
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	11 JUNE 2007
PRESENT	COUNCILLORS FUNNELL (CHAIR), FRASER, KIRK (VICE-CHAIR), MORLEY, LOOKER, MOORE AND WISEMAN
IN ATTENDANCE	MR MIKE PROCTOR – DIRECTOR OF NURSING YORK HOSPITAL PAT SLOSS – HEAD OF USER AND PATIENT ACCESS NYYPCT GRAHAM PURDY – HEAD OF CORPORATE AND PUBLIC AFFAIRS NYYPCT JOHN YATES – YORK OLDER PEOPLE’S ASSEMBLY GEOFF AINSLEY – BRADFORD MBC GRAHAM TERRY – HEAD OF CORPORATE SERVICE, HOUSING AND ADULT SOCIAL SERVICES

1. **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.

Councillor Kirk declared a standing declaration as a governor of York Hospitals NHS Foundation Trust.

Councillor Fraser declared a personal non-prejudicial interest in agenda item 5 (Work Planning for Health Scrutiny for 2007/08) as a governor of the York Hospitals NHS Foundation Trust and as a member of the retired section of UNISON.

Councillor Moore declared a personal non-prejudicial interest in agenda item 5 (Work Planning for Health Scrutiny for 2007/08) as his wife worked in the Health Service.

Councillor Funnell declared a standing personal non-prejudicial interest as she had previously worked part time for Patient Public Involvement.

2. **MINUTES**

RESOLVED: That the minutes of the meeting of the Health Scrutiny Committee held on 2 April 2007 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. PRESENTATION ON ROLE OF HEALTH SCRUTINY

Officers gave Members a presentation, which introduced them to the work of Health Scrutiny, including their responsibilities and aims. Details of the presentation were circulated at the meeting and a copy is attached as an appendix to these minutes.

Arising out of the presentation Members made the following comments:

- That there was a need to honour statutory obligations through the development of partnership working.
- Time spent on PCT finances the previous year had meant that little could be undertaken which had been frustrating.
- Need to refocus on the real issues concerning users.

Pat Sloss, NY&YNHS PCT, confirmed that the majority of Directors of the PCT were now in place and that further key appointments were in the process of being made. She also confirmed that she would forward an overview of the proposed new structure to members of the Committee.

5. ANNUAL HEALTH CHECK 2006/2007

Members considered a report, which updated them on the commentaries on the self-assessment declarations of NHS trusts which were submitted by this Committee in April 2007.

It was reported that in 2005/06 the Healthcare Commission had introduced a new system of assessment for the NHS, known as the annual health check. This system looked at a broader range of performance than the previous system of star ratings. A key part of the check was the rating of every NHS organisation on quality of services and use of resources. The aim was to ensure that healthcare organisations offered high quality services as well as value for money. Details of the comments sent to the Trusts by the City of York Council's Health Scrutiny Committee were set out in the report which covered:

- North Yorkshire and York PCT
- York Hospitals NHS Trust and
- Yorkshire Ambulance Trust

Officers reported that, as this check was only in its second year it was still evolving but that there were currently 24 standards. It was felt important to contribute to the check as any comments made were reported verbatim to the Health Trusts. It was confirmed that the Healthcare Commissions website published the results of the health checks and Officers agreed to send this link to all Members and partners.

Members expressed their thanks to the Scrutiny Officer, Cllr Fraser and former Cllr Cuthbertson for their work in providing this information in March 2007.

- RESOLVED:
- i) That Members note the update on the Annual Health Check 2006/07 which reflected the position as at the end of the last municipal year.
 - ii) That Members note that at the end of 2007 or early 2008 they will be invited to prepare a commentary on the trusts' performance during 2007/08 and that will be included in their work planning for this municipal year.

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

6. WORK PLANNING FOR HEALTH SCRUTINY FOR 2007/8

Members considered a report, which detailed the Committees work during the last municipal year. It was reported that in January 2007 the Committee had agreed for future scrutiny they wished to identify an area of work based on the remit of the Healthy City Board as part of the Local Strategic partnership.

It was confirmed that Government funding of £10,000 had been made available for the formation of a regional network of stakeholders in health scrutiny. This network had met and agreed that a main priority issue would be health inequalities and how to develop work plans to address these.

The network would work closely with a national local government capacity building programme project, which would cover the whole of the Yorkshire and Humber region and be hosted by the City of Bradford Council. This project was being funded by central government and the Department of Health and had commenced in April 2007.

Geoff Ainsley of Bradford Metropolitan Council who was co-ordinating this project attended the meeting. He gave a presentation to Members on the Yorkshire and Humber Local Government and Health Project, details of which were circulated at the meeting and are attached as an appendix to these minutes.

He confirmed that this was a new project, the first of its kind in the country, to run from April 2007 to March 2009. It was supported and funded from the Yorkshire and Humber capacity building programme "Working Together to Improve" and the Regional Public Health Group at the Government Office for Yorkshire and Humber. It was explained that the objectives of the programme were to support local authorities in strengthening their contribution to public health in order to achieve excellence in improving health and reducing health inequalities, as well as ensuring that these achievements were recognised by their local population.

