



Buckinghamshire County Council

Minutes

Overview & Scrutiny Committee for Public Health Services

MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 2 FEBRUARY 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY COMMENCING AT 10.00 AM AND CONCLUDING AT 12.15 PM

MEMBERS PRESENT

Buckinghamshire County Council

Mr M Appleyard (In the Chair)

Mr S Adams, Mrs M Aston and Mrs P Wilkinson MBE

District Councils

Sir John Horsbrugh-Porter	Chiltern District Council
Mrs W Mallen	Wycombe District Council
Mrs H Wilkinson	Wycombe District Council

Officers

Mrs A Macpherson, Policy Officer
Mr C Parker, Democratic Services Manager
Mr T Piker, Wycombe District Council

Others in Attendance

Judith Dean, Director of Commissioning, Buckinghamshire PCT
Martha Kingswood, Clinical Lead Buckinghamshire CAMHS
Yvonne Taylor, Service Director, CAMHS and Specialist Services, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

1 APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies for absence had been received from Mrs P Bacon, Mrs M Baldwin, Mrs P Birchley, Mrs M Royston and Mr D Rowlands.

2 MINUTES

The minutes of the meeting of the Committee held on 1 December 2006 were confirmed as a correct record.

3 BUCKINGHAMSHIRE PRIMARY CARE TRUST

Judith Dean, Director of Commissioning, gave a presentation on the following:-

- the progress on the financial recovery plan
- the process for 2007/08 budget setting
- priorities for the PCT based on health needs assessments and demand

Following a general introduction, Judith Dean, who had taken up her post in November last year, outlined the new PCT Structure which comprises five Directors reporting to the Chief Executive. As Director of Commissioning, Judith has five Heads of Service (Commissioning Development, Primary Care Commissioning, Head of Joint Care Commissioning, Directorate Support Co-ordinator) reporting to her.

The Local Delivery Vehicle is the PCT's statement of how it intends to improve services to meet national requirements, in other words the summary of the PCT's priorities and how it wants to spend its money. Judith explained the detail of the LDP process for 2007/08, the Baseline Review and the 2007/08 Finances. The net sum available for 2007/08 is £37.1m.

The National targets were explained. There are four big national priorities:-

- 18 weeks target (time from seeing GP to being seen at hospital/having operation)
- MRSA reduction
- Reducing inequalities
- Achieving financial health.

The 2006/07 "Selbie Six":-

- A and E four hour target
- Cancer 31 and 62 day waits
- Smoking cessation (as part of inequalities)
- Choose and book.

In the matter of Commissioning Rules, Judith mentioned that the Schemes that should be given priority should be those that:-

- Assist in achieving financial health
- Demonstrate clear clinical benefits, quality outcomes and clear standards
- Reduce the demand for NHS resources
- Deliver against key targets.

The PCT's Service Investment Requirements are:-

Delivery of 18 week target	£5.73m
High cost cancer drugs	£2.7m
Delivery of ambulance targets	£2m
Specialist commissioning pressures	£1.4m

Screening targets (chlamydia, newborn hearing, cervical and downs)	£646k
Estates	£460k
Reducing health inequalities/prevention/self-care agenda	£420k
Delivery of GUM access target	£400k
Other (including hospices, NPfIT, prisons)	£300k
Continuing Care	£230k

Cost improvements are as follows:-

Resource utilisation:	
PCT Provider arm	£1.5m
Secondary Care	£5.2m
Mental Health	£750k
Workforce reform	£1.3m
Prescribing	£1.5m
Continuing Care	£750k
Primary Care	£1m
SLA contract management	£3m

Judith gave some examples of Standard Pathway mapping and a One Stop Clinic. The area of Continuing Care was highlighted and Judith reported that the PCT and council will be working closely together in this area to improve their purchasing power.

In concluding her presentation, Judith outlined the PCT's focus for 2007/08 as follows:-

- Partnership working (through a Health and Social Care Partnership Board and a Health and Social Care Commissioning Group)
- Patient and public involvement
- Innovative new ways of delivering the same or improved outcomes
- Community Services development
- Thresholds for care – including follow up
- Better skill mix and integration of teams
- Focus on prevention and self-care
- Commissioning for quality

Questions were invited from Members of the Committee.

