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MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	29 MARCH 2010
PRESENT	COUNCILLORS ALEXANDER (CHAIR), FRASER, SUE GALLOWAY, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	JOHN CLARE – NHS NORTH YORKSHIRE & YORK (MENTAL HEALTH) GRAHAM PURDY –NHS NORTH YORKSHIRE & YORK SALLY FOSTER – NHS NORTH YORKSHIRE & YORK DR DAVID GEDDES – NHS NORTH YORKSHIRE & YORK JOHN BURGESS – MENTAL HEALTH FORUM ANNIE THOMPSON - LINKS SALLY HUTCHINSON – AGE CONCERN VICKY HARRISON – ON PLACEMENT WITH AGE CONCERN DOUG PHILIPS – ON PLACEMENT WITH AGE CONCERN LIBBY MCMANUS – YORK HOSPITAL PAUL BAINES – YORK HOSPITAL GOVERNOR HELEN MACKMAN – YORK HOSPITAL GOVERNOR JOHN YATES – OLDER PEOPLE’S ASSEMBLY PETE DWYER – CITY OF YORK COUNCIL KATHY CLARK – CITY OF YORK COUNCIL
APOLOGIES	COUNCILLORS ASPDEN AND SUNDERLAND

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**54. 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 previously declared standing interests, circulated with the agenda, no additional interests were declared.

**55. MINUTES**

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

## 56. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme. Details of the speaker are set out under the individual agenda items

## 57. WORK PLAN 2010

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

The Chair reported that Cllr Wiseman was unable to attend the Committee's meeting scheduled for 19 May 2010, when consideration would be given to the final report of the Childhood Obesity Task Group of which she was Chair. Alternative dates for this meeting had been suggested as 25 or 26 May.

- RESOLVED:
- i) That the date of the May meeting be agreed by email to ensure majority attendance. <sup>1.</sup>
  - ii) That an update report on Transforming Community Services be arranged for the Committee's second meeting in July. <sup>2.</sup>

REASON: To update the Committee on their Work Plan for the forthcoming year.

### Action Required

- 1. Email Committee to agree date of May meeting. JP
- 2. Update Committee's Work Plan. TW

## 58. PRESENTATION ON TRANSFORMING COMMUNITY SERVICES

Representations were received from John Yates on behalf of the Older Peoples Assembly. He referred to the transfer of these services to yet another provider with what appeared to be little or no public/patient consultation. He questioned how and when the PCT intended to remedy this situation.

Graham Purdy, Assistant Director of North Yorkshire and York NHS gave a presentation, which updated the Committee on proposals for Transforming Community Services (TCS). This related to the separation from NHS North Yorkshire and York of the provider side of the organisation, which included community nursing and mental health services, including inpatient and community based services. He confirmed that the PCT Board were to meet the following day to sign off a letter, which outlined the current situation in relation to the changes.

The presentation related to the following areas:

Policy and Context

- Policy opportunity to focus on improving community services;

- Milestones achieved in 2009 - contractual separation required by April, business ready by October and Community Services Strategy by November;
- National timetable – December 2009 operational plan, PCTs to have determined the future organisational model for PCT provided services by October 2010, at the latest, and have implemented where possible by March 2011;
- NHS NYY timescales – Board agreement for Community & Mental Health Services to be hosted by the PCT until March 2011, organisational model determined by October 2010 and implementation plans in place through 2011;

#### Organisational form – the options

- 15 suggested options for Organisational Model;
- Shortlist for Community & Mental Health Services – vertical integration, horizontal integration, integrated health and social care and Social Enterprises but with rigorous assurances required.

#### NHS NYY Process and Timeline

- March 2010, confirm with Strategic Health Authority, organisational models that are discounted;
- Agree organisational form, March-September 2010;
- Board approval by October 2010;
- 5 Locality Boards established March 2010 to agree transformation of community services of which York was one. These would be multi agency including the PCT, Local Authority, Providers and local stakeholder;
- Mental Health Project Board established to manage mental health transfer;
- Finalise details which included separate approaches for the transfer of community services and mental health services;
- Proceed to tender Mental Health services
- NHS NYY Programme Board to oversee transition.

#### Members questioned various details of the presentation including:

- Confirmation that no new NHS organisations were to be formed as part of this plan;
- The status quo which had previously mentioned as an option now appeared to have been discounted and which raised concerns;
- There appeared to be no dialogue between the Authority and the PCT in relation to these changes;
- How would the PCT engage with Local Authorities in the later stages of the process?
- Details of the link Officer between the Localities Board and the Authority;
- Details of transfer costs.

Officers provided some reassurances around the local structure in that York would be considered in its own right as each PCT area had its differing local needs. It was also confirmed that the York region was one of the last to be agreed with there being a further six months until final

agreement was reached. Reference was also made to Officer links with the Locality Board.

Following further discussion it was

**RESOLVED:** That a further update on progress on the Transforming of Community Services be arranged for the Committees second meeting in July. The update to include details of how the PCT will consult users, carers and members of the public on these changes to the service, together with a timeline of their future intentions.<sup>1</sup>

**REASON:** To continue to update the Committee on progress around Transforming Community Services.

Action Required

1. Update Committees' Work Plan.

TW

**59. PRESENTATION ON THE INDIVIDUAL FUNDING REQUEST PANEL FOR NHS NORTH YORKSHIRE AND YORK**

John Yates, made representations on behalf of the Older People's Assembly in relation to the presentation. He stated that, as the Assembly had had no sight or knowledge of the contents of the presentation that they felt unable to comment. He did express concern in relation to the make up of the Individual Funding Request Panels (IFR) which they felt were made up of individuals with administrative/financial abilities rather than with clinical expertise which provided no reassurance for the patient.

