Notice of meeting of

Health Scrutiny Committee

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

Date: Monday, 12 February 2007

Time: 5.00 pm

Venue: Guildhall

A G E N D A

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 4 January 2007.

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, 9 February, at 5:00 pm.**

4. Yorkshire Ambulance Service (Pages 7 - 10)

This report introduces representatives of Yorkshire Ambulance Service, who will be providing an update on changes to ambulance services affecting the City of York area.

5. GP Services in York (Pages 11 - 14)

This report introduces representatives of two medical practices in York, who will speak to Members about the effects of practice based commissioning on GP services and answer any questions they may have on this subject.

6. Ongoing Work on North Yorkshire and York PCT's Recovery Plan (Pages 15 - 18)

This report asks Members to consider the outcomes of the recent Health Forum consultation on the PCT's financial recovery plan and to discuss the possibility of a related scrutiny topic.

7. Dental Services in York (Pages 19 - 22)

This report provides an update on NHS dental provision in the City of York area.

8. Annual Health Check 2006/07 (Pages 23 - 36)

This report asks Members to consider how they wish to respond to the Healthcare Commission's annual health check process in 2007.

Note: The report for this item now includes two annexes, setting out further information on the process and details of the standards which Members are entitled to comment upon.

9. Urgent Business

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

Democracy Officer:

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

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

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Agenda Item 2

City of York Council — Committee Minutes

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	4 JANUARY 2007
PRESENT	COUNCILLORS CUTHBERTSON (CHAIR), BRADLEY, FRASER, GREENWOOD, KIND, LOOKER and MOORE
IN ATTENDANCE	JOHN WARDLE (Chair, North Yorkshire and York PCT) NICK STEELE (Director of Finance, NY&YPCT) BILL REDLIN (Director of Performance and Delivery , NY&Y PCT) DAVID GEDDES (Medical Director, NY&YPCT) DENISE SMITH (Head of Primary Care Delivery, NY&YPCT) MIKE PROCTOR (Chief Operating Officer and Director of Nursing, York Hospitals Trust) RACHEL JOHNS (Director of Health, former Selby & York PCT) BILL HODSON (Director of Adult Social Services, City of York Council)

32. DECLARATIONS OF INTEREST

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

- Cllr Fraser – a personal, non prejudicial interest in any personnel issues that may arise from the PCT proposals reported under agenda item 6 (Referral Criteria and Service Thresholds for GPs) and / or agenda item 7 (Urgent Business), as a member of UNISON..
- Cllr Moore – a personal, non prejudicial interest in the business generally, due to his wife being employed by a GP's practice.

33. MINUTES

RESOLVED: That the minutes of the meeting of the Health Scrutiny Committee held on 4 December 2006 be approved and signed by the Chair as a correct record, subject to the removal of the words "and employee" against Cllr Fraser's name under Minute 27 (Declarations of Interest).

34. PUBLIC PARTICIPATION

It was reported that John Yates, of the Older People's Assembly, had registered to speak at the meeting in relation to agenda items 4 (Partnership Working and the Healthy City Board) and 6 (Referral Criteria and Service Thresholds for GPS).

On agenda item 4, Mr Yates queried how the Older People's Partnership Board would relate to and interact with the new North Yorkshire and York PCT and, in view of the minimal responses received to date by the Older People's Assembly from the PCT, what actions were being taken to renew this important partnership link with older people. On agenda item 6, he asked what evidence there was to show that GPs had the necessary expertise, training and equipment to treat patients at a higher level and whether adequate liaison arrangements had been put in place with consultants.

35. PARTNERSHIP WORKING AND THE HEALTHY CITY BOARD

Members received a report which introduced a presentation from Rachel Johns, Director of Public Health with the former Selby and York PCT, and Bill Hodson, Director of Adult Social Services at City of York Council, on the work of the Healthy City Board (HCB).

Bill Hodson outlined the relationship between the HCB and the "Healthier Communities and Older People" block of the Local Area Agreement (LAA). He circulated details of the vision, context, key outcomes and performance monitoring targets relating to the Healthier Communiities and Older People programme and explained the process of accountability and reporting to the Local Strategic Partnership via the Without Walls Board.

