

OVERVIEW AND SCRUTINY COMMITTEE
(HEALTH AND SOCIAL CARE)

Overview
& Scrutiny



MEETING HELD AT THE TOWN HALL, BOOTLE
ON TUESDAY 1ST MARCH, 2011

- PRESENT: Councillor Hill (in the Chair);
- Councillor McGuire (Vice-Chair);
- Councillors L. Cluskey, Ibbs, Jones, McGinnity,
Veidman and Webster.
- Also Present: Councillor Porter - Cabinet Member - Health &
Social Care;
Colin Throp, Deputy Chief Executive & Finance
Director, Southport and Ormskirk Hospital NHS
Trust;
Fin McNicol, Communications Director, Aintree
University Hospitals NHS Foundation Trust;
Dr. Janet Atherton, Acting Chief Executive, NHS
Sefton;
Lyn Cooke, Head of Communications, NHS Sefton;
Margaret Milne, Principal Manager, Social Care &
Wellbeing Directorate;
Paul Acres, Chairman, NHS Sefton.

89. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Howe.

The Chair reported that Councillor Howe was unable to attend due to a recent family bereavement and requested that condolences be forwarded to him.

RESOLVED:

That condolences be forwarded to Councillor Howe on his recent family bereavement.

90. RETURN OF PAUL ACRES, CHAIR, NHS SEFTON

The Chair welcomed back Paul Acres, Chair of NHS Sefton, following his recent sickness absence.

91. DECLARATIONS OF INTEREST

The following declaration of interest was received:-

Member	Minute No.	Reason	Action
Councillor Hill	No. 97 – NHS Sefton – Update Report	Personal – his wife is employed by Southport and Ormskirk Hospital NHS Trust	Took part in consideration of the item and voted thereon.

92. MINUTES

That, subject to the inclusion of Councillor L. Cluskey's apologies to the list of apologies for absence, the Minutes of the meeting held on 25th January 2011, be confirmed as a correct record.

93. NORTH WEST AMBULANCE SERVICE NHS TRUST - PUBLIC CONSULTATION ON FOUNDATION TRUST STATUS

The Committee was anticipating the receipt of a presentation from a representative of the North West Ambulance Service (NWAS) NHS Trust, on the Trust's aspiration to become a Foundation Trust. The NWAS was currently undertaking a consultation on its application for Foundation Trust status and the consultation period would run until the end of March 2011.

No representative from the NWAS was in attendance at the meeting.

RESOLVED:

That the NWAS Trust be requested to forward any relevant information to Members of the Committee on its application for Foundation Trust status, prior to the expiry of the consultation period.

94. MERSEY CARE NHS TRUST - UPDATE REPORT

The Committee considered a briefing paper from the Chief Executive of Mersey Care NHS Trust on current issues impacting upon that Trust. Information was provided on the following:-

A. Trust Board - Integrated Corporate Performance Report for the Period Ending 31st December 2011

The NHS Performance Framework for 2010/11 provided an assessment of the performance of NHS Trusts that were not yet NHS Foundation Trusts. The Trust was required to achieve a performance score of 1.9 or more to

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be rated as a performing organisation. The current and forecast performance score for the Trust was 1.91. The Trust was on target to achieve all financial targets and duties. The forecast year end surplus was £6m and the Financial Risk Rating was 4.

B. Foundation Trust Equivalent (FTE) - Update

Formal confirmation was awaited from the Department of Health indicating support for the application for FTE status and recommending the application to Monitor, which would require a detailed assessment before granting authorisation.

The Trust held its first membership event on 19th January 2011 at Liverpool's Holiday Inn when more than 160 people, including staff members, came together to share views and hear how members could influence services. Trust Chairman Beatrice Fraenkel spoke of the need to listen, in order to build trust and integrity. Chief Executive Alan Yates asked members to support and encourage the Trust. Actor Dean Sullivan, one of a growing group of celebrity members, called on people to "speak up, question, represent and make things happen". Members were also able to make their suggestions through discussions and through an interactive booth in the style of the "Big Brother" reality television show.

