



**Notice of meeting of  
Health Scrutiny Committee**

**To:** Councillors Cuthbertson (Chair), Fraser, Greenwood,  
Kind, Looker, Moore and Bradley

**Date:** Monday, 4 December 2006

**Time:** 5.00 pm

**Venue:** Guildhall

**AGENDA**

**1. Declarations of Interest**

At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda.

**2. Minutes**

(Pages 1 - 6)

To approve and sign the minutes of the meeting held on 9 October 2006.

**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 Panel'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 1 December, at 10:00 am.**

**4. Impact of North Yorkshire and York Primary Care Trust's Measures to Restore Financial Balance and Future Workplan of Health Scrutiny Committee** (Pages 7 - 14)

This report asks Members to consider how they wish to progress the work they have already done to examine the financial recovery plan of the North Yorkshire and York PCT and to consider the Committee's future work plan for the remainder of the municipal year.

*Note: Annex A to this report has been circulated to Committee Members only but is available to view on the Council's website, at*

*<http://democracy.york.gov.uk/ieListDocuments.asp?CId=444&MIId=2015&Ver=4>*

*Hard copies may be obtained from Democratic Services, if required (contact details at the foot of this agenda).*

**5. Urgent Business**

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

Democracy Officer:

Name: Fiona Young

Contact details:

- Telephone – (01904) 551024
- E-mail – [fiona.young@york.gov.uk](mailto:fiona.young@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

Contact details are set out above.

City of York Council

Committee Minutes

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MEETING	HEALTH SCRUTINY COMMITTEE
DATE	9 OCTOBER 2006
PRESENT	COUNCILLORS CUTHBERTSON (Chair), GREENWOOD, FRASER, LOOKER, *MOORE and *KING (substituting for Cllr Kind)
	<i>[Note: Cllrs Moore and King were present for agenda items 1-5 only; minutes 19-23 refer]</i>
APOLOGIES	COUNCILLORS KIND and BRADLEY
IN ATTENDANCE	MIKE SHANAHAN (Yorkshire Ambulance Service) JIM EASTON (Chief Executive, York Hospitals NHS Trust) BILL HODSON (Director of Housing and Adult Social Services)

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**19. DECLARATIONS OF INTEREST**

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

- Cllr Fraser – a personal, non prejudicial interest in the business generally, insofar as it related to staff issues, as a retired member and employee of UNISON.
- Cllr Moore – a personal, non prejudicial interest in the business generally, in view of his wife's employment in a GP's practice.

**20. MINUTES**

RESOLVED: That the minutes of the last meeting of the Health Scrutiny Committee, held on 4 September 2006, be approved and signed by the Chair as a correct record.

**21. PUBLIC PARTICIPATION**

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

**22. YORKSHIRE AMBULANCE SERVICE COMMUNITY RESPONDERS SERVICE**

Members considered a report which informed them about the Community Responders scheme run by Yorkshire Ambulance Service (YAS). Mike Shanahan, of the YAS, was in attendance to provide further information and answer Members' questions on the scheme.

Community Responders (CRs) were volunteer members of the public who could be called by the YAS to attend medical emergencies in their local community before the ambulance arrived. They received ongoing training and support from YAS, as well as attending an initial training course. The aim was to sustain life in the short term, in cases such as cardiac arrest and choking, until the ambulance service could take over. There were currently two groups of CRs in the City of York area, based in Bishopthorpe and Strensall. Both groups had proved successful and YAS were keen to expand the scheme.

In response to questions from Members, Mike Shanahan confirmed that:

- CRs operated only within their local “catchment” area and attended in their own vehicles under normal driving conditions
- An ambulance was also called to the scene in every case
- Training for CRs could take up to 4 months, depending on availability, and included scene management as well as medical training
- A didactic approach was taken to training, to ensure that CRs did not attempt to act beyond what they were trained to do
- The scheme focused on areas with a large number of cases and longer ambulance response times. In terms of expanding the scheme, Dunnington was one potential area of operation
- Although the scheme was helping the YAS to meet its targets for response times, quality of patient care was still paramount.

