



Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Boyce (Chair), Fraser, Holvey, Kirk,
Simpson-Laing, Sunderland and Wiseman (Vice-Chair)

Date: Monday, 24 January 2011

Time: 5.00 pm

Venue: The Guildhall, York

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Minutes** (Pages 5 - 12)
To approve and sign the minutes of the meeting held on 21 December 2010.
- 3. Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Friday 21 January 2011.**

4. Executive Referral - Joint Strategic Needs Assessment (Pages 13 - 18)

This report asks Members to consider a referral made by the Executive via the Scrutiny Management Committee in relation to the Joint Strategic Needs Assessment. The Interim Director of Public Health will be in attendance to give a presentation on this document.

5. White Paper 'Healthy Lives, Healthy People' Consultation (Pages 19 - 36)

Healthy Lives, Healthy People was published on 30 November 2010. This presentation by Rachel Johns, Interim Director of Public Health, summarises the key points of the recently published White Paper on public health and supplementary guidance on commissioning and outcomes. It explains how the new system for public health in England will work and the government's philosophy for health improvement and health protection.

Subject to Parliamentary approval of the forthcoming Health and Social Care Bill it sets out a radical new approach to public health, empowering local leadership and encouraging wide responsibility. The consultation phase runs until March 2011 and is presented to the Committee to allow input to the City of York corporate response.

6. Children's Cardiac Surgery Services - National Review (Pages 37 - 40)

This report seeks the Committee's views on the potential significance of any proposals/recommendations arising from the national review of Children's Cardiac Services.

7. Carer's Review - Interim Report (Pages 41 - 44)

This report updates the Health Overview and Scrutiny Committee on the work that has recently been undertaken by the Carer's Task Group in relation to the Carer's Review.

8. Yorkshire Ambulance Service Priority Indicators for Quality Accounts (Pages 45 - 52)

Members are asked to rate the indicators that they believe should appear in Yorkshire Ambulance Service's Quality Accounts.

9. Work Plan

(Pages 53 - 54)

Members are asked to review the Committee's work plan for 2010/2011.

10. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Jill Pickering

Contact Details:

- Telephone – (01904) 552061
- Email – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

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Holding the Executive to Account

The majority of councillors are not appointed to the Executive (40 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Decision Session) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item I: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Boyce	Employed by the Alzheimer's Society, York Trustee of York Carers' Centre
Councillor Fraser	Governor of York Hospitals NHS Foundation Trust Member of the retired section of Unison Member of the retired section of UNITE the TGWU ACTS section
Councillor Holvey	Partner was a student nurse at the University of York and a professional member of the NHS
Councillor Kirk	Governor of York Hospitals NHS Foundation Trust
Councillor Simpson-Laing	Member of Unison An employee of Relate Works for the Disabilities Trust Member of York Healthy City Board
Councillor Wiseman	Member of York Healthy City Board Public Member of York Hospitals NHS Foundation Trust

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City of York Council

Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	21 DECEMBER 2010
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	PATRICK CROWLEY – YORK HOSPITALS NHS FOUNDATION TRUST ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST HELEN MACKMAN – YORK HOSPITAL GOVERNOR GRAHAM PURDY – NHS NORTH YORKSHIRE & YORK CAROLYN MURPHY - LINKS GEORGE WOOD – YORK OLDER PEOPLE’S ASSEMBLY JOHN YATES – YORK OLDER PEOPLE’S ASSEMBLY COUNCILLOR MORLEY KATHY CLARK – CYC RICHARD HARTLE – CYC
APOLOGIES	COUNCILLORS HOLVEY, KIRK AND SUNDERLAND

32. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda. Other than the standing interests no further interests were declared.

33. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 3 November 2010 be approved and signed by the Chair as a correct record.

34. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the Council’s Public Participation Scheme.

A representative of the York Older People’s Assembly (YOPA) thanked the Executive Member for Health and Adult Social Services for his comments in relation to the value of the YOPA, as detailed in his report, which were much appreciated. He went onto ask if the Committee could advise the

public what to do when the PCT suspended funding for the General Practitioners (GP's) Extended Services. He pointed out that the performance of these services by GP's in the community had originally been intended to produce cost savings. He questioned if these procedures were no longer free and accessible within the NHS were residents now expected to pay for these privately.

He went onto confirm that the YOPA regretted that the Care Quality Commission (CQC) would no longer be undertaking a detailed examination of the City of York Council Health and Social care provisions. He questioned when and where the CQC's last report for 2009/10 would be publicly available.

35. REPORT AND ATTENDANCE OF THE EXECUTIVE MEMBER FOR HEALTH AND ADULT SOCIAL SERVICES

Consideration was given to the report of the Executive Member for Health and Adult Social Services in relation to the budget and priorities in relation to his portfolio area together with answers to questions put to the Executive Member by Cllr Simpson-Laing.

The Executive Member presented his report to Members and answered a number of questions.

Members went onto question a number of issues in relation to the options presented to the Executive for the future of the reablement service in York including:

- The Executive Member's input to the Executive in relation to the decision to tender the service.
- As the service dealt with some of the most vulnerable residents it was important that they received continuity in service.
- Had any consultation been undertaken with the York Hospital Foundation Trust regarding the impact on hospital discharges.
- Concern at the hourly charging rates presented in the report to the Executive.

In respect of other aspects of the Executive Member's report Members made the following comments:

- In response to concerns previously raised during consultation on the White Paper 'Liberating the NHS' at the proposed membership of the Health and Well Being Board, Officers confirmed that individual Local Authorities could now decide the make up of the Boards and that the Health Scrutiny function would be separated from Health and Well Being Boards
- Questioned the Executive's financial support to YOPA.

Following further discussion the Chair thanked the Executive Member for his report and attendance at the meeting.

RESOLVED: That the Executive Members report and comments be received and noted.

REASON: To update Members on the budget and priorities in the Health and Adult Social Services area.

36. SIX MONTHLY UPDATE FROM YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

The Chief Executive of the York Teaching Hospital Foundation Trust gave the Committee a verbal six monthly update on progress including information on emerging priorities and strategic challenges for the Trust.

The update included details of the following:

- Safety and Quality which included details of the improvements made in the quality of healthcare and associated infections.
- Progress with the efficiencies being made year on year with the target for 2010/11 being £12m and £34m over a 3 year period
- Engagement and Partnerships including clinical alliances and progress with the Transforming of Community Services
- Details of the transfer of services from Scarborough to the Foundation Trust which were at the stage of due diligence due to end on 5 January 2011. Confirmation that the Trust would formally take on the service from 1 April 2011 following staff consultation etc. More information on this issue would be available later in the new year
- Anticipated that the upgraded York Hospital car park would be ready in April 2011.