The Chairman commented that he didn't see any PCT strategy or mapping of potential treatment centre locations and this was of some concern. The PCT needed to promptly devise and implement a County-wide strategy. The Chairman gave the example of GP surgeries needing to be set up in appropriate locations. It was the responsibility of the PCT to find these appropriate locations. Members also mentioned their concerns about the lack of planning and communication in the recent changes involving Elmhurst Surgery, Aylesbury.

Judith Dean accepted that the PCT did need to put plans and a strategy in place. Richard Mills, newly appointed Director of System Reform was key to moving this forward.

The Committee discussed the various aspects of the PCT's financial position. In response to a question from Mr Adams, Judith Dean agreed to ask the PCT's Head of Finance to provide clarification on the £15.2m Fundamental Plan Issue.

The Chesham Health Zone was discussed, including accommodation issues. The Chairman mentioned the GP commissioning issues. The PCT needed to communicate what services it saw GPs providing and whether the strategy would be to combine surgeries, with a better possibility of wider services, and also to say where Community Hospitals fit. Judith Dean said she was meeting the GP from Chesham on Monday 5 February (note this was later clarified as 6 March). The matter was on the priority list. Although it is not as far forward as it would wish, the PCT was beginning to build a map of what is needed.

The Chairman emphasised that the Committee feels let down by the lack of strategy and plan for the future. Judith Dean accepted the points made by the Committee and looked forward to improved future working and communication.

The Committee thanked Judith Dean for her presentation.

4 EATING DISORDERS REPORT

The Committee received the report of the Task Group on "The Review into the Management of Care for 11-16 year olds in Buckinghamshire with Eating Disorders". In presenting the report, Mrs Aston thanked all those who had contributed to the work, including Martha Kingswood and Yvonne Taylor from the Oxfordshire and Buckinghamshire Mental Health Trust. Mrs Aston gave particular thanks to Sheilah Moore, Democratic Services Officer, for all her work in support of the Task Group.

The Committee discussed issues in the report and the recommendations made by the Task Group.

Yvonne Taylor from the Oxfordshire and Buckinghamshire Mental Health Trust welcomed the report and agreed that the Trust would be happy to nominate a lead officer for the partnership working group. Perhaps this would be in the context of existing partnership groups which exist around children and young people's mental health services. Yvonne addressed the concerns around the Highfield unit's provision for younger children and commented that the unit is currently creating a separate area for the 11 to 12 year old children and noted that they represented a very small proportion of patients.

The Committee agreed that the amendments discussed should be included in the final report, to be approved by the Chairman and Task Group representative.

RESOLVED:

- 1 That a small partnership working group is formed representing agencies and stakeholders to implement and track the agreed recommendations. A lead officer from each organisation is nominated to co-ordinate the implementation of recommendations within their own organisation and to report back to the OSC on 7 September 2007.**
- 2 That education, awareness and support for those at risk of eating disorders should be greatly increased. Proposed actions arising (paragraphs 26-28) Findings (paragraphs 14-25).**

- 3 That early identification and intervention is crucial and steps should be taken to facilitate this. Proposed actions arising (paragraphs 35-37) Findings (paragraphs 29-34).**
- 4 That clear and transparent routes to relevant services and support should be made available. Proposed actions arising (paragraphs 51-54) Findings (paragraphs 38-50).**
- 5 That resources should be reviewed and targeted to areas of prevention, awareness raising and early intervention to ensure cost effectiveness. Proposed actions arising (paragraphs 64-67) Findings (paragraphs 55-63).**

5 COMMITTEE UPDATE

Mr Adams reported that the annual "health check" on the Ambulance Trust had just started.

Mrs Aston and Mrs Wilkinson reported that they had visited Thame Cottage Hospital and would be visiting Waterside as part of the Annual Health Check work for the Primary Care Trust.

The Chairman reported that the work for the Annual Health Check for the Hospitals Trust would focus on the implementation of the action plan for the management of hospital acquired infections, namely Clostridium Difficile and MRSA.

The Chairman reported that the Chief Executive of the South Central Strategic Health Authority is proposing to meet all Chairman and Support Officers for Scrutiny across the South Central Area on a quarterly basis.

The Scrutiny Chairmen from the County Council had met with their counterparts from the District Councils in Buckinghamshire to pursue some co-ordinated scrutiny. A report would be made back as appropriate. The first meeting had been very positive.

6 DATE AND TIME OF NEXT MEETING

The date and time of the next meeting was agreed as Friday 2 March 2007 at 10.00 am in Mezzanine Room 2, County Hall, Aylesbury.

CHAIRMAN