RESOLVED: That the information provided be noted and that Mike Shanahan be invited to attend a future meeting in due course to provide an update on plans to expand the scheme.

**23. UPDATE ON SCRUTINY OF NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST’S MEASURES TO RESTORE FINANCIAL BALANCE**

Members considered a report which provided an update on issues that they might wish to consider as part of their programme of work on this scrutiny review. It was noted that the Selby and York Primary Care Trust (PCT) was now part of the new North Yorkshire and York PCT, which was still awaiting the appointment of a non-Executive Director.

Jim Easton, the Chief Executive of York Hospitals NHS Trust, was in attendance to provide further information on proposals to close 60 beds at York Hospital and to answer Members’ questions on this issue. He emphasised that the proposals did not involve changes to the services provided to patients – such changes would require formal consultation. Instead, they resulted from plans to increase the provision of day surgery in appropriate cases, following the recent opening of a new day surgery unit and the planned provision of 22 new “23-hour” beds before Christmas. Shorter hospital stays meant better services for patients and a lower risk of infection, as well as enabling the reduction of in-patient beds. In response to Members’ questions, Mr Easton confirmed that:

- The closures would not reduce the level of care provided to patients

- Follow up care from day surgery was the responsibility of Community Nursing Services. However, it was recognised that pre-operative assessments (including the patient's social circumstances) were vital in selecting appropriate cases for day surgery in the first place
- There would be no redundancies at the hospital, although some vacancies would not be filled
- These proposals would make a fairly small contribution to the PCT's savings targets, compared to the proposals for emergency care
- Discussions were ongoing with the PCT with regard to the hospital's role in managing chronic conditions and providing rehabilitation
- With reference to recent reports in the Press, the decision to put out to tender the non-emergency ambulance service had been taken following a review of the service. The current providers had been involved in discussions and were expected to submit a bid.

Bill Hodson, Director of Housing and Adult Social Services, commented on the PCT's proposals to reduce the number of Intermediate Care beds available across the City. He regretted the loss of beds but was relieved that most of the beds at Archways Intermediate Care Unit would be retained. He stressed the need for all parties to continue to communicate with each other on the provision of care and noted that the Council's policy of moving from acute to community provision was clearly in line with that of the Trust.

The Chair reported that the Chief Executive and Chair of the new PCT would be visiting the Guildhall next Tuesday and had offered to meet representatives of Health Scrutiny.

RESOLVED: (i) That the information provided be noted and that Members continue their scrutiny of this area.

(ii) That representatives of the new North Yorkshire and York PCT be invited to provide an update at the next meeting of the Committee on the PCT's financial recovery plan and clinical thresholds guidelines.

(iii) That the Chair, Cllr Fraser and the Scrutiny Officer meet with the Chief Executive and Chair of the new PCT between 1 and 2 pm on 17 October and ask them to clarify the situation regarding the impact of the proposed bed closures on Community Nursing Services.

## **24. DENTAL SERVICES IN YORK**

Members considered a report which informed them about NHS dental provision in York.

A written update on the service, provided by Kay Goodwin from the North Yorkshire and York Primary Care Trust, had been circulated to Members before the meeting. This explained the provisions of the new dental

contract, introduced on 1 April 2006, which gave PCTs responsibility for commissioning NHS dentistry in their local area.

RESOLVED: That the information provided by Kay Goodwin be noted and that further information be provided to Members at a future meeting to enable the Committee to consider and scrutinise the effects of the new contract on dental services in York.

**25. HEALTH SCRUTINY SUPPORT PROGRAMME**

Members considered a report which confirmed arrangements for City of York's inclusion in the Health Scrutiny Support Programme.

City of York Council had been accepted on the scheme and allocated an advisor, Robin Stonebridge. Two sessions had been arranged, on 24 October and 22 November, which all members of Council were invited to attend. Details of the sessions were attached as Annex A to the report. Two or three further sessions would be arranged in the new year, according to Members' wishes.

