

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	24 November 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

### **39. Declarations of Interest**

Members were asked to declare any personal, prejudicial or disclosable pecuniary interests which they might have in respect of the business on the agenda.

Councillor Cuthbertson declared a personal interest in Agenda Item 5 (Chair's Report- Health and Wellbeing Board) as the Chair of the Health and Wellbeing Board was his wife.

Councillor Richardson asked that his standing declaration of interest be amended as he was no longer undergoing treatment at Leeds Pain Unit as he had been referred to York Pain Clinic and was awaiting surgery for a knee operation.

No other interests were declared.

### **40. Minutes**

Resolved: That the minutes of the meeting held on 20 October 2015 be signed and approved by the Chair as a correct meeting subject to the following amendments and additions;

Minute Item 35 (Public Participation) "Chris Brace who spoke on behalf of York ~~Older~~ People's Assembly"

Minute Item 37 (Bootham Park Hospital Closure):

Councillor Craghill felt that her call to make a standing item to monitor progress on the Bootham Park Hospital work plan had not been reflected in the minutes and asked for this to be added. The Chair commented that the Clinical Commissioning Group and Tees, Esk and Wear Valleys NHS Foundation Trust were attending the

Committee meeting on 22 December and that they would be able to give an update on the situation.

Councillor Barnes stated that he had asked TEWV's representative if they were happy to liaise with a service user who had spoken at the meeting regarding her peers who were without care plans. TEWV's representative said that she would liaise with the service user and give an update on their dialogue to the Committee. He asked for this to be added to the minutes.

Councillor Cuthbertson pointed out that he had already registered a scrutiny topic covering the closure of the hospital; a full scale independent enquiry would take time to convene, would last some months, would be costly and may not give a conclusive outcome. However, no one opposed the call and welcomed the investigation. He requested that this be added to the minutes.

#### **41. Public Participation**

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme.

Gordon Hart, who represented the Pain Management Group, spoke on the topic of Pain Management. He informed the Committee that up until 2009, the Primary Care Trust, provided funding for spinal injections for pain relief. This funding was cut in 2009 and nothing had replaced it. He spoke about the chronic pain that sufferers endured and how it affected them. He commented that sufferers had managed to combat their pain through an NHS top up scheme through York Hospital's Pain Clinic but some people had paid more £2000 in total for spinal injections.

Dr Jenny Jessop, a retired chronic pain consultant informed Members that when spinal injections were withdrawn in 2009 they were a standard form of treatment. She stated although it was the prerogative of the commissioners to withdraw the funding, she objected to it being taken away without an alternative as there was evidence that the patients were benefitting from the injections. The proof for this was that patients were willing to pay £200 a time for injections.

Discussion took place in which the following points were raised;

- The injections had stopped without public consultation and no questions had been asked whether the patients had derived benefit from the injections.
- Nationally, Sheffield had stopped funding pain injections but East Yorkshire still provided funding.
- Research into chronic pain was of poor quality and variable, some patients responded well to injections whilst others did not.
- Constant lobbying had taken place with MPs; the Pain Management Group had spoken to the Health Minister and had been to the Health Service Ombudsman.
- It was not illegal for the Health Service Authority to make decisions to stop providing services if it could justify those decisions.

It was suggested that it would be reasonable to write to the CCG to ask for the rationale behind stopping the funding, as it was their decision whether to reinstate it.

#### **42. Care Quality Commission Quality Report for York Teaching Hospital NHS Foundation Trust**

Members received a report and associated annexes which presented them with the Care Quality Commission's (CQC) Quality Report following its planned inspection of York Teaching Hospital NHS Foundation Trust, and the Trust's response to the CQC's inspection.

The Hospital's Deputy Chief Executive, Mike Proctor introduced the report. The hospital's Deputy Chief Executive, Mike Proctor introduced the report. He accepted that the 4 hour waiting time in the Emergency Department was still a challenge and that an Action Plan would be received by the Hospital's Board. The Chair requested that the Chief Executive return to the Committee to give an update on the Action Plan in January.

In response to a question from a Member about staffing, he said that he felt the root cause of the Hospital's quality and financial performance issues was lack of staff.

Further discussion took place and the following issues were raised;

- Delayed Transfers of Care- The Deputy Chief Executive expressed the feeling that acute hospitals were not the best

place for elderly people and it would expand the need for residential care.

- Bed Occupancy Rates- 85% is the satisfactory rate but this is a theoretical dream. While the hospital roughly discharges as many as it admits there were times when this puts pressure on beds during the day and the hospital was trying to bring forward the discharge of patients to get ahead of the discharge curve.