Arising out of the presentation Members stated that the main problem related to prevention and that major links were required with GP's etc to provide a joined up service.

Officers referred to a regional health scrutiny event in Leeds, being organised to help strengthen scrutiny's contribution to public health to which all members would be invited. As soon as the date and venue were known these would be emailed to Members.

Officers and the Chair confirmed that it was also hoped to hold an informal work-planning seminar to determine the major issues for scrutiny during the current year. This was proposed for August or September and would involve the cancellation of the scheduled meeting on 3 September and its replacement with the above event.

It was confirmed that invitations would be extended to the voluntary sector, PCT and the Ambulance Trust together with representatives from the Health Forum held in January. Members felt that it would be useful if Bill Hodson, Director of Housing and Adult Social Services could be also be invited. The Chair confirmed that if Members were aware of any additional groups or individuals that could add to the informal work planning session that they should contact Barbara Boyce, Scrutiny Officer to enable her to send out invitations.

As the Chair would be away for the scheduled October Health Scrutiny meeting it was proposed to bring this forward to 24 September 2007.

The Scrutiny Officer confirmed that the Patient Experience Monitoring Group were seeking a further member to represent the Committee at their meetings, the next of which scheduled for 7 September 2007.

- RESOLVED:
- i) That Bill Hodson, Director of Housing and Adult Social Services, be invited to a future meeting to discuss how health scrutiny can contribute to the work of the Healthy City Board and the local area agreement.
 - ii) That Members agree to take up any places available at the Regional Health Scrutiny event the date and venue to be confirmed.
 - iii) That a facilitated work planning event be arranged for August or early September to determine the major issues affecting all health partners and the York public and to subsequently deliver a prioritised work plan for the Committee for the remainder of the municipal year.
 - iv) That Cllr Funnell be appointed to attend meetings of the Patient Experience Monitoring Group on behalf of the Committee.

REASON:

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

CLLR C FUNNELL, Chair

[The meeting started at 5.00 pm and finished at 6.30 pm].

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Introduction to Health Scrutiny

