

**MINUTES OF THE SCRUTINY TASK AND FINISH GROUP:  
NHS DEVELOPMENTS AND SAVINGS**

**WEDNESDAY 22<sup>ND</sup> SEPTEMBER 2010 AT 2.00 PM**

**PRESENT:** Councillor Simons (Chair); Councillors Dolling, Gale and Pedersen.

**CO-OPTED MEMBER:** Mr Philip Jerred Luton LiNK

**LBC SUPPORT OFFICERS / ADVISORS**

Bert Siong – Overview and Scrutiny Coordinator  
Susan Rowland – Democratic Services Officer  
Mark Farmer – Overview and Scrutiny Manager

**ACTION**

**7. APOLOGIES FOR ABSENCE (REF: 1)**

Apologies for absence from the meeting were received from Gerry Taylor and Councillor Stewart, who had been invited to participate in the meeting by the Overview and Scrutiny Board, whilst it considered agenda item 10 below.

**8. MINUTES (REF: 2)**

It was agreed that the Minutes of the meeting held on 9<sup>th</sup> September 2010 be submitted for approval to the next meeting of the Task and Finish Group, to give Members more time to read them.

**9. CHAIR'S UPDATE (REF: 5)**

There were no Chair's update this time.

**10. CONSIDERATION OF THE NHS WHITE PAPER 'EQUITY AND EXCELLENCE: LIBERATING THE NHS' (JULY 2010) AND LUTON BOROUGH COUNCIL'S DRAFT RESPONSE ON THE CONSULTATION ON 'LOCAL DEMOCRATIC LEGITIMACY IN HEALTH'**

The Task and Finish Group were invited to consider a draft response to the consultation paper 'Equity and Excellence'

Liberating the NHS.'

The matter had been referred to the meeting by the Overview and Scrutiny Board, so that more detailed consideration could be given to the draft response.

To set the context of the changes being proposed, the Task and Finish Group received a presentation on the proposals by the Interim Director of Housing and Community Living, Pam Garraway.

The Task and Finish Group considered each of the questions and proposed responses, and concluded as follows:

***Q. 1. Should local HealthWatch have a formal role in seeking patients' views on whether local providers and Commissioners of NHS services are taking account of the NHS Constitution?***

Yes, subject to clarity about the proposed role of HealthWatch and with confirmation that there would be organisational capacity to take on an enhanced role and the necessary funding and training to deliver it.

***Q. 2 Should local HealthWatch take on the wider role outline in paragraph 17, with responsibility for complaints advocacy and supporting individuals to exercise choice and control?***

Yes subject to adequate resourcing, we support the proposal to allow HealthWatch to offer advocacy to people who found complaints systems difficult to navigate. It would be important to ensure that HealthWatch did not become a complaints handling service, but an organisation that would actively work with individuals in an advocacy role.

***Q.3 What needs to be done to enable Local Authorities to be the most effective commissioners of local HealthWatch?***

If the proposals are implemented, there will be a need to ensure local HealthWatch has support from service commissioners. This could be provided through the statutory Scrutiny Officer. There will also be a need to ensure well qualified people are providing support on HealthWatch, to ensure credibility.

HealthWatch should be contracted through a clear prospectus and performance based deliverables with appropriate funding available from the Government to ensure quality services are procured.

***Q.4 What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?***

The Council would welcome the ability for health and social care commissioners to be able to pool budgets, allowing them to commission holistic services. This needs to be underpinned by a clear framework to ensure that the resources are available appropriately through the care pathway to ensure there isn't cost shunting between commissioners from primary care through to hospital discharge.

***Q.5 What further freedoms and flexibilities would support and incentivise integrated working?***

The key to integrated working derives from the ability to transfer budgets in the manner described above.

***Q.6 Should the responsibility for Local Authorities to support joint working on Health and Wellbeing be underpinned by statutory powers?***

Yes. The use of statutory powers to support the integration agenda is supported.

A duty should be placed on Local Authorities to develop local plans for integrated care pathways and to ensure that commissioners pool their budgets, this should include a requirement to establish and publish key milestones to track progress of implementation.

***Q.7 Do you agree with the proposal to create a statutory Health and Wellbeing Board or should it be left to Local Authorities to decide how to take forward joint working arrangements?***

It should be left to Local Authorities to take forward joint working arrangements, supported through a broad statutory framework.

Luton's existing Health and Well Being Board could adapt its responsibilities, terms of reference and membership to take forward joint working arrangements.

