Notice of meeting of

Health Scrutiny Committee

To: Councillors Fraser (Chair), Alexander, Ayre (Vice-Chair), Douglas, Morley, Sunderland and Wiseman

Date: Monday, 30 March 2009

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. Declarations of Interest (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.

2. Minutes (Pages 5 - 10)
To approve and sign the minutes of the last meeting of the Committee held on 2 February 2009.

3. Public Participation
At this point in the meeting members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. Anyone who wishes to register or requires further information is requested to contact the Democracy Officer on the contact details listed at the foot of this agenda. The deadline for registering is Friday 27 March 2009 at 5.00pm.

4. Annual Health Check 2008/09 (Pages 11 - 14)

This report updates Members and asks them to note the further developments in relation to the Annual Health Check 2008/09.

Representatives of the Yorkshire Ambulance Service will be attending the meeting to present their draft declaration to the Committee.

[In view of the length of the documents, Annexes 1 to 3 of this report are viewable as part of the on-line agenda]

5. Information Report on the Public Health Bill 2009 (Pages 15 - 38)

This report is to inform Members about the content of the Public Health Bill 2009 which was introduced into Parliament on 15 January 2009. Members are asked to note the report.

6. Information Report on 'Delivering Healthy Ambitions'. (Pages 39 - 42)

This report informs Members about the 'Healthy Ambitions' and 'Delivering Healthy Ambitions' documents produced by the NHS Yorkshire and the Humber. Members are asked to note the report and consider inviting the Strategic Health Authority to give a presentation on the proposals.

7. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

[A copy of the Health Scrutiny Committee's work plan for 2008/09 is attached for information]

Democracy Officer:

Name: Jill Pickering
Contact details:

- Telephone – (01904) 552061
- E-mail – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

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Agenda Annex

About City of York Council Meetings

Would you like to speak at this meeting?
If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088

Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements
We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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Holding the Executive to Account
The majority of councillors are not appointed to the Executive (38 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Advisory Panel (EMAP)) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees
The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

Agenda Item 1

HEALTH SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Fraser	Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison;
Councillor Wiseman	Governor of York Hospitals NHS Foundation Trust.

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City of York Council	Committee Minutes
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	2 FEBRUARY 2009
PRESENT	COUNCILLORS FRASER (CHAIR), ALEXANDER, AYRE (VICE-CHAIR), MORLEY, WISEMAN AND SIMPSON-LAING (SUBSTITUTE)
IN ATTENDANCE	MELANIE BRADBURY – NYYPCT NIGEL BURCHELL – HEAD OF STRATEGIC PARTNERSHIPS CYC ADAM GRAY – SENIOR PARTNERSHIPS OFFICER CYC DICK HASWELL – HEAD OF LICENSING AND REGULATORY CYC SUE HOLDEN – YORK HOSPITALS NHS FOUNDATION TRUST CLLR MOORE - CYC GRAHAM PURDY – NYYPCT ANNIE THOMPSON – LINKS CO-ORDINATOR
APOLOGIES	COUNCILLORS DOUGLAS AND SUNDERLAND AND COUNCILLOR SUE GALLOWAY (RE AGENDA ITEM 5)

36. 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.

The following interests were declared:

Councillor Fraser – personal and non-prejudicial interest as a Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison.

Councillor Wiseman – personal and non-prejudicial interest as a Governor of York Hospitals NHS Foundation Trust.

Councillor Alexander declared a personal and non-prejudicial interest in agenda item 5 (Feasibility Study – Alcohol Harm Reduction Strategy) as Chair of the Gambling and Licensing Acts Committee.

37. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 5 January 2009 be approved and signed by the Chair as a correct record.

38. PUBLIC PARTICIPATION

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

39. LOCAL INVOLVEMENT NETWORKS (LINKS) - PROGRESS UPDATE

Members received a report updating the Committee on current progress in establishing a Local Involvement Network (LINk) for the city of York. The report also outlined the steps and measures that needed to be taken to ensure that LINks established an effective working relationship with the Health Scrutiny Committee.

RESOLVED: (i) That the update report be noted.

(ii) That a further update report be presented to the Committee in six months time[1].

REASON: To continue to track the development of LINks in York.

Action Required
1 Add item to workplan to show report due in six months GR

40. FEASIBILITY STUDY - ALCOHOL HARM REDUCTION STRATEGY

Members received a report asking them to consider a scrutiny topic registered by Councillor Sue Galloway to scrutinise the performance and value for money of the North Yorkshire and York NHS's alcohol treatment services, particularly in relation to admissions and the impact on National Indicator 39 of the Local Area Agreement.

Representatives from the Primary Care Trust and York Hospital NHS Foundation gave details of the work that was taking place regarding the setting of targets and the commissioning of services in respect of alcohol misuse.

It was noted that data was collected and reported but there were a number of difficulties in obtaining accurate information from patients admitted to the Accident and Emergency Department. Staff were initially concerned with treating the presenting injury and would not ordinarily be aware that a patient had been drinking unless the patient informed them of this. There was a need to deal sensitively with patients and hence questioning about their alcohol intake may be seen as intrusive or inappropriate. Instances could also arise whereby a person who had been drinking may have been involved in an accident but alcohol may not have been a contributory factor. The gathering of statistical data by A&E staff also had to be seen in the context of the often significant demands on their time and the pressures to keep down waiting times.

Members were informed of a Government Office pilot project that was taking place at Harrogate Hospital whereby data was being collected electronically by hospital staff.

RESOLVED: (i) That, prior to a decision being made as to whether to proceed with a scrutiny review on this topic, a joint briefing paper be prepared by the Primary Care Trust and the Hospital to include:

- Clarification as to the data that is currently collected
- Confirmation of targets and how these are reported (including the definition of an alcohol related hospital admission)
- Historical data
- Feedback from the pilot being carried out by Harrogate Accident and Emergency Department in respect of the electronic collection of data.

(ii) That, following the meeting, representatives from the Primary Care Trust and the Hospital advise the Scrutiny Officer of a realistic timescale within which the briefing report could be completed and presented to the Committee[1].

REASON: To enable the Committee to determine whether there was a need to proceed with a Scrutiny Review in respect of Alcohol Harm Reduction Strategy.

