
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	3 NOVEMBER 2008
PRESENT	COUNCILLORS FRASER (CHAIR), ALEXANDER, AYRE (VICE-CHAIR), DOUGLAS (JOINED THE MEETING AT 5.40PM), MORLEY, SUNDERLAND AND WISEMAN
IN ATTENDANCE	JOHN YATES – OLDER PEOPLE’S ASSEMBLY JACK ARCHER – OLDER PEOPLE’S ASSEMBLY ANN HARDY – ALZHEIMERS SOCIETY DI KEAL – ALZHEIMERS SOCIETY SUE BECKETT - YORK FOUNDATION TRUST GRAHAM PURDY – NORTH YORKSHIRE & YORK PRIMARY CARE TRUST (NYYPCT) ANNIE THOMPSON – LINKS CO-ORDINATOR RACHEL JOHNS – YORK HEALTHY CITY BOARD SALLY HUTCHINSON – AGE CONCERN CLLR MOORE - CYC BILL HODSON – CYC ZOE BURNS - CYC

24. 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 further to the standing personal, non-prejudicial interests declared at previous meetings and circulated with the agenda.

Cllrs Fraser and Wiseman declared a personal non-prejudicial interest in relation to Agenda item 4 (Healthy City Board – Progress Update) as members of the York Healthy City Board.

Cllr Morley declared a personal non-prejudicial interest in relation to Agenda item 5 (Dementia Review – Final Draft Report) as he had the power of attorney for a resident who used the befriending service offered by Age Concern.

25. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 6 October 2008 be approved and signed by the Chair as a correct record.

26. PUBLIC PARTICIPATION

It was reported that there had been two registrations to speak at the meeting, under the Council’s Public Participation Scheme.

The first was from Jack Archer on behalf of the Older People's Assembly who congratulated Members and Officers on their well written and researched final draft report on the Dementia Review. He stated that some disturbing evidence had been heard and that comments of relatives and carers had differed from that of Hospital staff but he hoped that the Committee would follow through their recommendations and request a progress report in six months time. He asked that the request for an update report be included as an additional recommendation in the final report.

The second was from Di Keal on behalf of the Alzheimer's Society who also welcomed the report and the work undertaken by the Committee to gain evidence for their report. She questioned Members as to what follow up mechanism would be put in place to ensure that their recommendations were acted upon and scrutinised. She reiterated that with dementia sufferers there was still a need to focus on the individual and that she was pleased to see that the report gave weight to the personal need and circumstances of the individual and that however inconvenient it was to the smooth running of the ward it recommended that carers should be fully involved in patients' care. She pointed out that carers often did not have an understanding of the running of the hospital and that a leaflet outlining the roles and responsibilities of staff would be useful to encourage joint working. She thanked the Committee and all the partners for their involvement in the review.

27. HEALTHY CITY BOARD - PROGRESS UPDATE

Consideration was given to the joint report of the Associate Director of Public Health, the NYYPCT, the City of York Council and the Chair of the Healthy City Board, which provided an update on current Healthy City Board priorities in light of the newly launched Sustainable Community Strategy (SCS) and Local Area Agreement (LAA).

It was reported that the Without Walls Executive Delivery Board, who oversaw performance monitoring and management of the SCS and LAS, focused on the following three types of measures:

- 'State of the City' indicators
- LAA2 indicators and
- Key actions and milestones

As the Healthy City Board met on a quarterly basis it was reported that most of the activity to deliver the priorities took place outside of the formal meetings, led by the appropriate partners.

Rachel Johns, as Chair of the Healthy City Board presented the report and explained the targets and strategic aims and programme from September 2008 to July 2009. She pointed out that information was not yet available in relation to LAA Indicator 139 (People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently) as this was a yearly indicator and that this information would be available early next year. In relation to NI112 (under 18 conception rate) she confirmed that overall rates had declined but that there was still some improvement to be made. She confirmed target for

Indicator NI156 (obesity among primary school age children) had been a challenging target to achieve and she reported that an implementation group for York was due to oversee partnership work to reverse the rising trend of obesity during which regular updates would be made.

Members and Officers requested clarification of the terms “key high level longitudinal measures” referred to in the first bullet point in paragraph 7, and the initials ‘AAACM ratio” in the table in paragraph 9 of the report.

- RESOLVED: (i) That the contents of the report be noted.
- (ii) That further update reports be provided for the Health Scrutiny Committee in relation to any targets, which vary significantly from that which had been set.¹

REASON: In order to remain up to date on the health and well-being of the citizens of York.

Action Required

1. To pass on the Health Scrutiny Committee's request that update reports be provided to the Scrutiny Committee when targets vary significantly. The Scrutiny Officer to contact the Associate Director of Public Health to ensure that they are aware of this request.

GR

28. DEMENTIA REVIEW - FINAL DRAFT REPORT

Members considered the final draft report on the Dementia Review whose aim had been to look at the experience of older people with mental health problems (and their families/carers) who accessed general health services for secondary care in order to identify where improvements may be required. The report set out six draft recommendations for consideration.

