
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	21 SEPTEMBER 2011
PRESENT	COUNCILLORS FUNNELL (CHAIR), WISEMAN (VICE-CHAIR), BOYCE, CUTHBERTSON, DOUGHTY, FITZPATRICK AND HODGSON
IN ATTENDANCE	VINCE LARVIN – YORKSHIRE AMBULANCE SERVICE (YAS) HELEN HUGILL – YAS MARK INMAN – YAS EILEEN WOOD – YAS MICHELE MORAN – LEEDS PARTNERSHIP NHS FOUNDATION TRUST ALAN ROSE – YORK TEACHING HOSPITAL NHS FOUNDATION TRUST JOHN YATES – OLDER PEOPLE’S ASSEMBLY PAUL MURPHY – CYC ADAM GRAY – CYC RICHARD HARTLE – CYC KATHY CLARK - CYC

13. **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. Members requested the following amendments and additions to the standing interests already declared:

Councillor Funnell – addition of member of York LINKs Pharmacy Working Group.

Councillor Boyce – remove references to employed by the Alzheimer’s Society, York and trustee of York Carers’ Centre as she was no longer involved with either body.

14. **MINUTES**

RESOLVED: That the minutes of meetings of the Health Scrutiny Committee held on 20 June and 6

July 2011 be approved and signed by the Chair as correct records.

15. 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 Older People's Assembly (OPA) made representations in relation to two agenda items, item 5 – Terms of Reference for the Health and Wellbeing Board and item 6 – HealthWatch Procurement Monitoring Report. In relation to the first item he pointed out that the functioning of the Health and Wellbeing Board would rely on the breadth and expertise of its sub-committees', their professional knowledge and their ability to maintain a strong public and patient focus. He asked what action was being taken to ensure that the Board did not just become another council committee?

Regarding item 6, he stated that he regretted that no representative from LINKs was attending the meeting as the success of York LINKs had largely been due to the effort, knowledge and expertise of three paid members of staff. He asked what security of employment, if any, would these staff have following the transfer to Healthwatch?

The Chair confirmed that the points had been noted and would be considered as part of these agenda items later in the meeting.

16. 2011/12 FIRST QUARTER FINANCIAL MONITORING AND PERFORMANCE MONITORING REPORT - ADULT SOCIAL SERVICES

Consideration was given to a report which set out the latest performance and budget for 2011/12 and forecast the outturn position by reference to the service plan and budgets for all the relevant services falling under the responsibility of the Director of Adults, Children and Education.

It was confirmed that the budget was again reporting early financial pressures of £1,017k, the main factors being a greater number of referrals than anticipated in Independent Residential and Nursing Care together with increased take up of Direct Payments. There had also been delays in letting the reablement

contract and reconsideration of other care service options which had resulted in the full savings not being achieved in Elderly People's Homes.

Officers confirmed that the directorate were also assessing the 2012/13 savings proposals which could be brought forward and reviewing commissioning budgets and developments with a view to identifying one off savings to be made during the current year.

The report went on to examine Quarter 1 performance and it was noted that of the 13 reported indicators 7 were meeting or exceeding the Q1 targets.

Members questioned a number of points in relation to the budget including:

- Request for further details of the indicators which had fallen short of their targets. Officers confirmed that delayed discharges had improved since last year however it was hoped that new structures in Community Services and the Foundation Trust together with additional investment would ensure faster response times.
- Effect on services of holding vacant posts. Officers confirmed that this was mainly on the provider side but that no services were ever at a staffing level where they were unsafe.
- Details of the number of reviews carried out in relation to placing adults with learning disabilities in settled accommodation. Officers pointed out that the reviews usually peaked towards the end of the year which ensured that this target could be met. It was also confirmed that CYC was nationally a better performer in this area.

RESOLVED: That the report be received and noted.

REASON: To update the Committee on the latest financial and performance position for 2011/12.

17. TERMS OF REFERENCE FOR HEALTH AND WELL BEING BOARD

Members considered a report which set out progress towards the establishment of a shadow Health and Wellbeing Board for York to meet the requirements of the White Paper Equity and

Excellence: Liberating the NHS and the Health and Social Care Bill 2011.

The Committee were reminded that local authorities would have a new, direct accountability for health improvement, and that the public health function would transfer from the PCT's in 2013. As a pathfinder area York would be expected to have many of the components in place in shadow form by April 2012 and this was being overseen by a multi-agency Transition Board. Details of the functions of the new Health and Wellbeing Board, a statutory partnership set up as a sub-committee of the Council, were also set out in the report.