RESOLVED: (i) That Members agree to take part in the Health Scrutiny Support Programme and that the dates of the sessions be noted.

(ii) That Robin Stonebridge be asked to provide some potential dates for further sessions early in 2007, the first date to be in late January and the second in late February or early March, and that the dates of these sessions then be finalised in consultation with Members via e-mail.

(iii) That consideration be given to selecting an alternative venue for these further sessions, away from the Guildhall.

**26. URGENT BUSINESS - CONSULTATION ON PROPOSED REGULATIONS UNDER THE HEALTH BILL**

Members considered a proposed response to consultation by the PCT on proposed regulations aimed at making enclosed public spaces and workplaces smoke free.

The Chair asked Members to consider this matter as urgent business, under the provisions of the Local Government Act 1972, because the deadline for responses to this consultation had been reached.

An outline response had been prepared by the Chair and Cllr Fraser and copies were circulated at the meeting.

RESOLVED: That the Chair and Cllr Fraser be authorised to respond to the consultation on behalf of the Committee.

I Cuthbertson, Chair  
[The meeting started at 5.00 pm and finished at 6.55 pm].

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## Health Scrutiny Committee

4 December 2006

### Report of the Head of Civic, Democratic and Legal Services

## Impact of North Yorkshire and York Primary Care Trust's Measures to Restore Financial Balance and Future Workplan of Health Scrutiny Committee

### Summary

1. This report is to ask members to consider how they wish to progress the work they have done to examine the financial recovery plan of the North Yorkshire and York Primary Care Trust and how they wish to examine its effects on the citizens of York and district. They are asked to consider holding an event to ascertain the views of citizens and voluntary organisations as to the impact of the PCT's savings measures. They are also asked to consider their future workplan for the remainder of the municipal year and how this can best meet the health needs of the people they represent.

### Background

2. In May 2006 the former Social Services and Health Scrutiny Board heard about financial problems within local NHS trusts and that they would be making proposals for financial recovery. They were informed that KPMG had been appointed as agents to turn round the former Selby and York PCT and to put in place measures to return their finances to balance by the end of the 2006/7 financial year. They will be expected to make a saving of £23million during the current financial year.
3. In June 2006 the Health Scrutiny Committee met for the first time. They heard from the Acting Director of Finance of Selby and York PCT about draft proposals to address cash shortfalls. This included reducing the area's higher than average rates of hospitals referrals as well as exploring more cost-effective prescribing of drugs and ceasing to refer for procedures that can be classed as "cosmetic" or "social". Members read copies of the referral criteria and service thresholds which had been sent to all GPs in the PCT's area.

4. Members heard that SYPCT would become part of North Yorkshire and York PCT in October this year. All the local PCTs that would form part of this regional PCT were currently overspent and thus in danger of incurring financial penalties from the government. A common approach was therefore needed to ensure that savings were made. SYPCT's proposals were designed to achieve £5m of their savings through internal efficiencies and the £17m remainder by reducing rates of referral to secondary care, which were currently very high in the Selby and York area. 3.5% of the allocation was to be kept back as a reserve to start the process of getting into balance. Members agreed that they would scrutinise the financial recovery plan and would identify the aspects of the plan which would have the greatest impact on the public and other service providers.
5. In July and August 2006 members held a two-session meeting in which they heard from various speakers regarding the potential impact of the PCT's recovery plan upon individual service areas.
  - Penny Jones and John Smith from the PCT introduced the recovery plan, explaining the reasons behind the savings requirements and the process followed in drawing up the Plan. It was stressed that all elements had been discussed with key stakeholders at an early stage in the process before working up developed plans in each area.
  - Anne Bygrave outlined the background to the proposals relating to the Council's Learning Disabilities services. These had been based largely upon savings arising from changes already planned in response to government requirements and the cost improvement programme, so were not expected to have any negative impact upon services.
  - Gary Millard introduced the proposals relating to Mental Health services. These were intended to make the 2.5% savings required across the country in this service area. The developed plans represented a joint effort, with the PCT working closely with Council officers to ensure that the quality of services was not affected.
  - John Bettridge commented on the Mental Health proposals from a voluntary sector/user point of view and stressed that the voluntary sector should be kept informed of any future changes.
  - Sally Hutchinson commented on the proposals relating to services for older people from a voluntary sector/user perspective. She expressed the view that there had been insufficient consultation on the plan. She was concerned about reductions to intermediate care beds, discharges from hospital