Action Required
1Item to be added to the workplan for Health Scrutiny Committee GR

41. FEASIBILITY REPORT - ACCESS TO DENTAL SERVICES IN YORK

Members received a report asking them to consider a scrutiny topic registered by Councillor Moore to scrutinise access to dental services in York.

Councillor Moore informed the Committee of his reasons for recommending that a review take place, as outlined in the report.

A representative from the North Yorkshire and York Primary Care Trust (NYYPCT) informed the Committee that members of the Oral Health Group, which included dentists and dental health consultants, were willing to assist in and be involved in the scoping of any such review. North Yorkshire Council was currently carrying out a review of access to dentists in rural areas and was looking to extend this to a broader review of dental provision. Consideration could be given to carrying out a joint review into the more general issues although North Yorkshire were not likely to embark upon such a review until summer 2009.

Discussion took place regarding the allocation of "Units of Dental Activity" (UDAs). The Committee was informed that Doncaster had implemented a different system in respect of UDAs and it was suggested that it might be worthwhile to find out more about this initiative.

It was noted that, at their previous meeting, the Committee had requested specific data from the NYYPCT, including information for the York area only and statistics that enabled year on year comparisons to be made. This information was due to be presented to the Committee in May 2009. It was suggested that it may be useful to defer making a decision on whether to proceed with a review until the committee had received and considered the data from the PCT. Discussion took place as to ways in which qualitative data could be obtained should a decision be taken to proceed with a review. It was acknowledged that there may be difficulties in defining patient experience. Assessments as to a patient's ability to access treatment may also prove problematic as, for some patients, the issue was that although appointments were available, they needed to access treatment at a time that was convenient to them.

It was noted that, at their AGM in March, LINk were due to consider whether to undertake a project in respect of dental services. Views were put forward that it may be helpful to look at the possibility of working jointly with LINk if it was agreed at their AGM to proceed with a review of dental services.

Members were informed that Calderdale Scrutiny Committee had carried out a review of oral health provision. Copies of their report dated August 2007 were available from the Scrutiny Officer.

Views were expressed that it would not be advisable to proceed with a review whilst the information from the PCT and the decisions of LINk and North Yorkshire Council were awaited. Other members stated that a review should take place as soon as possible.

RESOLVED: (i) That the decision as to whether or not to undertake a review of access to dental services in York be deferred until the following additional information was available:

- Statistical data from the PCT (as requested at the previous meeting).
- Confirmation as to whether LINk was intending to look at dental provision within its workplan[1].
- Confirmation as to whether a Scrutiny Committee of North Yorkshire Council was proposing to carry out a review of access to dental services - this would determine whether it was appropriate to consider carrying out a joint review[2].

(ii) That a briefing note be prepared regarding the arrangements that Doncaster PCT has put in place in respect of UDAs[3].

REASON: To enable the Committee to determine whether there was a need to proceed with a Scrutiny Review in respect of access to dental services in York.

Action Required

1 Scrutiny Officer to liaise with LINk - diarise contact after their AGM	GR
2 Scrutiny Officer to liaise with NYYPCT - diarise contact Summer 2009	GR
3 Item to be added to the workplan	

Cllr S Fraser, Chair
[The meeting started at 5.00 pm and finished at 6.05 pm].

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Health Scrutiny Committee **30 March 2009**

Report of the Head of Civic, Legal & Democratic Services

Annual Health Check 2008/2009

Summary

1. This report is to update Members on further developments in relation to the Annual Health Check 2008/2009.

Background

2. The Healthcare Commission is an independent body, which is responsible for assessing and reporting on the performance of NHS and other health care organisations.

3. The Annual Health Check is the system that the Healthcare Commission uses to assess the performance of all NHS trusts and a few other types of organisation in the NHS in England. In 2008/2009 it will be assessing:

- Acute Trusts (including Foundation Trusts)
- Ambulance Trusts
- Mental Health Trusts (including Foundation Trusts)
- Learning Disability Trusts
- Primary Care Trusts (both as providers and commissioners of care)
- Care Trusts
- The Health Protection Agency
- NHS Direct
- NHS Blood & Transplant

4. The Healthcare Commission has a statutory duty to publish an annual rating of performance for each organisation. This is done in two parts. The first is a score for quality of services. For most organisations, this is in two parts: an assessment of compliance with core standards set by the Department of Health, on whether requirements have been met, and an assessment based on indicators. The core standards set out the basic standards of healthcare that patients can expect to receive. They cover areas of real importance to patients such as the safety and quality of care and the accessibility of services. The indicators are based on a set of 'vital signs' that are published

by the Department of Health to provide a national framework of priority issues within which local services are to be planned and provided.

5. In 2008/2009, a score on the quality of financial management, derived from work done by the Audit Commission for non-Foundation Trusts and Monitor for Foundation Trusts, will form the second part of the rating. This replaces the 'use of resources' score in previous years.

6. To demonstrate achievement of the core standards NHS Trust Boards are required to make a self-assessment and a public declaration on the extent to which they consider that they have met the standards. These declarations can be supplemented by third party comments from partners in the community such as Local Authority Overview and Scrutiny Committees. These are considered to be important as they substantiate the self-assessments and ensure that different perspectives are included in the returns.

7. The Annual Health Check will now separately assess Primary Care Trusts (PCTs) in their roles as commissioners and providers of services. Further information can be found on the Healthcare Commission website which is frequently updated.

   http://www.healthcarecommission.org.uk

Further information

8. The criteria for assessing the core standards is now available at the above website address. Due to the length of the documentation it has not been included as part of the printed agenda but is viewable as part of the on-line agenda as Annexes 1, 2 and 3.

9. The core standards for all of the Trusts fall into 7 main domains, which are then split down into further subsidiary areas. The core standards domains are as follows:

   - Safety
   - Clinical and cost effectiveness
   - Governance
   - Patient Focus
   - Accessible and responsive care
   - Care environments and amenities
   - Public health

10. The Yorkshire Ambulance Service (YAS) will be attending the meeting and presenting their draft declaration to the Committee.

Consultation

11. At the meeting on 5th January 2009 Members of the Committee agreed to delegate to the Chair, Vice-Chair and Councillor Wiseman, the responsibility of creating a commentary on the declarations of any of the NHS Trusts that they feel appropriate. These comments will then be circulated to all Committee Members for their input prior to being forwarded to the relevant Trusts. The three Trusts are now in the process of preparing their draft declarations and the delegated Members of the Committee will be preparing the Committee's commentaries in early April 2009.

