

# Public Document Pack

## ***Meeting of the Cabinet***

**Tuesday, 21 September 2010 at 2.00 pm**

**County Hall, Oxford, OX11ND**

### **ADDENDA**

**4. Questions from County Councillors (Pages 1 - 4)**

Questions from Councillors attached.

**5. Petitions and Public Address (Pages 5 - 6)**

**7. Service & Resource Planning Report for 2011/12 - 2015/16 (September 2010)**

Amend page 128 to show the Abingdon meeting date in paragraph 8 as 30 September 2010.

**8. White Paper: Equity and Excellence: Liberating the NHS**

Comments of the Adult Services scrutiny Committee and Joint Health Overview and Scrutiny Committee attached.

**12. Forward Plan and Future Business (Pages 7 - 8)**

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## CABINET – 21 SEPTEMBER 2010

### ITEM 4 – QUESTIONS FROM COUNTY COUNCILLORS

Questions received from the following Members:

#### **Councillor Steven to Councillor Mitchell**

“1. Recent research reveals that over 40% of GP's believe that the proposed changes contained in the Health White Paper (Liberating the NHS) will lead to a postcode lottery, with services to patients becoming more varied. The research also shows that over 70% of GPs believe the changes will lead to much greater private sector involvement in the NHS. Given these statistics, can the Leader of the Council explain why his government is only consulting on the *implementation* of these changes and not the actual changes themselves?”

#### **Answer:**

“These figures are taken from a small survey of 300 GPs, compared to over 40,000 GPs in England. From the Government's own discussions with GPs around the country, it is clear that many are enthusiastic about the reforms. Indeed, 92% of GP practices are already part of practice-based commissioning groups, a policy actively espoused by the Labour Government and our proposals for GP-led commissioning simply build upon these.

The actual changes which the Government is undertaking are consistent with the Coalition agreement: a strong local voice for patients through democratic representation and the devolution of commissioning responsibilities to GPs. The reforms the coalition government has announced are simply the most cost-effective way of achieving these changes and that is why the government is consulting on how to implement them. The proposals are to be included in the proposed Health Bill and will therefore be subject to Parliament's approval.”

#### **Councillor Liz Brighouse to Councillor Mitchell:**

“2. On Tuesday 14<sup>th</sup> September Council agreed two motions concerning support for the most disadvantaged. In order to ensure the poorest people in the county are not disproportionately affected by the fiscal policies of the government, will the Cabinet assess each policy change required in relation to its impact on poverty?”

#### **Answer:**

“The Cabinet will most certainly be assessing the impact of public spending cuts on all of our residents and, particularly, on the most disadvantaged. However, "poverty" can be defined in many ways and is not necessarily synonymous with disadvantage.

The Cabinet will be concentrating on assessing the impact of potential decisions on all categories of disadvantaged people throughout its budget deliberations and providing an evidence base for this.”

**Councillor Roy Darke to Councillor Couchman:**

“3. David Cameron said earlier this year that "This economy is going to recover when we get the private sector going, by boosting enterprise." Given the recent announced job losses at the Cowley BMW plant, and the recent collapse of other local firms, can the Cabinet Member for Finance explain exactly how cutting public sector jobs in Oxfordshire is going to boost the private sector?”

**Answer:**

“This question starts from the premise that the country has an alternative to cutting public spending. It does not. The last government spent more than it received in every year since 2001. This was well before a banking crisis and recession. The last government's level of indebtedness meant the country was ill prepared for the measures necessary to counter the downturn. The present government has inherited a structural imbalance which means that there is £4 of spending for every £3 of income. It will inevitably take time to rectify this structural deficit and, until then, we will be adding to the mountain of debt and not reducing it. The question is not "should we be cutting public spending" but "by how much and how quickly must we make the cuts?". Labour had already planned to cut public revenue spending by 20% and capital spending by 50%. After seeing the degree of the structural deficit, the coalition has increased Labour's 20% of cuts to 25% on revenue and maintained Labour's cuts on capital at 50%.

