

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 10 June 2011.

PRESENT: Councillor Dryden (Chair); Councillors Cole, Harvey, Junier, Mawston and Purvis.

OFFICERS: J Bennington, J Ord and A Parkinson.

**** WELCOME – NEW MEMBERS**

The Chair welcomed those present, especially newly Elected Members, to the first meeting of the Health Scrutiny Panel for the 2011/2012 Municipal Year.

**** APPOINTMENT – VICE CHAIR – HEALTH SCRUTINY PANEL**

The Chair sought nominations for the appointment of Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2011/2012.

ORDERED that Councillor Junier be appointed Vice-Chair of the Health Scrutiny Panel for the Municipal Year 2011/2012.

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

**** DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

**** MINUTES**

The minutes of the meetings of the Health Scrutiny Panel held on 13 and 18 April 2011 were submitted and approved as a correct record.

HOUSE OF COMMONS HEALTH COMMITTEE – INVESTIGATION INTO PUBLIC HEALTH IN ENGLAND

In a report of the Scrutiny Support Officer the Panel was asked to consider making a submission to the House of Commons Health Committee's investigation into Public Health in England.

Members was reminded that the Government had recently held a public consultation on Public Health, entitled Healthy People, Healthy Lives, which had closed at the end of March 2011 and to which the Panel had submitted a response as shown at Appendix 1 of the report submitted.

On the basis of the Public Health consultation document and the proposals contained therein the House of Commons Health Committee had confirmed its remit and Terms of Reference as outlined in the report submitted. The Government's Health Committee had invited any individual or organisation to submit evidence by 13 June 2011 to its Public Health study, through a 'call for evidence'.

In discussing the possibility of submitting information to the Government's Health Committee Members suggested that the Panel's response to the initial Public Health Consultation could be used as the basis of a submission.

One of the main points raised in the submission shown in Appendix 1 was the need for further clarification about the level of resources that local government could expect should it assume responsibility for delivering public health services. It also emphasised the need for such allocations to take appropriate cognisance of the public health profile of that area.

As part of the deliberations the Panel was advised of supporting comments received from Dr. Edward Kunango, Joint Council/PCT Director of Public Health about the basis of a formal

response to the Government's Health Committee and of potential areas to be further emphasised within the report. Such areas included the need for greater clarity around the role of Public Health teams and their links with and areas of accountability to Public Health England. It was considered that further clarity should be given around the definition of what was regarded as the 'Ring Fenced' Public Health Budget. The Panel supported the view that it was of crucial importance that public health budget allocations took into account the wider determinants of health and wellbeing issues of each area.

Members supported the view of Edward Kunango for greater clarity around the powers available to Directors of Public Health which should be appropriate to be able to deal with any emerging public health concerns such as a Flu Pandemic. It was also considered important for it be explained further as to how this would be tackled across the Region following the abolition of Strategic Health Authorities.

The links between Local Health and Wellbeing Boards and GP Commissioning Consortia was reiterated as an important area for further explanation with particular regard to ensuring that local needs as outlined in Joint Strategic Needs Assessments were reflected in any commissioning plans.

In discussing the representation on Local Health and Wellbeing Boards and in recognition of the range of services currently provided and in the future, specific reference was made to the need for appropriate mechanisms to be in place which would allow the involvement of such areas of expertise as Local Pharmaceutical and Dental Committees.

The Panel concluded that the following aspects should be incorporated into the formal response:

- (a) acknowledgement of the role of Local Pharmaceutical and Dental Committees and ways of ensuring their involvement with Local Health and Wellbeing Boards;
- (b) greater clarity around the role of Public Health teams and their links with and areas of accountability to Public Health England;
- (c) further emphasis around the need for clarity around the 'Ring Fenced' Public Health Budget which should reflect the specific requirements of individual localities and public health profile of each area;
- (d) the need for further details around accountability in terms of the GP Consortia and what mechanisms would be in place to ensure that any commissioning plans reflected local public health needs and also the relationship between Local Health Wellbeing Boards and the GP Consortia in this regard should there be any differing priorities;
- (e) greater clarity around the powers available to Directors of Public Health to be able to deal with emerging public health concerns such as a Flu Pandemic and also how this would be tackled across the Region following the abolition of Strategic Health Authorities.

AGREED as follows:-

1. That a formal response to the House of Commons Health Committee's investigation into Public Health in England be compiled based on Appendix 1 of the report submitted and incorporating the Panel's comments as outlined.
2. That a copy of the draft submission be circulated to Members for approval prior to submission to the House of Commons Health Committee.

