

# minutes



Meeting HEALTH SELECT COMMITTEE

Date Tuesday, 8<sup>th</sup> November 2005 (commencing at 10.30am)

## **membership**

Persons absent are marked with 'A'

## **COUNCILLORS**

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

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

## **CO-OPTED MEMBERS**

A Mandy Richardson  
Barbara Venes  
1 Vacancy

## **ALSO IN ATTENDANCE**

Councillor M Brandon-Bravo  
“ George Kane  
“ Mick Storey  
“ Martin Suthers

## **MINUTES**

The Minutes of the last meeting of the Select Committee held on 27<sup>th</sup> September 2005 were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from:-

Councillor Kenneth Bullivant  
“ Lynn Sykes  
Mandy Richardson

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Councillor Martin Suthers indicated that he was attending as an observer and declared an interest as Chair of Rushcliffe Primary Care Trust in agenda item no. 4 – Primary Care Trust Re-structuring.

## **PRIMARY CARE TRUST RE-STRUCTURING**

Eleri de Gilbert, the Chief Executive of Ashfield and Mansfield Primary Care Trusts spoke to the Select Committee. She indicated that she had chaired the steering group established by Nottingham/Nottinghamshire PCTs to develop and evaluate proposals for re-structuring but that this steering group had since ended. She added that she was also the project director of Trent Strategic Health Authority's re-structuring group. She explained that Primary Care Trusts were not very old but had achieved a lot in implementing the NHS plan. Waiting lists were the lowest they had ever been, there was a lot of partnership working and they had delivered commissioning. She pointed out that the Government's view was that they had focused too much on their provider role and that there had not been a system reform. The Government's view was that patients should be centre stage and a document issued in March had hinted at re-structuring of Primary Care Trusts. There would be a bigger focus on patients and commissioning and a feeling that poor clinical practice should be challenged. In future there would be legally binding contracts. There would be a role for the independent sector which was already here, for example, with the Barlborough Treatment Centre. She stated that the Government's view was that commissioners needed to be more tough minded. She explained that it was not about the old fund holding GP practices but about a cluster of practices coming together. She added that in Mansfield and Ashfield all GPs were planning to come together to avoid adding to health inequalities in the area.

She explained that in the summer the Strategic Health Authority had asked what should be the commissioning body for Nottinghamshire. This was to produce savings of 15% of management costs which was £600,000 per Primary Care Trust. The savings were to be re-invested. She chaired the steering group which had been established. They had looked at functions first and concluded that larger seemed better but they had concerns that there was still a need for a local focus. The Strategic Health Authority had indicated that they could not consult at this stage and therefore informal soundings were taken, which over the summer period was difficult. She commented that different approaches were taken by different PCTs and she recognised now that there should have been a common approach. A meeting had been held with the Leader of the County Council and the Director of Social Services who had indicated that they should not approach the Health Select Committee until they had something to consult on.

Eleri de Gilbert stated that the steering group had recognised that the status quo was not possible and recommended two primary care trusts for Nottingham and Nottinghamshire. She added that she was not sure whether they would have a new name or still be called primary care trusts. She indicated that in August a letter from the NHS Executive had been issued talking about provider services and saying that Primary Care Trusts should not provide services.

Eleri de Gilbert indicated that the next step was that the submission from the Strategic Health Authority was with the Secretary of State who had a panel of experts to advise her. She commented that two options would be difficult to consult on. She added that greater clarity had now been given about provider services in that whether these were put out to tender would be a PCT decision rather than a Government one. The new White Paper may further clarify this. She pointed out that Rushcliffe PCT was looking at establishing a mutual to provide services.

Councillor Napier asked how the Select Committee was viewed. Eleri de Gilbert stated that the Select Committee was helpful and had challenged the health community in the past. Councillor Napier felt that as Members representing the county they seemed to be at the tail end of the process. Eleri de Gilbert indicated that they had talked to the County Council and asked advice. She added that there was a need to think if there was an informal role for the Select Committee.

Councillor Tsimbiridis expressed concern that this could be privatisation through the backdoor. He felt that one Primary Care Trust would be too large. He thought that 750,000 people was too many and that there would be a north/south divide. Eleri de Gilbert emphasised that service delivery would still be at local level and there were no plans to change this. She added that the commissioning body would become larger but agreed that there was concern that a large organisation may have a Nottingham focus. She explained that the four Primary Care Trusts in the north were 3½% below target funding and had the greatest health needs whereas the other trusts were above target. She hoped that a commitment that resources would be protected and would be built into the changes.