Members questioned various aspects of the report including:

- The possible links between the Trust and Scarborough and confirmation that there would be no threat to existing services in York.
- Update on vascular services. Confirmation that these were out for formal consultation and that these services would continue to be provided in Harrogate, Scarborough, Hull and York.

Following further discussion the Chair thanked the Chief Executive for his informative, detailed report to the Committee.

RESOLVED: That the update be received and noted.

REASON: To continue to update Members on the future priorities and the work of the York Teaching Hospital Foundation Trust.

37. TRANSFORMING COMMUNITY SERVICES

Members received a presentation from the Chief Executive of the York Hospital NHS Foundation Trust on the Trust's role as a provider of community services to the York and Selby Community.

It was reported that the main changes related firstly to the disappearance of the Primary Care Trusts with their function being taken over by 4 existing secondary care organisations. Secondly that the York Hospital Foundation Trust would be taking over the local services and community hospitals in York and Selby. The full details of the presentation are set out in the report to the Committee.

RESOLVED: That the presentation on the transformation of Community Services be received and noted.

REASON: To keep Member's updated on the work being undertaken to improve facilities and organisation in the area.

38. 2010/11 SECOND QUARTER MONITORING REPORT - FINANCE AND PERFORMANCE IN ADULT SOCIAL SERVICES

The Committee considered a report which analysed the latest performance for 2010/11 and forecast the outturn position by reference to the service plan, the budget and the performance indicator for all the relevant services falling under the responsibility of the Director of Adults, Children and Education (ACE).

It was reported that the Adult Social Services budget was reporting financial pressures of £1,021k although this was an improvement of £328k on the position reported in quarter 1. Officers explained that the main contributory factors continued to be an increase in take up of Direct Payments, a higher number of referrals for Independent Residential and Nursing Care together with the use of agency staff to cover staff sickness.

Members questioned a number of points which included:

- It was understood that the authority were setting up their own pool of bank staff to cover staff sickness. Confirmation that significant work was taking place in this area including the formation of a staff bank which it was hoped would decrease the spend and show improvements in the next monitor.
- Concern at the decrease in the 2010/11 Quarter 2 figures for NPI 145 (Adults with Learning Disabilities in settled accommodation). Confirmation that more reviews were due to take place so this figure would rise as these were undertaken.
- What was the split in the take up of personalised care between the elderly and learning disabilities. It would be useful if the proportionate split was included in future update reports. Confirmation that there was more take up by learning disabilities but it was considered that there would be a significant shift towards older people though their annual reviews.¹

Following further discussion it was

RESOLVED: That the second quarter monitoring report be received and noted.

REASON: To update the Committee on the latest finance and performance position for 2010/11.

Action Required

1. Include details in future monitor reports of the split between elderly and learning disabilities in personalised care RH

39. CARERS REVIEW - REMIT, SCOPE AND TIMETABLE

Consideration was given to a report which asked Members to approve the remit, scope and timetable for the Carer's Review.

The Scrutiny Officer stated that, following the postponement of the Health Scrutiny Committee's meeting on 1 December owing to the inclement weather, the first Carers Review meeting had now taken place, prior to approval of the remit, scope and timetable.

The Chair thanked Officers for their input and engagement with the review and forthcoming public event at the Monk Bar Hotel on Friday 7 January 2010.

RESOLVED: That approval be given to the remit, scope and timetable of the Carers Review as set out in paragraph 3 and at Annex A of the report.

REASON: In order to progress this review topic.

40. WORK PLAN

Consideration was given to the Committee's work plan for 2010/11, an updated copy of which was circulated to members at the meeting (attached as an annex to these minutes).

The Scrutiny Officer reported on the amendments proposed to the work plan and questioned whether the Committee wished to add consideration of the various Trusts' Quality Accounts into the plan for February 2011. Members referred to their extensive workload, the issues involved and to possible future changes in Committee membership and decided against responding to Quality Accounts this time around.

However documentation had been received from the Yorkshire Ambulance Service asking the Committee to comment on what they thought the priority indicators should be for future Quality Accounts. Members agreed to take part in this short exercise and an item was added to the work plan for their 24 January 2011 meeting.

RESOLVED: i) That the updated work plan be approved and noted and the potential February meeting in relation to Quality Accounts be removed.

- ii) That the Scrutiny Officer add the Yorkshire Ambulance Service's consultation on Priority Indicators for Quality Accounts to the work plan for 24 January and that members be requested to email the Scrutiny Officer with any comments they wish to make on these issues so these can be included within the report to be presented to Committee. ¹.

REASON: In order to progress the work of the Committee.

Action Required

1. Contact Committee members in relation to the Yorkshire Ambulance Service's Priority Indicators to Quality Accounts.

TW

CLLR B BOYCE, Chair

[The meeting started at 5.00 pm and finished at 6.25 pm].

Health Overview & Scrutiny Committee Work Plan 2010/11

Meeting Date	Work Programme
1 st December 2010	<ol style="list-style-type: none"> 1. Report and/or Attendance of the Executive Member for Health & Adult Social Services 2. Six-Monthly Update from York Hospitals Foundation Trust 3. Presentation/Introduction from the New Providers of Community Services (Outcome of Transforming Community Services) 4. Quarter 2 Monitoring Report 5. Carer's Topic – Scope & Timetable
19 th January 2011	<ol style="list-style-type: none"> 1. Attendance of Councillor Galvin; Chair of Scrutiny Management Committee 2. Presentation/Report from York Health Group – Proposed Community Orthopaedics Service for Selby/York 3. Update on Recommendations Arising from the Dementia Review 4. Consultation on Vascular Services 5. <i>Mental Health & Learning Disability Procurement (Transforming Community Services Update) – (new addition)</i>
24th January 2011	<ol style="list-style-type: none"> 1. Children's Cardiac Services in the region – proposed service changes 2. Presentation on Joint Strategic Needs Assessment (JSNA) (Executive Referral) 3. PACE Report from LINK – Carer's Rights (provisional) 4. Interim Report of the Carer's Review Task Group 5. <i>Priority Indicators for Quality Accounts</i>
February (Date TBC)	<ol style="list-style-type: none"> 1. Quality Accounts Informal Event
2nd March 2011	<ol style="list-style-type: none"> 1. Quarter 3 Monitoring Report 2. Six – Monthly update from NHS North Yorkshire & York 3. Final Report of Carer's Review Task Group 4. <i>Consultation on the Public Health White Paper (new addition)</i>
6 th July 2011 (provisional)	<ol style="list-style-type: none"> 1. <i>Six-Monthly Update from Yorkshire Ambulance Service (slipped from March meeting)</i>

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Health Overview & Scrutiny Committee

24th January 2011

Report of the Assistant Director – Legal, Governance & ITT

Executive Referral – Joint Strategic Needs Assessment

Summary

1. This report asks Members to consider a referral made by the Executive via Scrutiny Management Committee in relation to the Joint Strategic Needs Assessment. The Interim Director of Public Health will be in attendance to give a presentation on this document.

