commissioning Board will be based where?

DH There is National - National Board, there are 4 Strategic Regions (used to be Strategic Health Authority) 35 – 50 local area teams of the

national commissioning board. They will be buying primary care from GPs – they will get 20% of the budget – 70% goes to CCG.

Bob – how do we maintain and monitor?

DH Health Watch.

Bob Doesn't have statutory powers can only recommend.

Kate Hollern - That is the same for the H&WBB. Going to be difficult to make sure if financially doesn't stack up and they have to look at a wider footprint. Got to keep building relationships with Boards, bodies and partnerships.

DH - Health watch will have advisory role and manage complaints. CQC – trying to strengthen levels of accountability.

Shokaat – How does a ward Councillor represent the views of their residents on services (not complaints – but signposting).

Sally Mclvor We need to get this clearer and develop this.

DH Hope the H&WBB may be able to broker this set of signposting between the H&WBB and all its partners.

Eileen - GP's patients will they not suffer as a consequence of those changes.

DH - Some colleagues – Royal College of Surgeons etc. felt may be a risk from not understanding the system – however all staff involved will work together to collaborate positive outcomes. There doesn't seem to be any spinal damage? However this may not be able to be guaranteed in the future.

Eileen – GP's 3 week wait unacceptable.

DH – GP's not able to see patients – we have 50+ pharmacies in the borough who may be able to offer some of these non urgent issues.

John Slater – when everyone together – strong mission statement specifically in Public Health would help people.

David Foster – Health watch – independent body that look at health watch.....

Health watch needs to be.....

Local Government needs to commission this. Independence is best placed in local government.

David Foster – Where are you up to in appointing people to Healthwatch?

Sally Mclvor – will bring you up to date.

Ron - Effectiveness and providing VFM – Healthwatch – how will you do this?

DH – Will be contracted by LA (Money provided by Department of Health) LA will define a set of outcomes. Healthwatch is part of the Care Quality Commission – CQC/Healthwatch nationally, will look at how local levels are functioning.

Phil – Increase in Bureaucracy?

DH – Number of bodies doing the same task has increased nationally, now more CCG's than CT+s

Ron – Are we working with other LA's to benchmark how Healthwatch works?

SMI - Yes and lessons learned are going to be used.

Did the Committee find the presentation ?????????? Yes.

Chair formally recorded thanks to Leader of the Council, Executive Director for and Director for Public Health.

### **Agenda Item 5**

Chair described the outline of what the Committee had done to date.

Chair asked of those on the panel – whether they found this effective – yes. Whether there was any gaps?

DF – customers point of view/clients. Either .....

Think Family

Customer Complaints report. Lessons learnt schedule. So limited numbers of complaints and may have not .... Yet.

Did question why so few complaints (6 over 18 months).

Chair – felt not covered carers views.

Phil – Children's 4<sup>th</sup> meeting on Monday.

3 meetings to date – strategic view on safeguarding, precise view on how safeguarding does and doesn't work. Particularly exploring inter-agency/partnership views. Relevant information under Ofsted arrangements, Council will be measured and could be marked down as a result of an Agencies shortcomings. Now looking at value for money and can't be in a position where some areas of the Council remain immune from cuts. Looking at effectiveness of several services. Think Family – outcomes are better – cases are very similar could be a process we suggest is rolled out wider. On Monday got a number of partner agencies coming to see who does what and identify any gaps.

Members (Abdul & Brian) commented on work of Task Groups – spot on.

Chair described process for next meeting – what has been done. Second half of the year – explained and invited members to suggest.

DF – Next consultation out in March – we don't have elections in April and May – opportunity to work this into work programme for April/May Scrutiny of H&WBB.

DF – Exam results presentation – agreed  
Effects of new free schools – independent Academies

Ron – Chair thanked all those for attendance at the Committee and asked for same level of involvement for future sub-groups.