

minutes



Meeting HEALTH SELECT COMMITTEE

Date Tuesday, 7th February 2006 (commencing at 10.30am)

membership

Persons absent are marked with 'A'

COUNCILLORS

J T A Napier (Chair)
Mrs K Cutts (Vice-Chair)

	John Allin		Alan Rhodes
A	Kenneth Bullivant		Mrs Nellie Smedley
A	Steve Carr		Sue Saddington
	Yvonne Davidson	A	Parry Tsimbiridis
	V H Dobson		Kevan Wakefield

CO-OPTED MEMBERS

Barbara Venes
2 Vacancies

ALSO IN ATTENDANCE

Councillor N Armstrong (Newark and Sherwood District Council)
Jed Greaves (Newark and Sherwood District Council)
Councillor Roger Jackson (Newark and Sherwood District Council)
Richard Wilding (Ashfield District Council)

MINUTES

The Minutes of the last meeting of the Select Committee held on 13th December 2005 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillor Kenneth Bullivant
“ Steve Carr
“ Parry Tsimbiridis

MEMBERSHIP

It was reported that Councillor Sue Saddington had been appointed a member of the Select Committee in place of Councillor Lynn Sykes. It was also reported that Mandy Richardson had resigned as a co-opted member of the Select Committee and it was agreed that a letter be sent to her thanking her for her contribution.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Sue Saddington declared a personal interest in the items on the agenda as her daughter was a 'Sister' on a ward at the Queen's Medical Centre.

AGENDA ORDER

The Chair, with the agreement of the Select Committee, altered the order of the agenda.

HEALTHCARE COMMISSION – ANNUAL HEALTH CHECKS

Councillor Napier introduced the report and drew Members' attention to the three options which were to provide further comments to the Strategic Health Authority on some or all of the Primary Care Trust (PCT) declarations; provide a strategic set of comments covering PCT performance across the county as a whole; or choose not to provide a comment at all.

Councillor Roger Jackson, Newark and Sherwood District Council, reported that their External Relations and Partnerships Overview and Scrutiny Committee at its recent meeting had considered Newark and Sherwood PCT's Annual Health Check but had agreed that they could not scrutinise the Primary Care Trust's compliance or otherwise as there was no qualitative or anecdotal data available to comment upon. They felt it was impossible to question the PCT's compliance without an understanding of why they were compliant.

Councillor Napier stated that it was reassuring to have information that implied that at least from a clinical perspective all PCT's comply with the core standards. It was also pleasing to note that there was local government and Patient and Public Involvement Forum involvement in PCT's. He pointed out that there was evidence that where there was public involvement in the health checks it was more rigorous than where there was none. He asked why it was some Patient and Public Involvement Forums were operating whilst others were not.

Councillor Napier commented that in general core standard 7d "ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources" did not appear to have been covered in the health checks.

Turning to the reports from each PCT, Councillor Napier referred to the internal Audit comment on Ashfield and Mansfield PCTs' health check which he felt was very brief. He pointed out that there was a lack of involvement from the Patient and Public Involvement Forum because of their lack of experience. He thought that part of the Primary Care Trust's role should be to encourage public involvement. He referred to

the internal Audit comment on Bassetlaw PCTs' health check which he felt gave a flavour of what was missing from the other health checks. He pointed out that these were comments that there was "a significant level of assurance" but asked where was the evidence. He again commented that the Patient and Public Involvement Forum had felt it had no expertise to comment. He referred to the comments from the Bassetlaw District Council's Overview and Scrutiny Committee which indicated that public representatives were involved with the Trust.

In respect of Broxtowe and Hucknall PCT, Councillor Napier referred to the internal Audit comment, "that there was a reasonable assurance that there was an effective system of internal control", and asked where was the evidence. In the Bassetlaw health check, for example, there had been some evidence of checks and balances. He felt that the comments from the Broxtowe and Hucknall Patient and Public Involvement Forum were good. He asked whether we would lose this partnership in future Primary Care Trust restructuring. He referred to the response to core standard C7.d "that health care organisations ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources" where the comment was "this standard will be measured through the use of resources assessment". He felt there was no assurance there and asked where the assessment was? He felt that overall the Broxtowe and Hucknall document was a good one but difficult to read.

With regard to Gedling PCT Councillor Napier felt that the report was easy to understand with clear details of how and when non-compliance would be resolved. He acknowledged the openness of the internal Audit report. He noted the comment from the Patient and Public Involvement Forum which showed good partnership working.

Turning to the Newark and Sherwood PCT health check, Councillor Napier felt that the internal Audit comment was thorough. He commented that the Patient and Public Involvement Forum involvement was good and that this had led to issues being tackled. In respect of Rushcliffe PCT's health check he pointed out that although it was a full report there was no internal Audit report or comments from the local authority or the patient and Public Involvement Forum .

Looking at all the reports, Councillor Napier pointed out that the comments from the Strategic Health Authority were similar in tone and felt that it was strange that there was no mention of Primary Care Trust finances and how they were complying with core standard C7.d. He felt there was a need to ensure there was an audit trail concerning the use of Funds. He pointed out that in some of the health checks there was an indication but expressed concern that in others there was not.

Councillor Mrs Cutts commented that there was reassurance that from a clinical perspective they all complied with the core standards. She agreed that local involvement was important and pointed out that it seemed that where this had taken place there were benefits.

Councillor Rhodes commented that the reports seemed highly standardised; he felt that there should be a requirement for information on the financial position and a need for stakeholder involvement.