Cutting public spending is bound to impact on those parts of the private sector that deliver public services. It is inevitable. Oxfordshire is particularly vulnerable, given our high dependence on public sector jobs. This is why it is vital to promote conditions that will allow the private sector to thrive. This involves improving education and skills provision to equip school and college leavers for successful and well paid careers; to enable workers of all ages to re-skill and up-skill where necessary; and to help those not in education, employment or training to gain confidence, skills and pride in employment. It involves making the planning system more welcoming and supportive of the economy. It means improving our transport system to make movement easier. It means stripping away some of the red tape and blockages that inhibit economic growth. It means welcoming overseas investment to a county with the most exciting science and knowledge transfer facilities anywhere and a living environment of equal quality.

That is why an Oxfordshire City Region Enterprise Partnership is so important to capitalise on our assets, address our shortcomings and support a vibrant and growing private sector as the public sector necessarily declines. The country cannot go on spending more than it earns.”

**Councillor John Sanders to Rodney Rose:**

“4. I was astounded to receive notification of the proposed 25% increases in charges to residents for parking in Controlled Parking Zones in Oxford.

The saga of these charges and their unpopularity goes back several years. One of the strong objections put forward by Oxford residents was that once the system was embedded, the Conservative-led County Council would be free to increase charges as it saw fit. At that time an assurance was given that increases would only be in line with RPI inflation. This was put in writing and repeated at public meetings.

For example:

*Cabinet report 19 Sept 2006 (page 29)* in response to an objection by residents that "The £40 charge will quickly be increased to a much higher figure" the Council officer comment is "The Draft Traffic Order limits increases in the charge to an adjustment once every three years based on inflation over this period."

*Proposed Charges for Residents' and Visitors' Parking Permits: Consultation Information (June 2006)*. "Adjustments for inflation –The charges will be kept the same for three-year periods. After each three-year period the charges would be adjusted for inflation using the Retail Price Index"  
There is no mention of slapping on a hefty increased charge.

Will the Cabinet member for Transport explain why, only three years after a firm promise to the people who reluctantly took part in the consultation, he now intends to renege on it?"

**Answer:**

“When the City council effectively handed over the running of Oxford on-street parking to the County Council, as they were unable to administer the scheme properly, the County were clear that the charge would cover the administration costs. Since then, national legislation increases in Penalty Charges has seen a 25% drop in offences. We could not have foreseen this result, which has been reflected by other Authorities. We finished up with other Council budgets subsidising the administration costs. In the new climate of a National debt of £950,000,000,000 after 13 years of a Labour government the Council can no longer continue to charge at less than the costs involved.”

**Councillor Richard Steven to Councillor Rose**

“5. Can the Cabinet Member for Transport explain why nobody from the County Council is being made available to attend the Area Committees to explain the recently proposed above-inflation increase in parking charges that are to be levied on people in Oxford?”

**Answer:**

All members whether county or city can put their concerns down in writing to officially object to the proposals and I will take their concerns into account when coming to my decision on this matter. The service is not able to resource officer attendance at all of the Area Committees prior to the decision committee. It would be inappropriate for me to attend as this matter is coming before me to make the final decision at cabinet member decisions.

## CABINET – 21 SEPTEMBER 2010

### ITEM 5 – PETITIONS AND PUBLIC ADDRESS

#### Public Address

The Leader of the Council has agreed the following requests to address the meeting:-

<b>Item</b>	<b>Speaker</b>
Item 6 – Financial Monitoring	Councillor Armitage, Shadow Cabinet Member Jo Philpotts, member of the public.
Item 7 - Service & Resource Planning Report for 2011/12 to 2015/16	Councillor Armitage, Shadow Cabinet Member
Item 8 – White Paper: Equity and Excellence: Liberating the NHS	Councillor Hannaby, Shadow Cabinet Member
Item 10 - Performance Management: 1 <sup>st</sup> Quarter Progress Report	Councillor Patrick (on behalf of Councillor Fooks who is absent)
Item 11 Establishment Review	Councillor Patrick (on behalf of Councillor Fooks who is absent)

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## CABINET – 21 SEPTEMBER 2010

### ITEM 8 – HEALTH WHITE PAPER

Comments received from the Adult Services Scrutiny Committee and the Joint Health Overview and Scrutiny Committee:

#### Adult Services Scrutiny Committee – 7 September 2010

The Committee are advised that the Adult Services Scrutiny Committee agreed to advise the Cabinet as follows:

- **With regard to the implications for public health in Oxfordshire:**

This Committee:

- (1) endorses the Director for Public Health's recommendation that a high-level group led by the major public sector stakeholders is set up now on an informal basis, to ensure that public sector organisations in Oxfordshire work closely together over the coming months to secure the continuation of a successful Public Health function for the future;
  - (2) awaits publication of the Public Health White Paper in December - which should provide further clarity - thus enabling these arrangements to be formalised;
  - (3) recommends Councillor involvement at some level to ensure that the transfer of the public health function from Health to the local authority is carried out satisfactorily.
- **With regard to health scrutiny:**

This Committee strongly urges that:

- (1) Health Overview & Scrutiny Committees should retain all of their existing functions and powers, to enable them to scrutinise effectively and work to ensure that health services continue to provide equity of access, equity of outcome and improvement in the quality and safety of services for patients and carers, as evidenced by the notable successes of the Oxfordshire Joint Health Overview & Scrutiny Committee;
- (2) these powers and functions should not be transferred to the Health and Wellbeing Board on the grounds that:
  - the Board needs to focus on being an effective decision making forum;
  - it is questionable as to how the Health and Wellbeing Board could be perceived as independent if it was also tasked with undertaking health scrutiny, when it could be central to many of the decisions that were to

be scrutinised, including co-ordinating those partnerships which it would be scrutinising.

- **With regard to joint working between Health and Social Care:**

This Committee:

- (1) welcomes the emphasis on joint working between health and social care and the role of the Health and Wellbeing Board in joining up the commissioning of local NHS services, social care and health improvement;
- (2) (whilst recognising that Oxfordshire County Council is to be viewed as exemplary in terms of joint working with Health in comparison with other local authorities in England), acknowledges that there is still scope to improve joint working in Oxfordshire, especially in terms of people with long term conditions, notably older people;
- (3) wishes to emphasise the importance of joint working between Health and Children's Social Care in order to prevent another 'Baby P';
- (4) wishes to emphasise that local authorities have considerable expertise and experience in commissioning adult social care services over the past 20 years and already lead on commissioning some health services - for example, health services for adults with learning disabilities in Oxfordshire - and also work closely with PCTs on commissioning other health services. Examples in Oxfordshire include work on stroke, falls and continence. Therefore it will be important for local authorities to explore in conjunction with GPs and the PCT what role they can play to support the role of the GP Consortia;
- (5) wishes to emphasise that in order for stronger joint working to take place and further efficiencies to be achieved, the necessary infrastructure needs to be in place supported by appropriate attitudes from all partners;
- (6) advises that policy and financial decisions must come together into a single place and therefore strongly recommends that the government should prescribe in the forthcoming legislation that joint commissioning and pooled budgets must apply in appropriate circumstances (eg learning disabilities, mental health and supporting people with long term conditions). This would enable public resources to be used to best effect based on the needs of the local population. Therefore it is paramount that joint working is underpinned by statutory powers.

## **Oxfordshire Joint Health Overview and Scrutiny Committee – 16 September 2010**

### **Response to the White Paper – Equity and Excellence: Liberating the NHS**

The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) has considered the White Paper. The HOSC understood from the White Paper that the consultation is on “how best to implement the changes” and not on the overall strategy. Having said that members expressed their concerns that the proposals to scrap PCTs and pass most commissioning to GP consortia could create significant dangers for the provision of health services.

In particular they were worried about whether GPs would have the capacity and knowledge to undertake the level of commissioning involved. Issues of financial stability, democratic accountability, loss of existing knowledge and expertise by the dissolution of PCTs and the adequacy of resourcing also caused concern.

Furthermore the White Paper left a number of major questions unanswered.

These concerns are reflected in the comments below. The first section sets out general responses to the White Paper that will be communicated to the Secretary of State. The second section contains specific recommendations for the Oxfordshire Cabinet.

#### **Response to the consultation:**

1. The focus on reducing inequalities and the plan for targets to be based on outcomes are welcomed.
2. The proposal for Public Health and health improvement to once again be a local authority responsibility is also welcomed. However, it will be vital that, the service be fully resourced to ensure that local authorities are funded adequately to undertake those responsibilities.
3. Scrutiny should not be included in the responsibilities of the Health and Wellbeing Board. The Board members, being responsible for overseeing the commissioning agenda and the provision of health improvement and social care, should not be placed in a position whereby they would, in effect, be scrutinising themselves.
4. Health Overview and Scrutiny Committees should be retained with all of their existing statutory powers being extended to cover all organisations involved in the provision of health services whether in the NHS, local government or the private sector.
5. The White Paper contains little reference to children. It is the HOSC’s view that the Health and Wellbeing Boards should include representation from services for children as well as adults and older people.
6. If GPs are to undertake the role of being the main commissioners of health services they must be made statutorily accountable to local communities through elected representatives. This should also apply to Foundation Trusts and Monitor. The NHS Commissioning Board will be unelected and too remote to undertake this role effectively and the HOSC should have the power to refer concerns to the Commissioning Board as well as to the Secretary of State.