Councillor Steve Carr stated that the word “choice” was used a lot and was becoming the panacea for all evils in the country. He pointed out that the Wanless report had said that the Health Service was underfunded. He did not feel that one PCT for the county was workable and would address health inequalities.

Councillor Mrs Cutts commented that the report about re-structuring had been slipped out during election time and that the PCTs had been put in a difficulty about consultation. She felt that the consultation had been run by officers and was disappointed that they had been led to talk to the officers and Leader of the County Council. She did not feel that Primary Care Trusts had done a good job and felt they were bureaucratic and compiled statistics and statements. She did not see how larger Primary Care Trusts would be closer to the public. She commented that NICE decided what could be provided whereas she felt that this should be decided at local level. She pointed out that vulnerable people could be anywhere and that they were also in Rushcliffe. She expressed concern that PCTs were squeezed between the Strategic Health Authority, Government, NICE and the Secretary of State. She felt that services were not getting better although more people were being employed. She questioned how there could be proper consultation on one option and felt that consultation should be meaningful.

Councillor Alan Rhodes felt that the level of opposition in Bassetlaw had been glossed over. He thought that the Health Service bureaucrats had talked to each other. He stated that there was concern on the effect of services in Bassetlaw and

there was a feeling that they should remain separate. He added that there was a good hospital and that if necessary people went to Doncaster and Sheffield. He was pleased to note Bassetlaw PCTs opposition to the proposal. It seemed that it was a savings led exercise and not related to patients needs. He wondered what consideration had been given to Bassetlaw's proposals. Eleri de Gilbert stated that there were concerns about a loss of local focus. She referred to local area agreements and indicated that was why two PCTs for the county and city were supported. She pointed out that local strategic partnerships had a role. She commented out that it was a big issue that the local population did not know what Primary Care Trusts did. She added that for the public the issue was about services. She stressed that this re-structuring was not about service change. She knew that the local papers in the north of the county were running a campaign but there was no evidence that the changes would effect services. She stated that the issue was about the role of practice based commissioning and added that Bassetlaw had a group of GPs who would play a key role in this. She accepted that patient flows in Bassetlaw were different from the rest of the county but added that it was clearly in Nottinghamshire. She pointed out that the Strategic Health Authority did consider the re-structuring in public and that having a separate PCT for Bassetlaw was not supported as being not viable because there were savings that had to be made. She added that some other PCTs led on behalf of Bassetlaw for specific services.

Barbara Venes asked why two PCTs had been suggested. She commented that there was supposed to be a 15% savings but she thought that because of the distances of travelling north to south there would be additional costs and there was a need to look carefully at this. She was not sure how the 15% savings would be achieved. She referred to the privatisation of services and wondered what monitoring there was to see that patients were getting better services. Eleri de Gilbert agreed that the time and travelling would need to be looked at. She added that how the organisation was structured and where it was based would need to be looked at in the context of producing savings. She commented that a PCT for the north and south was not supported by Bassetlaw and Newark PCTs or all of the PCTs in the south nor informally from the Leader of the County Council and the County Council officers. She stated that there was already monitoring of services provided by the private sector and that this would be done by the commissioning body.

Councillor Mick Storey thought that there was a need for honesty in the re-structuring debate. He stated that as a patient he did not know what the PCT did and what impact it had on patients. He added that there was a lot of work around preventative work which needed to be done. Eleri de Gilbert stated that PCTs had contracts with GP practices and commissioned services at hospitals and paid the bills. She pointed out that it did not have to be based in Bassetlaw to commission services.

Councillor Brandon-Bravo did not feel that it was really consultation if there was only one choice and asked whether the Committee could express its displeasure at this. Eleri de Gilbert said that the matter could be taken back to the Strategic Health Authority and that the panel was still considering this. She added that there would also be an opportunity to express displeasure at the process when consultation started in December.

Councillor Napier stated that there had been improvements to GP funding in Nottinghamshire but that it was still below other counties and asked whether we could be reassured the re-configuration would address this. Eleri de Gilbert stated that this would help but that by 2008 although there had been growth there would still be 3½% less funding in the north of the county although across Nottinghamshire this balanced out.

Consideration was given to the terms of reference of the Primary Care Trust restructuring Study Group which was circulated at the meeting. The proposed terms of reference as set out in the report were agreed.