Rachel Johns explained that the LAA had been developed on the basis of existing structures and provided a good foundation to establish a new relationship between the Council, the PCT and other Health partners. A targeted approach was being taken, to reduce health inequalities throughout the City. The next step was to ensure a delivery plan for the areas to be tackled, which included respiratory diseases related to deprivation and the needs of carers, as well as the main priorities of heart disease and cancer.

In response to questions from Members, it was confirmed that:

- HCB would monitor progress on the targets to the executive delivery group of the Without Walls partnership and the annual community conference;
- Performance indicators had been produced by identifying potential indicators from a list of priority areas then narrowing them down to those which could be delivered;
- The new PCT would be the lead partner on those targets where the Selby and York PCT had previously performed this role;
- The Council had particular responsibility for delivery of cross-cutting targets. Directors were meeting each month to monitor these and ensure that work did not become 'pigeonholed'.
- The target for reducing obesity (HCOP3.1) had been relaxed due to advice that the previous target was too ambitious, but it would be re-visited at a future date.

RESOLVED: (i) That Rachel Johns and Bill Hodson be thanked for their presentation and the information noted.

(ii) That this issue be brought back to the Committee in two to three months' time, in order to identify an area for further scrutiny.

REASON: To ensure that the Committee remains informed of the wider health issues affecting the people of York and the actions being taken to address these.

36. DENTAL SERVICES IN YORK

Members considered a report which asked them to decide whether to carry out a scrutiny review of NHS dental provision in York. A written briefing on the service, provided to the Committee meeting in October 2006, was attached as Annex A to the report.

Denise Smith, of North Yorkshire and York PCT, provided an update on the information circulated last October. She reported that, in York, 18 dentists had now signed up to the new NHS contract and 8,000 patients had been allocated to NHS dentists. There were currently around 3,000 people on the database awaiting allocation, most of whom were York residents. Facilities were still available to provide emergency treatment for those who had not yet been allocated to a dentist or who did not wish to register for allocation.

In response to Members' questions, it was confirmed that:

- The target to allocate to a dentist within 6 months of registration on the database was generally being achieved in York, except in cases where the first allocation was refused;
- Data on the total number of patients registered with a dentist was no longer available, as the new contracts were based upon units of dental activity rather than numbers of patients;
- The allocation system involved agreeing with each practice how many patients they were able to accept on a monthly basis;
- Urgent cases were referred to the North Yorkshire Dental Services and would normally be offered treatment within 24 hours;
- Only one practice in York had left the NHS since March, and the growth of dental insurance schemes had not been an issue to date;

Members agreed that it was important to monitor the waiting times for allocation to ensure that the targets continued to be met or exceeded.

RESOLVED: That the Committee maintain a watching brief on the issue of dental provision in York and receive an update over the next three months on the position of the database and waiting list.

REASON: To enable the Committee to carry out their duty to promote the health needs of the people of York.

37. REFERRAL CRITERIA AND SERVICE THRESHOLDS FOR GPS

Members received a report which presented an updated version of the guidelines to GPs on referral criteria and service thresholds. A draft of this document had been considered at the Committee meeting in July 2006. The updated version was attached as Annex A to the report. The matter had been discussed further at the Committee meeting on 4 September.

A presentation was received from John Wardle, Chair of the North Yorkshire and York PCT, Nick Steel, Financial Director and Bill Redlin, Performance Director, on the new PCT's current work and future plans. As well as the referral criteria and service thresholds, this encompassed the Financial Recovery Plan dealt with under Urgent Business (see Minute 38 below). Dr David Geddes was also present, to respond to Members' questions on the referral criteria and service thresholds. It was suggested that the Powerpoint slides from the presentation be made available to all Members of City of York Council as well as to Health Scrutiny Members.