Background

2. At a meeting in September 2010 the Executive were presented with a paper on the Joint Strategic Needs Assessment (JSNA) by the Interim Director of Public Health and the Director of Adults, Children & Education. Which stated:

‘The Joint Strategic Needs Assessment is a process that identifies current and future health and wellbeing needs of a local population, informing the priorities and targets and leading to shared commissioning priorities that will improve outcomes and reduce health inequalities.

The Local Government and Public Involvement in Health Act (2007) places a duty on upper tier authorities and Primary Care Trusts (PCTs) to undertake Joint Strategic Needs Assessment (JSNA). Specifically the expectation is that the Directors of Adult Services, Children’s Services and Public Health should jointly lead the process, in collaboration with Directors of Commissioning and should be responsible for presenting the findings and recommendations.’

3. A copy of the Executive Report dated 21st September 2010 and the JSNA are at **Annexes A & B** to this report and are available for viewing online.
4. On consideration of the information at **Annexes A & B** to this report the Executive resolved that:
 - i. That the findings of the 2010 Joint Strategic Needs Assessment be accepted.
 - ii. That the implementation of the JSNA be supported by:
 - a) Ensuring that the data and analysis contained within it are used to influence the next Corporate Strategy and relevant Directorate Plans;

- b) Asking the Healthy City Board, as a sub-board of the Without Walls Local Strategic Partnership, to ensure that the partnership recommendations are fully implemented; and
 - c) Referring the report to the Scrutiny Management Committee, with the suggestion that they may wish to arrange for the content of the report to be considered by the relevant scrutiny committees.
5. The referral was subsequently considered by Scrutiny Management Committee at their meeting on 6th December and it was resolved:
- i. That the Joint Strategic Needs Assessment be referred to the Health Overview and Scrutiny Committee.
 - ii. That the Chair of the Health Overview and Scrutiny Committee be requested to invite all scrutiny members to listen to any presentation given and be offered the opportunity to ask questions.

Consultation

6. The JSNA was developed under the remit of the Healthy City Board which includes key City of York Council Members, officers and partners including NHS North Yorkshire & York, York Hospitals Foundation Trust, York Health Group, the voluntary sector, patient representatives and York St John University.

Options

7. This report is for information only and there are no specific options for Councillors to consider. However, they may wish to use the document to identify potential topics for future scrutiny reviews.

Analysis

8. The JSNA states that generally the health and well being of the residents of York remains very good in relation to the rest of the country. However there are still inequalities in the determinants and outcomes of health for vulnerable groups and unhealthy lifestyles still impact on a proportion of the population. The key messages from the JSNA are as follows:
- We need to understand and adapt to changing ethnic populations
 - Community cohesion is strong for many groups including older people and those with disabilities
 - Low proportions are concerned about drunkenness or drug use
 - Deprivation is low overall and getting lower and there are low levels of children in poverty
 - Levels of homelessness are reducing
 - A minority of areas experience deprivations, lower levels of cohesion and fuel poverty

- Although the recession has had an impact on York, it is less than elsewhere
 - We see very positive education results at all ages and the gap in attainment is closing
 - Fewer people smoke than elsewhere in the region. Deaths due to smoking are lower than the national average and reducing.
 - York compares well on healthy eating but there is still more to be done.
 - The picture on alcohol is mixed with local levels, although good in comparison to national rates, higher than we would like.
 - Recent figures suggest improvements in physical activity levels for adults.
 - Teenage pregnancy rates are improving
 - Although childhood obesity levels are improving at reception age, we have seen a slight increase at Year 6.
 - Overall death rates are low but there remain differences in life expectancy for those in the most deprived areas, particularly men.
 - Death rates from coronary heart disease, stroke and cancer are all better than national averages and have fallen substantially over the last 13 years.
 - Respiratory disease appears to be reducing in men, but rates for women remain around the national average.
 - Dental health is relatively good for adults and children, but there remain concerns around access.
 - We have a better collective understanding of the numbers and needs of people with physical and sensory impairment and those with learning disabilities in York.
 - It is estimated that around 36,000 people in York have mental health problems. There are predicted to be large increases in the number of people with dementia.
 - More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.
 - More carers are involved in planning services.
9. As can be seen from the list above and the information contained within **Annexes A & B** to this report the JSNA is predominantly concerned with health inequalities, however these are affected by a number of different determinants which may fall within the remit of more than just the Health Overview & Scrutiny Committee (OSC). The JSNA is, therefore, a document that could potentially be used by several of the standing scrutiny committees to identify areas of concern and topics for further review.
10. The Health OSC had already scheduled a presentation on the JSNA into their work plan for 24th January 2011. In light of this SMC agreed to refer the JSNA

to the Health OSC asking that scrutiny Members from all of the standing scrutiny committees be invited to attend to listen to and ask questions on the presentation.

Corporate Priorities

11. This report is linked to the 'Healthy City' theme of the Corporate Strategy 2009/2012:

'We want to be a city where residents enjoy long, healthy and independent lives. For this to happen we will make sure that people are supported to make healthier lifestyle choices and that health and social care services are quick to respond to those that need them.'

Implications

12. There are no financial, human resources, legal or other implications associated with the recommendations within this report. However, should any of the scrutiny committees choose to undertake a review then implications might arise. These would be addressed as part of the review process.

Risk Management

13. Whilst the production and approval of a JSNA may not in itself present considerable risks, the use of the document to inform scrutiny reviews may lead to the identification of other risks.

Recommendations

14. Members are asked to receive the presentation on the Joint Strategic Needs Assessment.

Reason: To address the Executive referral in relation to the Joint Strategic Needs Assessment

Contact Details

Author:

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Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director – Legal, Governance & ITT
Tel: 01904 551004

Report Approved

Date 05.01.2011

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

As below

Annexes (online only)

- Annex A** Executive Report 21.09.10 - Joint Strategic Needs Assessment for York
- Annex B** Joint Strategic Needs Assessment

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Healthy Lives, Healthy People

Our strategy for public health in England

The Health Background

- Britain has amongst the worst levels of obesity in the world.
- Smoking claims over 80,000 lives a year.
- 1.6 million people are dependent on alcohol.
- Over half a million new sexually transmitted infections were diagnosed last year, and one in ten people getting an infection will be re-infected within a year.
- Poor mental health is estimated to be responsible for nearly a quarter of the overall burden of long-standing poor health.
- People in the poorest areas can expect to live up to 7 years less than people in richer areas.

