

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	6 JULY 2011
PRESENT	COUNCILLORS FUNNELL (CHAIR), WISEMAN (VICE-CHAIR), BOYCE, CUTHBERTSON, DOUGHTY, HODGSON AND RICHES (SUB FOR CLLR FITZPATRICK)
IN ATTENDANCE	RACHEL JOHNS - NHS NORTH YORKSHIRE AND YORK LIBBY MCMANUS - NHS NORTH YORKSHIRE AND YORK ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST GEORGE WOOD – OLDER PEOPLE’S ASSEMBLY DEE BUSH – OLDER PEOPLE’S ASSEMBLY COUNCILLOR SIMPSON-LAING - CYC PAUL MURPHY – CYC KATHY CLARK - CYC
APOLOGIES	COUNCILLOR FITZPATRICK

7. **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.

Councillor Riches declared a personal interest as a public member of the Board of Governors of York Hospital Trust.

Councillor Doughty requested the following change to his declaration in the list of standing declarations attached to the agenda:

- Amendment of reference to ‘Our Celebration’ to York and District Mind.

8. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

9. REPORT OF THE CABINET MEMBER FOR HEALTH, HOUSING AND ADULT SOCIAL SERVICES

Consideration was given to an extract from the Cabinet Member for Health, Housing and Adult Social Services written report to Council on 30 June, circulated with the agenda.

Councillor Simpson-Laing, the Cabinet Member, attended the meeting and reported on the year ahead. She also updated on the following points:

- Confirmed her attendance, earlier in the day, at a Local Involvement Network (LINKs) - steering board meeting concerning the transition from Local Involvement Networks to Local Healthwatch organisations and their funding and commissioning.
- That she was shortly due to meet Patrick Crowley of the York Hospital NHS.

Members went onto question a number of points including:

- How many people were now using Telecare? Confirmation that between 1 January 2010 and 31 December 2010 1814 pieces of Telecare equipment had been provided and installed. As of March 2011 there were over 550 people using Telecare with 987 referrals for the 'Lifeline' and 'Pendant'.
- There was a need to enhance provision for dementia sufferers particularly around social interaction. Confirmed that best practice would be examined to tackle this area of social exclusion. Members were referred to the CYC online self-assessment survey tool which provided aids to daily living.

The Chair thanked the Cabinet Member for her attendance and informative update.

10. UPDATE FROM YORK HOSPITALS FOUNDATION TRUST AND NHS NORTH YORKSHIRE AND YORK IN RELATION TO TRANSFORMING COMMUNITY SERVICES

The Chief Nurse from York Teaching Hospital NHS Trust, the Associate Director of Public Health and Locality Director from NHS North Yorkshire and York and the Chair of York Hospitals NHS Foundation Trust attended the meeting to update the Committee in relation to the transformation of community services.

Confirmation was received that since April there had been two phases in relation to the transformation of community services, the first involving the transfer of the community element of the PCT and its integration with the Trust directly based on community services. Phase two had taken place 6 months post transfer and had related to the alignment of services including paediatrics involving both sets of staff to get the best fit. Mid July would then see the merger of the elderly and community directorate at which time the level of care both hospital and home based would be identified. It was confirmed that this Authority could assist with improvements to out reach work in community services, end of life care and in services to support those with Parkinson's disease, as there were large variations in provision.

Points raised following the update included:

- Need to examine cross system issues and engagement with as many bodies as possible for example in relation to Hospices.
- Multiple commissioners and cross local authority boundaries, which could cause issues for future priorities.
- End of life care to improve the dignity of patients and involvement of the community to ensure that informed choices could be made. Future involvement of schools in this area.
- Consistency of use and difficulties arising from the use of Do Not Resuscitate (DNR) forms.
- Difficulties with performance statistics/quality standards in different areas of work.
- Need for qualitative rather than quantitative monitoring of achievement.
- Social isolation information previously prepared by Age Concern and work carried out by LINKs on end of life care.

Members congratulated those in attendance for the work carried out to date and for the update, which would inform their future work planning.

11. PROGRESS REPORT - NHS REFORMS AND THE WORK OF THE TRANSITION BOARD

The Committee considered a briefing paper on the Transition Board and NHS Reforms prepared by the Council's Corporate Strategy Manager. The paper detailed both national and local developments together with the roles for the Health Scrutiny and Overview Committee.

The Council's Corporate Strategy Manager detailed the main changes including:

- Confirmation that the key changes required further consideration.
- Clinical Commissioning Consortia would be established on the basis of boundaries that would cross local authority boundaries. However York was different but this would require justification. These views would be made known as the clinicians had requested that the consortia should continue using the current boundaries.
- There would be wider representation on the Boards and lay members would have additional roles.

Members went onto question a number of areas including:

- the need for consistency with the Nolan principles,
- education and training in relation to York
- the continuing role for the scrutiny overview function and
- the 'new duty' of the Health and Wellbeing Boards to involve users and the public.

RESOLVED: That the progress reported on the NHS reforms and the work of the Transition Board be received and noted.

REASON: To continue to keep the Committee updated on progress to date in these areas.

12. WORK PLAN 2011/2012

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

The following issues were raised for further consideration:

- Possible work arising from the Scrutiny Work Planning Session on 25 July 2011.
- Palliative and End of Life Care, potentially in conjunction with LINKs, including a possible workshop event.
- Terms of Reference of Health and Wellbeing Board for consideration at 21 September meeting.
- Future update reports from NHS bodies to be included in the agenda for information only if possible.

RESOLVED: i) That the Chair and Vice-Chair in consultation with the Scrutiny Officer be delegated authority to amend the Committee's work plan in line with comments made at the meeting and following the work planning session scheduled for 25 July 2011.

ii) That the updated work plan be emailed to members.¹

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

Action Required

1. Update work plan and email to Members

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CLLR C FUNNELL, Chair

[The meeting started at 5.00 pm and finished at 6.45 pm].

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