C. TIME – To Improve Mental Health Environments – Update

Planning permission for the building of a new inpatient unit on the Walton General Hospital site had been approved by Liverpool City Council and work would begin in the summer of 2011.

The planning proposal for the regeneration of Edge Lane Retail Park, that included the Trust's other new inpatient facility, had now received backing by all relevant local councils and had been submitted to the Secretary of State for Health at the end of February 2011, for final approval.

Councillor Webster referred to "No health without mental health", the recent cross-Government mental health outcomes strategy for people of all ages, and asked whether Mersey Care NHS could provide a presentation on the strategy and its implications.

The Principal Manager, Social Care and Wellbeing Directorate, indicated that information on the strategy would be submitted to the Cabinet Member – Health and Social Care in the near future.

RESOLVED:

- (1) Mersey Care NHS Trust be thanked for the briefing paper and the information provided;
- (2) the briefing paper be received; and

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- (3) Mersey Care NHS be requested to provide a presentation on the recent mental health strategy and its implications, to a future meeting of this Committee.

95. UPDATE ON NHS REFORMS

Further to Minute No. 84 of 25th January 2011, the Committee received a presentation from Dr Janet Atherton, Acting Chief Executive, NHS Sefton, providing an update on the recent NHS reforms.

The presentation included the following:-

Department of Health Policy

- Operating Framework 2011-12;
- Health & Social Care Bill;
- Public Health White Paper; and
- NHS Chief Executive transition letters.

The Operating Framework 2011-12

The core purpose remained as the delivery of improved quality, by improving safety, effectiveness and patient experience.

Key areas:

- NHS Reform;
- Quality Innovation Productivity and Prevention (QIPP) progress;
- Maintenance of existing performance/improvements; and
- Specific improvements based on new priorities.

The Operating Framework: New Key Commitments

- Increasing overall numbers of health visitors by 4,200, by April 2015;
- Family Nurse Partnership programme – to improve outcomes for the most vulnerable first time teenage mothers and their children;
- Establishment of the Cancer Drugs Fund – operational from April 2011;
- Military and veterans health;
- Guidance to be published shortly on services for people with autism;
- Progress against dementia services; and
- Progress against carers strategy.

The Operating Framework: Areas Identified for Improvement:-

- Healthcare for people with learning disabilities;
- Children and young people's physical and mental health;
- Diabetes;
- Sharing non-confidential information to tackle violence;
- Regional trauma networks; and
- Respiratory disease.

The Transition to the New System

- GP consortia;

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- Health and Well-being Board;
- Local Healthwatch;
- PCT clusters;
- NHS Commissioning Board;
- Provider reform
 - Foundation Trusts;
 - Any willing Provider; and
 - Monitor + CQC as regulators.

The Timetable for Transition: 2011-12: Learning and Planning for Roll-Out

- Health and Social Care Bill – parliamentary process;
- QIPP delivery;
- PCTs to form ‘sub regional clusters by June 2011;
- NHS Commissioning Board in shadow form;
- Local Health & Wellbeing Boards (H&WB) in shadow form;
- Public Health England in shadow form;
- Full coverage of country by prospective consortia; and
- Pathfinders for H&W Boards and local Healthwatch.

The Timetable for Transition: 2012 – 13: Full Preparatory Year

- QIPP delivery;
- Strategic Health Authorities (SHA)s abolished 31st March 2012;
- NHS Commissioning Board and new Monitor in place;
- PCTs to become accountable to the NHS Commissioning Board;
- All consortia either fully or conditionally authorised; and
- Public Health England to take on full responsibilities.

The Timetable for Transition: 2013 -14

- QIPP delivery;
- New system fully established;
- H&WB boards active;
- PCTs abolished March 2013 – commissioning support as either social enterprise or joint venture; and
- All NHS Trusts to become Foundation Trusts by March 2014.