The Chair thanked the Deputy Chief Executive for presenting the report and answering Members questions.

Resolved: (i) That the report be noted.

(ii) That an update on the Hospital's Action Plan be received by the Committee at a future meeting.

Reason: To keep the Committee updated on the performance of York Teaching Hospital NHS Foundation Trust.

#### **43. Chair's Report-Health and Wellbeing Board**

Members received a report from the Chair of the Health and Wellbeing Board which updated them with the work of the Board. The Chair was in attendance to answer Members questions.

The Chair of the Health and Wellbeing Board informed Members that the Board had yet to finalise a communications strategy, and it was her intention to produce an external newsletter which would be circulated to Members.

A Member queried to what extent things had changed or were changing in relation to the way the Health and Wellbeing Board operated. The Chair confirmed that the Health and Wellbeing Board were undergoing a self audit in consultation with the Local Government Association. She felt that there were signs of clearer partnership working in the development sessions which were held between Board Meetings.

Discussion took place on membership of the Board. It was noted that new members had recently been appointed, although organisations had been invited not people. The Chair felt there was still a lack of representation from the Independent Care Sector.

In respect of one organisation that was represented on the Health and Wellbeing Board, the Vale of York CCG, Councillor Barnes questioned why the Interim Director of Public Health, was not invited to become a Board Member on the Vale of York CCG's Board. The Interim Director responded that she had been invited to attend the Vale of York CCG's Board Meeting, but not as a Board Member. The Chair stated that perhaps the issue should be raised with the CCG themselves at a future meeting.

Finally, the Chair of the Health and Wellbeing Board added that her two main targets for the Board in the coming year were to make the Board more open and to raise the profile of mental health.

The Chair thanked the Chair of the Health and Wellbeing Board for her report and attending the Committee and answering Members questions.

Resolved: That the report be noted.

Reason: To keep Members of the Health and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Board.

#### **44. Health Checks for People with Learning Disabilities**

Members received a report about the programme for providing health checks for people with learning disabilities. It presented them with the latest activity data and highlighted recent engagement with service users and actions that were being taken to improve take up of the service.

The Interim Director of Public Health clarified to the Committee that there had been confusion between these health checks and the NHS Health Checks which were different, mainly as they had been abbreviated to health checks. The Committee also needed to be aware that this was an NHS England commissioned service and that the Council had no direct authority over the service.

Members felt that it was disappointing that few GPs took on the service even though they received funding for it. It was reported that it was a voluntary service and that GPs were not required to offer it. However the Council were looking to commission a new wellbeing service to be offered to vulnerable groups, so it could consider

participate in that scheme. Some Members suggested writing to NHS England about the Committee's concern regarding the low take up amongst GP services in the city.

The Interim Director of Public Health suggested that in order to encourage dialogue given that there was a representative of NHS England and the Vale of York CCG on the Health and Wellbeing Board that it could be taken by the report to the Health and Wellbeing Board for further consideration.

Resolved: That the report be noted.

Reason: To provide an update on the position in York on health checks for people with learning disabilities as requested by the committee.

#### **45. Work Plan**

Consideration was given to the Committee's work plan for the municipal year.

Regarding a review on Bootham Park Hospital, the Chair confirmed that the Director of Nursing for the North of England had been asked to initiate a Critical Decisions Review on behalf of NHS England and was willing to work with the Committee. The Director of Adult Social Care suggested appointing a Chair for the review who had been a previous Chief Executive of North Yorkshire County Council.

Councillor Barnes welcomed the proposal but felt it should not detract from his previous call for a national led investigation. He also felt that an agreed Memorandum of Understanding should be put in place between all partners before the investigation took place.

Councillor Cuthbertson also welcomed the proposal for a review as he felt that it would be credible and independent, while a national inquiry would take a long time to set up, would be expensive and would not provide a clear answer.

In response to a question from a Member, it was suggested that delegated authority be given to the Chair and Vice Chair of the Committee, to set the parameters of the review. Members were advised to send all their questions for the review to the Scrutiny Officer.

One Member asked if there would be a report on the Public Health Grant and if there was a task group.

It was noted that Officers were working on benchmarking York against other Local Authorities and awaiting the outcome of the Comprehensive Spending Review for Government Funding of Public Health.

The Chair stated that the CCG had been asked to attend the Committee on 22 December regarding the re-procurement of Community Equipment and Wheelchair Services as part of the consultation process.

Resolved: That the work plan be noted and the following amendments be made;

- A report from York Teaching Hospital NHS Foundation Trust on their Action Plan following on from their CQC inspection.
- The attendance of the CCG to present a report on the re-procurement of Community Equipment and the Wheelchair Service

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.05 pm].