The New Approach

- **representative** – owned by communities and shaped by their needs
- **resourced** – with ring-fenced funding and incentives to improve
- **rigorous** – professionally-led, focused on evidence, efficient and effective
- **resilient** – strengthening protection against current and future threats to health.

and will focus on improving the health of the poorest fastest



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 aging and sustainability
7. Working collaboratively with business and voluntary sector – the Public Health Responsibility Deal



A New Public Health System

- Public Health England – a national public health service
- 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 supported by a strong information & intelligence system
- Maintaining a strong relationship with the NHS, social care and civil society
- Set out in the forthcoming Health and Social Care Bill

Public Health England

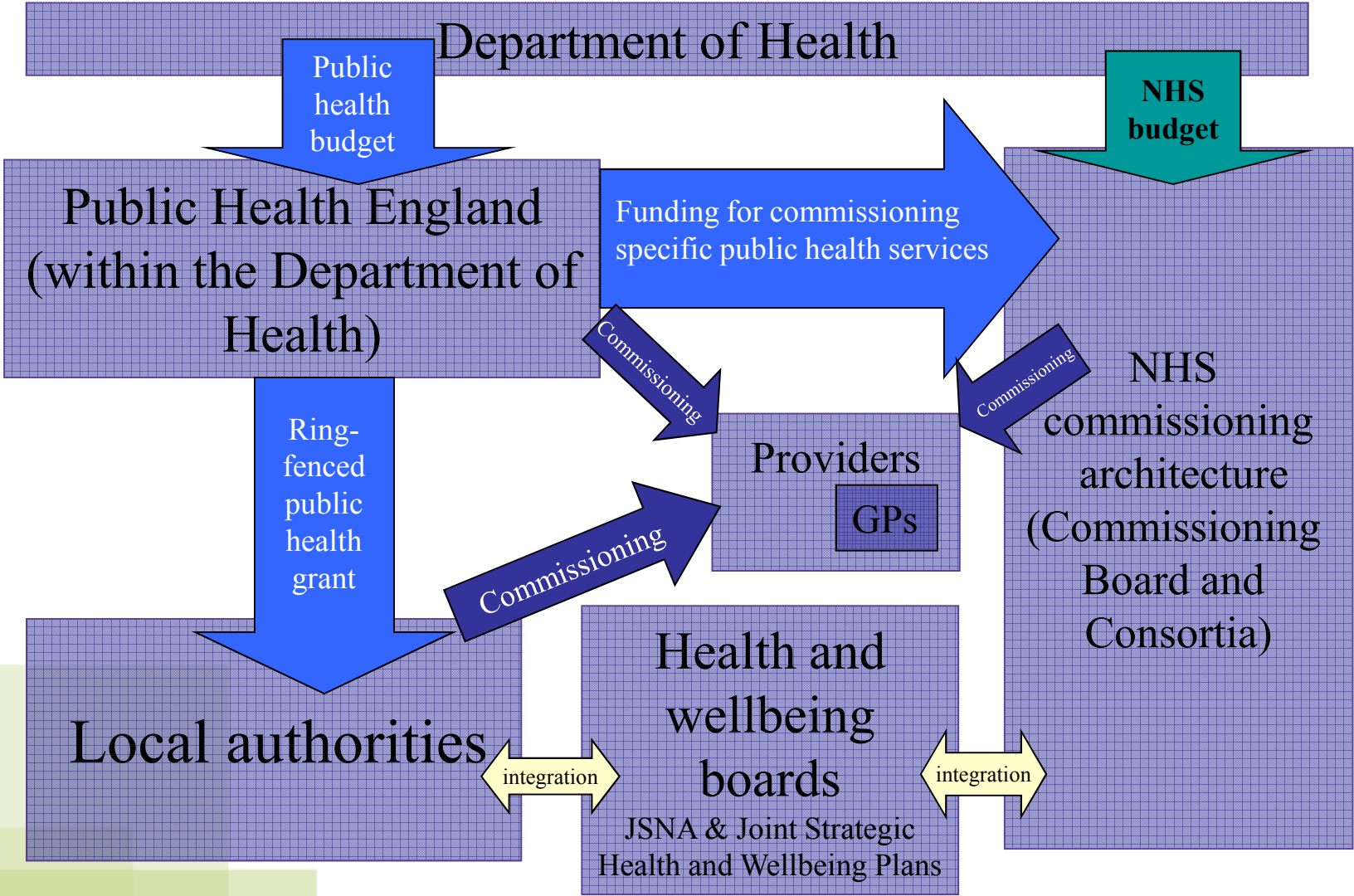
- New public health service directly accountable to the Secretary of State for Health with a clear mission to;
 1. Achieve measurable improvements in public health outcomes; and
 2. Provide effective protection from public health threats

- It will do this by;
 1. Protecting people from infectious disease and biological, chemical and radiological threats;
 2. Helping people and families to be able to take care of their own health and wellbeing; and
 3. Inspiring challenging and commissioning partners from all sectors.

PROPOSED ROLE - The Director of Public Health;

- Will be jointly appointed by the relevant local authority and Public Health England and employed the local authority with accountability to locally elected members and through them to the public.
- Will be the principal adviser on all health matters to the local authority, its elected members and officers, on the full range of local authority functions and their impact on the health of the local population
- Will play a key role in the proposed new functions of local authorities in promoting integrated working
- Jointly lead the development of the local Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategy (with Directors of Adult Social Services and Directors of Children's Services)
- Will continue to be an advocate for the public's health within the community
- Will produce an authoritative independent annual report on the health of their local population

Public health funding and commissioning



Defining commissioning responsibilities – examples



	Proposed activity to be funded from the new public health budget (provided across all sectors)	Proposed commissioning route/s for activity (including any direct provision)	Examples of proposed associated activity to be funded by the NHS budget (including from all providers)
Infectious disease	Current functions of the Health Protection Activity in this area, and public health oversight of prevention and control, including co-ordination of outbreak management	PHE with supported role by local authorities	Treatment of infectious disease; co-operation with PHE on outbreak control and related activity
All screening	PHE will design, and provide the quality assurance and monitoring for all screening programmes	NHS Commissioning Board (cervical screening is included in GP contract)	-
Obesity programmes	Local programmes to prevent and address obesity, e.g. delivering the National Child Measurement Programme and commissioning of weight management services	Local authority	NHS treatment of overweight and obese patients, e.g. provision of brief advice during a primary care consultation, dietary advice in a healthcare setting, or bariatric surgery

Public Health and the NHS

- The NHS will commission some public health services, with funding passed from Public Health England.
- In addition, the NHS will have an ongoing role in certain services with public health aspects - the Department expects that public health continues to be an integral part of primary care services.
- Public health expertise will inform the commissioning of NHS funded services, facilitating integrated pathways of care for patients. This will be underpinned:
 - locally by ensuring DsPH are able to advise the GP consortia; and
 - nationally via the relationship between the Secretary of State/ Public Health England and the NHS Commissioning Board.