PCT Clusters

- ‘Sub-regional’ clusters;
- Single Executive Teams by June 2011;
- No statutory mergers - PCTs to retain existing allocations; and
- Relevant staff working closer with GP consortia, Local Authority or Commissioning Support Units within clusters, based on existing roles.

PCT Clusters: Purpose

- Sustain capability and capacity;
- Maintain financial control, performance, quality;
- Support provider organisations in reform; and
- Platform for commissioning support and roles in new organisations.

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Clusters: Overview

A single executive team managing a cluster of PCTs by June 2011 until PCT abolition in March 2013.

Clusters:

- to have oversight and management of contracts and Operating Framework requirements;
- to develop capacity and capacity of local GP commissioning consortia; and
- ensure effective leadership of cluster-wide QIPP plans.

Clusters: Process

- Executive positions to be recruited from a regional pool (determined by SHA);
- Management structure of cluster and constituent PCTs to be decided by Chief Executive;
- Boards – governance models to be decided locally using DH guidance;
- Locally – Cluster likely to include Sefton, Liverpool, Knowsley, possibly Halton & St Helens; and
- Chair and Chief Executive in place end of March, with rest following by June 2011.

Members of the Committee asked questions of Dr. Atherton regarding the NHS reforms.

RESOLVED: That

- (1) Dr. Atherton be thanked for her informative presentation;
- (2) the presentation be received; and
- (3) NHS Sefton be requested to report back to this Committee as further information emerges on the NHS reforms.

96. PROTOCOL FOR WORKING TOGETHER

Further to Minute No. 85 of 25th January 2011, the Committee considered the report of the Assistant Chief Executive requesting Members to consider a formal protocol setting out an agreed approach for NHS Sefton and Sefton Council's Overview and Scrutiny Committee (Health and Social Care) to work together, based on current national regulations and local partnership agreements. The report set out the background to the development of the protocol and requested Members to consider the draft protocol attached to the report, with a view to its implementation.

The draft protocol set out proposed roles and responsibilities for both NHS Sefton and this Committee and also set out the following:-

- Which matters could be reviewed and scrutinised according to regulations;

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- Substantial developments or variations (SDVs) in services;
- Factors to be taken into account in determining a SDV; and
- A process to be followed for highlighting a SDV.

The draft protocol would be presented to NHS Sefton's Governance Committee followed by its Trust Board, once it was agreed by this Committee.

RESOLVED:

That the draft protocol attached to the report be approved for implementation and commended to NHS Sefton's Governance Committee and Trust Board.

97. NHS SEFTON - UPDATE REPORT

The Committee considered the report of the Acting Chief Executive, NHS Sefton, on current issues impacting on healthcare provision within Sefton. Information was provided on the following:-

A. Update on NHS Reforms

(i) GP commissioners - Pathfinder Status for South, Board Elected in North

The South Sefton Practice Based Commissioning Confederation (SSPBCC) had been granted GP pathfinder status in the second wave of consortia announcements by the Department of Health. The Chair, Dr Clive Shaw, was being supported by Deborah Jones, Director of Strategy and Service Development, NHS Sefton.

Southport and Formby Practice Based Commissioning Consortium had elected a new Board, naming Dr Niall Leonard as Chair. It was now also working towards pathfinder status with the support of Fiona Clark, Director of Corporate Performance and Standards, NHS Sefton.

(ii) Guidance Around Clustering of PCTs

The Department of Health required all PCTs to form into clusters by June 2011, with a single executive team. This would consolidate skills, maintaining capacity, ensuring strong leadership through to 2013 when PCTs were abolished and the continued good performance, quality and financial management of local health services. Clustering would also allow room for emerging GP consortia and Health and Wellbeing Boards to develop. Commissioning support units within clusters would work with consortia during this time to ensure that they were ready to take on their full statutory role in 2013.

