

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 7 January 2011.

PRESENT: Councillor Dryden (Chair); Councillors Carter, Davison, Lancaster, Junier, Purvis and P Rogers.

OFFICERS: J Bennington, J Callaghan, J Ord and N Pocklington.

PRESENT BY INVITATION: Dr. Toks Sangowawa, Clinical Director of Public Health, NHS Tees
Edward Kunonga, Acting Director of Public Health, NHS Tees
Yvonne Regan, Head of Midwifery, James Cook University Hospital

**** ALSO IN ATTENDANCE:** Councillor Brunton.

****AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Cole.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 15 December 2010 were taken as read and approved as a correct record.

ANY OTHER BUSINESS – FLU IMMUNISATION

With the approval of the Chair and the Panel it was agreed that an item relating to the latest position with regard to flu immunisation in the North East be added to the agenda for consideration at this meeting.

The Chair welcomed Dr Toks Sangowawa, Clinical Director of Public Health and Edward Kunonga, Acting Director of Public Health, NHS Tees.

Dr Sangowawa reported upon a significant increase in the number of admissions to hospital across the North East as a result of flu related illnesses with the greatest impact on persons aged between 16 – 64 years.

It was considered that the impact of recent media coverage had exacerbated the increasing demand for flu vaccinations. It was noted that since Christmas there had been a high demand for flu vaccinations in schools as well as from parents with under five year olds.

The Panel was advised that overall the planning for the winter period had been based on the previous year's general uptake for the period of September to December but given the significant increase in flu related complications and hospital admissions there were a number of supply issues for the vaccines. NHS Tees was currently working with GPs to identify the extent of current stocks of vaccine and to make sure that such supplies were moved around to ensure that they were placed where they were most needed. There was a suggestion that there would be a central point although the precise details had yet to be determined.

The Panel was advised that the Department of Health had recently confirmed that the stock piles of swine flu vaccine left over from the 2009 pandemic flu could be used to augment supplies although it was noted that the protection was against the H1NI virus and not the other two identified strains of flu.

Dr Sangowawa emphasised that it was essential that all adults and children in the 'at risk' group should have the flu jab. In response to further clarification sought from Members examples were

given of those persons classed within the 'at risk' groups which included pregnant women and persons of all ages with chronic diseases, long term health problems or those with a weak immune system.

Reference was made to the Winter Planning Team of NHS Tees which met on a regular basis with providers and various organisations to consider the processes involved with winter planning, preparation for pandemic flu, immunisation and bed capacity.

Members commented on the reinstatement by the Government of a public health advertising campaign towards the end of 2010, which had raised awareness resulting in a higher take-up of the seasonal flu vaccine.

Although persons attending GP practices would be advised of the flu vaccines it was acknowledged that there was some confusion regarding the different flu vaccines and the three strains of flu currently identified. Members asked about the extent of the protection if a person had been vaccinated against swine flu last year and did not receive a repeat jab this year. In response Dr Sangowawa indicated that whilst it was likely that there was still some protection a definitive answer could not be given at this time without seeking further medical information.

An assurance was given that NHS Tees was working with GPs on addressing the issues around supplies of vaccination and raising awareness that those in the 'at risk' groups should be urged to get a flu vaccination. In terms of the impact on hospital bed capacity Dr Sangowawa indicated that although current systems were stretched it was controlled.

AGREED that the representatives from NHS Tees be thanked for the information provided which was noted.

CHILDREN'S CENTRES AND NOTIFICATION OF BIRTHS

Further to the meeting of the Panel held on 25 November 2010 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Council's Children, Families and Learning Department and the South Tees Hospitals NHS Foundation Trust to provide further information on notifying Children's Centres of births in their area of responsibility.

In order to assist deliberations on the matter a series of questions based on previous Panel discussions had been forwarded to representatives.

Officers from the Council's Children, Families and Learning confirmed that they were aware of the concerns around the extent to which Children's Centres were informed of new births in their areas and had been trying to address some of the issues over the last six to seven years with various organisations. The main issue was around the sharing of information and data protection issues in accordance with prevailing legislation.

Yvonne Regan, Head of Midwifery at James Cook University Hospital confirmed that the Register Office was notified of births and GPs and Health Visitors advised accordingly. It was noted that a NHS number was allocated after each birth but the extent to which such information could be made available was unclear.

Members commented on the legalities and process of registering children at a school. In response it was indicated that there was no automatic registration and it was the parent's responsibility to take such action although reference was made to the involvement of Education Welfare Officers in terms of the overall numbers of children who should be registered.

Given the current arrangements whereby Health Visitors would make contact with families with children at various stages at 2 months, 9 months, 2 years and 3 years it was considered that there was scope to build into the process a specific time to focus on providing information and explain how parents can register at Children's Centres. Feedback from Health Visitors indicated that the majority of families registered children at Children's Centres but not in all cases.

It was noted that information provided by Primary Care Trusts was circulated on birth data statistics each quarter for 0 to 3 month year olds. It was reported that in the first quarter (April to June) for 2010, there had been 478 births with 192 registered at Children's Centres, which represented 40% and 577 in the second quarter (July to September) with 371, registered reflecting 64%. For the third quarter, (October to December) 22% had already registered.