Consultation question

How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?

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 to LAs in 2012/13, providing an opportunity for planning.
- We propose to move to actual allocations from current spend towards the target allocations over a period of time.
- We will take independent advice on how the allocations are made.

Health premium

- Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework.
- The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

We are consulting on Public Health allocations and the health premium in the consultation document

Accountability

- Secretary of State remains accountable for resources allocated to the health and social care system as a whole, for strategy and for the legislative and policy framework and for progress against national outcomes.
- As part of DH, PHE will be accountable to the Secretary of State for the functions it exercises.
- There will also be a relationship between PHE and LAs, which means that local government will be accountable to PHE. The public health grant to LAs, as a ring-fenced grant, will carry some conditions about how it is used.
- The primary accountability for local government will be to their local populations in improving outcomes in health and well-being.
- Locally, Health and Wellbeing Boards will be core to the assessment and agreement of local priorities.
- Data will be published in one place by Public Health England enabling national and local democratic accountability for performance against those outcomes. This will make it easy for local areas to compare themselves with others across the country and incentivise improvements and at a national level to track progress towards health improvements across the board.

Public Health Outcomes Framework: 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

Consultation question:

Do you agree with the overall framework and domains?

The Indicators

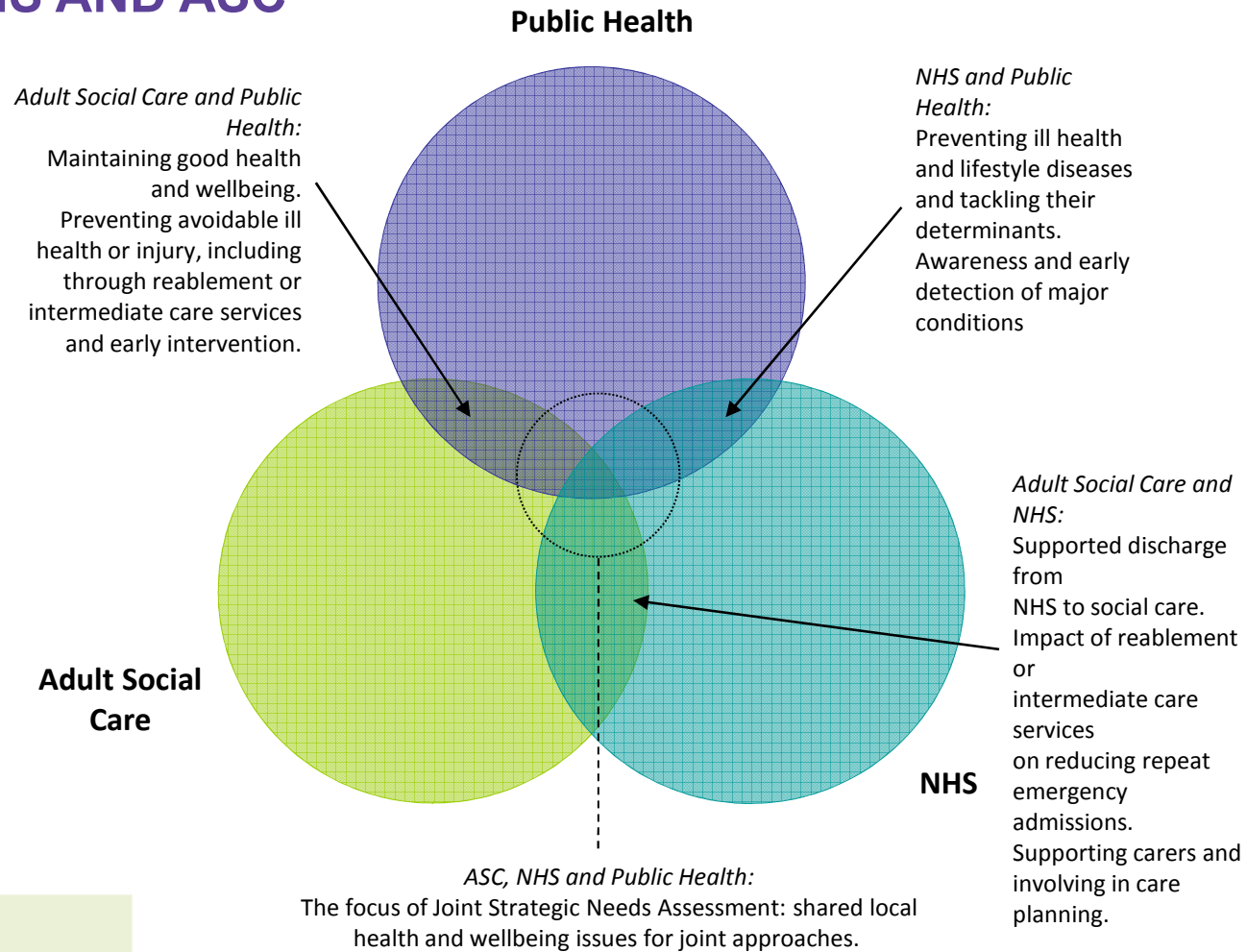
Criteria for how we developed proposed indicator

- Are there evidence-based interventions to support this indicator?
- Does this indicator reflect a major cause of premature mortality or avoidable ill health?
- By improving on this indicator, can you help to reduce inequalities in health?
- Will this indicator be meaningful to the broader public health workforce and to the wider public?
- Is this indicator likely to have a negative / adverse impact on defined groups (groups sharing a characteristic protected by equalities legislation)? (If yes, can this be mitigated against?)
- Is it possible to set measures, SMART objectives against the indicator to monitor progress in both the short and medium term?
- Are there existing systems to collect the data required to monitor this indicator; and
- Is it available at the appropriate spatial level (e.g. Local Authority)?
- Is the time lag for data short, preferably less than one year
- Can data be reported quarterly in order to report progress?

Consultation question

Are these the right criteria to use in determining indicators for public health?