B. Children's Health 'Hub' Takes Shape

Work on the new children's health hub inside the Southport Centre for Health and Wellbeing was underway, with the first services expected to move in during April 2011. The first phase would see community paediatrics, physiotherapy, occupational therapy, child and adolescent mental health services, speech and language specialists and optometry provided in the hub. The second phase would include some outpatient clinics that were currently provided at Ormskirk Hospital. At its meeting in early February 2011, the NHS Sefton Board had approved formal support to further develop the hub.

This had been the main recommendation of the 'Improving Children's Health Services in North Sefton' report which looked, in detail, at the data and clinical evidence around children's services in Southport and Formby, along with the views of families who used those services. NHS Sefton was appreciative of the work of those members of this Committee who were also members of the Oversight Group, which provided scrutiny of the work, and for their input into this work programme.

"Improving Children's Health Service in North Sefton" had been shared with key stakeholders and their views were also considered by the NHS Sefton Board alongside the report. As well as committing to the further development of the hub, the NHS Sefton Board had agreed that, based on the evidence and the views presented to the Board; care for minor injuries should continue to be provided through existing services.

Further to Minute No. 83 of 25th January 2011, the Chair re-stated the view of this Committee, expressing disappointment that no special provision would be made for a children's minor injuries unit in north Sefton.

Paul Acres, Chair of NHS Sefton, confirmed that the NHS Sefton Trust Board had very carefully considered the views of this Committee and local Ward Councillors prior to reaching its decision.

C. Transforming Community Services

Final preparations were taking place to transfer NHS Sefton's Community Health Services (CHS) to Liverpool Community Health NHS Trust and Southport and Ormskirk Hospital NHS Trust, which would become an integrated care organisation by 31st March 2011. As part of the process, those GP practices run by NHS Sefton CHS would temporarily transfer to Liverpool. Some of these practices wished to become a Social Enterprise, and had developed a business case which needed to be assessed by NHS Sefton and the Strategic Health Authority before proceeding. The transfer would not change the way patients accessed services, and in the future, this change was expected to lead to even better services, as providers worked together in a more integrated way for the benefit of local people.

D. NHS Sefton's Quality Strategy – One Year On

An update on NHS Sefton's Quality Strategy highlighted the good work across Sefton over the past year. The report focused on developments in the key areas of safety, effectiveness and patient experience, since the strategy was launched in 2009. Along with those services NHS provided directly, the update also included achievements of provider organisations. Some of the key developments were detailed within the report, as were examples of how the local NHS was working to improve quality of services.

E. Views Sought on Improvements to Gynaecology Services

A public engagement process was running until 11th March 2011 with patients from across North Merseyside being asked for their views on changes to the gynaecology services. At present, Liverpool Women's NHS Foundation Trust provided gynaecology services from two sites, namely the main Liverpool Women's Hospital site on Crown Street, Liverpool city centre, and at Aintree Hospital. Under the changes, Aintree-based services for Liverpool Women's day patients would move to a new modern facility within the same site. Women who needed to stay in hospital overnight would now only be treated at the specialist hospital on Crown Street. By delivering all major gynaecology surgery at their Crown Street site, Liverpool Women's Hospital was able to ensure that women had access to the very best medical expertise and equipment. The changes also meant that women who visited Aintree as outpatients would be able to enjoy improved surroundings that offered greater privacy and dignity. The engagement process around the changes was being led by the Primary Care Trusts for Liverpool, Sefton and Knowsley.

The Chair referred to the concerns expressed by Sefton LINK regarding a lack of adequate consultation on gynaecology services.

Paul Acres, Chair of NHS Sefton, indicated that the Trust was currently considering how consultations could be improved in the future.

