

OVERVIEW AND SCRUTINY COMMITTEE  
(HEALTH AND SOCIAL CARE)

Overview  
& Scrutiny



MEETING HELD AT THE TOWN HALL, SOUTHPORT  
ON TUESDAY 25TH JANUARY, 2011

- PRESENT: Councillor Hill (in the Chair);
- Councillors Howe, Jones, Larkin, McGinnity,  
McGuire, Veidman and Webster.
- Also Present: Councillor Porter – Cabinet Member – Health &  
Social Care;  
Anjila Shah, Consultant in Public Health, NHS  
Sefton;  
Ann Bisbrown-Lee, Sefton LINK;  
Colin Speight, Principal Manager, Social Care &  
Wellbeing, Sefton MBC;  
Colin Throp, Southport and Ormskirk Hospital NHS  
Trust;  
Frances Street, former Chair, NHS Sefton;  
Hannah Chellaswamy, Acting Director of Public  
Health, NHS Sefton & Sefton MBC;  
Dr. Janet Atherton, Acting Chief Executive, NHS  
Sefton;  
Jean Massam, Children's Trust Director; and  
Lyn Cooke, Head of Communications, NHS Sefton.

**80. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Pearson and his Substitute, Councillor Ibbs; Diane Blair, Acting Manager, Sefton LINK Support; and Fin McNicol, Director of Communications, Aintree University Hospitals Foundation Trust.

**81. DECLARATIONS OF INTEREST**

The following declaration of interest was received:-

<b>Member</b>	<b>Minute No.</b>	<b>Reason</b>	<b>Action</b>
Councillor Hill	No. 76 – 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.

## **82. MINUTES**

RESOLVED:

That, subject to the inclusion of Councillor McGuire in the apologies for absence, the Minutes of the meeting held on 14<sup>th</sup> December 2010, be confirmed as a correct record.

## **83. IMPROVING CHILDREN'S SERVICES IN NORTH SEFTON**

The Committee received a presentation by Janet Atherton, Acting Chief Executive, NHS Sefton on Improving Children's Services in North Sefton.

The presentation included the following:-

### **Purpose:-**

- Feedback on additional work undertaken to review options for improving access to children's services;
- Report progress on development of services; and
- Seek views on options for improving access to services for children with minor injury.

### **Project:-**

- To identify improvements that could be made in short term while work on sustainable model for children's services and urgent care undertaken through North Mersey QIPP programme;
- Oversight group;
- Clinical design group;
- Health status review;
- Activity data review;
- Engagement with children and families; and
- Clinical engagement.

### **Strategic Context:-**

- Children's health is one of the strategic priorities;
- Care closer to home where appropriate and cost-effective;
- Strategic plan and Sefton children's services review priorities:
  - Children with long term conditions;
  - Children with complex needs ;
- NHS Operating Framework 2011/12:
  - Children with disability;
  - CAMHS;
  - Looked After Children;
  - Family Nurse Partnerships;
- N Mersey QIPP:
  - £300m efficiency savings needed;
  - Urgent Care and Children's work-streams identifying most cost-effective models of care; and
- Knock on impact of other public sector cuts.

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### **Data:-**

- 20,800 children aged 0 - 16 in Southport and Formby;
- 10-19 year age group projected to fall by 20% over next five years, 0-10s steady;
- Increasing numbers of children with complex needs;
- 4866 children attend A&E with minor conditions (13 per day); and
- Average child will attend A&E with minor condition once every 4 years.

### **Public Engagement:-**

- Better integration of services;
- Build on good access to primary care;
- More out patient services in Southport and better signage in Ormskirk; and
- Care in right place, first time – better publicity of services available.

### **Clinical Engagement:-**

- Recognise need to improve services especially for LTCs and disability;
- Minor illness predominantly treated in primary care – best place;
- Extent to which GPs deal with minor injury depends on experience and time – difficulties maintaining skills as low numbers seen; and
- Support for telephone advice from Consultant paediatricians.

### **Service Developments:-**

- Creation of a children's hub at Southport Centre for Health and Wellbeing;
- CAMHS;
- Community paediatrics;
- Out patient clinics for LTCs;
- Dental;
- Sexual health, etc; and
- Voluntary sector.

### **Reducing Attendances for Minor Illnesses:-**

- Communications – Choose Well;
- Improving access to general practice:
  - Telephone access to GP;
  - GP telephone access to Consultant for advice;
- Children's hub:
  - Better management of LTCs results in reduced unplanned care episodes.