Dr D Geddes, Medical Director for NHS North Yorkshire and York gave the Committee a presentation on the IFR Panel which made funding decisions for patient care that may lie outside national or local commissioning policies together with the referral guidelines.

The presentation included details of:

- The NHS Constitution;
- 2009 'Directions to PCTs and NHS Trusts';
- Details of the Bodies which informed the commissioning policy which include NICE, the Drug and Therapeutics Committee and clinical networks;
- IFR was a request to a PCT to fund healthcare for an individual who fell outside the range of services and treatments that the PCT had agreed to commission;
- IFRs were not decisions related to care packages for patients with complex health needs or prior approvals, which were used to manage contacts with providers.
- IFRs generally arose either if the patient had a very rare condition, the patient had a more common condition but claimed that the usual care pathway did not work for them (exceptionality) or where the

patient wished to take advantage of a novel, developing or unproven treatment.

- When a decision to refuse a request for funding had been taken then the PCT must provide a written statement of the reasons for that decision and, where necessary, offer an opportunity to speak with a clinician.
- Information on what was considered 'exceptional' and details of non-clinical factors, which could be considered as reasons for exceptionality.
- Details of the make up of the IFR Panel and confirmation that a pharmacy Advisor attended every Panel meeting;
- Details of the hierarchy/strength of evidence required together with the balance of needs of the individual with that of the community;
- 2008/09 – 1,1587 cases of which 52% of requests had been approved;
- 2009/10 – 1,380 cases of which 44% of requests had been approved;
- Details of the appeals process - 2009/10 – 7 appeals of which 2 had been successful;
- Spinal injections – evidence based commissioning.

Members questioned a number of points including:

- How requests were prioritised, particularly urgent requests;
- How changes in the levels of service e.g. in relation to back pain, were communicated to the Committee/public;
- Where successful treatments were subsequently withdrawn, following a change in the guidelines, this could result in additional costs in the long term and a loss of quality of life for patients;
- Concern that patients were still not being kept fully informed of changes;
- Lack of communication with General Practitioner's (GPs) as it appeared that differing services were offered to patients in that some requests were not being put forward for IFRs;

Dr Geddes confirmed that this was still a learning curve for the PCT and that there was a need for GPs to be better informed at an earlier stage and for an improvement in communications with patients already within the system. In answer to Members questions, in relation to back pain, he expressed concern that patients were making judgements in relation to treatments received 15 years ago and that a lot of progress had been made since then. Interpreted evidence often suggested a different pathway to injections. He explained that this was usually in the form of spinal rehabilitation, a multi disciplinary course of treatment, which drew together more than just manipulation and physiotherapy but also the psychological aspects.

**RESOLVED:** That the presentation be noted together with the PCTs confirmation of their proposals for communicating with patients/GP's in relation to the Panel and future requests.

REASON: To keep the Committee updated on referral guidelines and Individual Funding Requests.

## **60. INFORMATION REPORT ON WOMEN'S LOW SECURE UNIT, CLIFTON**

The Committee considered a briefing note, which provided information on the proposals for the development of a Women's Low Secure Unit in Clifton. It had been established that there was a gap in the provision of low secure care nationally and that currently women who required specialist low secure care were often placed outside of the Yorkshire and Humber area, many within the independent sector.

It was confirmed that a number of options had been considered which had been short listed to:

- doing nothing;
- providing a new build on the Clifton House site, adjacent to the current male low secure service and
- providing a new build property on Local Authority owned land.

It was confirmed that the preferred option had been a new build on the Clifton House site. This project was now proceeding in line with the outline business case presented to the Committee.

The Chair confirmed that, in the context of this briefing, the role of the Scrutiny Committee was to comment on service need but not in relation to any planning related matters.

Members confirmed that they felt that the proposals were a sensible way forward and it was

RESOLVED: That the Committee note the details of the outline business case in relation to the new women's low secure unit proposed for the site at Clifton House, York.

REASON: To update the Committee on NHS North Yorkshire and York's proposals for a women's low secure unit in Clifton.

## **61. INTERIM REPORT OF THE CHILDHOOD OBESITY TASK GROUP**

Members were presented with information received to date in respect of the Childhood Obesity Review.

The Scrutiny Officer referred to the following amendment required to the report:

- Paragraph 70 - Recommendations – should refer to '...the next steps set out in paragraphs 59 to 61 of this report'.

Members referred to the large amount of information received to date and for the need for the Task Group to stay focussed on the remit of the review.

Members referred to Annex E of the report, which detailed the statistics on school meal take up annually since 2003. It was pointed out that in the 1980/90's North Yorkshire County Council had the highest take up of school meals in the country. Reference was also made to the drop in take up of Free School Meals and the need for the authority to promote a general increase in take up. Members of the Committee felt that the Education Authority should proactively encourage the promotion and general take up of both school meals and free school meals through individual schools and their Governors. They suggested that the Childhood Obesity Task Group might like to consider including a recommendation about this.

The Chair thanked both Members of the Task Group and Officers for all their hard work in compiling the information contained within the interim report.

RESOLVED: That the interim report be noted together with the next steps outlined in paragraphs 59 to 61 of the report.

REASON: In order to progress this review.

CLLR J ALEXANDER, Chair  
[The meeting started at 5.00 pm and finished at 6.25 pm].