12. The Chair, Councillor Wiseman and the Scrutiny Officer have also attended a short presentation given by the Deputy Director of Performance and Compliance at York Hospital. This informed them of the processes that the Hospital would undertake in order to produce their draft declaration.

Options

13. This report is for information only.

Analysis

14. Evidence based information about how patients and the public are experiencing NHS services forms a valuable contribution to the Trusts' self-assessment. Overview and Scrutiny Committees are invited to comment because the Healthcare Commission recognises that information collected in scrutiny reviews and through discussions between Health Scrutiny Committees and NHS Trusts can provide a patient and public experience that cannot be collected from anywhere else.

15. Due to the large number of core standards Members may wish to consider commenting on some rather than all of the standards. For example, they may chose to focus on one of the seven core standard domains rather than attempting to comment on all of them.

Corporate Priorities

16. This relates to the following Corporate Priority:

    'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

17. There are no known financial, human resources, equalities, legal, crime & disorder, IT or other implications associated with the recommendations in this report.

Risk Management

18. In compliance with the Council's risk management strategy there are no known risks associated with this report.

Recommendations

19. Members are asked to note the report.

    Reason: To enable the Health Scrutiny Committee to carry out their duty to promote the health needs of the people they represent.

Contact Details

Author:
Tracy Wallis
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Tel: 01904 551714

Chief Officer Responsible for the report:
Quentin Baker
Head of Civic, Legal & Democratic

Report Approved ✓ **Date** 18.03.2009

Specialist Implications Officer(s)

None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes (viewable as part of the on-line agenda or through the Healthcare Commission's website.)

Annex 1	Criteria for assessing core standards in 2008/09 (Acute Trusts)
Annex 2	Criteria for assessing core standards in 2008/09 (Ambulance Trusts)
Annex 3	Criteria for assessing core standards in 2008/09 (Primary Care Trusts)

CITY OF YORK COUNCIL

Health Scrutiny Committee **30 March 2009**

Report of the Head of Civic, Legal & Democratic Services

Information Report on the Public Health Bill 2009

Summary

1. This report is to inform Members about the content of the Public Health Bill 2009. The Health Bill was introduced into Parliament on 15 January 2009. It proposes measures to improve the quality of NHS care, the performance of NHS services, and to improve public health.

Background & Information about the Bill

2. The Health Bill 2009 aims to improve the quality of NHS care and services and to improve public health. It concentrates on the following key areas:

Key areas:

- Places a duty on providers and commissioners of NHS services to have regard to a new NHS Constitution, which will set out the responsibilities of patients and staff
- Introduces direct payments for health services with the intention of giving patients greater control over the health care services they receive
- Introduces quality accounts, which would provide information on quality for patients, clinicians and managers, with the aim of improving local accountability for services
- Makes provisions to protect children and young people from the harm caused by smoking. These provisions relate particularly to advertising and sales from vending machines
- Extends the remit of the Local Government Ombudsman to consider complaints from people who have arranged their own adult social care
- Introduces a scheme by which prizes for innovation in health service provision may be awarded.

3. The paragraphs below give more detail regarding the key areas of the Bill and a fact sheet prepared by the Department of Health, containing further information, is attached at Annex A to this report.

PART 1 - Improving the Quality of NHS Care

Establishing a framework for the NHS Constitution

4. The Bill places a duty on all providers of NHS services to have regard to the NHS Constitution. The NHS Constitution will secure the enduring principles of the NHS, setting out the rights and responsibilities of patients and staff. The Bill also sets out the structure for reviewing the NHS Constitution and accompanying handbook.

Creating new Quality Accounts

5. The Bill will drive up the quality of health services through a duty on providers of NHS healthcare to produce new Quality Accounts. The Quality Accounts will contain information on quality for the benefit of patients, clinicians and managers, and will be used to inform local accountability for services, and to assist clinicians, commissioners and patients in driving improvements.

Enable the piloting of direct payments for health care

6. The Bill facilitates the further development of ways to give patients greater personalisation and control over the health care services they receive. It does this by enabling the piloting of direct payments for healthcare, within the wider programme to pilot personal health budgets. Personal health budgets are part of a range of policies designed to personalise NHS services, including care planning and patient choice.

7. Lord Darzi announced in his Next Stage Review of the NHS that the Department will launch in 2009 a pilot of personal health budgets, as a way of giving patients greater control over the services they receive and the providers from which they receive services. The pilots will draw on the experience of other health systems and in social care.

Establishing innovation prizes

8. The Bill helps to foster an enterprise and innovation culture within the NHS by creating new prizes for innovations that directly benefit patients and the public.

PART 2 – Improving the Performance of NHS Services

Establishing a regime for unsustainable NHS providers

9. The Bill protects patients and staff from failing services. It ensures high quality local services for all patients and service continuity in the event of organisational failure by establishing a regime for unsustainable NHS providers.

Increasing powers of suspension

10. The Bill enables the Secretary of State to suspend public appointees of Strategic Health Authorities and relevant Arms Length Bodies in order to strengthen the way the healthcare system holds leaders to account when they fail to meet the requirements of public office.

PART 3 – Improving Public Health and Miscellaneous

Strengthening tobacco control

11. The Bill prohibits the display of tobacco products at the point of sale and creates powers to control the sale of tobacco from vending machines. These provisions will help to reduce the impact of tobacco on health and well-being in future generations by protecting children and young people from the harm caused by smoking.

Reforming pharmacy

12. The Bill reforms current arrangements for pharmacies applying to provide NHS services and how performance meets required standards to ensure they are providing high quality services responsive to local needs.

Extending the adult social care complaints procedure

13. The Bill extends the remit of the Local Government Ombudsman to enable him to consider complaints from people who arrange their own adult social care. This will place such users on a similar footing to those adults whose social care is arranged and/or funded by Local Authorities.

Calculating GP and dentist pay

14. The Bill enables Her Majesty's Revenue and Customs to continue to assist in statistical enquiries carried out by or on behalf of the Department of Health relating to the earnings and expenses of GPs and dentists by providing relevant data in a summarised and anonymised form. This annual exercise is currently conducted on behalf of the Secretary of State and the devolved administrations by the NHS Information Centre for Health and Social Care.