Public Health Outcomes Framework – ALIGNMENT WITH NHS AND ASC



Consultation question:

Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

Summary timetable

Summary timetable (subject to Parliamentary approval of legislation)	Date
Consultation on: <ul style="list-style-type: none"> • specific questions set out in the White Paper; • the public health outcomes framework; and • the funding and commissioning of public health. 	Dec 2010–March 2011
Set up a shadow-form Public Health England within the Department of Health Start to set up working arrangements with local authorities, including the matching of PCT Directors of Public Health to local authority areas	During 2011
Develop the public health professional workforce strategy	Autumn 2011
Public Health England will take on full responsibilities, including the functions of the HPA and the NTA. Publish shadow public health ring-fenced allocations to local authorities	April 2012
Grant ring-fenced allocations to local authorities	April 2013

Overall Transition

- Accountability for delivery in 2011/12 will continue to rest with SHAs and PCTs.
- In addition, SHAs will be responsible for the overall transition process in their regions during 2011/12 with co-ordination and leadership for public health from DH.
- As part of this, Regional Directors of Public Health (RDsPH) will lead the transition for the public health system at the regional and local level.

Healthy Lives, Healthy People – A Consultation

- Public Health White Paper
 - Role of GPs and GP practices in public health
 - Public health evidence
- Professional Regulation
- Outcomes Framework for Public Health
- Funding and Commissioning for Public Health

Find consultation documents at;

www.consultations.dh.gov.uk/healthy-people

Respond to consultations at;

publichealthengland@dh.gsi.gov.uk



Health Overview & Scrutiny Committee

24th January 2011

Report of the Assistant Director Legal Governance & ICT

Children's Cardiac Surgery Services – National Review

Summary

1. This report seeks the Committee's views on the potential significance of any proposals/recommendations arising from the national review of Children's Cardiac Services. Further information is at Annexes A & B to this report (available online).
2. This report also seeks the Committee's nominations for representatives to serve on a Joint Regional Health Overview and Scrutiny Committee as appropriate.

Background

3. The NHS is reviewing how it delivers congenital heart services to children in England and Wales. Children's Cardiac Services are currently delivered in 11 centres across England and the expected proposal from the review (currently due to be published in January 2011) is to reduce the number of centres offering these procedures and create fewer but larger centres to deliver them.
4. There have been several delays in the review process (explained in Annex B to this report) however the proposals are expected imminently and will be followed by a 3-month period of public consultation.

Substantial Variation

5. Health Scrutiny powers around service reconfiguration are focussed on the impact of any proposed change/development and the robustness of any associated consultation arrangements.
6. The Department of Health Guidance on Health Scrutiny (published in July 2003) provides assistance to Health Overview & Scrutiny Committees by setting out some guiding principles when considering the nature of proposed service changes and/or developments.
7. The guidance states that, in considering whether proposals are substantial. Consideration should be given to the general impact of any change on patients, carers and the public who use or have the potential to use a service. Specifically, it is suggested that the following should be taken into account:

- **Changes in accessibility of services** – both reductions and increases on a particular site
- **Impact of proposal on the wider community** – including the economic impact and other issues, such as transport and regeneration.
- **Patients affected** – changes may affect the whole population or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.
- **Methods of service delivery** – altering the way a service is delivered may be a substantial change.

Delegation Of Health Scrutiny Function And Joint Committees

8. The regulations governing Health Scrutiny also allow local authorities to delegate their overview and scrutiny functions to another local authority. This can occur where one authority believes that another authority would be better placed to consider a particular local priority and the latter agrees to exercise the function.
9. The regulations also allow two or more local authorities to appoint joint committees to exercise the scrutiny function of those participating authorities, where deemed appropriate.
10. Furthermore the regulations also allow the Secretary of State (for Health) to make directions to local authorities to establish joint committees. Such direction is likely to be made when requiring the establishment of a joint committee to consider (and respond to consultation on) any substantial service variation or development, where those services are provided to areas that span more than one overview & scrutiny committee.
11. To help Overview & Scrutiny Committees across the Yorkshire & Humber region respond to issues that effect the whole region a protocol for Joint Health Scrutiny was drafted and is attached at Annex C to this report. At the time of writing all but one local authority in the Yorkshire & Humber region have formally adopted the protocol. York adopted the protocol in October 2008.
12. The protocol includes issues associated with the size of any joint committee (determined by the number of participating authorities), establishing the terms of reference and matters relating to chairing and supporting any joint committee.
13. Assuming that forming a joint committee is required and/or established, in line with the attached protocol it should be noted that Leeds City Council is likely to take the lead role in terms of chairing and administering any joint committee.
14. As such arrangements are being made to provide a briefing session for all Health Overview & Scrutiny Chairs (or their nominee) in January 2011. In

addition draft terms of reference are being prepared in anticipation of a joint committee being established.

Consultation

15. As the national review proposals are not yet publicly available consultation has mainly taken place through the Health Scrutiny Regional Officers Network with elected Members in York having been updated on delays and developments via e-mail.

Options

16. Members can:
 - Choose to offer a view on the likely substantive nature of the review proposals/recommendations
 - Indicate whether they wish to take part in any regional joint scrutiny that may take place and if so;
 - Nominate a maximum of four Members to represent the City of York Council on any regional joint health scrutiny committee

Analysis

17. It is not yet known where any new centres dealing with Children's Cardiac Services will be however Members should be aware that currently Leeds Teaching Hospitals NHS Trust is the only provider of such surgical services in the Yorkshire & Humber region.
18. Whilst the final consultation documentation has not yet been released Members should consider whether they feel that changes described in Annexes A & B are likely to constitute a substantial variation to service, if so they are then asked to nominate a maximum of four Members to represent the City of York Council on any regional joint health scrutiny committee.
19. It is important that Members have a clear understanding of the implications the proposed service changes will have on the residents of York. This Committee has an opportunity to have a voice and express its views in relation to the proposed service changes and any impact that these may have on the residents of York. It is therefore important that if Members feel that the changes will have a positive impact for York and generally support them that they express these views through the consultation exercise equally as much as if they feel that they will have a negative impact. To this end Members are advised to take part in any joint scrutiny that may be undertaken in order that their views can be heard.

Corporate Strategy 2009/2012

20. This report is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012

Implications

21. There are no known implications associated with the recommendations within this report.

Risk Management

22. There is a risk that if Members choose not to respond to any consultation or take part in any joint scrutiny committee their views will not be heard.

Recommendations

23. Members are asked to:
- Offer a view on the likely substantive nature of the review proposals/recommendations and;
 - Indicate whether they wish to take part in any regional joint scrutiny that may take place and if so;
 - Nominate a maximum of four Members to represent the City of York Council on any regional joint health scrutiny committee

Reason: In order that the Committee's voice is heard in relation to the national consultation on Children's Cardiac Surgery.