Members questioned whether there was an opportunity to examine further the reasons why parents chose not to register their children at Children's Centres. It was acknowledged that there would inevitably be a proportion of families who were not in a vulnerable group and didn't feel the need to access the services provided.

It was acknowledged that whilst there was a general awareness of the need to register a birth at the Register Office as soon as possible, notifying Children's Centres was not necessarily a usual course of action to take at this time. The Panel was advised that the possibility of introducing a system whereby a birth was registered with a Children's Centre at the same time as registering at the Register Office was investigated some years ago but the advice given at that time was that it was not possible given the prevailing legislation.

It was confirmed that the problems around Children's Centres not being notified of births had been the subject of ongoing discussions with particular regard to Health Visitor Managers who had indicated their support in addressing such issues. Positive action had been taken and health visitors had demonstrated a more proactive approach to encourage registration across Middlesbrough.

As visiting a GP was seen as a normal activity it was felt that there might be scope to promote registration at GP practices.

Members reiterated their concerns that some parents may not want to register births at a Children's Centre and that valuable services provided by such Centres were not reaching those most in need. Given the recognition of the vast workload of health visitors it was felt that other ways of promoting the services of Children's Centres and encouraging registration should be pursued. It was suggested that the information and registration form provided should be carefully examined to ensure that whilst complying with prevailing legislation was simple to understand and was not likely to deter people from registering. Members also felt that there was scope to promote further the recognised good work and success of Children's Centres as reflected in recent Ofsted reports and to demonstrate the services and advice available which would assist in reducing the perception and beliefs held by some families that such Centres were regarded in some ways as institutions.

An assurance was given that processes were in place in terms of child protection and that Children's Centres had monitoring systems in place by means of the referral and allocation procedures. Reference was also made to the Common Assessment Framework to develop a shared understanding of a child's needs and provided earlier intervention should this be required.

The Panel supported the current activities to encourage registration at Children's Centres in particular the role of Health Visitors at their first visit and by School Nurses. Members considered that there was scope for a more comprehensive process of notifying Children's Centres of new-borns and asked for further clarification in respect of the following areas: -

- (a) Role of the Register Office;
- (b) Role of a GP as part of new legislative arrangements;
- (c) Requirements of Data Protection Act and other associated legislation.

AGREED as follows: -

1. That the representatives be thanked for the information provided which was noted.
2. That further information be provided in respect of the areas as outlined.

DEPARTMENT OF HEALTH - POLICY PUBLICATIONS

In a report of the Scrutiny Support Officer the Panel was advised of a number of policy documents recently published by the Department of Health covering Public Health and the implementation of the Equity & Excellence White Paper.

Reference was made to Healthy Lives, Healthy People a Public Health White Paper released by the Department of Health on 30 November 2010.

One of the main proposals involved the transfer of public health duties from Primary Care Trusts to local authorities and the creation of a Director of Public Health post within the local authority. In partnership with the new Public Health Service it was estimated that there would be ring-fenced funding of around £4 billion for public health.

It was noted that local government would have a much greater role to play in the assessing of local public health need, developing strategies to meet those needs and commissioning appropriate services. A copy of the White Paper's Executive Summary was provided at Appendix 1 of the report submitted.

It was reported that on 14 December 2010 the Government published its response to the Consultation process and outlined its reform intentions in a document entitled Liberating the NHS: Legislative Framework and next Steps. The Next Steps document outlined the Government's reform intentions across a wide range of NHS and health service related fields. The document outlined how the consultation process had developed government plans and gave an indication of the most substantial changes to the proposals.

The Panel acknowledged that health overview and scrutiny would be given a strengthened role with increased powers to hold to account any agency in receipt of NHS funds for the provision of NHS services.

It was also pointed out that Health and Wellbeing Boards would become statutory features of local governance. It was intended that the impending health and social care bill 'will provide flexibility for health and wellbeing boards both between and within local authority areas.'

There would be a duty on GP Consortia to participate in the work of local health and wellbeing boards by requiring them to be members. A key aspect of the work of such Boards would be the creation and publication of the Joint Strategic Needs Assessment which would 'provide an objective analysis of local current and future needs for adults and children assembling a wide range of quantitative and qualitative data including user views.' In the future it would be a joint responsibility between health and wellbeing boards and GP Consortia and not PCTs and local authorities as currently arranged.

The Panel's attention was drawn to the section in Next Steps document specifically related to health scrutiny entitled Referral and Enhanced Scrutiny. The Government had stated that it proposed to give local authorities a new freedom and flexibility to discharge their health scrutiny powers in the way they deemed to be the most suitable, whether through a specific health overview and scrutiny committee or through an alternative arrangement. To enable such flexibility, the Bill would confer the health and overview and scrutiny functions directly on the local authority itself.

AGREED as follows:-

1. That the report outlining policy documents recently published by the Department of Health be noted.
2. That prior to the submission of a formal response to the Department of Health's Public Health White Paper, Healthy Lives, Healthy People arrangements be made for a Seminar on the matter before the end of March 2011.