Consultation

15. This report is for information only but extensive consultation and pilot programmes have taken place in relation to this Bill.

Options

16. This report is for information only.

Analysis

17. This report is for information only but Members should note that there are still ongoing discussions and amendments being made to the Bill at the present time. The Bill is currently being debated in the House of Lords and will, in due course, go through the House of Commons; dates for this parliamentary progress are as yet unknown.

Corporate Strategy

18. This report relates to the following Corporate Priority:
'Improve the health & lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

19. There are no financial, human resources, equalities, legal, crime & disorder, information technology, property or other implications associated with this report.

Risk Management

20. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendation in this report.

Recommendations

21. Members are requested to note the report.

    Reason: To keep Members fully informed in relation to current legislation.

Contact Details

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Chief Officer Responsible for the report:
Quentin Baker
Head of Civic, Legal & Democratic
Tel: 01904 551004

Report Approved ✓ **Date** 12.03.2009

Specialist Implications Officer(s)
None

Ward Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

- **Department of Health Website:**

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_093280#_8

- **Parliamentary Website**

http://services.parliament.uk/bills/2008-09/health.html

Annexes

Annex 1 – Fact Sheet on the Health Bill 2009

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Health Bill 2009

Part 1: Quality and Delivery of NHS Services

Chapter 1: The NHS Constitution

What is the NHS Constitution?

The NHS Constitution sets out the principles and values of the NHS. It also sets out in one place the rights and responsibilities of patients and staff, and the NHS pledges to patients and staff. The Handbook to the NHS Constitution, which acts as a guide, provides further detail on the content of the NHS Constitution.

Both documents are the product of an extensive consultation process, including a public consultation, and staff and public events in Primary Care Trusts across the country. The process was overseen by a Constitutional Advisory Forum made up of leading stakeholders.

What does the Bill do?

The NHS Constitution itself does not form part of the Bill, as the rights contained already exist in law or are being implemented through secondary legislation using current powers.

The Bill sets out the framework for how the NHS Constitution will operate, including:

- a new legal duty on providers of NHS services in England and other relevant bodies to have regard to the Constitution; and
- a duty on the Secretary of State to consult on, review and re-publish the Constitution at least every ten years, and to report on its impact.

Context and Background

Why is the Government creating an NHS constitution?

The NHS is our most cherished institution. The Constitution provides an opportunity to reaffirm the core values of our health service and refresh them for the 21st century so that they provide a basis for a modern, forward-looking NHS.

The Constitution sets out clear commitments to patients, public and staff in the form of the rights to which we are entitled, the pledges which the NHS is committed to achieve, and the responsibilities which the public, patients and staff owe to each other to ensure the NHS operates fairly and effectively.

By bringing these together in one place, for the first time, the Constitution gives power to patients, staff and the public by setting out clearly what we have a right to expect from the NHS, and what people can do if those rights are not met.

The NHS Constitution and accompanying Handbook were published on 21 January 2009 and are available at http://www.dh.gov.uk/nhsconstitution

Chapter 2: Quality Accounts

Context and Background

Providing better information on the quality of NHS healthcare services is a key part of the quality framework set out in *High Quality Care for All*.

This report gave a commitment to place a legal requirement on providers to publish information on the quality of health services in a "Quality Account", which would be used to inform local accountability for services, and to assist clinicians, commissioners and patients in driving improvements.

Why are Quality Accounts important?

Quality accounts will inform patients, carers, managers and clinicians of the quality of their local hospital and community services.

It will also make local services more accountable to patients and the public, who will have clear information on the quality of care provided.

Quality Accounts will ensure that providers of NHS healthcare focus on quality improvement as a core function, helping clinicians to benchmark their performance and providing information that Primary Care Trusts and Strategic Health Authorities can use to help to monitor provider performance.

What will Quality Accounts look like?

The data to be contained in the Quality Accounts will be set out in regulations, following consultation with stakeholders. However, for indicative purposes, the data within quality accounts could be drawn from:

- Information required by Department under the terms of the Operating Framework, and other national reporting frameworks;
- Information relating to safety and quality which as supplied to the Care Quality Commission to assure providers' compliance against their registration requirements;
- Information relating to quality which is supplied to the Care Quality Commission in respect of special reviews, investigations or studies which have concluded;
- Data on quality which may be required under the terms of a contract with a PCT;
- Information supplied for clinical audits;
- Information on local quality priorities, to be determined by the provider having regard to any guidance issued by the Secretary of State.

What does the Bill do?

The Bill will place a duty on providers of NHS healthcare to produce Quality Accounts.

The Bill will give the Secretary of State power to set out in regulations the content (including locally agreed elements), format and timing of Quality Accounts.

These regulations will be developed with stakeholders and subject to formal consultation.

Chapter 3: Direct Payments for Health Care

Context and Background

The consultation for the Next Stage Review provided a clear and consistent message that people want to have more control over their health.

High Quality Care for All included a commitment to launch a pilot programme in 2009 to test personal health budgets as a way of giving people greater control over the services they receive, and the providers that deliver them. Even if only a small number of people would find that their needs lend themselves to a personal health budget, the impact on the way that their care is delivered may be much wider.

Learning from the experience in social care

Individual Budgets were piloted in social care in England, across 13 councils, in 2006-2008. A range of deployment options were tested by sites, including direct and indirect payments, virtual budgets, care managed accounts, voucher schemes, pre-payment cards and individual service funds where budgets were held by a provider. Just under 1,000 people participated in the pilots.

The evaluation of the pilots showed that the implementation of individual budgets led to an increase in the proportion of people, in most social groups, who reported feeling in control of their care. This was particularly true of people with mental illnesses. Holding an individual budget was also associated with improved levels of social care outcomes for most people.

The personal health budget pilot intends to build on this experience, both on the successful elements, and the areas where there was room for improvement.

What are personal health budgets?

A personal health budget helps people to get the services they need to achieve their health outcomes, by letting them take as much control over how money is spent on their care as is appropriate for them.

