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MEETING	HEALTH SCRUTINY COMMITTEE
DATE	12 JUNE 2006
PRESENT	COUNCILLORS CUTHBERTSON (CHAIR), FRASER, GREENWOOD, KIND, LOOKER, WAUDBY M AND LANCELOTT (SUBSTITUTING FOR CLLR MOORE)
APOLOGIES	COUNCILLOR MOORE

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### **1. DECLARATIONS OF INTEREST**

The Chair invited Members to declare at this point any interests they might have in the business on the agenda. No interests were declared.

### **2. MINUTES**

RESOLVED: That the minutes of the last meeting of the Social Services and Health Scrutiny Board, held on 11 May 2006, be approved and signed by the Chair as a correct record.

### **3. PUBLIC PARTICIPATION**

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

### **4. THE ROLE OF HEALTH SCRUTINY - PRESENTATION**

Members received a presentation from the Chair and the Scrutiny Officer on the role of Health Scrutiny, followed by a presentation from the Chief Operating Officer and Director of Nursing at York Hospitals NHS Trust outlining the Trust's role as a health partner in the scrutiny process.

The first presentation provided an introduction to Health Scrutiny - its Department of Health (DoH) definition, who it represented, and the Committee's powers and responsibilities under the Health and Social Care Act and City of York Council's Constitution. The second presentation provided an update on the Trust's performance and the financial challenges it faced in the current year. Despite these challenges, targets were continuing to be met and managers were confident that internal savings could be made to compensate for reduced government funding, without compromising clinical standards. The Trust's application for Foundation status, which would bring further financial freedoms and some independence from the DoH, was currently under consideration, with a decision due in August.

Members queried the maximum bed occupancy percentages, in the light of plans to reduce the number of beds and the length of hospital stays. It

was confirmed that the Trust aimed for a maximum occupancy of 85%, as this allowed the necessary margin of flexibility.

RESOLVED: That the presentations be noted and that the presenters be thanked for their input.

## **5. SELBY AND YORK PRIMARY CARE TRUST AND MEASURES TO RESTORE FINANCIAL BALANCE**

Members considered a report which presented draft proposals from the Selby and York Primary Care Trust (SYPCT) to address cash shortfalls faced by the PCT and asked them to consider how they would respond to this 'recovery plan' and ascertain its impact upon services. Sheenagh Powell, the PCT's Acting Director of Finance, gave a presentation to explain and supplement the report and the proposals. Janet Probert, Director of Nursing and Service Modernisation at Craven, Harrogate and Rural District PCT, was also in attendance to answer Members' questions.

The report outlined SYPCT's intentions to make the £23m savings required by reducing the area's higher than average rates of hospital referrals, as well as exploring more cost effective prescribing of drugs and ceasing some procedures classed as "cosmetic" or "social". Copies of the letter, referral criteria, service thresholds and patient booklet sent to all GPs in the SYPCT area were attached as Annexes A, B and C to the report.

The presentation set the proposals in context and explained the reasoning behind the required savings. 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 raised concerns about the impact of the proposals on social care services provided by the Council and on patients, including those in rural areas, who might be unable to travel to specialist care centres. They also queried the involvement of the Statutory Health Authority in the recovery plan and the timetable for publication of the proposals. It was confirmed that there was no intention to reduce the budget for commissioning local authority services. The issue of access to community based and specialist services was understood and there were plans to adopt a more innovative approach. The final version of the recovery plan would be made public at the PCT's Board meeting on 18 July, although some of the proposals were already in the public domain.

RESOLVED: (i) That it be agreed that the Committee will scrutinise the whole of the PCT's financial recovery plan and will identify appropriate aspects of the plan for a more detailed examination, which may be selected on the grounds of their

potential knock-on effects on other service providers and the public in general.

(ii) That the Chair and Cllr Fraser prepare a suggested work plan for this scrutiny process, covering the next 6-12 months, for consideration at the next meeting of the Committee.

## **6. HEALTH SCRUTINY SUPPORT PROGRAMME**

Members considered a report which sought their agreement to take part in a Scrutiny Support Programme being run by the Centre for Public Scrutiny.

Details of the programme, which was funded by the DoH, were set out in the promotional leaflet attached as Annex A to the report. The Council had been accepted onto Phase 1 of the scheme, but Members had been unable to benefit from any of the training days due to their advisor being based in Wales and because of impending changes to the Council's Constitution. The chance had now arisen to take part in Phase 2 of the scheme, with an advisor from the local area. Members were asked to decide on the type of support they would like to receive.

RESOLVED: (i) That the offer of five days free support from the Health Scrutiny Support Programme be accepted.

(ii) That the suggested topics for support set out on the second page of Annex B to the report be agreed and that the following topics be added to the list:

- Practice based commissioning
- Payment by results
- Taking healthcare to the patient

(iii) That dates for the support training be agreed with Members at a later stage, once the Scrutiny Officer has received a response from the DoH.

I Cuthbertson, Chair

[The meeting started at 5.00 pm and finished at 7.15 pm].

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