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MEETING	HEALTH SCRUTINY COMMITTEE
DATE	4 JANUARY 2007
PRESENT	COUNCILLORS CUTHBERTSON (CHAIR), BRADLEY, FRASER, GREENWOOD, KIND, LOOKER and MOORE
IN ATTENDANCE	JOHN WARDLE (Chair, North Yorkshire and York PCT) NICK STEELE (Director of Finance, NY&YPCT) BILL REDLIN (Director of Performance and Delivery , NY&Y PCT) DAVID GEDDES (Medical Director, NY&YPCT) DENISE SMITH (Head of Primary Care Delivery, NY&YPCT) MIKE PROCTOR (Chief Operating Officer and Director of Nursing, York Hospitals Trust) RACHEL JOHNS (Director of Health, former Selby & York PCT) BILL HODSON (Director of Adult Social Services, City of York Council)

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### **32. DECLARATIONS OF INTEREST**

The Chair invited Members to declare at this point any personal or prejudicial interests they might have in the business on the agenda. The following interests were declared:

- Cllr Fraser – a personal, non prejudicial interest in any personnel issues that may arise from the PCT proposals reported under agenda item 6 (Referral Criteria and Service Thresholds for GPs) and / or agenda item 7 (Urgent Business), as a member of UNISON..
- Cllr Moore – a personal, non prejudicial interest in the business generally, due to his wife being employed by a GP's practice.

### **33. MINUTES**

RESOLVED: That the minutes of the meeting of the Health Scrutiny Committee held on 4 December 2006 be approved and signed by the Chair as a correct record, subject to the removal of the words "and employee" against Cllr Fraser's name under Minute 27 (Declarations of Interest).

### **34. PUBLIC PARTICIPATION**

It was reported that John Yates, of the Older People's Assembly, had registered to speak at the meeting in relation to agenda items 4 (Partnership Working and the Healthy City Board) and 6 (Referral Criteria and Service Thresholds for GPS).

On agenda item 4, Mr Yates queried how the Older People's Partnership Board would relate to and interact with the new North Yorkshire and York PCT and, in view of the minimal responses received to date by the Older People's Assembly from the PCT, what actions were being taken to renew this important partnership link with older people. On agenda item 6, he asked what evidence there was to show that GPs had the necessary expertise, training and equipment to treat patients at a higher level and whether adequate liaison arrangements had been put in place with consultants.

### **35. PARTNERSHIP WORKING AND THE HEALTHY CITY BOARD**

Members received a report which introduced a presentation from Rachel Johns, Director of Public Health with the former Selby and York PCT, and Bill Hodson, Director of Adult Social Services at City of York Council, on the work of the Healthy City Board (HCB).

Bill Hodson outlined the relationship between the HCB and the "Healthier Communities and Older People" block of the Local Area Agreement (LAA). He circulated details of the vision, context, key outcomes and performance monitoring targets relating to the Healthier Communities and Older People programme and explained the process of accountability and reporting to the Local Strategic Partnership via the Without Walls Board.

Rachel Johns explained that the LAA had been developed on the basis of existing structures and provided a good foundation to establish a new relationship between the Council, the PCT and other Health partners. A targeted approach was being taken, to reduce health inequalities throughout the City. The next step was to ensure a delivery plan for the areas to be tackled, which included respiratory diseases related to deprivation and the needs of carers, as well as the main priorities of heart disease and cancer.

In response to questions from Members, it was confirmed that:

- HCB would monitor progress on the targets to the executive delivery group of the Without Walls partnership and the annual community conference;
- Performance indicators had been produced by identifying potential indicators from a list of priority areas then narrowing them down to those which could be delivered;
- The new PCT would be the lead partner on those targets where the Selby and York PCT had previously performed this role;
- The Council had particular responsibility for delivery of cross-cutting targets. Directors were meeting each month to monitor these and ensure that work did not become 'pigeonholed'.
- The target for reducing obesity (HCOP3.1) had been relaxed due to advice that the previous target was too ambitious, but it would be re-visited at a future date.

RESOLVED: (i) That Rachel Johns and Bill Hodson be thanked for their presentation and the information noted.

(ii) That this issue be brought back to the Committee in two to three months' time, in order to identify an area for further scrutiny.

REASON: To ensure that the Committee remains informed of the wider health issues affecting the people of York and the actions being taken to address these.

### **36. DENTAL SERVICES IN YORK**

Members considered a report which asked them to decide whether to carry out a scrutiny review of NHS dental provision in York. A written briefing on the service, provided to the Committee meeting in October 2006, was attached as Annex A to the report.

Denise Smith, of North Yorkshire and York PCT, provided an update on the information circulated last October. She reported that, in York, 18 dentists had now signed up to the new NHS contract and 8,000 patients had been allocated to NHS dentists. There were currently around 3,000 people on the database awaiting allocation, most of whom were York residents. Facilities were still available to provide emergency treatment for those who had not yet been allocated to a dentist or who did not wish to register for allocation.

In response to Members' questions, it was confirmed that:

- The target to allocate to a dentist within 6 months of registration on the database was generally being achieved in York, except in cases where the first allocation was refused;
- Data on the total number of patients registered with a dentist was no longer available, as the new contracts were based upon units of dental activity rather than numbers of patients;
- The allocation system involved agreeing with each practice how many patients they were able to accept on a monthly basis;
- Urgent cases were referred to the North Yorkshire Dental Services and would normally be offered treatment within 24 hours;
- Only one practice in York had left the NHS since March, and the growth of dental insurance schemes had not been an issue to date;

Members agreed that it was important to monitor the waiting times for allocation to ensure that the targets continued to be met or exceeded.