***Q.8 Do you agree that the proposed Health and Wellbeing Board should have the main functions described in paragraph 30?***

Yes, to the first three functions. However greater power should be

given to the Health and Wellbeing Board to ensure that they commission services in a way that reflects and responds to local health issues and meet the requirements of the Joint Strategic Needs Assessment (JSNA).

The power to refer major service re-design should remain with Health Overview and Scrutiny committees, to ensure that a conflict of interest cannot arise, as it would if the proposals remain as they are, where the commissioners on the Health and Well-being Board would in effect be referring themselves to the Secretary of State.

***Q9. Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking joint strategic needs assessments?***

Yes, best practice guidance and a sector led support programme for Health and Well-being Boards would be most welcomed.

***Q.10 If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through Children's Trusts?***

We note the proposal to join-up the work of the new arrangements with children's trusts.

Further clarity is required on this proposal because it is understood that the Government is already proposing significant changes to the role and responsibilities of Children's Trusts, including changing the requirement to have one.

***Q.11 How should local health and wellbeing boards operate where there are arrangements in place to work across local authority areas, for example building on the work done in Greater Manchester or in London with the link to the Mayor?***

This question is not applicable to Luton.

***Q. 12 Do you agree with our proposals for membership requirements set out in paragraph 38 - 41?***

No, a board comprising a large number of members can be unwieldy, difficult to manage and inhibit efficient decision-making.

It is felt that the minimum number of members for the Health and Wellbeing Board would make for more efficient meetings.

Sub-Groups could be established to deal with specific service areas, such as safeguarding.

Therefore, the establishment of the Health and Wellbeing Board, including its membership, should be a matter for determination by the Local Authority, with the majority of members being democratically elected Councillors. The Council's powers in this regard should be laid out within a broad statutory framework.

***Q.13 What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise?***

Commissioners should engage with Health and Wellbeing Boards and health overview and scrutiny committees on a frequent and regular basis, to ensure significant changes to services reflect the needs of the whole area. In the case of a dispute, this should be left for local authorities to resolve with its partners.

***Q.14 Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the Health and Wellbeing Board (if boards are created)?***

No. The current powers of Overview and Scrutiny in relation to health should be retained and not be subsumed into the new Health and Wellbeing Board, in order to ensure that there is independent, objective and transparent overview and scrutiny of health matters. To merge commissioning functions with scrutiny functions raises serious concerns around conflicts of interest and effective governance.

***Q.15 How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?***

By ensuring the Overview and Scrutiny Board has the ability to scrutinise the Health and Well Being Board and by ensuring dispute resolution is the responsibility of the Health and Well Being Board in the first instance. As a last resort where local disputes cannot be resolved, referral should be to the NHS Commissioning Board.

***Q.16 What arrangements should the Local Authority put in place to ensure that there is effective scrutiny of the Health and Wellbeing Board's functions? To what extent should this be prescribed?***

Health Overview and Scrutiny committees should retain their current powers to scrutinise the work of commissioners and service providers. This power should be extended to include scrutiny of the Health and Well-being Board. This power should be reflected in a broad statutory framework.

***Q. 17 What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff?***

Considering the equalities implications of the proposals, the resources required to engage with traditionally hard to reach and or unheard communities. Those who need additional support to access information about their care will need to be adequately resourced by government in a way that fully takes into account local need.

***Q.18 Do you have any other comments on this document?***

We are pleased to see the recognition that Councils are the best placed body to lead health improvements in their local area and that Councils will need additional resources to deliver this work. The proposals state that there will be a ring fenced budget for the Councils Director of Public Health to spend on health improvement activity in accordance with local need, within a national outcomes framework. However, we support the Local Government Group's view, that these additional resources should not be ring fenced, as services such as housing, early years support, transport, leisure and recreation and social care make a far more significant contribution to public health, through integrated joint working than the resource in the ring-fence.

We do not agree that there is a need for a national outcomes framework, set through the new Public Health Service, in conjunction with local authorities, as this would bring back a significant element of centralised control, reducing the flexibility the government is seeking through the new arrangements. Local authorities and their partners should be left to lead and manage health services, in accordance with local need. Indeed Councils should be free to commission joint adult social care and health services teams, providing holistic services around patients' needs.

**11. SCOPE/WORK PROGRAMME (REF: 7)**

Nothing to report this time.

**12. DATES OF FUTURE MEETINGS (REF: 8)**

Next Meeting – Thursday 14<sup>th</sup> October 2010 at 2.00 pm in  
Committee Room 3.

**NOTE : THE MEETING ENDED AT 5.00 PM**