In respect of the referral criteria / service thresholds, Members queried:

a) What assurances could be given that the number of referrals in York would not fall below those elsewhere in the region and what monitoring arrangements were in place to ensure this. Dr Geddes replied that the aim was to develop a service that met local needs, rather than 'one size fits all' and that the PCT would work in conjunction with local practice-based commissioning groups to ensure this was achieved.
b) Whether an investment programme was being created to facilitate investment in community care, in the light of reduced referrals. Nick Steel agreed that this was an important aspect of modernisation and the recovery plan.
c) How many GPs had been involved in discussions on the referrals process and whether there had been any consultation with health visitors and district nurses. Dr Geddes confirmed that GPs had been kept involved in the process and its development via a chain of discussion. Employees had been kept informed via newsletters etc.
d) Whether there would be any consultation with the general public. John Wardle indicated that feedback would be obtained from patients' organisations and special interest groups as part of an ongoing process of review and development.

RESOLVED: That the information provided in the report, annex and presentation be noted.

REASON: So that the Committee remains up to date on medical services available in York.

38. URGENT BUSINESS - NORTH YORKSHIRE AND YORK PCT'S FINANCIAL RECOVERY PLAN

The Chair raised the matter of the financial recovery plan prepared by the new North Yorkshire and York PCT. He asked that this issue be

considered under Urgent Business, on the basis that the plan was due to be put before the PCT Board for approval at their meeting on 9 January and, if approved, would become effective from 1 January. These facts had emerged very recently, over the Christmas and New Year holiday, so this was the first and only opportunity that the Health Scrutiny Committee would have to consider and comment upon the plan before it was approved by the Board.

The presentation referred to under Minute 37 above provided full details of the plan, which comprised the following proposed actions and initiatives to tackle the PCT's projected year-end deficit of £45m:

- Measures to reduce expenditure on secondary care, including going no further than required in reducing waiting lists and achieving maximum value under the contract with York Cappio independent treatment centre by ensuring that all suitable patients be treated there;
- Reducing Accident and Emergency demand by more appropriate management of patients and introduction of more direct primary care involvement;
- Putting in place consultant-led clinical assessment teams for all acute trusts, to assess patients prior to admission;
- Proactive management of patients to reduce excess 'bed days';
- Establishing strong financial controls across the PCT;
- Reducing redundancy provision where possible;
- Minimising management structure costs.

The plan was intended to provide a balanced programme which would protect care services whilst providing options for managing the PCT's finances.

Members expressed concern about the short timescale set for the PCT Board to approve the proposals, the lack of prior consultation with the Health Scrutiny Committee, lack of provision for consultation with the general public (as oppose to special interest groups) and the failure of the PCT to liaise with the City of York Council's Adult Social Services department regarding the potential impact of the plan on the Council's services and budget. In response, the PCT representatives stressed that the proposals to be put before the PCT Board on 9 January were intended as short-term actions for the final quarter of the current financial year and into next year. A Service Modernisation and Financial Recovery Plan for the longer term would be produced and publicised within the next few months. This would be subject to review and consultation as part of an ongoing process of development. They agreed that it was essential to establish a dialogue in order to determine the effect of the proposals on Council-funded services.

Before reaching their decision on this item, Members considered and rejected the following alternative options:

Option 1 – do nothing. This was not considered acceptable, as it would not discharge the Committee's duty to represent York residents.

Option 2 – arrange another meeting to scrutinise the matter at a later date. This was not considered a viable option, in view of the timescale for approval of the proposals by the PCT Board.

Option 3 – scrutinise the proposals over a period of time. This option was rejected for the same reason as Option 2.
Option 4 – refer the matter to the Secretary of State in accordance with the Committee's statutory powers under paragraph 4 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, on the basis that there had been inadequate consultation with Health Scrutiny on the proposals. This option was rejected as Members felt it would not provide a constructive way forward.

RESOLVED: (i) That the proposals to be put before the PCT Board on 9 January 2007 be accepted, subject to the PCT undertaking to provide, during development of the financial recovery plan:

a) adequate consultation arrangements with York NHS Hospital Trust and the City of York Council;
b) a consultation process that includes the general public and voluntary organisations.