It does not necessarily mean giving the individual the money itself – a direct payment for health care is just one form of personal health budget. We think there are three main types of personal health budget:

- Notional budget - People have information about costs, which means they are aware of the financial implications of their choices. The NHS underwrites overall costs and retains 'risk pooling', all contracting and service coordination functions.
- Real personal budget held by a third party - People are allocated a 'real budget', but this is held by a third party (for example a GP, a care manager or advocate) on that person's behalf. The third party helps them choose what services are then purchased with the personal health budget.
- Direct payments for health care- People are given a direct payment to purchase services themselves. People would also be expected to manage their services, including personal assistants, care managers and financial intermediaries. This would be the health equivalent of direct payments currently used in social care.

Why is legislation needed?

Notional budgets and real personal budgets held by a third party can be set-up under existing legislation. However, the Secretary of State does not currently have the legal power to make direct payments for health care directly to patients.

What does the Bill do?

The Bill will provide powers to allow the Secretary of State (in practice devolved to Primary Care Trusts) to make direct payments to people, enabling them to arrange and pay for their own health care.

Initially the payments would be made by specific Primary Care Trusts as part of a pilot programme.

The Bill allows for the detail of the pilot schemes, e.g. the types of services for which direct payments can be used, to be set out in regulations.

If the pilots are successful, direct payments for health care may be rolled out nationally through secondary legislation, subject to the approval of Parliament. If not, then the powers to make direct payments for health care could be withdrawn without the need for further primary legislation.

How long will the pilots run for?

Overall, the pilot programme is expected to run for 3 years from summer/autumn 2009. Subject to Parliamentary approval, piloting of direct payments as part of that programme is likely to start in 2010.

Who will receive direct payments for health care?

A direct payment for health care would not be right for everyone. However, the Government are looking for pilots to investigate personal health budgets with a range of groups, to enable innovation, and to establish the necessary evidence base.

So far, people have told us that some people receiving NHS continuing healthcare, people with long-term conditions, or those who use mental health services could benefit most.

What services can be bought?

Again, for the purposes of piloting, the Government want pilot sites to investigate whether personal health budgets would be useful in a wide range of services. The Government anticipates that they will be most effective where there is scope for people to tailor services to their specific needs. However, the Government intends to explicitly exclude emergency care and basic GP services from the pilots.

What progress has been made so far?

Since the announcement, the Government have been working with a range of people to design the pilot programme. *Personal Health Budgets: First Steps,* sets out some of our learning so far, and invites expressions of interest from potential pilot sites.

Chapter 4: Innovation Prizes

Context and Background

High Quality Care for All stated the Department of Health's intention to create prizes for innovations that directly benefit patients and the public.

These prizes will help foster an enterprise and innovation culture within the NHS. The prizes will be designed to engage a wide range of NHS staff. An independent expert panel will be recruited to advise on a series of challenges which could tackle some of the major health issues, such as radical breakthroughs in the prevention and treatment of lifestyle diseases.

The precise scope of the prizes is still to be agreed, but the consensus from stakeholders is that the prizes should be designed to engage a wide range of NHS staff. They will also encourage investment in the area of focus of the challenge – in common with other challenge initiatives, this overall investment is expected significantly to outweigh the prize money on offer.

An Expert Panel will be established to advise the Secretary of State on the challenges to be set, the quality of the entrants and rewards to be made.

Why is legislation necessary to award prizes?

A common view from stakeholders who contributed to the NHS Next Stage Review was that there is currently a lack of support and encouragement, and insufficient recognition and celebration of innovation and innovators in the provision of NHS services.

Whilst the Secretary of State for Health can currently award grants to assist research that power is limited and does not extend to awarding money retrospectively (for example to recognise and reward work that has already been completed).

What does the Bill do?

The Bill will enable the Secretary of State to award prizes to promote innovation in the provisions of health services.

Part 2: Powers in Relation to Health Bodies

Chapter 1: Trust Special Administrators

Context and Background

The majority of hospitals and trusts are performing well, providing high-quality services to patients and managing resources effectively. However, in the extremely rare cases where a trust fails to turn itself around, it is important that there are clear processes set out to ensure that services for patients continue to be provided.

The provisions of the Bill are intended to form part of a wider process for dealing with the poor performance and failure of NHS organisations.

The regime for unsustainable NHS providers will, in practice, pick up at the point where an organisation is unable to turn its performance around. The regime is likely to be the last step for providers who have been subject to previous recovery actions by Monitor or the new NHS performance framework.

Principles for the regime

The regime for unsustainable NHS providers is based on five essential principles:

- protection of patient interests must come first;
- state-owned providers are part of a wider NHS system;
- the Secretary of State for Health is ultimately accountable to Parliament for the NHS;
- the regime for unsustainable NHS providers should take into account the need to engage staff in the process; and
- the regime for unsustainable NHS providers must be credible and workable.

Why does this issue need to be addressed?

The Government believes there is no pre-existing special administration regime model that could be imported, without modification, to support the particular needs and values of the NHS. Our bespoke approach to developing an NHS-specific regime was supported in our recent consultation on the issue.

The key processes of the regime are prescribed in primary legislation. This will mean that they are applied systematically in these exceptional circumstances and that decisions will be made in a timely manner.

The full rationale is set out in our consultation and consultation response document.

What will the Bill do?

The Bill will create greater certainty of resolution for those very few NHS organisations that are not sustainable and cannot be turned around. It will set up one clear, rules-based system.

The new regime is intended to be the final stage in the performance process, where earlier attempts to improve performance using existing powers have failed and the continuation of the body in its present situation is not considered to be in the interests of the health service. The Department is clear that it will only be used in exceptional circumstances.

The Bill makes provision for the appointment of a Trust Special Administrator (TSA) to NHS trusts (including de-authorised NHS foundation trusts) and primary care trusts.

The TSA will run the NHS trust (or exercise certain provider functions in the case of a primary care trust) and produce, in consultation with local stakeholders, recommendations on its future. There are no new powers for the Secretary of State to take action – the TSA will recommend which existing powers the Secretary of State should exercise. In relation to NHS trusts, the options could include dissolution and transfer of staff and services to other NHS bodies or closure of certain services where there is oversupply locally. In the case of primary care trusts, the primary care trust could be required to stop providing services itself and to commission them from elsewhere.

The key processes in the regime are outlined in the following diagram.

The regime for unsustainable NHS providers – An overview

SofS considers it may be appropriate in the interests of the health service to trigger the regime for an **NHS Trust or PCT Provider** (in practice will be in rare circumstances when body is failing to improve performance, despite local intervention & support through the NHS performance framework).