Contact Details

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Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Legal, Governance & ICT
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Report Approved

Date 10.01.2011

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes (online only)

- Annex A** Safe & Sustainable Children's Heart Surgery – A Briefing
Annex B Review of Children's Heart Surgery Services in England: An Update
Annex C Yorkshire & Humber Joint Health Scrutiny Protocol



Health Overview & Scrutiny Committee

24th January 2011

Carer's Review – Interim Report

Summary

1. This report updates the Health Overview & Scrutiny Committee on the work that has recently been undertaken by the Carer's Task Group in relation to the Carer's Review.

Background

2. In coming to a decision to review this topic, the Health Overview and Scrutiny Committee (Health OSC) appointed a Task Group to undertake the work. The Task Group recognised certain key objectives and the following remit was agreed and subsequently approved by the Health OSC:

Aim

3. To promote the valuable work done by carers and to improve the way City of York Council and its key partners identify carers and ensure they have access to information and the support available.

Key Objectives

- i. To raise awareness of carers
- ii. To improve access to information for carers

Consultation

4. To date consultation has taken place between the Task Group and relevant Council Officers.
5. A public event was held on 7th January 2011 and was attended by approximately 20 people, both carers and care workers.
6. Questionnaires have also been sent to those that could not attend the event and to date approximately 30 have been returned, although there is still time left until the deadline for receipt.

All Key Objectives

Information Gathered

7. To date the Task Group have met four times and details of these meetings is set out in the paragraphs below:

11th November 2010

8. This was an informal meeting of the Task Group at which they scoped and timetabled the review as well as deciding upon the remit. These were subsequently approved at a meeting of the Health Scrutiny Committee on 21st December 2010

14th December 2010

9. This was a formal meeting of the Task Group where they considered papers prepared by the Carers' Strategy Manager at City of York Council. All of these papers are available online for viewing. The reports provided information on good practice examples regarding carer identification, carer awareness raising and information provision in other areas. They also explored the current practice in York, in particular the York strategy for carers document as well as providing information on key partners.
10. The Task Group discussed the information received to date and noted that the York Strategy for Carers 2009-2011 had been extended until 2012 as the National Carers Strategy had only recently been refreshed giving little time, as of yet, to analyse the content. However officers confirmed that further information on the key messages for the refreshed York Carers' Strategy would be made available to the Task Group early in the New Year.
11. Further discussions also took place around:
 - The forthcoming public event
 - The need to work with General Practitioners (GPs) and key professionals to identify carers at an early stage
 - Whether money allocated to the Primary Care Trust to be used for short term breaks for carers had been ring fenced
 - There was a need to build on what already existed and worked well and within budget
 - Frequently more support was given to patients than to carers whose health often suffered as a consequence
 - The need to identify useful points of contact within the Council and then examine whether any improvements can be made to assist in identifying carers

17th December 2010

12. This meeting was informal and was used to design 2 questionnaires to gather information for the review. The first questionnaire was directed at carers and the second at care workers. Copies of the questionnaire are attached at **Annexes A and B** to this report and are available online only.

13. The main aim was to gather information on personal experiences of being identified as a carer, whether carers were treated with respect, who else in the City needs to be made aware of carers to ensure they get the help they need, what kind of information carers need and how and where carers have obtained the information they need.
14. The questionnaires were available for completion at the public event held on 7th January 2011 and also sent out prior to this for those that could not attend.

7th January 2011

15. The Task Group held a public event between 2pm and 6.30pm at the Monkbar Hotel. This took the form of a drop in session and approximately 20 people attended to speak to the Task Group about their experiences of being a carer and/or a care worker.

Options

16. This report is for information but Members of the Health Overview & Scrutiny Committee may wish to comment on work undertaken to date.

Analysis

17. All information gathered at the public event along with the returned questionnaires is due to be analysed by the Task Group at an informal meeting on 17th January 2011.
18. The Task Group are then due to meet formally on 2nd February to discuss all information received to date with a view to formulating the recommendations arising from the review. The final report of the Task Group is due to be presented to the Health Overview & Scrutiny Committee at their meeting on 2nd March 2011.

Corporate Strategy 2009/2012

19. This topic is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012.

Implications

20. **Financial** – There are no financial implications associated with the recommendations within this report however implications may arise as the review progresses and these will be addressed accordingly. There is a small budget of £500 allocated to any scrutiny review undertaken. This review has to date used some of these funds to hire a room for a public event and to provide some refreshments.
21. **Human Resources** – There are no known Human Resources implications associated with the recommendations within this report however, implications may arise as the review progresses.

22. **Legal** – There are no known legal implications associated with the recommendations within this report however, implications may arise as the review progresses.
23. There are no other implications associated with the recommendations in this report.

Risk Management

24. There are currently no risks associated with this review and none associated with the recommendations within this report.

Recommendations

25. Members are asked to note the contents of this report and make the Task Group aware of any comments that they might have on work undertaken to date.

Reason: To progress this review

Contact Details

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Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Legal, Governance & ICT
Tel: 01904 551004

Report Approved

Date 11.01.2011

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

- Report to Health OSC 21st December 2010 – Remit, scope and timetable for the review
- Report to Carer's Review Task Group 14th December 2010

Annexes (online only)

- Annex A** Carer questionnaire
Annex B Care worker questionnaire



Health Overview & Scrutiny Committee

24th January 2011

Report of the Assistant Director Legal, Governance & ICT

Yorkshire Ambulance Service Priority Indicators for Quality Accounts

Summary

1. Members are asked to rate the indicators that they believe should appear in Yorkshire Ambulance Service's Quality Accounts set out in Annex A.

Background

2. The Government White Paper Equity & Excellence – Liberating the NHS strengthened the commitment to Quality Accounts in order to reinforce local accountability for performance and improvement.
3. Last year Yorkshire Ambulance Service (YAS) selected a number of different indicators to report in their Quality Accounts based on the judgement of what would be most valuable to patients, partners and stakeholders. This year the Ambulance Service are asking partners in advance which areas they think are the most important.
4. As a framework for discussion YAS have produced a list of potential indicators for consideration (Annex A refers). They would also welcome any other feedback the Committee can provide as well as views on the 'Priorities for Improvement'.

Consultation

5. Yorkshire Ambulance Service is consulting partners on what they think is important prior to producing this year's Quality Accounts.

Options

6. Members can choose to:
 - Respond to Annex A
 - Not respond to Annex A

Analysis

7. The Chair of the Committee has completed the documentation at Annex A and Members are asked to approve this or make any amendments they feel are appropriate.