(ii) That all areas of the plan that may involve a change in service be subject to further review at the next meeting of the Committee.

REASON: To ensure that the new PCT's financial recovery plan is kept under review and subjected to proper consultation.

I CUTHBERTSON, Chair
[The meeting started at 5.00 pm and finished at 8.30 pm].

Health Scrutiny Committee **12 February 2007**

Report of the Head of Civic, Democratic and Legal Services

Yorkshire Ambulance Service

Summary

1. This report is to introduce representatives of Yorkshire Ambulance Service who wish to update members about ambulance services which affect the York area.

Background

2. In the past members received regular updates from the former Tees, East and North Yorkshire Ambulance Service (TENYAS). On 1 July 2006 TENYAS became part of the reconfigured Yorkshire Ambulance Service (YAS) along with West Yorkshire Metropolitan Ambulance Service and South Yorkshire Ambulance Service.

3. In January 2007 YAS announced that they intend closing the current York Ambulance Station in Hungate and replacing it with alternative facilities and increased staffing which will benefit patients in the area.

4. The Head of Facilities Management in CYC's Property Services has informed us that the lease on the Ambulance Station at Hungate will expire at the end of March 2009. The council requires vacant possession of the premises by March 2008 in order to meet its intended completion date of June 2010 for its new office accommodation in Hungate. Property Services are working with YAS to help them find a suitable site for a new Ambulance Service hub.

5. Members have previously requested updates as to developments within the newly formed Yorkshire Ambulance Service and this meeting will be an opportunity to discuss progress in the reconfigured service.

Consultation

6. This item is part of ongoing consultation with the YAS which members of the Health Scrutiny Committee carry out in order to have democratic input into Health Services provision in York. For this item consultation has been carried out with officers from Property Services in connection with the timescales for the office development at Hungate.

Options

7. Members are asked to consider the information provided by the YAS and consider whether they would request a formal consultation on this matter under the Health and Social Care Act 2001.

Analysis

8. If members are reassured that there will be a replacement ambulance station within the locality which does not have an adverse effect on services then they may be of the opinion that a statutory consultation is not necessary in this case. They may wish to request further information as and when details of the new provision become available.

Corporate Priorities

9. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

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

Risk Management

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

Recommendations

12. Members are asked to receive the information provided by Yorkshire Ambulance Service and consider any future updates they may require.

    Reason: In order to carry out their duty to promote the health needs of the people they represent.

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Chief Officer Responsible for the report:
Suzan Hemingway
Head of Civic, Democratic and Legal Services

Report Approved ✓ **Date** *02/02/07*

Specialist Implications Officer(s) None

Wards Affected: **All** √

For further information please contact the author of the report

Annexes

None

Background Papers

None

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Health Scrutiny Committee **12 February 2007**

Report of the Head of Civic, Democratic and Legal Services

GP Services in York

Summary

1. This report is to introduce Dr David Hartley of Jorvik Medical Practice and Dr Brian McGregor of Gale Farm Medical Practice who have been invited to talk to members and are willing to answer relevant questions.

Background

2. In June 2006 and January 2007members considered a document which gave guidance to GPs on referral criteria and service thresholds. Members had expressed their concerns that the referrals from York medical practices should continue to adequately meet the needs of local people. They were assured by North Yorkshire and York Primary Care Trust that they were working with local practice-based commissioning groups to ensure that this would happen.

3. Dr David Hartley is the Chair of York Health Group which is the organisation representing all medical practices involved in practice-based commissioning, he is also an elected member of the North Yorkshire Local Medical Committee (LMC). Dr Brian McGregor is the secretary of North Yorkshire LMC and an elected member of York Health Group.

4. Practice based commissioning is the process by which primary care professionals become more involved in commissioning decisions, members may be interested in hearing about its impact on patients and GPs.

Consultation

5. This item is part of the wider consultation process that members are carrying out in order to ascertain the impact of changes to services commissioned or provided by North Yorkshire and

York PCT.

Options

6. Members are asked to consider the information provided by the GPs attending this meeting and ask questions which will inform their current work.