SofS consults the trust, host SHA and appropriate commissioners of services.

If SofS considers it appropriate in the interests of the health service…

Monitor considers that an **NHS Foundation Trust** to which regime applies may be failing to comply with a notice under S52 and further exercise of S52 Powers is unlikely to resolve (in practice will be in rare circumstances).

Monitor consults SofS and then the trust, host SHA & appropriate commissioners of services. If satisfied as to matters above, Monitor gives written notice & accompanying report to SofS.

SofS makes order revoking trust's FT status and it becomes an NHS trust

An order is made appointing TSA (in the case of PCT providers, directions are made requiring the PCT to appoint TSA). Order or directions and report by SofS/Monitor explaining why the regime has been triggered to be laid in Parliament. TSA's name is published.

Within 5 working days

TSA commences & exercises functions of Board (or specified "provider" functions in the case of a PCT).

Within 45 working days

TSA produces and publishes a draft report (which SofS must lay before Parliament) & publishes a consultation plan.

In **producing report**, TSA consults the host SHA & relevant commissioners (as directed by SofS).

Within 5 working days

30 working day consultation begins

•TSA has **statutory consultation requirements** in relation to staff, staff representatives, the public, the host SHA & commissioners, if required by SofS directions. Regulations can set out additional persons who the TSA should consult e.g. OSCs & MPs.
• **Statutory guidance** to be produced to assist TSA in his/her duties.

Consultation ends

Within 15 working days

Final report presented to SofS, including summary of responses. SofS to lay report before Parliament.

Within 20 working days

SofS must decide what action to take and as soon as is reasonably practicable publish a notice of the decision & lay a copy of the notice before Parliament.

Glossary
PCT – Primary Care Trust
SHA – Strategic Health Authority
SofS – Secretary of State for Health
FT – Foundation Trust
TSA – Trust Special Administrator
OSC – Overview & Scrutiny Committee

Chapter 2: Public Health Appointments - Suspension

Context and Background

For several types of organisation in the NHS, the only options currently available, should there be concern about the performance of a non-executive director, are to allow the appointee to continue in their role, to seek a resignation, or to terminate the appointment. This limits the action that can be taken whilst further investigation takes place.

The Appointments Commission's review of the NHS public appointments process in December 2007 recommended swift action, in extremis, to suspend chairs and members of NHS Boards.

The Secretary of State for Health already has powers to suspend chairs and non-executive directors of Primary Care Trusts and NHS Trusts through secondary legislation made in June 2008. Primary legislation is necessary to implement the same reforms for other NHS bodies, relevant Arms Length Bodies and other bodies concerned with health.

What would be the benefit of extending the powers of suspension?

Extending powers of suspension to chairs and non-executive directors of Strategic Health Authorities, relevant Arms Length Bodies and some other health bodies would provide support to NHS appointees, by allowing time for a considered and balanced investigation to take place prior to any decision being made as to whether to terminate an individual's appointment.

It would also strengthen the way the healthcare system holds people to account when they fail to meet the requirements of public office.

What does the Bill do?

The Bill will create powers that enable the Secretary of State to suspend chairs, vice – chairs and other members of Strategic Health Authorities, Special Health Authorities relevant Arms Length Bodies and other bodies concerned with health whilst further investigations take place.

Where the powers are given to the Secretary of State the powers could be delegated to the Appointments Commission, as with other powers relating to public appointees.

Part 3: Miscellaneous

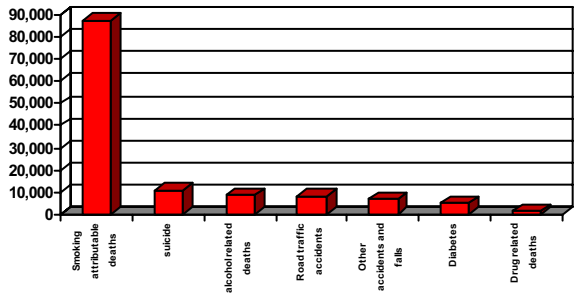
Tobacco

Context and Background

Smoking remains the main cause of preventable morbidity and premature death, accounting for 87,000 deaths a year in England alone, the equivalent to the entire population of a major city such as Durham.

Each year in England, deaths attributable to smoking total more than suicide, road traffic and other accidents, diabetes, drug and alcohol-related deaths put together.[1]

Number of deaths in England each year attributable to smoking as compared to other causes of death



The aim of Government policy is to reduce the incidence of illness and death caused by tobacco, and in particular to reduce the number of children and young people who take up smoking and the contribution of tobacco to health inequality. The Government also aims to support and assist those who wish to give up smoking.

The World Health Organisation's Framework Convention on Tobacco Control, to which the UK is a party, recommends removing tobacco displays to prevent marketing of smoking, particularly to young people, and encourages measures to ensure that tobacco machines are not accessible to minors.

Why do the policies in the Bill focus on smoking by young people?

The Government has a particularly important responsibility to protect children and young people from taking up smoking – making sure young people from all backgrounds have a fair chance to enjoy a healthy life throughout adulthood.

Youth uptake of smoking is a serious public health problem and in England in 2007, some 200,000 children aged between 11 and 15 were regular smokers, on average smoking 44 cigarettes a week.

Youth smoking is also a major contributor to health inequality – children from disadvantaged backgrounds and those who truant or are permanently excluded from school, are much more likely to take up smoking.

The proposals also aim to assist those wishing to quit smoking.

What does the Bill do?

The provisions in the Bill will:

- remove the display of tobacco products; and
- create powers that enable the Secretary of State to control the sale of tobacco products from vending machines by prohibiting such machines or restricting access so that only persons aged 18 or over can access them.

[1] Produced by the Public Health Information Team, Birmingham's Public Health Network based at Heart of Birmingham Teaching Primary Care Trust

Pharmaceutical services

Context and Background

In most areas of primary care (eg GP and dental services), Primary Care Trusts now have the ability to commission services locally, drive up quality and shape services according to local needs. The measures in the Bill will help to align pharmaceutical services more closely with this approach.

Market entry - under current legislation, no new pharmacy contractors can be added to a Primary Care Trust's pharmaceutical list unless it is 'necessary or expedient' to secure the adequate provision of pharmaceutical services locally. This 'control of entry' test has existed for many years but does not now reflect the role of Primary Care Trusts in commissioning services across their populations as part of a broader strategy to improve care.