### **Options for Minor Injury Service:-**

- Stand alone walk in centre not considered feasible;

Alternative options:

- Nurse led minor injury service;
- GP based minor injury service;
- Nurse led service in GP Out of Hours;

Assessed against criteria:

- Clinical safety;

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- Workforce;
- Clinical need; and
- Financial viability.

### **Next Steps:-**

- Progress service developments;
- Continue to work with North Mersey QIPP on urgent care and children's services;
- Views on options regarding minor injury from:
  - Children's Trust;
  - Stakeholder Group;
  - Overview and Scrutiny Committee;
  - Practice-based commissioners;
  - Clinical Executive Committee; and
- Board to consider options on 3 February 2011.

The Acting Chief Executive, NHS Sefton, advised that there were three options which were currently out to consultation.

Councillor McGuire referred to the "hub" to be opened on Hoghton Street, Southport, to treat children with long term conditions, and asked whether that facility could be utilised in improving children's services in north Sefton generally.

RESOLVED: That

- (1) Dr. Atherton be thanked for her presentation;
- (2) this Committee welcomes the service developments to enable the establishment of the children's hub in Hoghton Street, Southport;
- (3) this Committee would favour the exploration of option 2, a GP based minor injury service, to include the possibility of a GP practice based at the Hoghton street clinic, and requests NHS Sefton to investigate the possibility of this, including a breakdown of the potential cost and the possibility of running such a service as a pilot scheme; and
- (4) NHS Sefton be requested to report the deliberations of the NHS Trust Board on the matter back to this Committee, in due course.

### **84. NHS WHITE PAPER**

The Committee received a presentation by Hannah Chellaswamy, Acting Director of Public Health, NHS Sefton and Sefton Council, on the White Paper "Healthy Lives, Healthy People", the Government's strategy for public health in England.

The presentation included the following:-

**A New Public Health System – Key principles:**

- A return of public health leadership to Local Government;
- Professional leadership nationally and locally;
- Dedicated resources for public health at national and local levels;
- Focus on outcomes and evidence-based practice;
- Maintaining a strong relationship with the NHS, social care and civil society; and
- Enshrined in Health and Social Care Bill 2011 (Published 19 January 2011).

**Health and Wellbeing Throughout Life:-**

1. Empowering local government and communities;
2. Tackling health inequalities;
3. Coherent approach to different stages of life;
4. Giving every child the best start in life;
5. Making it pay to work;
6. Designing communities for active ageing and sustainability; and
7. Working collaboratively with business and voluntary sector –'Public Health Responsibility Deals'.

**Public Health (PH) England - Operational in 2012/13:-**

- New public health service directly accountable to the Secretary of State for Health with a clear mission to:
  1. Achieve measurable improvements in public health outcomes; and
  2. Provide effective protection from threats to the public (will incorporate Health Protection Agency and National Treatment Agency).
- It will do this by:
  - Protecting people from infectious disease and biological, chemical and radiological threats;
  - Helping people and families to be able to take care of their own health and wellbeing; and
  - Inspiring, challenging and commissioning partners from all sectors to work together.

**Key Functions for Local Government:-**

- New statutory duty for local authorities to promote and improve health of population;
- Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy with DASS, DCS, GP consortia leads and Health Watch;
- Health & Wellbeing Boards – how public money is spent and outcomes achieved and how health inequalities are being addressed, but scrutiny role taken out;
- NHS Complaints advocacy; and
- Local government will be accountable to PH England.

**Health and Wellbeing Board:-**

- One per Local Authority and will be a committee of the LA (Local Authority) under Section 102 of the Local Government Act;
- Proposed Membership:
  - At least one councillor;
  - Director of Adult Social Services;
  - Director of Children’s Services;
  - Director of Public Health;
  - Local Health Watch (LINKs with a wider remit);
  - A representative from each relevant GP commissioning consortium; and
  - Any others – to be determined by the LA.
  - Duty to encourage integrated working; and
  - No longer will have scrutiny function.

**The Director of Public Health and Team within the LA:-**

- Director of Public Health will be the principal adviser on all health matters on the full range of local authority functions and their impact on the health of the local population to:
  - the local authority and its elected Members and officers;
- Jointly appointed by LA and PH England and employed by the LA;
- Accountable to locally elected members and through them to the public;
- Accountable to the Secretary of State for Health for health protection and professionally to the Chief Medical Officer;
- Jointly lead the development of the Health & Wellbeing Strategy;
- Continue to be an advocate for local community;
- Provide public health expertise to inform the commissioning of NHS-funded services, facilitating integrated pathways of care by working with GP consortia.