Analysis

7. Members have had ongoing discussions with PCT representatives as well as holding a recent public Health Forum in which representatives of voluntary sector organisations and health service professionals could inform their elected representatives about the impact on them of changes in services. The discussion at the meeting will add to the body of knowledge that members are developing.

Corporate Priorities

8. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

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

Risk Management

10. In compliance with the Councils risk management strategy, there are no risks associated with the recommendations of this report.

Recommendations

11. Members are asked to receive the information provided by Dr David Hartley and Dr Brian McGregor to inform the ongoing review work.

    Reason: In order to carry out their duty to promote the health needs of the people they represent.

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Chief Officer Responsible for the report:
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Report Approved ✓ **Date** *02.02.07*

Specialist Implications Officer(s) *None*

Wards Affected: **All** √

For further information please contact the author of the report

Annexes

None

Background Papers

None

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Health Scrutiny Committee **12 February 2007**

Report of the Head of Civic, Democratic and Legal Services

Ongoing Work on North Yorkshire and York PCT's Recovery Plan

Summary

1. This report is to ask members to consider the outcomes of the recent Health Forum consultation and to discuss the possibility of a related scrutiny topic .

Background

2. At the meeting of 4 January 2007 Members heard from representatives of North Yorkshire and York PCT about their proposed actions and initiatives to tackle their expected year-end deficit of £45m.

3. Members accepted the PCT's proposals subject to the PCT undertaking to provide adequate consultation arrangements with York Hospitals NHS Trust, City of York Council, voluntary sector organisations and the general public

4. On 31 January 2007 this Committee held a public Health Forum in which a number of areas of concern were raised. Some of these issues were answered by the PCT at the time, others remain outstanding. Details of the issues raised at the Forum will be circulated in advance of the meeting.

5. It is hoped that representatives of the PCT will be at this meeting who will be able to update members on the outstanding issues and the progress of the recovery plan.

6. Members may also wish to consider a detailed Scrutiny review related to one or more of these issues and the effect of the PCT's measure, for example the Podiatry service. If so, it would have to be scheduled as part of the work programme for the Committee for 2007/8.

Consultation

7. This item is part of the consultation process which the Committee is holding with its health partners in relation to the impact of the PCT's measure on the citizens of York.

Options

8. Members will be able to consider the information gathered at the Health Forum and how this can be incorporated into their ongoing scrutiny work.

Analysis

9. No analysis available at this point until evidence from Health Forum has been put together.

Corporate Priorities

10. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

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

Risk Management

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

Recommendations

13. Members are asked to receive the evidence from the health forum and consider how this might influence their future scrutiny work.

    Reason: In order to carry out their duty to promote the health needs of the people they represent.

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Chief Officer Responsible for the report:
Suzan Hemingway
Head of Civic, Democratic and Legal Services

Report Approved ✓ **Date** *02.02.07*

Specialist Implications Officer(s) None

Wards Affected: **All** √

For further information please contact the author of the report

Annexes

None

Background Papers

None

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Health Scrutiny Committee **12 February 2007**

Report of the Head of Civic, Democratic and Legal Services

Dental Services in York

Summary

1. This report is to update members on NHS dental provision in the York area.

Background

2. In October 2006 members considered a report which informed them about NHS dental provision in York. At that time there were 4170 people on the list awaiting assignment to a dental practice.

3. At the meeting of 4 January 2007 Denise Smith of North Yorkshire and York PCT provided an update to this information. She informed members that there were then around 3000 patients awaiting allocation to a dentist.

4. Members also heard that patients registering for a place were generally allocated within six months of first registering. Data on the total number of patients with a practice was no longer recorded as new contracts were based on numbers of treatments rather than numbers of people.

5. Dental practices agree with the PCT how many new patients they are able to accept each month.

6. Some dental practices left the NHS in March 2006 after the contracts were implemented, however since then only one practice has left.

7. Members agreed that they would keep a watching brief on the provision of dental services over the next three months in order to monitor the waiting times for allocation to an NHS dentist.