The Chair reported that the Committee had also considered the addition of a seventh recommendation concerning the befriending service. The Head of the Neighbourhood Pride Unit gave members further details of these services and confirmed that Age Concern had now written to all wards to inform them they would not be seeking funding from 2009/10 onwards from ward budgets.

A representative of Age Concern, confirmed that although this service had not been found to work through the Ward Committee's, befriending services would continue through Age Concern and the Alzheimer's Society.

Consideration was also given to the following documents circulated at the meeting:

- 'This is Me' leaflet prepared by the Alzheimer's Society which included information on individual patients;
- Details of the befriending services supported by the Ward Committee process and the Ward Committee Local Improvement Schemes process;

- Sections from the NHS 'Essence of Care' document which detailed patient focused benchmarks for clinical governance. It was reported that this document formed part of healthcare training, which was then cascaded down to all staff.

Members and partners made the following comments;

- The experiences of patients were often different to those commented on by staff and that there may be a need to revise the preamble to paragraph 6 of the report to reflect this.
- A member of the Hospital Trust confirmed that they welcomed the opportunity to take part in the review and that they now wished to take the Committee's recommendations forward in partnership with the Local Authority and the PCT.
- Concern was expressed that funding was not to continue for community outreach workers through Ward Committees.

Following further discussion the Chair thanked all the individuals and partners who had attended meetings and participated in the review for their support.

RESOLVED: (i) That the final draft report including the following recommendations as amended be agreed: ¹.

1. That the York Hospital Trust, in liaison with other appropriate service providers* be urged to develop and implement the Psychiatric Liaison Service (Annex A). The development of this programme to be a benchmark for training and support for staff working with dementia patients who access secondary care.

*The Yorkshire Ambulance Service is to be included amongst the service providers, whilst acknowledging the unique nature of their role.

REASON: To enable the development of the Psychiatric Liaison Service to progress.

2. That all service providers be urged to review their arrangements for staff training in relation to recognising and working with those with an underlying condition of dementia. Any such review should include:
 - Promoting the use of Link nurses and investigating the possibility of nominating Link clinicians within defined staffing groups.
 - Investigation of the large gaps in training.
 - The utilisation of the variety of sources for training provision including the Alzheimer's Society and other voluntary sector organisations.
 - Investigation into the pooling of resources between service providers.

REASON: To ensure that all staff are adequately trained to care for the needs of dementia patients accessing secondary care.

3. That secondary care provider clinicians be urged to acknowledge the positive contributions that can be made by a patient's carer to that patient's ongoing programme of treatment (whilst recognising the issues surrounding patient confidentiality). Clinicians are also urged to take the following into consideration:
 - Where it is recognised that there may be an underlying mental health condition to provide written details of any medication and/or treatment plans to the patient.
 - The issue of carers' information being logged on a patient's notes to be encouraged as good practice and an ongoing dialogue between medical practices and the York Carer's Forum to be maintained to allow for effective databases to be kept.

REASON: To ensure that carers are involved as much as possible whilst still recognising the need for patient confidentiality.

4.
 - a. That all service providers be urged to work with the relevant voluntary organisations (Alzheimer's Society, MIND, Age Concern, Older People's Assembly etc) to develop new initiatives and to promote the awareness of dementia. This to include the preparation of an information leaflet aimed at families/carers detailing hospital procedures and contact staff.
 - b. That commissioner and service providers discuss the 'This is Me' initiative further with the Alzheimer's Society with a view to adopting it within their individual organisations. The Committee wished it to be known that they were very impressed with this particular initiative.

REASON: To promote and increase dementia awareness and to encourage positive initiatives to be widely and effectively used.

5. That York Hospitals Trust, where possible, be urged to adopt a flexible approach during a dementia patient's stay in hospital, for example flexibility in hospital visiting hours and flexibility at mealtimes to allow carers to assist patients with eating.

REASON: To involve carers during a patient's stay in hospital to assist them in settling into an unfamiliar environment.

6. That all relevant parties be urged to resolve the ongoing issues surrounding the implementation of a universal 'Shared Care Record System' (Annex C refers).

REASON: To resolve ongoing issues.

7. That a six month progress report be compiled in conjunction with the Local Authority, PCT, York Hospital Trust and the Ambulance Trust.

REASON: To update the Scrutiny Committee on progress made in relation to their recommendations.

- (ii) That the preamble to paragraph 6 (Evidence received from carers) be amended to read "Information was received from several relatives and carers and although this evidence reflected both positive and negative experiences inevitably the report has had to focus on the areas where it was felt attention was required".

REASON: To ensure that the final report gives a fair reflection of the evidence received.

- (iii) That the following documents be included as evidence in the final report:
 - Extract from the NHS 'Essence of Care' document.
 - This is Me' leaflet prepared by the Alzheimer's Society.

REASON: To support the Dementia Review final report.

Action Required

1. To submit the report to the Scrutiny Management Committee for consideration.

GR

Cllr S Fraser, Chair

[The meeting started at 5.00 pm and finished at 6.25 pm].