Consultation with partners had been undertaken on the provisional recommendations of the Transition Board details of which would be considered by Cabinet at its meeting on 4 October 2011. The key principles to be considered were:

- The size of the Health and Wellbeing Board.
- Whether to include provider representatives on the Board.
- The Board's strategic positioning.

Officers confirmed that, subsequent to publication of the Scrutiny Committee report, the Cabinet report had been updated following receipt of additional comments. During the course of the consultation the following changes had been suggested in relation to Board membership:

- Elected members should be increased from 1 to 3, made up of the Leader, a relevant portfolio holder and an opposition spokesperson.
- The Board should be chaired by the Leader of the Council or his/her nominee.
- Representation from the Clinical Commissioning Group should be increased to 2 doctors.

A plan showing the diagrammatic relationship between the various bodies was circulated to members at the meeting (a copy of which has been attached as an annex to the agenda).

Members were then asked for their comments on the draft proposals for consideration by the Cabinet at their meeting. The following points were raised:

- The Board appeared to be well represented by health professionals; however a balance was required to ensure that there was promotion of a healthy lifestyle. It was confirmed that the Board could call in providers to provide

evidence and/or assist with their work but that, if required, Board membership could be adjusted prior to April 2012.

- Members confirmed that the proposals were a very positive and ambitious move forward.
- Board progress would be kept under observation to ensure that it was open and inclusive and to monitor the various relationships.

Officers confirmed that progress on the Board's establishment would be included in the Committee's work plan and that the speaker's earlier comments would be taken into consideration.

Following further discussion it was

RESOLVED: That the Committee note the progress made towards establishing a shadow Health and Wellbeing Board for York.

REASON: To keep the Committee up dated with establishing a shadow Health and Wellbeing Board.

18. HEALTHWATCH PROCUREMENT MONITORING REPORT

Members received an update on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by October 2012.

The overarching intention of Local HealthWatch was to provide a single point of contact, connecting people to the right NHS and social care advice and advocacy services, and helping people to find information that would enable them to choose the services they needed and required.

It was reported that a recent bid had given York's HealthWatch pathfinder status which presented an opportunity for scoping and planning to test some of the proposed new functions. It was noted that HealthWatch whilst retaining the most successful elements of the current LINKs function would be different and distinct from LINKs and that discussions had already been held on the commissioning process.

Officers confirmed that they were still awaiting clarification on certain points including further details on signposting and funding.

In answer to the question raised in respect of the future employment of LINKs staff it was confirmed that these staff were employed by the host, North Bank Forum but that this was unfortunately not within this Committee's remit.

Members made a number of points and questioned various aspects of the report including:

- Local authority commissioning of NHS complaints advocacy.
- Complaints monitoring.
- Noted that monitoring of standards would now be undertaken.
- Concerns that the complaints service should be properly resourced and independent.
- Details of public consultation and the need to engage the public with simpler access to services.

Officers confirmed that a further update would be provided at the Committee's next meeting.

RESOLVED: That the latest progress report towards establishing HealthWatch be received and noted.

REASON: To keep the Committee informed of the progress towards establishing HealthWatch.

19. UPDATE FROM COUNCILLOR WISEMAN ON THE REGIONAL JOINT SCRUTINY COMMITTEE INVESTIGATING THE PROPOSED CHANGES TO CHILDREN'S CARDIAC SERVICES

The Committee were updated in respect of the NHS review of how it delivered congenital heart services to children in England and Wales. It was reported that Children's Cardiac Services were currently delivered in 11 centres across England and that it was expected that the review would recommend the reduction of the number of centres offering these procedures and creating fewer but larger centres to deliver them. The proposals had detailed 4 options, with only one of these suggesting the retention of children's congenital heart surgery in Leeds.

Members were reminded that Councillor Wiseman had been nominated as the CYC representative to attend meetings of the Joint Health Overview and Scrutiny Committee (Yorkshire and

the Humber). This committee had been appointed to consider and respond to the proposed reconfiguration of Children's Congenital Heart Services in England with the committee being given until 5 October 2011 to respond to the proposals. Cllr Wiseman confirmed that input had been sought from the Joint Committee of Primary Care Trusts (JCPCT) which had unfortunately, to date, not been forthcoming.

Copies of the following papers were circulated for members' information (these documents have been included as an annex to the agenda for this meeting):

- Background to the review.
- Report from the Joint Health Overview and Scrutiny Committee.
- Details of the four options that the public would be consulted on.

It was confirmed that representatives from the JCPCT had again been invited to the Joint Scrutiny Committee meeting due to take place the following day in Leeds to present the response to previous questions together with any further questions identified by members of the Joint Committee.

