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MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	19 JANUARY 2011
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, KIRK, SIMPSON-LAING, SUNDERLAND AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	JOHN HANCOCK – NHS NORTH YORKSHIRE AND YORK NEIL WILSON – NHS NORTH YORKSHIRE AND YORK PADDY MCCLEARY – YORK HOSPITAL ANDREW BUCKLEE – NHS NORTH YORKSHIRE AND YORK ALISTAIR HOPKINSON – YORK HEALTH GROUP ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST GRAHAM PURDY – NHS NORTH YORKSHIRE AND YORK SUE BECKETT – YORK HOSPITAL JOHN YATES – YORK OLDER PEOPLE’S ASSEMBLY DEE BUSH – YORK OLDER PEOPLE’S ASSEMBLY KATHY CLARK - CYC COUNCILLOR GALVIN COUNCILLOR MORLEY
APOLOGIES	COUNCILLOR HOLVEY

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#### **41. 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.

#### **42. PUBLIC PARTICIPATION**

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

Representations were received from a resident in relation to Item 4 (Consultation on proposed changes to Vascular Services across Yorkshire and the Humber region). He questioned whether the consultation also applied to intracerebral procedures such as cerebral artery aneurysms and if York vascular surgeons were able to treat these conditions. He went on to refer to a personal experience of treatment some years ago and raised concerns that young people still died due to perhaps inadequate diagnosis or poor access to specialised treatment centres.

**43. ATTENDANCE OF COUNCILLOR GALVIN, CHAIR OF THE SCRUTINY MANAGEMENT COMMITTEE**

The Chair of the Scrutiny Management Committee attended the meeting to learn about the Scrutiny Committee's views on the effectiveness of scrutiny generally in York and in particular on the success of ongoing changes and improvements to current scrutiny practices. He explained that he was attending all Scrutiny Committee meetings to enable him to collate views for submission to the Scrutiny Management Committee on 28 February 2011.

Members outlined the following as their views on the effectiveness of scrutiny with some members confirming that they would forward their comments by email:

- The scrutiny process was far too complicated and bureaucratic in particular in relation to the registration of topics
- Scrutiny in York was not functioning well owing to it being totally under resourced with only 2 dedicated Scrutiny Officers
- An understanding of why an Executive may not want the scrutiny function to work effectively – but this should be seen as a weakness
- Too much obsession with looking at scrutiny as topic issues. Pointed out that this was only one role of scrutiny the other major function was to hold the Executive to account.
- Executive Members did not always attend Scrutiny meetings
- Other Members felt that the method of submitting topics was not over bureaucratic as there had to be a structure in place but agreement that holding the Executive to account did not work at all well
- Reference to the CPA Corporate Assessment in January 2008 which had targeted scrutiny in York as an area of concern but this made no difference to how issues were scrutinised
- Concerns that the number of topics scrutinised had diminished over the years
- Members and officers did not take scrutiny or the Scrutiny Management Committee seriously
- Appeared that recommendations from completed topics were not always taken forward and if scrutiny was to be taken seriously recommendations must be implemented
- One positive aspect was the relationship that the Health Scrutiny Committee had built and maintained with their partners and stakeholders
- Members were aware of a number of registered topics which had not been undertaken for a variety of reasons which included staffing issues
- Timing of meetings of Executive Member Decision Sessions and scrutiny meetings which caused difficulties in scrutinising issues
- Reference to scrutiny previously undertaken within the authority and to the placing of the scrutiny function in Democratic Services with the possible conflict of interest.

- Prescribed outcomes with the recommendations of scrutiny reviews having to fit a report format rather than the final report fitting the findings which is was felt would be of more value
- Concern that it sometimes appeared that scrutiny committees were used as a dumping ground for certain issues eg performance reports. Considered that these reports should be considered by the Executive
- Considered that there was a place for Health scrutiny as it was believed that a lot of work undertaken by the Committee was very useful in ensuring that the authority had an input into health services

The Chair of the Scrutiny Management Committee confirmed that he felt members should own scrutiny and that it was a failure of members to engage with scrutiny in York. He also raised concerns at the under spent current years' scrutiny budget.

RESOLVED: That member's' comments be incorporated into the SMC report.

REASON: To improve scrutiny in York.

#### **44. CONSULTATION ON PROPOSED CHANGES TO VASCULAR SERVICES ACROSS YORKSHIRE AND THE HUMBER REGION**

Members considered a report, which presented them with the consultation paper in relation to proposed changes to vascular services across the Yorkshire and Humber region.

The Scrutiny Officer asked whether members wished to take part in the consultation.

The Head of Specialist Services and Clinical Networks, NHS North Yorkshire and York and the Lead Clinician for Vascular Services for the York Trust explained that the changes were part of a national review of vascular services and he went on to describe the way in which vascular services were provided in the authorities area.