Quality and performance - Primary Care Trusts currently have powers to take action against a pharmaceutical service, but this is limited to outdated and complex "disciplinary" procedures or to taking action in light of a provider's continuing 'fitness to practise', i.e. on grounds of efficiency, fraud and suitability.

Local Pharmaceutical Services (LPS) – Primary Care Trusts are not currently able to provide pharmaceutical services themselves. In an emergency such as a flu pandemic, this could result in a pressing need to maintain pharmaceutical services that the Primary Care Trust would otherwise be unable to meet if there was no other suitable provider.

What benefit do you expect from these reforms?

The provisions in the Bill will ensure that pharmacies continue to consistently provide high quality services responsive to local needs. Primary Care Trusts will also have more discretion in commissioning pharmaceutical services for their local areas and have greater powers to address poorly performing pharmacies.

What does the Bill do?

The provisions on pharmacy in the Bill will:

- replace the current market entry measures for pharmaceutical services with new powers for Primary Care Trusts to commission services that drive up quality and better reflect patients' needs;
- introduce a power for Primary Care Trusts to issue remedial notices or to withhold payments as part of a new quality and performance regime, which will give Primary Care Trusts greater powers to address poor performance and where necessary decommission poor pharmaceutical services; and
- amend legislation so that Primary Care Trusts can provide Local Pharmaceutical Services themselves in an emergency or where there is no suitable alternative.

Adult social care complaints

Context and Background

People whose care is arranged by Local Authorities have access to the statutory local authority social services complaints procedure. This involves recourse to the Local Government Ombudsman if the local authority does not satisfy the complaint.

However, around 35% of social care users pay for their own care and enter into contracts directly with social care providers. In addition, a number of social care users receive social care direct payments from their local authority and arrange their social care themselves. These users may complain to the provider of their care but do not currently have recourse to the statutory procedure for Local Authority complaints.

Extending the role of the Local Government Ombudsman

The remit of the Local Government Ombudsman in relation to social care complaints was raised during the passage of the Health and Social Care Act 2008, where the Government gave a commitment to address the issue as soon as Parliamentary time allowed.

The Local Government Ombudsman already has a role in investigating complaints by people whose care is arranged by local authorities. A new responsibility for complaints by people who arrange their own social care sits logically with these existing duties, and the Ombudsman's extensive knowledge will allow them to take on this role effectively.

What does the Bill do?

The Bill will amend the Local Government Act 1974 to allow the Local Government Ombudsman to consider complaints by persons who have arrange or pay for their own adult social care.

This covers people who make private arrangements independently of the local authority ("self-funders") and also people who receive social care direct payments from their local authority, for their personal use in securing a service that they need.

This will put adult social care users who arrange or fund their own social care on a similar footing to users of adult social care arranged by Local Authorities.

The individual service user, and anyone acting on their behalf, will be able to raise a complaint with the Local Government Ombudsman.

This will be subject to the limitation that the service must have been purchased from the type of provider to whom the Ombudsman's remit applies.

The normal expectation will continue to be that people who have arranged their own social care should take up complaints with their service provider first. However, the provisions in the Bill will mean that people who have arranged their own care will also be able to take their complaint to an independent body should they be unhappy with their service provider's response.

Calculating GP and dentist pay

Context and Background

Her Majesty's Revenue and Customs (HMRC) holds information relating to the tax affairs of individuals – including those of general medical practitioners (GPs) and dentists who provide medical and dental care on behalf of the National Health Service.

It has been the practice of HMRC, over a number of years, to assist in statistical enquiries carried out by or on behalf of the Department of Health relating to the earnings and expenses of GPs and dentists. This summarised anonymised pay data is published, under National Statistics rules, in two reports: the GPs Earnings & Expenses Enquiry and the Dental Earnings & Expenses Enquiry.

This information forms a fundamental part of the GP and Dental pay systems. Evidence from the reports is submitted to the Doctors' and Dentists' Review Body (DDRB) who make recommendations to Ministers throughout the UK on the remuneration of doctors and dentists in the NHS.

This annual exercise is currently conducted on behalf of the Secretary of State and the devolved administrations by the NHS Information Centre for Health and Social Care.

The information is also used for other purposes, including the costing of new initiatives, allowing the UK health departments to understand the effect of new policy and/or investment on GP and dentist profits and expenses.

Why does this need to be addressed?

For more than twenty years, HMRC has shared anonymised data on GP and dentist pay with the Department of Health. Until 2008 HMRC worked on the basis that such a transfer was permitted because it only includes anonymised data.

In 2008, during a review of all data transfers from HMRC, the legal basis of such transfers of anonymised data was re-examined. The relevant legislation is now the 2005 Commissioners for Revenue and Customs Act, which provides that HMRC may not disclose any information it holds for an HMRC function unless permitted by legislation. HMRC found the transfer of anonymised GP and dentist pay data to the Department of Health was in need of such legislation.

What will the Bill do?

The Health Bill will provide a legal gateway to allow HMRC to continue to carry out annual enquiries on GP and dentist pay on behalf of the NHS Information Centre for Health and Social Care.

The gateway will be established to share only anonymised data, produced in a summary form. The information disclosed will be an anonymised summary of the earnings and expenses of GPs and dental practitioners. It will not extend to other details disclosed to HMRC as part of the tax assessment process, such as matters unconnected with their professional activities.

Further Information

For further information on the Health Bill 2009:

Email: health.bill@dh.gsi.gov.uk

Visit the website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/DH_093280

Written comments on the Health Bill can be sent to:

Health Bill Team
Department of Health
Room G06A, Richmond House,
79 Whitehall, London,
SW1A 2NS

List of documents relevant to the Health Bill 2009

Relevant Documents

NHS Next Stage Review - (Relevant to the NHS constitution, Quality Accounts, direct payments for health care and innovation prizes)

Our NHS, Our Future - NHS Next Stage Review Interim Report. Department of Health (2007)
http://www.ournhs.nhs.uk/fromtypepad/283411_OurNHS_v3acc.pdf

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Removing or suspending chairs & non-executives of Health Bodies - Feedback on the consultation to introduce powers of suspension. Department of Health (2009)
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Tobacco

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Written Ministerial Statement, Secretary of State for Health (Alan Johnson). Hansard, 9 December 2009, Column 43WS.
http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm081209/wmstext/81209m0001.htm

Pharmacy

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CITY OF YORK COUNCIL

Health Scrutiny Committee **30 March 2009**

Report of the Head of Civic, Legal & Democratic Services

Information Report on 'Delivering Healthy Ambitions'

Summary

1. This report is to inform Members about the 'Healthy Ambitions' and 'Delivering Healthy Ambitions' documents produced by NHS Yorkshire & the Humber. NHS Yorkshire and the Humber comprises the Strategic Health Authority and the 14 Primary Care Trusts in the region.