HEALTH SCRUTINY PANEL – WORK PROGRAMME 2011/2012

The Scrutiny Support Officer presented a report which outlined a range of topics that research had indicated might be of value to the local health and social care economy for the Panel to consider as part of its scrutiny work programme for 2011/2012.

The Panel was advised of health scrutiny powers which currently placed a statutory obligation on the local NHS to consult with Health Scrutiny specifically, whenever there were proposals to significantly develop or change health service provision or configuration. Such powers also provided for a more proactive role to investigate any topic of importance for the health or health services of the local community.

In terms of the Panel's scrutiny work programme for 2011/2012 it was suggested that aside from specific topics for detailed investigation there were a number of issues pertaining to health services which should be kept under review including (i) developments arising from the Health and Social Care Bill; (ii) impact of the Transformation of Community Services the management of which had recently transferred to the South Tees Hospitals NHS Foundation Trust; and (iii) the development of Commissioning Consortia. An important aspect related to the transition period from the abolition of Primary Care Trusts towards GP led Commissioning Consortia.

Following extensive research by support staff and discussions with senior representatives of the local health and social care economy, the under-mentioned topics had been identified as important issues facing Middlesbrough:-

- a) Nutrition and Feeding Assistance in Hospitals;
- b) The role of the NHS in Safeguarding Vulnerable People;
- c) The Management of Back Pain in Middlesbrough;
- d) The Procurement of Prescription Medicines;
- e) Heart Disease in the South Asian Community;
- f) Designation of James Cook University Hospital as a Trauma Centre.

The report also referred to previous work undertaken by the Panel and a proposal to receive updates in respect of:-

- The Health of the Ex-Service Community (Regional Scrutiny Work);
- End of Life Care;
- Dementia;
- The Middlesbrough Children & Young People's Trust;
- Children's Centres – knowledge of local births.

That in respect of the suggested subject for scrutiny review of Nutrition and Feeding Assistance in Hospitals Members discussed the possibility of such a topic being undertaken jointly with South Tees Health Scrutiny Joint Committee or by a Joint Working Group of Health and Social Care and Adults Services Scrutiny Panels. It was further suggested that in the first instance arrangements be made for a Seminar and appropriate external witnesses such as Age Concern be invited to attend.

The Scrutiny Support Officer advised the Panel of information received in respect of The Neurological Alliance. Members discussed the possibility of undertaking a scrutiny review into the current position of Neurological Services across Middlesbrough.

AGREED that the Health Scrutiny Panel's scrutiny work programme 2011/2012 be based on the following:-

- (i) That Neurological Services across Middlesbrough be the first detailed scrutiny investigation by the Health Scrutiny Panel the terms of reference for which to be compiled in consultation with the Chair and Vice-Chair and presented to the next meeting of the Panel.
- (ii) That arrangements be made for a Members' Briefing on the designation of James Cook University Hospital as a Major Trauma Centre.
- (iii) That in respect of the suggested subject for scrutiny review of the experience of Vulnerable Older People in Hospitals and Care Homes with particular regard to Nutrition and Feeding Assistance, arrangements be made in the first instance for a Seminar with appropriate representatives and thereafter Members consider the evidence provided and the most appropriate means of conducting a scrutiny review in this case.

- (iv) That further information be sought and/or a short scrutiny investigation be undertaken in respect:
 - (a) the Procurement of Prescription Medicines;
 - (b) current and possible future service provision to tackle the high incidence of Heart Disease in the South Asian Community;
- (v) That the Health Scrutiny Panel receives regular briefings in respect of:
 - (a) developments arising from the Health and Social Care Bill;
 - (b) Transformation of Community Services;
 - (c) The development of Commissioning Consortia.
- (vi) That progress reports be submitted in respect of previous health scrutiny in respect of:-
 - (a) The Health of Ex-Service Community (Regional Scrutiny Work);
 - (b) End of Life Care;
 - (c) Dementia;
 - (d) The Middlesbrough Children's & Young People's Trust;
 - (e) Children's Centres – knowledge of local births.
- (vii) That the Health Scrutiny Panel continues to receive regular update reports from the South Tees Hospitals NHS Foundation Trust in respect of Healthcare Associated Infections.
- (viii) That a Final Report based on the evidence received so far in respect of the Management of Back Pain in Middlesbrough be shortly submitted to the Health Scrutiny Panel for consideration.

ANY OTHER BUSINESS – MEETINGS 2011/2012

The Chair sought the views of Members as to the arrangements for future meetings of the Health Scrutiny Panel.

AGREED that meetings of the Health Scrutiny Panel be arranged in consultation with the Chair and be held every three weeks approximately commencing at either 10.00 a.m. or 4.00 p.m., alternating where possible.