They made a number of points in relation to the service including:

- The changes were linked to a new ultrasound screening programme for men aged 65
- The changes were not about trying to save money.
- At present there were two local vascular centres at York and Hull Hospitals covering a large geographical area
- The numbers of vascular conditions were increasing in frequency
- There was a strong argument to retain the service in York
- The proposals were to increase the size of the existing unit in York with the employment of additional surgeons and radiologists which would ensure that the majority of complex work was carried out at York Hospital

- Assurances that standards would be constantly managed and monitored
- In answer to the question raised under Public Participation it was confirmed that York could diagnose cerebral issues but that patients may then be transferred to Hull for certain specialist treatments.

Members welcomed the proposals and confirmed that they were keen to see specialist services available at York Hospital. They went onto question a number of issues including the physical room for expansion of the unit, with an enlarged catchment area and funding for the new posts.

Following further discussion it was

- RESOLVED: i) That the comments of Councillor Wiseman, as set out at Annex B of the report, form the basis of the response with the addition of the following:
- The Committee welcomed the retention and expansion of the vascular unit in York
- ii) That the Scrutiny Officer circulates a copy of the proposed response to members for agreement before submitting to the Yorkshire and Humberside Specialised Commissioning Group.<sup>1</sup>

REASON: In order that the Health Overview and Scrutiny Committee's voice can be heard in relation to the proposed service changes to vascular services across the region.

Action Required

1. Email copy of proposed response to members.

TW

**45. REPORT FROM THE YORK HEALTH GROUP - PROPOSED COMMUNITY ORTHOPAEDICS SERVICE FOR YORK/SELBY**

Consideration was given to a report detailing proposals to deliver a single orthopaedic/musculoskeletal service for York and Selby.

The Senior Locality Commissioning Manger for NHS North Yorkshire and York together with the Chief Executive of York Health Group attended the meeting. They reported on the proposals for General Practitioners commissioning of this new community service which would enable patients to quickly obtain the most appropriate treatment or management they required. They reported that six tenders for the service had now been received but had not yet been opened or analysed. They confirmed that the service was expected to start in June 2011 with the proposals having been widely consulted on.

Members made a number of comments in relation to the proposals including:

- Confirmation that patients would in future be able to access the new service through their GP or by self referral
- Patients would be seen within 4 weeks but hopefully less
- Reference to historic differences in the provision of these services
- Concerns at risk of self-referral of conditions which presented similar symptoms eg onset of a stroke. Confirmation that staff were well qualified to deal with such issues.

RESOLVED: That following the evaluation of tenders and agreement of a contract the York Health Group be requested to provide a written update on the proposed model of service provision.<sup>1</sup>

REASON: To update the Committee on the provision of community based orthopaedic/musculoskeletal services in the York area.

Action Required

1. Circulate written update to the Committee once received. TW

**46. UPDATE ON RECOMMENDATIONS ARISING FROM THE DEMENTIA REVIEW (ACCESS TO SECONDARY CARE)**

Members considered an update report on progress made in relation to the implementation of recommendations arising from the 'Dementia Review' (Accessing Secondary Care).

The Scrutiny Officer confirmed that members were requested to note the report including progress on implementation of the recommendations and to sign off any they considered had been completed. She stated that any specific questions could be emailed to any of the bodies unable to be represented at the meeting.

The Directorate Manager for Elderly Medicine at York Hospital confirmed that much of this work was now carried out through the nationwide dementia network. She stated that a Liaison Mental Health Nurse appointment had now been made which would assist in their work with dementia patients. A national patient dementia audit sought to ascertain how hospitals dealt with suffers and from this audit the hospital would prepare an action plan for staff which would include care pathways.

The Council's *Corporate Strategy Manager* ~~Interim Assistant Director Commissioning and Partnerships~~ pointed out that following the preparation of the dementia audit action plan any subsequent progress reports could be reported back to this Committee.

Following further discussion it was

RESOLVED: i) That the report and progress made on the implementation of the recommendations arising

from the Dementia Review, set out in Annex A to the report, be received and noted.

- ii) That the Dementia Review be signed off in its entirety with progress reports on the dementia audit action plan being reported back to the Committee when available. <sup>1</sup>.

REASON: In order to carry out their duty to promote the health needs of the people they represent.

*[As amended at the Health Overview & Scrutiny Committee meeting on 2 March 2011]*

Action Required

1. Sign off review and schedule progress reports into work plan.

TW

**47. WORK PLAN**

Consideration was given to the Committee's work plan for 2010/11.

The Scrutiny Officer confirmed that a late addition to the plan had been the presentation regarding consultation on the White Paper 'Healthy Lives, Healthy People' for the additional meeting on 24 January 2011. Changes were highlighted in italics and included slippage of the Mental Health and Learning Disability Procurement from the 19 January meeting to the March meeting.

RESOLVED: That the amended work plan be approved. <sup>1</sup>.

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

Action Required

1. Update Committee's work plan.

TW

CLLR B BOYCE, Chair

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