Corporate Strategy 2009/2012

8. This report is linked to the Healthy City aspect of the Corporate Strategy 2009/2012.

Implications

9. There are no known implications associated with the recommendations within this report.

Risk Management

10. There is a risk that if Members choose not to respond to any consultation or take part in any joint scrutiny committee their views will not be heard.

Recommendations

11. Members are recommended to agree to the ratings set out in Annex A to this report.

Reason: To make Yorkshire Ambulance Service aware of the Committee's views.

Contact Details

Author:

Tracy Wallis
Scrutiny Officer
Scrutiny Services
Tel: 01904 551714

Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Legal Governance & ICT
Tel: 01904 551004

Report Approved

Date 10.01.2011

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Potential Indicators for Quality Accounts



Please would you rate each of the following indicators using a scale of 1 to 5 depending on your particular preference as to whether or not, you would like to see these indicators in the next issue of the Quality Accounts:

1 = Definitely do not include this	2 = Do not include this	3 = Maybe include this, no particular preference	4 = Yes include this	5 = Very much like this including
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We have added a box at the end of this table for you to add anything else that you feel should be reported on, that you feel would give a clear representation of the service quality level being provided by YAS.

Potential Quality Indicators 2010-11:

Potential Indicator	Rating (1 to 5)	Comments?
A&E Operations:		
1. How fast 999 calls are answered.	5	
2. Response times to patients needing ambulance assistance.	5	
3. The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways (for example for diabetes or falls) instead of being transported to hospital.	5	
4. Number of calls identified as non-life-threatening which are passed to a YAS clinical adviser or to	5	

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
NHS Direct for clinical triage.		
Patient Safety:		
1. Total number of adverse incidents occurring in the Trust reported by type.	3	
2. Total number of serious untoward incidents occurring in the Trust (<i>these include road traffic collisions, incidents, near misses, violence against staff, equipment/premises failures or defects and patient safety events</i>).	5	
3. Number of adverse incidents relating to the standard of clinical care (<i>in particular these will be events that are linked to patient safety</i>).	5	
4. Number of adverse incidents relating to drug errors.	5	
5. The results of our NHS staff survey relating to reporting of errors, near misses and incidents.	5	
6. The numbers of referrals our staff made to specialist services responsible for protecting vulnerable adults and children.	4	
7. Completion of Independent Management Reports (IMRs) required as part of Serious Case Reviews on time, to the necessary standard and all relevant recommendations implemented.	3	
8. Achievement against the Trust target for cleaning of operational vehicles.	3	
9. The results of checks we make on how well staff are following our policies and procedures on infection	5	

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
prevention and control.		
10. The percentage of patient report forms which are fully completed.	3	
11. Number of investigations following a Serious Untoward Incident that identify inadequate clinical assessment as a root cause.	5	
Clinical Effectiveness:		
1. The results of national audits into the management of patients with: <ul style="list-style-type: none"> a. Asthma b. Cardiac Arrest c. Hypoglycaemia d. Heart Attack e. Stroke. 	3	
2. The numbers of patients suffering certain types of heart attacks (STEMI) being transported to specialist centres to receive the 'gold standard' treatment (primary angioplasty).	5	
3. The numbers of patients suffering strokes being classified as Category A (highest priority) and transported to specialist stroke pathways for rapid assessment and treatment.	5	
Patient Experience:		
1. The number of complaints, concerns and compliments we receive from members of the public about our services.	3	

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
2. The results of public satisfaction surveys comparing our service to others in the Yorkshire region.	3	
3. The numbers of patients requiring palliative care that we refer to a district nursing service following assessment by our crews.	3	
PTS Operations:		
1. How fast calls to the patient booking line (for North and East Yorkshire patients) are answered.	4	
2. Proportion of patients arriving between 0 and 60 minutes ahead of their appointment times.	4	
3. Proportion of patients collected for transport home within 60 minutes of YAS being notified that they are ready to return home.	4	
4. Proportion of patients experiencing journey times less than 60 minutes.	4	

Annex A

If there are any other indicators, not mentioned in the above list, that you would like to see please tell us below:

Is there anything else in particular that you feel we should be focussing on as an organisation in order to improve our service during 2001/12? Please provide as much detail as you can below:

Your name: _____ **Date:** _____
(optional) (title) (first name) (last name)

Your organisation: _____ **If YAS staff, is your role clinical?** Yes / No
(if applicable)

Thank you for taking the time to send us your feedback. **Please return the completed form by Friday 28th January 2011.**

To return this form as an electronic attachment please email: corp-comms@yas.nhs.uk and enter a subject of "Quality Accounts".

To return a hard copy by post, please send to the address below:

Yorkshire Ambulance Service
FAO Hester Rowell
Trust Headquarters
Springhill 1
Brindley Way
Wakefield 41 Industrial Park
Wakefield
WF2 0XQ

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Health Overview & Scrutiny Committee Work Plan 2010/11

Meeting Date	Work Programme
1 st December 2010	<ol style="list-style-type: none"> 1. Report and/or Attendance of the Executive Member for Health & Adult Social Services 2. Six-Monthly Update from York Hospitals Foundation Trust 3. Presentation/Introduction from the New Providers of Community Services (Outcome of Transforming Community Services) 4. Quarter 2 Monitoring Report 5. Carer's Topic – Scope & Timetable
19th January 2011	<ol style="list-style-type: none"> 1. Attendance of Councillor Galvin; Chair of Scrutiny Management Committee 2. Presentation/Report from York Health Group – Proposed Community Orthopaedics Service for Selby/York 3. Update on Recommendations Arising from the Dementia Review 4. Consultation on Vascular Services
24th January 2011	<ol style="list-style-type: none"> 1. Presentation on JSNA (Executive Referral) 2. <i>Public Health White Paper</i> 3. Children's Cardiac Services in the region – proposed service changes 4. Interim Report of the Carer's Review Task Group 5. Priority Indicators for Quality Accounts
2nd March 2011	<ol style="list-style-type: none"> 1. Quarter 3 Monitoring Report 2. Six – Monthly update from NHS North Yorkshire & York 3. Final Report of Carer's Review Task Group 4. Corporate Response to the Public Health White Paper 5. <i>Mental Health & Learning Disability Procurement (Transforming Community Services Update) – slipped from 19th January meeting</i> 6. <i>PACE Report from LINK – Carer's Rights (provisional)</i>
6 th July 2011 (provisional)	<ol style="list-style-type: none"> 1. Six –Monthly Update from Yorkshire Ambulance Service 2. Update from York Hospitals Foundation Trust in relation to Transforming Community Services

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