### **SHERWOOD FOREST NHS TRUST FOUNDATION STATUS APPLICATION**

Brian Meakin, the Chairman and Jeffrey Worrall, Chief Executive of Sherwood Forest Hospitals Trust gave a presentation to the Select Committee on the Hospital Trust's application to become an NHS foundation trust. Brian Meakin indicated that the Board were undertaking genuine consultation on the application. He reported that they had signed a deal with Skanska Innisfree Consortium to re-build the hospitals with a £300m+ scheme. He added that they were excited about the level of services they would provide. It would also have a significant economic impact on the local community.

In response to a question from Councillor Tsimbiridis, Brian Meakin explained that all the membership had a vote and elected 20 governors. There was also 9 governors elected by the staff together with 10 appointed governors from PCTs, local authorities and other partnership organisations. The Board of Governors elected the non-executive directors and confirmed the Chief Executive. He felt that there was as much local democracy as possible.

In response to a question from Barbara Venes, Jeffrey Worrall stated that the target for the number of members was 60,000 in five years. He added that they had achieved 5,000 members so far and had been recruiting for two months. The target for year 1 was 12,000. Councillor Steve Carr asked why they had not used those people on the electoral role as the membership. Mr Worrall replied that all foundation trusts had recruited which he felt was a better way of getting commitment from people.

Jeffrey Worrall stated that they wanted people in the community to use Sherwood Forest Hospitals. He pointed out that the Treatment Centres will impact on the hospitals. He commented that the Newark population was very loyal to Newark Hospital and there was a natural support for the local hospital. He pointed out that loyalty worked both ways and it was important for the staff to understand loyalty and that if people went elsewhere for treatment the cash would too. He added that they had strong relationships with their staff and also worked with local partners. He reported that the day care unit was opening next week at Kings Mill and they were also developing a women's centre at Newark Hospital to support a wider range of local obstetric and gynaecological services. They planned to major on coronary heart and respiratory work and to tackle emerging problems of substance mis-use and sexual health. They saw a need to develop the workforce which was mainly local. They now had to expand the workforce because they would be recruiting over

the next five years. He stressed that the Board saw membership and participation as a benefit.

Councillor Mrs Cutts stated that she was pleased the contract for the new hospital had been signed. She did not feel the name of the Trust was right and suggested Newark and Kings Mill Hospital Group. She asked whether the plans for the women's centre at Newark Hospital would include maternity provision. She referred to chronic diseases such as Parkinson's and back pain which no-one seemed to provide for. She referred to the problems of travel and commented that rehabilitation was a Cinderella service. Brian Meakin stated that there had been a public meeting in Newark recently. The intention was to increase provision at Newark. Jeffrey Worrall stated that they would not go back to providing maternity for births in Newark Hospital because of the surgical back up which was needed. He added that a patient may as well have a home birth as have the birth in Newark Hospital. He emphasised that consideration had to be given to safety and there was a need for ITU back up which was not available. He added that by providing more obstetric care the aim was to provide more basic care at Newark so that a stay in hospital was normally only 24 hours. With regard to chronic disease management they were undertaking work with Newark PCT and looking at the integration of hospital specialists and the community team to provide a proper plan of care. He stated that they were doing more work for the south of the county than they used to, for example, orthopaedic work because of the low waiting time.

### **FOOD, EXERCISE AND DIET IN SCHOOLS PROJECT (FEDS)**

Councillor Storey, the Cabinet Member for Education stated that he was not able to respond to the Select Committee's report at this stage. He added that the report had gone to Cabinet and a response was to be made in due course. He pointed out that there were budgetary implications. He added that he was not able to give an indication of when a response would be available.

### **HEALTH SELECT COMMITTEE MEMBERSHIP**

Councillor Napier felt that added members should have a vote as he recognised the value people from outside the County Council brought to the Select Committee.

It was agreed:-

- (1) That voting rights be sought for the co-opted members on the Select Committee and that a relevant scheme be prepared for consideration by the County Council.
- (2) That the Chair write to Gail Maxfield on behalf of the Health Select Committee to thank her for her contribution of her work to the Select Committee.
- (3) That the proposals to strengthen relationships with the Patient Involvement Forums be noted.

## **WORK PROGRAMME**

This was noted.

The meeting closed at 12.05 pm.

## **CHAIR**

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