**Public health Outcomes Framework – Transparency in Outcomes**

**The Vision:-**

“To improve and protect the nation’s health and to improve the health of the poorest, fastest”.

Domain 1 - Health Protection and Resilience:

Protecting the population’s health from major emergencies and remain resilient to harm.

Domain 2 - Tackling the wider determinants of health:

Tackling factors which affect health and wellbeing and health inequalities.

Domain 3 - Health Improvement:

Helping people to live healthy lifestyles, make healthy choices and reduce health inequalities.

Domain 4 - Prevention of ill health:

Reducing the number of people living with preventable ill health and reduce health inequalities.

Domain 5 - Healthy life expectancy and preventable mortality:

Preventing people from dying prematurely and reduce health inequalities.

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- Focus on major causes and impacts of health inequalities (HI), disease and premature death;
- Data collated and analysed nationally (to reduce the burden on Local authorities); and
- Local democratic accountability for performance against these outcomes and will be easy to compare across the country and to track progress.

### **Public Health Funding & Commissioning**

#### **Allocations and the Health Premium**

##### **Allocations:-**

- From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued in 2012/13;
- Actual allocations will move from current spend towards the target allocations over a period of time.

##### **Health Premium:-**

- Incentive payment, ('health premium'), against progress made in improving the health of the local population and reducing HI; and
- It will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

##### **Shared Priorities:-**

- Commission or directly provide public health programmes – eg.
  - Sexual health;
  - Seasonal mortality;
  - Lifestyle programmes;
  - Health at Work;
  - NHS Health Checks etc.;
- Health inequalities;
- Mental health;
- Learning disabilities;
- Social Care;
- Re-ablement Fund;
- Dementia;
- Carers; and
- Quality inc delayed discharge.

#### **Summary timetable on the Public Health White Paper, subject to Parliamentary approval of legislation.**

Further to the findings of the former Dementia Working Group, established by this Committee, Members enquired whether there would be an opportunity to lobby the Government concerning the the demographics in

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Sefton and the high number of older people in the north of the Borough in particular.

RESOLVED: That

- (1) Hannah Chellaswamy be thanked for her presentation;
- (2) this Committee urges the Secretary of State for Health to consider the demographics in Sefton and the high number of older people in the north of the Borough in particular, in the allocation of resources to local authorities; and
- (3) NHS Sefton be requested to present update information on the NHS reforms to the next meeting of this Committee.

### **85. PROTOCOL FOR WORKING TOGETHER: NHS SEFTON AND SEFTON COUNCIL'S OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE)**

Further to Minute No. 66(E) of 16<sup>th</sup> November 2010, a draft protocol for working together, prepared jointly between officers of NHS Sefton and an Overview and Scrutiny Officer, Sefton MBC, for NHS Sefton and this Committee, was circulated for consideration by Members. 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;
- 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 and then the Trust Board, once it was agreed by this Committee.

RESOLVED: That

- (1) any comments, suggestions or amendments by Members be referred to the Overview and Scrutiny Officer for this Committee; for inclusion in the draft protocol, prior to the next meeting; and
- (2) that full consideration of the draft protocol be deferred to the next meeting of this Committee.

### **86. 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. Welcome Back Paul**

The Chair of NHS Sefton, Paul Acres, had been away since August 2010 due to ill health but had returned to duty at the commencement of 2011. Frances Street had carried out the role of Interim Chair in Paul's absence and NHS Sefton was grateful for her hard work and commitment during that time. Frances had now been appointed Chairman of the new Community Health Trust in Wirral.

**B. Update on NHS Reforms**

Following on from the White Paper for Health, "Equity and Excellence: Liberating the NHS", key documents had been published at the end of 2010, paving the way for the reforms outlined.

The public consultation on the White Paper had produced some 6,000 responses and the Government had now produced its response to this consultation, including the extension of local authorities' formal scrutiny powers to cover all NHS funded services, and giving them greater freedom in how these were exercised. GP consortia were now expected to be the commissioners of maternity services, rather than the NHS Commissioning Board, as the Government had originally intended.

The Operating Framework 2011-2012, had been published, setting out key actions to support NHS organisations during the transitional period. Detailed timescales for the transition were now provided, including the 'clustering' of primary care trusts by June 2011 and greater support for emerging GP consortia to ensure they were ready to take over their responsibilities in April 2013.

The first Outcomes Framework for the NHS had also been published, setting out 50 indicators in five key domains around patient safety and clinical quality.

