



Buckinghamshire County Council

Minutes

OVERVIEW & SCRUTINY COMMITTEE ON PARTNERSHIP

AGENDA ITEM: 3

MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE ON PARTNERSHIP HELD ON FRIDAY, 26 OCTOBER 2001 IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY, COMMENCING AT 10.15 AM AND CONCLUDING AT 12.50 PM

MEMBERS PRESENT

Mr T J Fowler (in the Chair)

Mr M C Appleyard, Mrs P M Bacon, Mr D C T Graves, Mr C Jones, Mrs V Letheren, and Mr D J Rowlands.

OTHER MEMBERS IN ATTENDANCE

Mrs C C Martens.

NHS REPRESENTATIVES

Dr Robert Sherriff, Director of Public Health, Buckinghamshire Health Authority
Dr Andrew Kirk, Medical Director, South Buckinghamshire NHS Trust
Dr Chris Hood, Vice-Chairman, Clinical Executive Committee of the Vale of Aylesbury Primary Care Trust
Dorothea Reid, Reconfiguration Project Director, Buckinghamshire Health Authority.

DISTRICT COUNCIL REPRESENTATIVES

Mrs J Woolveridge, South Bucks District Council.

APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies were received from Mr W Lidgate and Mrs C S Willetts.

DECLARATIONS OF INTEREST

Mrs V Letheren declared a non-pecuniary interest due to her work within the private health sector.

1 MINUTES

The Minutes of the Meeting held on 28 September 2001, copies of which had been circulated, were confirmed.

2 MODERNISING LOCAL HEALTH SERVICES – THE NEED FOR CHANGE IN MID AND SOUTH BUCKINGHAMSHIRE

The Chairman welcomed the guest representatives to the Committee. Members were informed that Dr Robert Sherriff was attending in place of Jackie Haynes.

Dr Sherriff introduced his colleagues and gave a presentation regarding the national and local issues and pressures that were considered to be the main driving forces resulting in changes to acute hospital services (a copy of the presentation is attached).

During the presentation Dr Sherriff emphasised the following points:

- Referring to the introduction of the NHS Plan, services were becoming more specialised and were increasingly centrally driven with an emphasis on national consistency and quality of standards.
- Efforts were being made to address the requirement for a 'First Class Service', through the National Institute for National Excellence (NICE) and National Service Frameworks (NSF).
- Regarding acute hospital beds, there had been an increase in the number of cases being treated and a decrease in the number of beds. It was emphasised that some of the reported cases would have been treated on a 'day patient' basis. There was beginning to be a national increase in beds, which should lead to increases locally.
- Hospitals were having to work together to provide more specialist treatment in bigger teams.
- When making a case for new consultant job appointments it was sometimes necessary to 'share' the consultant's time between hospitals in order to satisfy Royal College demands for capacity working.
- Financial considerations were not considered to be the main driving forces behind changes to acute services.
- It was necessary to make changes to local hospitals, as it was being required that services be provided in more specialist centres. Initial access to services would continue to be provided locally.
- There was a requirement to consult local people when exploring options for change.

- Guidance was needed regarding the role of the Overview and Scrutiny Committee on Partnership and on how it would be best to work together.

A discussion followed where a number of issues were put to Dr Sherriff and colleagues.

Mrs Woolveridge pointed out that Community Hospitals could play a significant part in providing intermediate care places. It was noted that the ageing population and a decrease in the number of available nursing home places had resulted in some community hospital beds being used by older people because there was nowhere else for them to be placed. It was reported that discussions regarding this would be taking place at senior levels within the health authority.

A member of the Committee raised the question of recruiting and retaining NHS staff. The cost of local housing was known to be a problem, but a Starter Home initiative was being introduced as an incentive to attract staff to the area. It was felt that more work with the local authority was needed in the areas of transportation, housing and day nurseries.

Members of the Committee were keen to discover why injections of cash had not managed to reduce waiting times. They were informed that the answer to this involved a multiplicity of factors but that a major element was our ageing and increasing population. Older people were presenting with complex problems and more operations were being carried out on older people than had historically been the case. Bed blocking was still a problem in Accident and Emergency units although steps were being taken to address this. Integrated care pathways were being developed in an attempt to improve the efficiency of flow through hospitals.

It was noted that the modernising process would initially cost the NHS more but that it should ultimately lead to a more efficient service where staff would be able to undertake planned care and not just deal with acute cases. It was reported that it had been very demoralising for staff not to be able to carry out planned work. Members were informed that there might be a need to work closely with the private sector during the modernisation to ensure that the requirements of both the public and private sector were met.

Efforts were being made to regulate I.T. services within the NHS to ensure efficiency of overheads and to provide a more consistent service nationally. For example, a standard payroll system was going to be introduced.

Regarding the amalgamation of the Mid and South Bucks NHS Trusts, Members were informed that a strong case had been made locally since the Boards had agreed to the merger last Spring. The case for consulting on the amalgamation was currently with the Regional Office and the Health Minister for approval. If approved, local consultations could begin and the Regional Office would prepare and forward the submission to the Secretary of State. Results of the consultations would be fed back to the Secretary of State who, if satisfied, would set a date for implementation. Members of the Committee were keen to look at the proposal but it was unclear as to whether or not the civil servants report on the proposal could be made available.

In discussing the future role of the Committee, the Chairman informed the representatives of the style of working that Committee had used to develop the winter pressures report, and suggested that it might be useful if background papers regarding the amalgamation could be made available to Members. The Chairman further explained that there was no precedent for NHS scrutiny work but that it would inevitably need to include a high level of co-operation between all involved in the process.

Although Dr Sherriff and colleagues had experience of working with representatives from the Community Health Council, Members felt that the role of the Overview and Scrutiny Committee had a somewhat different remit. The amalgamation was a pilot project and would inevitably be a learning process for all concerned. It was hoped that having a better understanding of the driving forces behind the amalgamation would enable Members to put the merger into context. The representative from South Bucks District Council commented that the District Councils concerned would welcome being involved at a local level.

Members were informed that there would be a conference taking place next spring which would examine NHS scrutiny in more detail. The Chairman and Vice-Chairman of the Committee had attended a previous event which had looked at the same topic and had a number of slides which might prove useful for the planned conference. The Head of Scrutiny would keep all concerned about developments regarding this.

A discussion followed regarding what the next steps should be. A meeting would be arranged with Jackie Haynes, David Rowlands, Trevor Fowler, Gerry Batchelor, Dorothea Reid and Dr Sherriff to discuss how the process might be taken forward. The results of this would be fed back to the Committee as a whole.

The Chairman thanked all the guest representatives for their time and for their valuable contribution to the meeting.

3 REVIEW OF PARTNERSHIPS – THE VOLUNTARY ORGANISATION PERSPECTIVE

It was agreed to defer this agenda item until the next meeting as Anita English from the Bucks Infrastructure Group had been unable to attend.

4 DATE OF FURTHER MEETINGS

30 November 2001

11 December 2001

25 January 2002

22 February 2002

22 March 2002 [to avoid Good Friday]

26 April 2002

31 May 2002

28 June 2002

26 July 2002

27 September 2002

25 October 2002

29 November 2002

All meetings to commence at 10.00am.

**MR T J FOWLER
CHAIRMAN**