Consultation

8. Denise Smith has agreed to provide regular updates for members and information will be provided at the meeting which outlines the position at the end of January 2007.

Options

9. At this point members can note the progress on allocating patients to dentists in York and may consider how to use this information later in the year, as part of the work to draw the conclusions from the review.

Analysis

10. It might be advisable to monitor the allocation of dental services for some time in order to decide if there are any aspects of this provision which requires further questions to be asked.

Corporate Priorities

11. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

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

Risk Management

13. In compliance with the Councils risk management strategy, there are no known risks associated with the recommendations of this report.

Recommendations

14. Members are asked to note the comments from North Yorkshire and York PCT regarding the provision of NHS dental services in the York area and request a further update for the meeting of 2 April 2007.

    Reason: In order to carry out their duty to promote the health needs of the people they represent.

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Chief Officer Responsible for the report:
Suzan Hemingway
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Report Approved ✓ **Date** *02.02.07*

Specialist Implications Officer(s) *None*

Wards Affected: **All** √

For further information please contact the author of the report

Annexes

None

Background Papers

None

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Health Scrutiny Committee **12 February 2007**

Report of the Head of Civic, Democratic and Legal Services

Annual Health Check 2006/2007

Summary

1. This report is to ask members to consider how they wish to respond to the Healthcare Commission's annual health check process in 2007

Background

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

3. In 2005/6 they introduced a new system of assessment for the NHS – the annual heath check. This looks at a broader range of performance than the previous system of star ratings. A key part of the annual health check is the rating of every NHS organisation on quality of services and use of resources. The aim is to ensure that healthcare organisations offer high quality services as well as value for money.

4. The first year of the annual health check concentrated on ensuring that basic core standards were being met. This will continue into year two but with an increasing focus on whether NHS bodies are driving improvement in the commissioning and delivery of healthcare.

5. 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 (OSCs). These are considered to be important as they substantiate the self-assessments and ensure that different perspectives are included in the returns. OSCs can provide important feedback

to the Healthcare Commission from communities and their elected representatives that can help develop understanding as to how the trusts are performing. Also third party commentaries help the commission to ensure that trusts are putting patients and the public at the heart of everything they do.

6. The former Social Services and Health Scrutiny Committee participated in the first health check in 2005/6. In order to prepare for this the Committee held an informal seminar in October 2005 with the Patient and Public Involvement Forums and representatives of the NHS Trusts. The Trusts were asked to discuss their draft declarations and then Committee members held a formal meeting to agree which of the core standards they wished to comment on.

7. There will be no draft declaration for 2006/7 and final declarations will be due by the end of April 2007. There is a briefing event to be held between the time of writing and the meeting on 12 February to which representatives of this Committee have been invited and which will provide further information on the process.

Consultation

8. Considerable consultation and co-ordination with the relevant NHS Trusts will be required to make the contribution of the Health Scrutiny Committee.

Options

9. Members are asked to consider whether they wish to make a commentary on the Annual Healthcheck of the three NHS Trusts. If so, and in view of the short timescales involved, would they be prepared to delegate the preparation of this to the Chairman and one or more representatives of the Committee, in conjunction with the Scrutiny Officer, as necessary.

Analysis

10. If members do provide evidence-based information about how patients and the public are experiencing NHS services it will form a valuable contribution to the self-assessment. OSCs are invited to comment because the Healthcare Commission recognise that information collected in Scrutiny reviews and through discussions between Health OSCs and NHS Trusts about the planning and development of health services can provide a view of patient and public experience that cannot be collected from anywhere else.

11. There is only one more scheduled formal meeting of the Health Scrutiny Committee before the contributions to the declarations will need to be sent to the NHS Trusts. Because of the ongoing work on the effects of North Yorkshire and York PCT's financial recovery plan members have an extremely high workload which is likely to extend into the next municipal year.

Corporate Priorities

12. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

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

Risk Management

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

Recommendations

15. Members are asked to delegate to the Chairman and one or more other members of the Committee the task of creating a commentary on the declarations of any of the NHS Trusts that they feel appropriate, with a view to reporting back to a future meeting of this Committee.