**C. Have Your Say on NHS Reforms**

A number of consultations associated with the planned reforms were currently taking place. Consultation documents could be viewed via the NHS Sefton web-site and views could be e-mailed to the same website prior to the following deadlines:-

- White paper for public health, 'Healthy Lives, Healthy People' – deadline 8<sup>th</sup> March 2011;
- Public health outcomes framework – deadline 31<sup>st</sup> March 2011;
- Funding and commissioning routes for Public Health – deadline 31<sup>st</sup> March 2011; and
- Developing the NHS workforce – 31<sup>st</sup> March 2011.

#### **D. Coping with Winter Pressures on the NHS**

NHS organisations across the north west region had been working together to manage the additional pressures on health services caused by the colder weather and extended holiday period, during the winter months. People were being reminded to choose the right service for them when they were ill, whether it was free advice on minor illnesses from pharmacists, contact with NHS Direct, Accident and Emergency, 999 emergency telephone calls and GP teams.

#### **E. Are You Protected against Seasonal Flu?**

Flu could be extremely serious for those with conditions like asthma, diabetes and heart disease, those over 65 years and pregnant women. There was still time for eligible Sefton residents to protect against seasonal flu by having their annual vaccination at their GP's surgery.

Anjila Shah, Consultant in Public Health, reported on the number of uptakes for vaccination and the lack of formal complaints of lack of vaccine, and also commented on vaccination of under 5 year olds.

#### **F. Preventing Winter Illnesses**

Basic precautions could be taken to help prevent illnesses such as colds, flu, and the winter vomiting illness, norovirus. Good hand hygiene was essential, and the 'catch it, bin it, kill it' campaign helped to prevent germs spreading.

#### **G. New Year, New You**

The Healthy Sefton service was running a number of free weight management courses throughout the Borough. NHS Sefton's stop smoking service SUPPORT could assist people wanting to stop smoking. Other services offered included Active Sefton, alcohol advice, lifestyle checks, Chlamydia screening and a range of wellbeing support.

#### **H. Changes to Looking Local on Sky**

NHS Sefton was the first primary care trust to have a Looking Local site after looking at how many other councils used it to provide information to the thousands of people who did not have internet at home. Sky subscribers could access the 'Looking Local' health TV service on channel 539. Users could book appointments at some local GP practices, find out about health conditions and view pages from Transport Direct, Job-Centre Plus, NHS Choices and Sefton's Family Information Directory.

#### **I. Meet the NHS Sefton Board**

The NHS Sefton Board and Executive Team held bi-monthly stakeholder lunch events that provided an opportunity to hear about the latest

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developments across NHS Sefton and allowed attendees to pose questions and queries about local health services.

RESOLVED: That

- (1) NHS Sefton be thanked for the report; and
- (2) NHS Sefton's actions against recommendations and proposals contained in the report, and reported verbally at the meeting, be monitored as appropriate.

**87. ADULT SOCIAL CARE DEPARTMENT I.T. CAPITAL PROGRAMME**

Further to Minute No. 51 of the meeting of the Cabinet Member – Health and Social Care held on 19<sup>th</sup> January 2011, the Committee considered the report of the Strategic Director - Social Care and Well-Being on the proposal to use the ICT Strategy Capital in conjunction with the Adult Social Care Infrastructure grant to support the implementation of a new Client Management Database.

The report indicated that capital funding was required to develop the IT infrastructure to:-

- improve information sharing between health and social services;
- improve the management records of vulnerable adults and streamline the financial systems;
- improve the statutory obligation to safeguard vulnerable adults throughout the Borough;
- support mobile and flexible working to reduce costs and improve service delivery; and
- improve and streamline management information to assist service planning and budget management.

The funding was predominantly aimed at transformation and was specifically aligned to changing the way the Council worked as an organisation and to build capacity for the future.

The Chair reported that although this was a Key Decision, it had not been included in the Forward Plan. Consequently, he 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. The Chair considered that, given the circumstances, the issue ought to be considered by this Committee, as a matter of courtesy.

RESOLVED:

That the report be received.

**88. WORK PROGRAMME KEY DECISION FORWARD PLAN**

The Committee considered the report of the Assistant Chief Executive in relation to the Committee's programme of work. There was just one Decision within the latest Key Decision Forward Plan that fell under this Committee's remit, and there were no new items on this occasion.

Work was continuing for the cross-cutting Working Group, comprised of the four Overview and Scrutiny Chairs plus two Labour Members, and a final report was being drafted.

A site visit for Members of this Committee to visit Southport and Formby District General Hospital premises on 14<sup>th</sup> February 2011 had been arranged which would allow Committee Members the opportunity to meet members of the Hospital's Trust Board and view recent developments, such as the refurbishment of the Accident and Emergency Department.

RESOLVED: That

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