

**STAFFORDSHIRE MOORLANDS DISTRICT COUNCIL**  
**HEALTH OVERVIEW & SCRUTINY PANEL MEETING**

**Minutes**

**TUESDAY, 25 JUNE 2019**

PRESENT: Councillor B A Hughes (Chair)

Councillors: C J S Atkins, B Cawley, E Fallows, K Flunder, I Herdman, T Holmes, A Hulme, J T Jones, I Lawson, D Price, J Redfern, T Riley, J Salt, L Swindlehurst and R Ward.

IN ATTENDANCE: G Bentley  
S Coleman  
P Elkin  
K Hoptroff  
I Plant

APOLOGIES: Councillors L A Malyon, T McNicol and P Wood.

39 **NOTIFICATION OF SUBSTITUTE MEMBERS, IF ANY.**

Councillor Bentley was a substitute member for Councillor Malyon.

40 **DECLARATION OF INTERESTS:**

<b>Agenda No.</b>	<b>Member Declaring Interest</b>	<b>Nature of Interest</b>
None specific	Cllr J. Redfern	Other – Works at Royal Stoke University Hospital.
None specific	Cllr J. Jones	Other – Employed by WMAS.

41 **PROPOSAL FOR A SINGLE STRATEGIC COMMISSIONING ORGANISATION -**

The Panel received a presentation, delivered by Dr Alison Bradley and Anna Collins - Associate Director of Communication and Engagement, on the proposal for a Single Strategic Commissioning Organisation (SSCO). The following subject areas were covered:-

- Who the Clinical Commissioning Groups (CCG's) were and the current governance structure;
- GP Involvement;
- Reasons and benefits of being together;

## Health Overview & Scrutiny Panel - 25 June 2019

- Assurance;
- Current arrangements of the 6 CCG's;
- The proposals;
- Maintenance of decision making for local people;
- Next steps and timeline;
- How views on the proposal could be shared.

Following the presentation, detailed discussion took place and members had the opportunity to ask questions and make comments on the proposal. To summarise the main points were:-

- That the CCG's recognised the difference in needs of patients and the providers of care for the North and South of the County.
- As the Staffordshire Moorlands had a large rural population it had different needs to other parts of the County.
- Members were very concerned that as the CCG's had different policies, there would be a levelling down of the services provided to patients to the lowest common denominator.
- Members were not convinced that a single strategic commissioning organisation would improve the level of service provided and patient care.
- It was highlighted that the main services the public wished to see improvements to were, GP appointments, out of hours service and an increased number of nursing staff.
- Structural changes had been seen since the 1980's and it seemed that there was a constant churn of change for little practical result.
- Members felt that the main driver for change was to reduce costs.
- That there was no clear evidence to support changes to social policies.
- Some members thought that GP's should be able to influence decision making without a merger of the CCG's.
- That localism would be lost if the CCG's were to merge into one organisation.
- Some members agreed with reduced management within the proposed new structure but voiced concerns in relation to how this would fit in with other organisational structures and the voluntary sector.
- That feedback should be gathered more regularly and from a wider group of people.
- It was suggested that there should be a method to measure the impact of the proposed changes.

The Panel also debated national challenges around the NHS workforce, financial deficits, increased complex health needs and preventative care. A point was raised in relation to the public consultation events, as it was felt by some members of the public, that their opinions were not listened to.

The CCG representatives gave assurance that the CCG did recognise the geographical differences and needs of patients. The 3 Division Committees were vital to the success of the proposal and would be responsive to local needs. A single strategic commissioning group would give the opportunity for patients to have the same outcomes, GP's would have a strengthened clinical decision making role and it would also be compatible with the development of the Sustainability and Transformation Partnership.

Policies had been looked at and aligned, based on evidence and equitable patient outcomes. An example of a current variation in the need of patients in the North of

## Health Overview & Scrutiny Panel - 25 June 2019

the county was given and this highlighted the importance of a review in line with clinical evidence on the outcome of the procedure.

The representatives advised that the CCG's had to adapt to changing profiles and health needs. By gradual transition, the CCG's would be able to reduce duplication, costs and the deficit. GP's did have concerns in relation to the protection of the funding formula and at all times the CCG's were committed to the care of patients.

The Chair thanked the officers for attending the meeting.

### **DECIDED:**

- 1) That the presentation be received;
- 2) That a response to the consultation be submitted to the CCG, on behalf of the Panel.

The meeting closed at 7.45 pm

\_\_\_\_\_ Chairman \_\_\_\_\_ Date