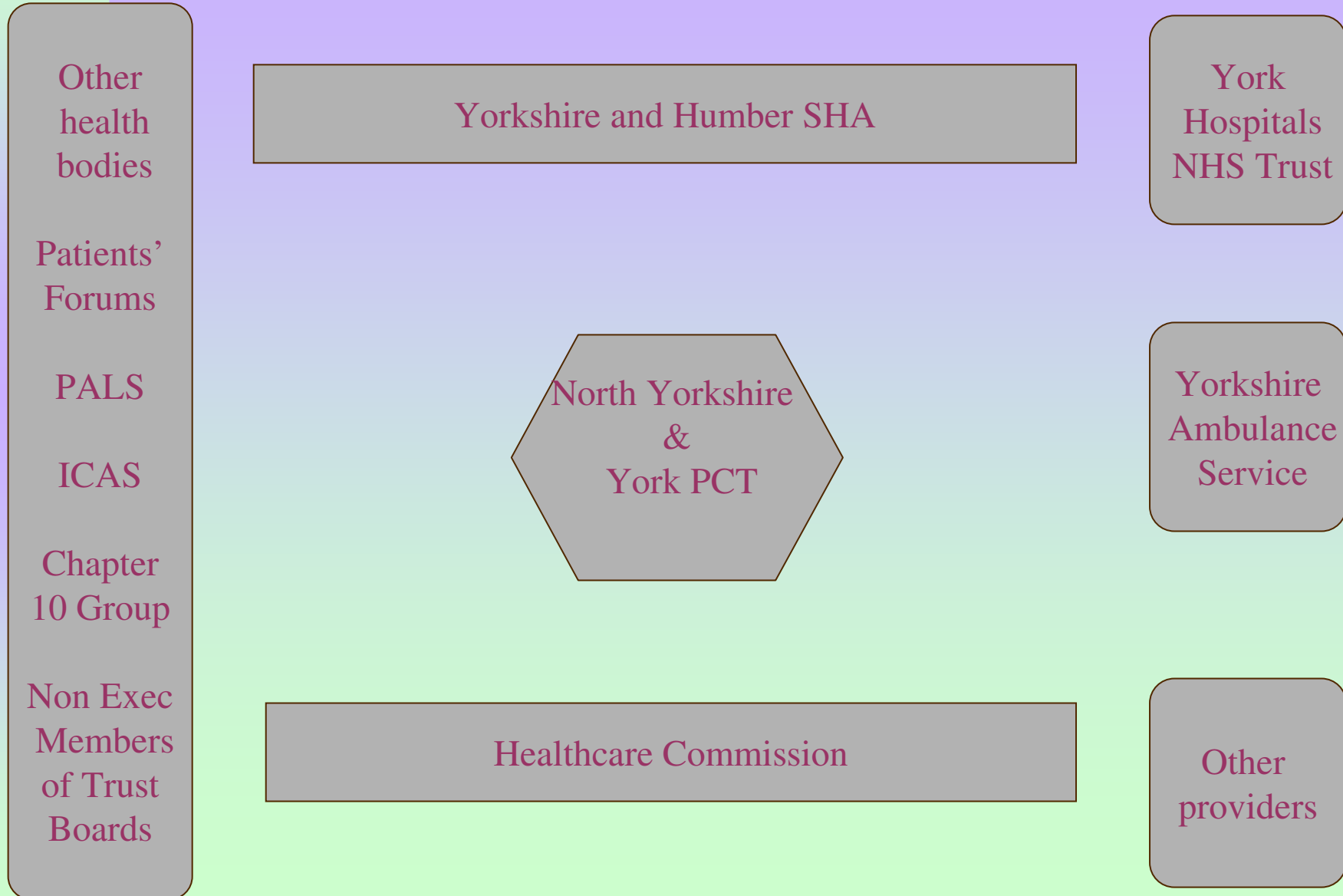
Cllr Tina Funnell - Chair

Barbara Boyce – Scrutiny Officer

What is Health Scrutiny about?

- Health Scrutiny “acts as a lever to improve the health of local people...and securing the continuous improvement of health services and services that impact on health”
(Department of Health)
- Who do we represent? As well as being the only truly democratic input into health provision, Health OSCs are one part of the framework for involving patients and the public in the NHS

Local NHS Structure



Why do we do Health Scrutiny?

- Local Government Act 2000 gave members the power to scrutinise local services
- Health and Social Care Act 2001 gave members:
 - ◆ power to scrutinise local health services
 - ◆ right to make recommendations to NHS bodies
 - ◆ right to be consulted on major changes to health services
- Scrutiny members have had these responsibilities since January 2003

Who has the power of Health Scrutiny?

- All Social Services authorities must have a Health Overview and Scrutiny Committee (OSC)
- This OSC has powers to summon officers of health trusts to committee meetings, to require information from NHS bodies on the planning and provision of health services. It must be consulted by health trusts about significant changes to service provision
- Health OSCs also scrutinise local authority services that impact on the health of local communities.

Responding to consultations

- NHS bodies considering proposals for substantial variations in health services are required to consult the Health OSC of the relevant local authority.
- If these services cross local authority boundaries, Health OSCs must work together to respond to the proposals
- If a Health OSC decides that a variation in service is substantial it can, in some circumstances, refer it to the Secretary of State.

Other responsibilities

- Contributing each April to the Annual Health Check – the assessment process for all Health Trusts
- Working with the Council on the development of local involvement networks (LINKs)
- Developing skills and understanding of issues affecting the health of people in York.
- Communicating with colleagues from all Health Trusts that impact upon York, learning about their work and offering recommendations that will benefit those we represent.
- Working in partnership with other organisations that work to improve health in York.

Aims for the future?

- To do work which leads to improvements in the health of the people of York
- To develop relationships and work with partners
- To be an independent local voice for residents
- To be a positive and critical friend to local NHS organisations
- To work creatively to address public concerns about health
- To identify where Council policy can improve health

What we will not be

- A stick to beat NHS organisations
- Stuck in a party-political mould
- Always in formal meetings
- Concentrating on organisations rather than patients or the public
- Hindering innovation in the NHS
- Wasting times on things we can't change locally

Comment from your Chairman

I feel privileged to take over the Chair of this important statutory committee at a challenging time for both the Health Service and Local Government. We now have real opportunities to develop partnerships in service delivery which will benefit the people of York.

Most of my professional life over the last 25 years has been spent working with patient organisations and with national and regional health organisations so I am delighted to be able to use that experience in my new work as a councillor. I want to build bridges between our colleagues in health and voluntary organisations and the Council and also use our combined resources and skills to better serve the people of York.

Local Government & Health

A Regional Capacity Building
Project

Aim of the Project

- To support local authorities across Yorkshire and the Humber to strengthen their contribution to public health
- To help authorities to contribute to improving the health of local people and reduce health inequalities in their area.

Project Strands

- Developing Sustainable Networks
- Disseminating Health Data
- Well – Being in Leadership Programmes
- Tackling Health Inequalities through Local Area Agreements & Community Strategies
- Supporting Health Scrutiny
- Facilitating Shared Learning

Networks

- Establishing Health Leads Network
- Supporting Health Scrutiny Network
- Developing Website for Health Leads

Health Data

- Securing access to relevant health intelligence about local areas
- Establishing links with academic institutions

Leadership Programmes

- Facilitating access to and links with appropriate leadership / development programmes
- Supporting Health and Well – Being modules in development programmes
- Delivering regional & sub – regional workshops & seminars

Local Area Agreements

- Desktop Survey of 15 current LAA's
- Analysis of Health Element
- Promote strengthening and mainstreaming of health element through shared learning

Health Scrutiny

- Desk – top analysis of work programmes
- Support Health Scrutiny Network
- Showcase examples of best practice
- Provide toolkits and support to develop strategic approach
- Provide links to other support

Shared Learning

- Supporting local and regional seminars and workshops
- Providing toolkits to develop good practice
- Facilitating mentoring and shadowing opportunities
- Supporting shared learning on selected topics / themes

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