Background & Information on 'Healthy Ambitions' and 'Delivering Healthy Ambitions'

2. In Spring 2008 NHS Yorkshire & the Humber published their vision document for improving health and healthcare in Yorkshire and the Humber entitled 'Healthy Ambitions'. This involved working with over 150 clinicians from across the Yorkshire and Humber region who subsequently made recommendations for improvement in eight areas:

- Maternity and newborn care
- Children's healthcare
- Staying healthy
- Acute episode
- Planned care
- Long term conditions
- Mental health
- End of life care

3. Their recommendations formed the basis of the NHS Yorkshire and the Humber's report, 'Delivering Healthy Ambitions', which sets the direction for the NHS in the region for the next five to ten years. The 'Delivering Healthy Ambitions' document explains how NHS Yorkshire and the Humber are taking this work forward to ensure the clinicians' recommendations become a reality for patients and the public in the region. Both the 'Healthy Ambitions' and the 'Delivering Healthy Ambitions' documents are available at the following web address:

www.healthyambitions.co.uk

4. 'Delivering Healthy Ambitions' is the implementation framework for Healthy Ambitions, the NHS Next Stage Review report in Yorkshire and the Humber. Delivering Healthy Ambitions describes how the clinicians' recommendations will become a reality. The document explains how work is being taken forward in each of the clinical pathway areas, who is leading it and when it will be complete. Details are given of the cross cutting workstreams in place to support delivery of the clinical recommendations, as well as the governance structures through which NHS Yorkshire and the Humber assure that real progress will be made across the region.

Consultation

5. In line with the approach of local decision making and collaboration the Strategic Health Authority (SHA) agreed a framework with the NHS community in Yorkshire and the Humber to determine how recommendations should be taken forward. It was agreed that as much as possible should take place at a local level and be led by local organisations.

6. During the course of this process the SHA gathered feedback from a wide range of people in Yorkshire and the Humber on both the content of Healthy Ambitions, and on proposals for delivery.

Options

7. This report is for information only.

Analysis

8. In light of the large amount of information contained within the documentation Members may wish to consider inviting a representative of the SHA to address them either in general terms or on one or more of the key areas as set out in paragraph 2 of this report.

9. Members may also wish to give consideration to the feasibility of using one or more of the key areas, mentioned in paragraph 2 of this report, as a focus area for their work plan in the new municipal year.

Corporate Priorities

10. This report relates to the following Corporate Priority:

    'Improve the health & lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.'

Implications

11. There are no financial, human resources, equalities, legal, crime & disorder, information technology, property or other implications associated with this report.

Risk Management

12. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendation in this report.

Recommendations

13. Members are requested to note the report and consider inviting the SHA to give a presentation on 'Delivering Healthy Ambitions'.

    Reason: To keep Members informed of regional health strategies.

Contact Details

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Chief Officer Responsible for the report:
Quentin Baker
Head of Civic, Legal & Democratic Services
Tel: 01904 551004

Report Approved ✓ **Date** 18.03.2009

Specialist Implications Officer(s)

None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

'Healthy Ambitions' and 'Delivering Healthy Ambitions' both of which are available at:
www.healthyambitions.co.uk

Annexes

None

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Health Scrutiny Committee Work Plan 2008/09

Work Area	Tasks	Timeframe	Responsible Officer
LINks	• Participate in training and events in connection with the development of the LINk in conjunction with Host (North Bank Forum) • Receive regular updates from Trusts • Report back with a detailed working relationship between LINks, NBF & the Health Scrutiny Committee	Ongoing Ongoing September 2009	Nigel Burchell / Scrutiny Officer (as appropriate)
Dental Provision In York	• Receive regular update from NYYPCT	May 2009	Scrutiny Officer together with appropriate persons from the PCT.
Annual Healthcheck	• Further update on the Annual Health Check & preparation of the draft commentaries to submit to the various Trusts	March 2009	Scrutiny Officer in conjunction with the three Trusts.
Dementia Review Recommendation Tracking	• To receive an update from the PCT, York Hospital & Ambulance Trust regarding the implementation of the Scrutiny Review recommendations.	July 2009	Scrutiny Officer in conjunction with the three Trusts.
General	• Health Scrutiny Networking Update	May 2009	Scrutiny Officer
Outreach Workers (Proposed Scrutiny Topic)	To receive an update report detailing the outcome of discussions with stakeholders, representative agencies and providers about the commissioning of services and partnership working to provide these services; in order to ascertain whether a more broadly focused scrutiny review should be undertaken on this matter in the future.	Autumn 2009	Director of Housing and Adult Social Services.
Alcohol Reduction Strategy (Proposed Scrutiny Topic)	A joint briefing paper be prepared by the Primary Care Trust and the Hospital to include:	TBC	NYYPCT/Safer York Partnership/Scrutiny Officer

Health Scrutiny Committee Work Plan 2008/09

	• Clarification as to the data that is currently collected • Confirmation of targets and how these are reported (including the definition of an alcohol related hospital admission) • Historical data • Feedback from the pilot being carried out by Harrogate Accident and Emergency Department in respect of the electronic collection of data.		
Access to Dental Services (Proposed Scrutiny Topic)	That a briefing note be prepared regarding the arrangements that Doncaster PCT has put in place in respect of Units of Dental Activity (UDAs).	TBC	
Feasibility Reports	• To prepare feasibility reports for new topics submitted for review	As and when required	Scrutiny Officer
Information Reports	• Updates on Legislation, Consultation documents etc	As and when required	Scrutiny Officer
Clinical Pathways & Referral Guide	• Update on clinical pathways	June	Scrutiny Officer