7. *It is important that GP commissioners should be adequately trained and resourced, in the widest possible meaning of this term, specifically to include time and administrative and clinical support.*
8. There is a need for greater clarity around what would happen if the GP commissioning groups were to fail to carry out their clinical, managerial and/or financial responsibilities properly.
9. Legislation should be introduced to ensure that joint commissioning and pooled budgets are used effectively and appropriately wherever possible.
10. The role of HealthWatch, both national and local, and how it will work, must be clarified as should the issue of their funding. It is questionable whether the CQC will have the necessary expertise to oversee such a complex national organisation.
11. The costs of restructuring should not be detrimental to front-line services.
12. It has taken a number of years for co-terminosity to be established between local authorities and the NHS and the development of GP consortia threatens to undermine that. Steps should be taken to ensure that co-terminosity should be re-established as soon as possible.

### **Specific recommendations for bodies in Oxfordshire:**

The HOSC:

- I. Supports fully the recommendations of the Adult Services Scrutiny Committee (ASSC) and those of the Director of Public Health (DPH)
- II. Requests that the Cabinet should endorse the comments above directed to the Secretary of State
- III. Advises the Cabinet that the HOSC considers that:
  - The high-level steering committee proposed by both the ASSC and the DPH should be led by the County Council and include major public sector stakeholders, in particular GP representatives, and elected members. It should be set up as soon as practicable and liaise with national and regional bodies as necessary. The committee's role would be to ensure that public sector organisations in Oxfordshire work closely together to further the development of a reconfigured NHS that will ensure the continuation and sustainability of high quality health services.
  - The above committee could be developed subsequently into the Health and Wellbeing Board. The Board Chairman should be a Cabinet Member level appointment.
  - The levels of joint working that already exist within Oxfordshire should be developed and improved further.
  - The commissioning expertise that has been built up over many years by the County Council, much of it in joint commissioning with NHS colleagues, should be drawn upon in developing and providing support for the new GP consortia.

## CABINET – 21 SEPTEMBER 2010

### ITEM 12 – FORWARD PLAN AND FUTURE BUSINESS

Members are asked to note the following changes to the Forward Plan:

<b>Portfolio Decision by...</b>	<b>Topic Decision</b>	<b>Timing</b>	<b>Report by... Contact</b>
Safer & Stronger Communities <i>Cabinet</i>	<b>Cogges Trust</b> To seek approval to complete the legal details, agreements and lease of the new Trust.	Removed from Plan	Martyn Brown, Heritage & Arts Officer Tel (01993) 814114
Adult Services <i>Cabinet Member</i>	<b>White Paper: Equity and Excellence: Liberating the NHS</b> To seek agreement to the County Council's response	1 October 2010 (new item)	John Jackson, Director for Social & Community services Tel (01865) 323572
Leader <i>Cabinet Member</i>	<b>White Paper: Equity and Excellence: Liberating the NHS</b> To seek agreement to the County Council's response	1 October 2010 (new item)	John Jackson, Director for Social & Community services Tel (01865) 323572
Deputy Leader <i>Cabinet Member</i>	<b>Collaborative Arrangements for Legal Services</b> To seek approval for a formal agreement providing for closer collaborative working relationships between District, City and County Councils in the provision of legal services.	19 October 2010 (new item)	Peter Clark, Head of Legal & Democratic Services Tel: (01865) 323907
Children, Young People & Families <i>Cabinet Member</i>	<b>Chill Out Fund 2010/11</b> To consider applications received.	5 October 2010 (new item)	Ruth Ashwell, Area Service Manager – Youth (Central) Tel (01865) 810649`
Transport <i>Cabinet Member</i>	<b>Minor Revisions to CPO and SRO Plans Approved by cabinet on 20 July 2010</b>	11 October 2010	Julian Hartless, Principal Property Manager Tel (01865) 815097

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