being speeded up and the effects of reduced referrals to hospital.

- Keith Martin commented on the plan with reference to the impact on services provided by the Council. At that point it was difficult to estimate the effects as the pace of change had been so quick, but he was anxious that the 2.5% savings to mental health provision should not be increased. He also was concerned about the reduction of intermediate care beds and proposals that impact on occupation therapy and provision of equipment.
- Dr Brian McGregor commented on Primary Care issues, and specifically the impact on GPs of the Referral and Clinical Advice Service (RACAS) which has been introduced under the recovery plan. This had proved effective in reducing hospital referrals. He informed members that a new referrals document was being produced by GPs from across the region.
- Penny Jones from the PCT discussed the service level agreement between the York Hospitals Trust and the PCT and stressed the need to work together to develop a more sustainable and affordable approach to service provision. Mike Proctor agreed that the Hospitals Trust must make a significant contribution to the savings, subject to maintaining the principle of payment by results. This would be achieved by helping the PCT to make clinically sound decisions, focusing on services which could be provided equally effectively outside the hospital environment. The hospital's capacity would be reduced only as demand for services was reduced and it must retain sufficient capacity to deal with emergencies on a day to day basis.
- Dr Rob Smith outlined the current situation at York Hospital with regard to paediatric services. In line with national trends, admission rates were increasing and length of stay reducing – the hospital was seeing more children who were less ill. The key to greater efficiency lay in reducing admission rates by provision of alternative services at a primary care level. However there was no question of compromising patient safety and it was not considered that the plan would have a detrimental effect on services.
- Members indicated their concerns about the low level of savings identified up to this point and agreed that it would be helpful if the PCT was granted more time to achieve its savings requirements. It was felt that more time and flexibility should be given to the PCT to meet its savings targets and that it not be required to repay the deficit brought forward from 2005/6 in the current financial year. Since then an internal loan arrangement

within the region has allowed the PCT to defray this deficit and to repay the loan over a period of three years.

6. In September Members considered the clinical thresholds guidance mentioned in item 3 above and how it addressed the relationship between RACAS and Practice Based Commissioning (PBC). Dr David Geddes, Medical Director of Selby and York PCT attended to give information about the functioning of RACAS and the move towards PBC. He explained that the system had been developed in as a regional response to the problems of managing service demand in areas where PCTs were in financial deficit. Its aim was to ensure that treatment was provide at the correct level and equitably across the region. The threshold document identified “lower tier” procedures, that is treatments for minor conditions the benefits of which were questionable and which would not be provided unless specific exception criteria were met. Dr Geddes mentioned that the revised version of this threshold document was in production and should be with GPs shortly but has not been seen by members of this Committee yet.
7. This prioritization through RACAS meant that funds remained available for high priority procedures such as new treatments for cancer and heart disease. Alongside RACAS there is now a “choose and book” system which allows GPs to refer patients to secondary care electronically allowing a choice of location if possible.
8. Selby and York PCT was amalgamated with other PCTs from the region to form North Yorkshire and York PCT on 1 October 2006. The Chairman and Opposition Spokesman briefly met with the Chairman and Chief Executive of the new PCT on 17 October. They were informed that a new Non-Executive Director of the PCT, Michael Sweet, has been assigned to work with this Scrutiny Committee. He was invited to today’s meeting but unfortunately was unable to attend. At the time of writing all the new directors of the PCT have not yet been appointed.
9. At the October 2006 meeting of this committee members heard from Jim Easton, Chief Executive of York Hospitals, who answered members questions on the reported closures of 60 beds at the hospital. He emphasized that the closures did not mean changes in the services provided to patients – which would require formal consultation. Instead they resulted from the recent opening of a new day surgery unit and the planned provision of 22 new “23hour” beds by the end of the year. He told members that shorter stays would mean better services for patients and a lower risk of infection. However, pre-operative assessments would be essential to ensure that the patient’s