F. New Arrivals in Sefton

In response to figures that showed new mothers on Merseyside were the least likely to breastfeed in the UK, the "Breast Milk, It's Amazing" campaign had been launched in the summer of 2010 jointly by NHS Sefton, NHS Knowsley, NHS Wirral and Liverpool PCT. As one of the many Sefton initiatives, 21 local women had recently graduated as Breast Start Peer Mentors. They were now qualified as La Leche League Peer Counsellors and would work alongside Breastfeeding Support Workers and health professionals to promote and support breastfeeding in Sefton. The programme would offer support to new mothers so that they had the opportunity to give their babies the very best start in life and also to raise awareness of the health benefits that breastfeeding provided for both mothers and babies.

G. Mental Health Strategy

In February 2011 a new cross-government mental health outcomes strategy, entitled “No health without mental health” had been published, recognising the urgent need for co-ordinated action to improve the mental health and wellbeing of the population, year on year. Mental health problems affected one in four of the total population at some time during their lives. The strategy would see local and national organisations working together to promote the importance of good mental health and challenging negative attitudes in society. Health professionals considered that the title represented a shift in government thinking and put mental health on an equal level with physical health.

H. Campaign Plans Bold Delivery

As part of the work of SUPPORT, the local stop smoking service, NHS Sefton was dedicated to meet a target to reduce the number of women smoking during pregnancy, who were still smoking by delivery, from 16.5% to 10% by April 2013. “Quit for two”, the latest NHS Sefton Health Promotion Team campaign had been launched, to increase awareness of the harm to both mother and baby posed by smoking during pregnancy and would promote the work of SUPPORT.

I. Health Checks

Sefton residents aged between 40 and 74 could now telephone the Healthy Sefton service to establish whether they were eligible to receive free health checks at a local participating community pharmacy for coronary heart disease and diabetes. As part of the healthy lifestyle initiative, anyone who booked a check with the pharmacy would each receive a £5 fruit and vegetable voucher, to use at a local fruit and vegetable co-op or local greengrocer.

Councillor Webster asked whether a breakdown was available as to which Wards the 4,000 residents who had already taken up this service were from, and the information would be sought from NHS Sefton.

J. Healthy Sefton is now On-line

As well as telephoning the Healthy Sefton service, Sefton residents and health professionals could now access information on-line at a dedicated web-site, to find out more about a range of healthy lifestyle services and activities offered in the Borough.

K. Impact of Delayed Discharges

The Acting Chief Executive, NHS Sefton, reported on the impact of delayed discharges which had featured in recent press reports. A few delays occurred, usually due to on-going care needs which would not be available for a few weeks. Occasionally relatives were reluctant to take patients in these cases. The Acting Chief Executive indicated that legal

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procedures were an absolute last resort in such instances and that the recent press reports had been exaggerated. The Principal Manager, Health and Wellbeing Directorate, confirmed that where elderly patients acted as carers for spouses, etc. such information would be on the Department's data base and that a re-enablement package would be put in place until such time as stability was re-introduced into the family.

RESOLVED: That

- (1) NHS Sefton be thanked for the report;
- (2) NHS Sefton's actions against recommendations and proposals contained in the report, and reported verbally at the meeting, be monitored as appropriate; and
- (3) NHS Sefton be requested to respond to the issue raised under 1 above.

98. ASSESSMENT OF COMMISSIONING FOR ADULT SOCIAL CARE 2009/10

Further to Minute No. 61 of the meeting of the Cabinet Member – Health and Social Care held on 16th February 2011, the Committee considered the report of the Strategic Director - Social Care and Well-Being advising of the outcome of the Assessment for Commissioning for Adult Social Care 2009/10. The Assessment was required to be presented to a meeting of the Council by the Care Quality Commission (CQC). The report indicated that the CQC performance assessment was aligned to the seven outcomes identified in the Department of Health White Paper "Our Health, Our Care, Our Say", together with two additional domains of leadership and commissioning and use of resources. Details on how the outcomes were graded were set out in the report and the overall performance grade awarded to Sefton Adult Social Care in 2009/10 for the delivery of outcomes was considered to be "well". The report concluded that any areas for improvement highlighted in the CQC assessment report would form part of the Department's service planning process.