Reason: In order to carry out their duty to promote the health needs of the people they represent.

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Chief Officer Responsible for the report:
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Report Approved ✓ **Date** *2.02.07*

Specialist Implications Officer(s) *None*

Wards Affected: **All** √

For further information please contact the author of the report

Annexes

None

Background Papers

None

The Healthcare Commission's Annual Healthcheck 2006/7

In 2005 a new method of assessing NHS organisations was introduced to replace the former "star rating" method. This is entitled the Annual Healthcheck and its aim is to promote improvements in healthcare for patients and the public and it looks at a much broader range of issues than the old method.

Every trust must submit their declaration to the Healthcare Commission by May 1 2007. As part of the process trusts are responsible for inviting "third parties" such as Overview and Scrutiny committees, to comment on their performance. Trusts must include these comments, word for word, in the declarations they submit.

Trusts will contact the Health Scrutiny Committee, probably in early April, and ask if members wish to comment and to agree a timetable for including these comments in their declaration. The final meeting of this Committee for the current municipal year is on 2 April, hence the suggestion that a couple of members take on the responsibility of preparing the commentary.

Core and developmental standards

There are two kinds of standard set by the government: "core" and "developmental". Core standards set out a minimum level of service, which patients have the right to expect. Developmental standards help to track progress towards improvement. This year trusts are being asked to say how they have performed against 24 core standards and three developmental standards. Members can comment on trusts' performance in relation to any of these standards, but do not have to comment on all of them. All comments should relate to the period 1 April 2006 to 31 March 2007. A list of all relevant standards is attached.

Developmental Standards - new

These are standards which the government expects trusts to aspire to. The assessment in 2006/7 will be a "shadow" assessment – i.e. the results will be published but not fed into the annual rating.

Different trusts will be assessed on specific developmental standards. This means that for acute trusts (York Hospital) members need to consider how they have performed in relation to Safety (D1) and/or Clinical and Cost Effectiveness (D2). For mental health trusts (NY & Y PCT) comments should only be made against D2. Members should only look at Public Health (D13) for primary care trusts (NY & Y PCT again).

What happens to the commentaries?

The words in them were "coded" and applied to one or more standards. Analysts at the Healthcare Commission use a software tool which enables them to extract relevant pieces of "intelligence" from the commentaries and allocate them to the standards. Each piece of intelligence can be weighted as "positive" or "negative" and can have a high, medium or low association with a particular standard. Positive includes using terms such as "acceptable", "compliance" or "confidence" and negative might be indicated by "concerned about" or "insufficient". To have high association with a

standard the submission will make specific reference to the issues in the standard and give clear supporting evidence and examples.

The quality of the data is also important – it must be clear and concise, relate to one or more standards and contain evidence from a variety of sources. Poor quality commentary is based on anecdotal evidence, or from a single source such as a board meeting, or from outside the current time frame.

1985 commentaries were received from third parties in 2005/6. 11472 items of intelligence were extracted from them but only 3% were considered to be weighted highly. Most commentaries were rated as "average" in terms of data quality.

2006/7 Annual Health Check

- Members are asked to produce commentaries that:
- Give information in a clear and concise way
- Relate to one or more standards
- Make specific reference to issues covered by a standard
- Contain supporting evidence from a variety of sources
- Include detailed information, for example dates or outcomes.

Annex 2

Standards for Health Service Provision

For comment by OSCs as part of the Annual Healthcheck 2006/7

Annex 2

Standards for Health Service Provision

This document summarises the standards issued by the department of Health. These specify the level of services that all patients and service users of all ages should be able to expect from the NHS. The standards are arranged into seven domains each of which is broken down into its component parts or elements. Most of the elements will apply to all health services whether they are provided by primary care trusts, ambulance trusts, acute trusts etc. Some elements will not apply to all healthcare organisations or will need to be applied differently to reflect a particular organisation's activities.

OSCs are not expected to comment on all the standards and should select those which they have scrutinised or discussed during the past year.