It was agreed that the draft comments made during the meeting be sent to each Primary Care Trust for comment prior to them being finalised at the next meeting for final submission to the Trusts and Strategic Health Authority. The Select Committee acknowledged the contribution from some District Councils and wished to encourage those who had not been involved to contribute to the process in the future

URGENT ITEM

The Chair reported that in accordance with Section 100 (B)(4) of the Local Government Act 1972 he had approved that the report on the Primary Care Trust Restructuring being regarded as an urgent item to allow a response from the Health Select Committee by the closing date of the consultation.

PRIMARY CARE TRUSTS RESTRUCTURING STUDY GROUP – CONSULTATION RESPONSE

Councillor Rhodes stated that he was disappointed with the recommendation of the Study Group. He wanted Bassetlaw Primary Care Trust to stand alone or link with Doncaster PCT. He pointed out that there was no mention in the Trent Strategic Health Authority consultation document of the word “merger” and he felt that this was misleading as they only talked of a professional link. He thought it was a non argument about crossing boundaries as this already happened with the Primary Care Trust and there was no reason this could not continue. He was very concerned about patient flow if you cannot access within your own health facility. He pointed out that patients from Bassetlaw always went north to Sheffield or Doncaster. He stressed that he was purely interested in patients.

Councillor John Allin explained that one of the reasons that the study group took its view was that it was led to believe that Bassetlaw PCT would be swallowed up by Doncaster PCT. He added that if Doncaster PCT was absorbed by Sheffield or Doncaster PCT he would oppose this. He indicated that his first preference was for a north and south Primary Care Trust.

Councillor Mrs Cutts stated that they had had a lot of discussion in the study group. She indicated that patients were not in isolation and that procedures were specialised, for example people were sent for heart surgery to Leicester. She added that the problem was when patients came out of hospitals. There were two social services authorities in Nottinghamshire, one in the city and one in the county and they picked up problems when patients came out of hospitals. She thought that if Primary Care Trusts were not coterminous with social services authorities this would affect funding. She was concerned that otherwise patients may fall through gaps. She thought that if there was one Primary Care Trust for the whole of the city and county, the city would absorb more of the budget. She felt that health and social services were interlinked. It was often chronic diseases that were missed, such as Parkinsons, and Alzheimer disease. She was very keen that we did not weaken the social services part of the provision. She felt that the Strategic Health Authority was very keen for there to be one Primary Care Trust which would make it easier for

them. She stressed that she did not want to reduce patient pathways but increasingly patients went to hospitals across the country.

Councillor Rhodes said he understood what Councillor Mrs Cutts said but felt it was wrong to assume that all patients required social services care after leaving hospitals. His concern was accessibility which was a major concern in Bassetlaw. People travelled because they had to and he felt local hospitals were best. He resented the assumption that people were happy to travel to access health care. He pointed out that people did not always have the ability to travel due to levels of deprivation and also transport links were poor in the county.

Councillor Sue Saddington commented that there were two types of hospital, for minor illnesses there was a need for local hospitals. She pointed out, however, that large hospitals had the expertise and equipment which smaller hospitals could not have. If this meant travelling then that was a necessity. Councillor Mrs Cutts pointed out that there would be no hindrance to patients continuing to travel to Doncaster. She added that she did not want to lose localism. She referred to the problems at Newark where people had to travel on a poor road to get services. She took the point that not everyone needed social services care after hospital but that many did and it could be vital.

Councillor Allin felt there was no reason why Bassetlaw could not operate as they are at the moment. He resented only being given three options and wanted to put forward the option that there should be a north and south PCT.

Councillor Napier pointed out that there had been Member consultation in Derbyshire and Leicestershire prior to it happening in Nottinghamshire. He added that the issue had never come to full Council as it had elsewhere. He suggested that, although there had been discussions between the Chief Executive, the Acting Director of Social Services and the Leader, there ought also to be consultation with councillors generally. He pointed out that there was to be a Members' seminar on the issue on 14th February 2006 followed by debate in the full Council. He commented out that on the one hand we were told that services would be local and then on the other hand the Strategic Health Authority and the Primary Care Trusts were disappearing. He emphasised that the Committee was not here to rubber stamp.

In conclusion, the recommendation of the Primary Care Trusts Restructuring Study Group was noted, along with Bassetlaw Primary Care Trust's wish to stand alone or form a link with Doncaster. The committee also recognised that there were arguments in favour of Options Two and Three as well as a north/south option. All of these issues were to be discussed and considered at a Member's seminar on 14th February, following which a report would be presented to the full Council.

MRSA STUDY GROUP – UPDATE

Councillor Dobson, the Chair of the Study Group reported that they had met three times since the last Select Committee. Visits had been undertaken to Newark and Kings Mill Hospital and staff had been asked questions surrounding cleaning contracts, screening procedures, visitor protocols, uniforms, linen cleaning, shared toilet facilities, ventilation systems, hospital acquired infections and the planning of

new hospital buildings amongst other things. The Study Group toured both sites focussing on surgical and medical wards which gave the opportunity to meet nursing staff, cleaning staff and patients on the wards. He asked for it to be recorded the Groups thanks to the staff that met the Study Group at both hospital sites for the friendly and professional way in which they were treated and questions answered.

It was noted that the Study Group would be submitting its final report to the Committee on the 21st March.

WORK PROGRAMME

It was agreed that a study be carried out into food in hospitals. This would consider whether hospital food was fit for purpose, including issues such as nutrition, appropriateness for patient and delivery.

The meeting closed at 11.37 am.

CHAIR

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