circumstances were suitable for day-care. He also discussed recent reports about the Patient Transport Service, which has recently been put out to tender following a review of the service. The current providers had been involved in the discussions and were expected to put in a bid.

10. At that meeting members also considered a report on dental provision in York and the new contract, introduced in April 2006, which gave PCTs responsibility for commissioning NHS dentistry in the area.
11. It is hoped that members of the Hospital Trust Patients' Forum and the Primary Care Trust Patients' Forum will be attending today's meeting, and also Mike Proctor from York Hospital, who may wish to make contributions to the discussion.
12. At a seminar as part of the Health Scrutiny Support Programme on 22 November members discussed the seven stages of health commissioning which are:
  - a. Assessment of health needs – including health inequalities
  - b. Reviewing quality and efficiency of services
  - c. Deciding on priorities
  - d. Contracting and procurement of appropriate, safe and affordable services
  - e. Managing demand
  - f. Monitoring quality and performance
  - g. Review and public and patient involvement
13. Members may wish to consider which stages of the commissioning process Health Scrutiny can have most influence on. They may also wish to consider working with York's Local Strategic Partnership on health needs, inequalities and health improvement issues within local communities.
14. A publication from the Centre for Public Scrutiny "Sharing the Learning- Lessons from Health Scrutiny in Action" is enclosed at Annex A. This may provide ideas for members about health scrutiny projects which cover cross-cutting health issues that impact upon residents, perhaps moving towards a new multi-agency aspect to scrutiny which would be a change in focus from the scrutiny of NHS organisations and services.
15. There is also an outstanding registered Scrutiny Topic on the subject of the podiatry service in York.

### **Options**

16. Members are asked to consider holding an open forum meeting at the end of January to which members of the public would be invited along with Patients' Forums and health-related voluntary organisations. This would be a half day session to which the PCT's representatives would be invited to give their opinions or answer questions. This would enable members to provide the PCT with the views and concerns of the people they represent.
17. Members are also asked to consider their workplan for the next 6 months and are may like to think about project work as suggested in 13 and 14 above.

### **Analysis**

18. The open forum meeting would allow members to provide the PCT with some views of the population as to the impact on their lives of the measures introduced because of the financial savings.
19. Carrying out a review of a cross-cutting health issue which affects York people may be considered to be part of the Council's contribution to the health of the people it represents.

### **Implications**

20. There are no known Financial, HR, Equalities, Legal, Crime and Disorder, IT or other implications at this stage.

### **Risk Management**

21. In compliance with the Councils risk management strategy. There are no risks associated with the recommendations of this report.

### **Corporate Priorities**

22. The proposals in this report would contribute to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups who whose levels of health are the poorest.

### **Recommendations**

23. Members are asked to
  - a. Organise a public event in late January 2007 to investigate views of the public and health-related

voluntary sector on changes to health provision in York.

- b. Consider their programme of work for the rest of the municipal year.

Reason: to meet the requirement for a democratic involvement in the delivery of health services

**Contact details:**

**Author:**

Barbara Boyce  
Scrutiny Officer  
01904 551714  
barbara.boyce@york.gov.uk

**Chief Officer Responsible for the report:**

Suzan Hemingway  
Head of Civic, Democratic and Legal Services

**Report Approved**

**Date** 24.11.06

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Annexes**

Annex A - "Sharing the Learning- Lessons from Health Scrutiny in Action". Centre for Public Scrutiny October 2006

**Background Papers**

None

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