RESOLVED: That the Committee maintain a watching brief on the issue of dental provision in York and receive an update over the next three months on the position of the database and waiting list.

REASON: To enable the Committee to carry out their duty to promote the health needs of the people of York.

### **37. REFERRAL CRITERIA AND SERVICE THRESHOLDS FOR GPS**

Members received a report which presented an updated version of the guidelines to GPs on referral criteria and service thresholds. A draft of this document had been considered at the Committee meeting in July 2006. The updated version was attached as Annex A to the report. The matter had been discussed further at the Committee meeting on 4 September.

A presentation was received from John Wardle, Chair of the North Yorkshire and York PCT, Nick Steel, Financial Director and Bill Redlin, Performance Director, on the new PCT's current work and future plans. As well as the referral criteria and service thresholds, this encompassed the Financial Recovery Plan dealt with under Urgent Business (see Minute 38 below). Dr David Geddes was also present, to respond to Members' questions on the referral criteria and service thresholds. It was suggested that the Powerpoint slides from the presentation be made available to all Members of City of York Council as well as to Health Scrutiny Members.

In respect of the referral criteria / service thresholds, Members queried:

- a) What assurances could be given that the number of referrals in York would not fall below those elsewhere in the region and what monitoring arrangements were in place to ensure this. Dr Geddes replied that the aim was to develop a service that met local needs, rather than 'one size fits all' and that the PCT would work in conjunction with local practice-based commissioning groups to ensure this was achieved.
- b) Whether an investment programme was being created to facilitate investment in community care, in the light of reduced referrals. Nick Steel agreed that this was an important aspect of modernisation and the recovery plan.
- c) How many GPs had been involved in discussions on the referrals process and whether there had been any consultation with health visitors and district nurses. Dr Geddes confirmed that GPs had been kept involved in the process and its development via a chain of discussion. Employees had been kept informed via newsletters etc.
- d) Whether there would be any consultation with the general public. John Wardle indicated that feedback would be obtained from patients' organisations and special interest groups as part of an ongoing process of review and development.

RESOLVED: That the information provided in the report, annex and presentation be noted.

REASON: So that the Committee remains up to date on medical services available in York.

### **38. URGENT BUSINESS - NORTH YORKSHIRE AND YORK PCT'S FINANCIAL RECOVERY PLAN**

The Chair raised the matter of the financial recovery plan prepared by the new North Yorkshire and York PCT. He asked that this issue be considered under Urgent Business, on the basis that the plan was due to be put before the PCT Board for approval at their meeting on 9 January and, if approved, would become effective from 1 January. These facts had emerged very recently, over the Christmas and New Year holiday, so this

was the first and only opportunity that the Health Scrutiny Committee would have to consider and comment upon the plan before it was approved by the Board.

The presentation referred to under Minute 37 above provided full details of the plan, which comprised the following proposed actions and initiatives to tackle the PCT's projected year-end deficit of £45m:

- Measures to reduce expenditure on secondary care, including going no further than required in reducing waiting lists and achieving maximum value under the contract with York Caggio independent treatment centre by ensuring that all suitable patients be treated there;
- Reducing Accident and Emergency demand by more appropriate management of patients and introduction of more direct primary care involvement;
- Putting in place consultant-led clinical assessment teams for all acute trusts, to assess patients prior to admission;
- Proactive management of patients to reduce excess 'bed days';
- Establishing strong financial controls across the PCT;
- Reducing redundancy provision where possible;
- Minimising management structure costs.

The plan was intended to provide a balanced programme which would protect care services whilst providing options for managing the PCT's finances.

Members expressed concern about the short timescale set for the PCT Board to approve the proposals, the lack of prior consultation with the Health Scrutiny Committee, lack of provision for consultation with the general public (as oppose to special interest groups) and the failure of the PCT to liaise with the City of York Council's Adult Social Services department regarding the potential impact of the plan on the Council's services and budget. In response, the PCT representatives stressed that the proposals to be put before the PCT Board on 9 January were intended as short-term actions for the final quarter of the current financial year and into next year. A Service Modernisation and Financial Recovery Plan for the longer term would be produced and publicised within the next few months. This would be subject to review and consultation as part of an ongoing process of development. They agreed that it was essential to establish a dialogue in order to determine the effect of the proposals on Council-funded services.

Before reaching their decision on this item, Members considered and rejected the following alternative options:

**Option 1** – do nothing. This was not considered acceptable, as it would not discharge the Committee's duty to represent York residents.

**Option 2** – arrange another meeting to scrutinise the matter at a later date. This was not considered a viable option, in view of the timescale for approval of the proposals by the PCT Board.

**Option 3** – scrutinise the proposals over a period of time. This option was rejected for the same reason as Option 2.

**Option 4** – refer the matter to the Secretary of State in accordance with the Committee's statutory powers under paragraph 4 of the Local Authority

(Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, on the basis that there had been inadequate consultation with Health Scrutiny on the proposals. This option was rejected as Members felt it would not provide a constructive way forward.

RESOLVED: (i) That the proposals to be put before the PCT Board on 9 January 2007 be accepted, subject to the PCT undertaking to provide, during development of the financial recovery plan:

- a) adequate consultation arrangements with York NHS Hospital Trust and the City of York Council;
- b) a consultation process that includes the general public and voluntary organisations.

(ii) That all areas of the plan that may involve a change in service be subject to further review at the next meeting of the Committee.

REASON: To ensure that the new PCT's financial recovery plan is kept under review and subjected to proper consultation.

I CUTHBERTSON, Chair

[The meeting started at 5.00 pm and finished at 8.30 pm].