A copy of the letter from the CQC to the Strategic Director, together with the CQC's Assessment of Performance report for Sefton's Adult Social Services for 2009/10, were attached to the report.

The Chair asked how the Assessment for 2009/10 compared to previous years and the Principal Manager, Social Care and Wellbeing Directorate, indicated that she would provide that information to Committee Members.

RESOLVED:

That the report be received.

99. CABINET MEMBER REPORT

The Committee considered the report of the Assistant Chief Executive, submitting the most recent report by the Cabinet Member – Health and Social Care, submitted to the Cabinet on 27th January 2011.

The Chair referred to an item on “Charging for Non-Residential Social Care Services”, which would be considered by both the Cabinet Member – Health and Social Care on 2nd March 2011 and the Cabinet on 3rd March 2011. Although this was a Key Decision, it had not been included in the Forward Plan. Consequently, the Chair had been consulted, under Rule 15 of the Access to Information Procedure Rules of the Council’s Constitution, on the decision being made by the Cabinet Member/Cabinet, on the basis that it had been impracticable to defer the decision until the commencement of the next Forward Plan, because of the urgency of the matter.

RESOLVED:

That the Cabinet Member report be received.

100. WORK PROGRAMME REPORT

The Committee considered the report of the Assistant Chief Executive in relation to the Committee’s programme of work. There were no items within the current Key Decision Forward Plan which fell under the remit of the Committee, on this occasion.

Work was continuing for the cross-cutting Working Group, comprised of the four Overview and Scrutiny Chairs plus two Labour Members. A final report had been drafted and Members were in the process of agreeing it.

Following an invitation by the Chairman of the Southport and Ormskirk Hospital NHS Trust, a visit for Members of this Committee to visit Southport and Formby District General Hospital premises at the site in Town Lane, Kew had taken place on 14th February 2011. Members had met with the Chief Executive and the Chairman of the Board, together with other Board members and staff, to discuss issues facing the Trust. Members were also given the opportunity to view the hospital discharge lounge and the refurbished Accident and Emergency Department. Those Members who had attended the site visit considered that it had proved to be most interesting and that the discussions held were very useful and informative.

The Chair referred to a meeting of the Joint Health and Wellbeing Committee he had attended with Councillor Ibbs on 15th February 2011, when a consultation document on “Improvements to Vascular Services in Cheshire and Merseyside” was considered. He reported that the consultation proposed that hospitals work in partnership to deliver vascular services with complex and emergency operations carried out at a small

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number of specialist vascular centres and the remaining care continuing to be provided locally. All other aspects of the service would continue to be available at local hospitals. No outcomes on the consultation had been decided as yet.

RESOLVED: That

- (1) the contents of the Key Decision Forward Plan for the period 1 February – 31 May 2011 be received;
- (2) the progress and actions of the cross-cutting Working Group, to scrutinise health inequalities within the Borough, be supported;
- (3) the information on the Committee visit to Southport and Formby District General Hospital premises be received; and
- (4) the information on the vascular services consultation be received.

101. MR. C. SPEIGHT, PRINCIPAL MANAGER, SOCIAL CARE AND WELLBEING DIRECTORATE - IMMINENT RETIREMENT

The Chair referred to the fact that Colin Speight, Principal Manager, Social Care and Wellbeing Directorate, Sefton MBC would be retiring at the end of March 2011.

RESOLVED:

That thanks for all the support offered to this Committee and its Members be accorded to Colin and he be wished the very best of luck for the future.

102. LAST COMMITTEE MEETING, 2010/11

The Chair referred to the fact that this was likely to be the last meeting of the Committee for this Municipal Year, 2010/11.

RESOLVED:

That Members and Officers be thanked for their input into the work of this Committee during 2010/11.