The domains and core elements are listed below:

First domain: Safety

Core Standard C1

Healthcare systems protect patients through systems that:

a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents

b) b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within the required timescales.

Core Standard C2

Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

Core Standard C3

Healthcare organisations protect patients by following National Institute of Health and Clinical Excellence (NICE) interventional procedures guidance.

Core Standard C4

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:

a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA)

b) b) all risks associated with the acquisition and use of medical devices are minimised

c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed

d) medicines are handled safely and securely

e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

Second domain: Clinical and cost effectiveness

Core Standard C5

Healthcare organisations ensure that:

a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care

b) clinical care and treatment are carried out under supervision and leadership

c) clinicians continuously update skills and techniques relevant to their clinical work

d) all clinicians participate in regular clinical audit and reviews of clinical services.

Core Standard C6

Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Third domain: Governance

Core Standard C7

Healthcare organisations:

a) apply the principles of sound clinical and corporate governance

b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources

c) undertake systematic risk assessment and risk management

d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources – *this element will not be included in the declaration as it will be measured by the findings of the Audit Commission or Monitor.*

e) Challenge discrimination, promote equality and respect human rights

f) Meet the existing performance requirements – *this element will not be included in the declaration as it will be measured by the existing targets. assessment*

Core Standard C8

Healthcare organisations support their staff through:

a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services

b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups

Core Standard C9

Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

Core Standard C10

Healthcare organisations:

a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies
b) require that all employed professionals abide by relevant published codes of professional practice.

Core Standard C11

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:

a) are appropriately recruited, trained and qualified for the work they undertake

b) participate in mandatory training programmes

c) participate in further professional and occupational development commensurate with their work throughout their working lives

Core Standard C12

Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

Fourth domain: Patient focus

Core Standard C13

Healthcare organisations have systems in place to ensure that:

a) staff treat patients, their relatives and carers with dignity and respect

b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information

c) staff treat patient information confidentially, except where authorised by legislation to the contrary

Core Standard C14

Healthcare organisations have systems in place to ensure that patients, their relatives and carers:

a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

b) are not discriminated against when complaints are made

c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

Core Standard C15

Where food is provided, healthcare organisations have systems in place to ensure that:

a) patients are provided with a choice and it is prepared safely and provides a balanced diet

b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

Does not apply to ambulance services and will not be included in their declaration.

Core Standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the are and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

Fifth domain: Accessible and responsive care

Core Standard C17

The views of patients, their cares and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Core Standard C18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Core Standard C19

Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services – *this element will not be included in the declaration as it will be measured through the existing targets and new national targets assessments*

Sixth domain: Care environment and amenities

Core Standard C20

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:

a) a safe and secure environment which protects patients, staff, visitors, and their property, and the physical assets of the organisation

b) supportive of patient privacy and confidentiality

Core Standard C21

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Seventh domain: Public Health

Core Standard C22

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) cooperating with each other and with local authorities and other organisations

b) ensuring that the local Director of Public Health's annual report informs their policies and practices

c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships

Core Standard C23

Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

Core Standard 24

Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

Developmental Standards being assessed in 2006/7

These will be assessed on progress towards best practice beyond a minimum level. Trusts will declare their progress on a four-point scale from "excellent" to "limited" developmental progress for each of the three domains that the Healthcare commission is focussing on for 2006/7. These are:

D1 Safety

Healthcare organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another.

(Can be assessed for York Hospital Trust in 2006/7)

D2 Clinical and Cost Effectiveness

Patients receive effective treatment and care that:

a) conform to nationally agreed best practice, particularly as defined in national Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery

b) take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences

c) are well-co-ordinated to provide a seamless service across all that need to be involved, especially social care

d) is delivered by health care professionals who make clinical decisions based on evidence-based practice.

(can be assessed for York Hospital Trust and North Yorkshire and York PCT regarding mental health services for 2006/7)

D13 Public Health

Healthcare organisations

a) identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role

b)implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health

c) protect their populations from identified current and new hazards to health

d)take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

(Can be assessed for North Yorkshire and York PCT for 2006/7)