Councillor Wiseman confirmed that, following the meeting in Leeds, she would update Members on the outcome by email.

RESOLVED: That the verbal update be received and noted.

REASON: To keep Members updated on the NHS review of the delivery of congenital heart services to children in England and Wales.

20. END OF LIFE CARE REVIEW - REPORT AND TOPIC ASSESSMENT FORM

Members considered a report which presented them with a Topic Assessment Form which briefly outlined the proposed scrutiny review on End of Life Care ('Do Not Resuscitate' (DNR) Forms – Their Use and Effectiveness').

The Scrutiny Officer requested members to complete Annex A, the Topic Assessment Form, attached to the report, in order to scope and timetable the review to enable it to proceed and to consider whether the review should be undertaken by the whole Committee or by a smaller Task Group.

The Scrutiny Officer also updated that the End of Life Care form was entitled the DNACPR Do Not Attempt Cardio Pulmonary Resuscitation form rather than DNR.

In answer to members' questions the Scrutiny Officer outlined the reason for the topic and remit of the review. She confirmed that members had agreed to a short review for this topic but pointed out that this would not preclude further scrutiny work in this area.

Following further discussion it was

- RESOLVED:
- i) That the scrutiny review be undertaken by the full Health Scrutiny Committee.
 - ii) That the Scrutiny Officer be requested to email suggested dates for the first meeting for members' to complete Annex A, scope and timetable the review.
 - iii) That the Scrutiny Topic Assessment Form be circulated by email to members for drafting and comment for consideration and final completion at the meeting.¹

REASON: In order to progress this topic to review.

Action Required

1. Email form and suggested dates to Members. TW

21. UPDATE FROM YORKSHIRE AMBULANCE SERVICE ON ARTICLE THAT APPEARED IN THE PRESS ON 1 SEPTEMBER 2011

The following representatives from the Yorkshire Ambulance Service attended the meeting to discuss an article published in The Press on 1 September 2011 entitled 'Ambulance Complaints Increase'.

- The Locality Director North and East Yorkshire
- Acting Head of Operations
- Service and Quality Improvement Manager and
- Locality Manager Patient Transport Services

The Ambulance Service representatives thanked members for inviting them to attend the meeting to enable them to put the contents of the article and figures into context.

The Locality Director North and East Yorkshire explained that the complaints figures, referred to in the article, related to accident and emergency and non emergency work and represented complaints received by the whole Trust not just North Yorkshire. He pointed out that the figures included comments and concerns both written and verbal which were all logged on their database which not all other trusts necessarily did. Service users were actively encouraged to comment on the services they received with comment cards being carried by the patient transport vehicles and with this being rolled out to all accident and emergency vehicles.

The Acting Head of Operations went on to put the figures into context. He pointed out that the NHS Information Service website referred to receipt of 600 written complaints with North Yorkshire receiving no written complaints regarding the emergency services during the year. It was pointed out that North Yorkshire had a much higher level of compliments than the rest of the service with them receiving 1 compliment per 8 members of staff.

The Service and Quality Improvement Manager referred to the recent online tool which allowed patients to complete a survey regarding their experiences.

The Locality Manager Patient Transport Services confirmed that there had been a rise in complaints in respect of the patient transport service and online bookings. She confirmed that the call centre was in the process of remodelling with additional resources being allocated to the patient self booking service and with 90% of calls now being answered within 30 seconds. It was anticipated that there would now be a decline in complaints relating to this service.

Members went on to question a number of points including:

- Accident and emergency turn round time and resulting knock on effects on service. Confirmation that systems had been put in place to overcome this with a target of 80% turn round in 25 minutes which they were making good progress towards.

- Ambulance equipment checks. Confirmation that the CQC inspection had confirmed that all servicing and cleanliness of ambulances and ambulance stations were in order.
- Staff complaints system.
- Complaint levels for the current year.

The Chair thanked the representatives for their attendance and thorough explanation in respect the concerns raised.

RESOLVED: That the Yorkshire Ambulance Service be requested to return to the Committee's November meeting to provide an update on the complaints figures.

REASON: To continue to update the Committee on the work of the Ambulance Service.

22. **WORK PLAN 2011/12**

Consideration was given to the Committee's work plan for 2011/12.

RESOLVED: That the draft work plan for 2011/12 be received and noted subject to the addition of the following:

- January 2012 - Health and Wellbeing Board update
- November 2011 – Performance update from the Yorkshire Ambulance Service

REASON: In order to provide the Committee with a work programme for future meetings.

CLLR C FUNNELL, Chair
[The meeting started at 5.00 pm and finished at 7.05 pm].