



**Notice of meeting of
Health Scrutiny Committee**

To: Councillors Funnell (Chair), Fraser, Kirk (Vice-Chair),
Morley, Looker, Moore and Wiseman

Date: Monday, 11 June 2007

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 3 - 6)

To approve and sign the minutes of the meeting held on 2 April 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 Committee'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 8 June 2007 at 5.00pm.

4. Presentation on Role of Health Scrutiny

To welcome new Members and receive a presentation on the role of Health Scrutiny.

5. Annual Health Check 2006/2007 (Pages 7 - 12)

This report updates Members about the commentaries on the self-assessment declarations of NHS trusts which were submitted by this Committee in April 2007.

6. Work Planning for Health Scrutiny for 2007/8 (Pages 13 - 16)

This report asks Members to commence their work planning for the municipal year 2007/8.

7. Urgent Business

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

Democracy Officer:

Name: Jill Pickering

Contact details:

- Telephone – (01904) 552061
- E-mail – jill.pickering@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

About City of York Council Meetings

Would you like to speak at this meeting?

If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than 5.00 pm** on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088

Further information about what's being discussed at this meeting

All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements

We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an interpreter providing sufficient advance notice is given. Telephone York (01904) 613161 for this service.

যদি যথেষ্ট আগে থেকে জানানো হয় তাহলে অন্য কোন ভাষাতে তথ্য জানানোর জন্য সব ধরনের চেষ্টা করা হবে, এর জন্য দরকার হলে তথ্য অনুবাদ করে দেয়া হবে অথবা একজন দোভাষী সরবরাহ করা হবে। টেলিফোন নম্বর (01904) 613161.

Yeteri kadar önceden haber verilmesi koşuluyla, bilgilerin tercümesini hazırlamak ya da bir tercüman bulmak için mümkün olan herşey yapılacaktır. Tel. (01904) 613161.

我們竭力使提供的資訊備有不同語言版本，在有充足時間提前通知的情況下會安排筆譯或口譯服務。電話(01904) 613161。

کسی بھی دوسری زبان میں معلومات کی دستیابی ترجمہ شدہ معلومات، ترجمان کی شکل میں یقینی بنانے کے لئے ہر ممکن کوشش کی جائے گی، بشرطیکہ اس کے لئے پہلے سے سنا سب اطلاع کی جائے۔ ٹیلی فون (01904) 613161

Holding the Executive to Account

The majority of councillors are not appointed to the Executive (38 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Advisory Panel (EMAP)) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

Who Gets Agenda and Reports for our Meetings?

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

City of York Council

Committee Minutes

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	2 APRIL 2007
PRESENT	COUNCILLORS CUTHBERTSON (CHAIR, FROM 5.15PM AND IN THE CHAIR FROM 5.20PM), FRASER, GREENWOOD (VICE CHAIR, IN THE CHAIR UNTIL 5.20PM), KIND (FROM 5.35PM), LOOKER (UNTIL 7.20PM) AND BRADLEY
APOLOGIES	COUNCILLOR MOORE
IN ATTENDANCE	COUNCILLOR KIRK

53. 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 Fraser declared a personal non-prejudicial interest in agenda item 4 (Financial situation of North Yorkshire and York Primary Care Trust) as a member of the retired section of Unison.

54. MINUTES

RESOLVED: That the minutes of the meeting on the Health Scrutiny Committee held on 8 March 2007 be approved and signed by the Chair as a correct record, with an amendment to the attendance details to record Councillor Kind's apologies.

55. PUBLIC PARTICIPATION

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

56. FINANCIAL SITUATION OF NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST

Members considered a report which introduced representatives of North Yorkshire and York Primary Care Trust (NYYPCT), who had attended to provide an update on issues discussed at the last meeting.

The following representatives from NYYPCT attended the meeting:

- Janet Soo-Chung, Chief Executive;
- Nick Steele, Director of Finance;
- Gary Hardman, Director of Nursing and Patient Care;
- John Brown, Director of Corporate Affairs and Communications;
- Kay Goodwin, Director of Strategic Partnerships and Localities (Selby & York);
- Denise Smith, Head of Primary Care Delivery (Selby & York).

Jim Easton, Chief Executive of York Hospitals NHS Trust, and Keith Martin, Assistant Director (Adult Social Services) at City of York Council also attended the meeting.

Jim Easton reported that the Hospitals Trust was continuing to consult with staff on plans to downsize the hospital, which would be implemented at the end of April. He reassured Members that disruption to patients would be minimised and that patients with life threatening conditions would always be treated at York. He reported that the PCT was developing an action plan to provide alternative care pathways, thereby reducing the number of cases treated by the hospital, and suggested that Members may wish to consider this plan and monitor its implementation. Members discussed the conflict between policies promoting patient choice of hospitals and the downsizing of York Hospital and diversion of work elsewhere. They also noted that there may be some cases where patients wished to wait, to allow adequate time for their decision making. Jim Easton concluded by reporting that the Hospitals Trust had recently gained foundation status and paid tribute to the work of staff in achieving this.

Kay Goodwin and Denise Smith provided an update on dental services in York and reported that none of the practices in York had used up their allocated units for dental activity before the end of the financial year and therefore had to cease treatment. Members noted that the PCT's Press and Communications Manager had confirmed at the previous meeting that 2 practices had been forced to cease NHS treatment on these grounds and requested that this issue be investigated further and additional information provided at a briefing after the end of June. Members expressed the view that the allocation of units needed to be refined and also raised concerns that information was no longer available for monitoring on the percentage of the population receiving dental treatment, as registrations no longer existed under the new contract. Members and the PCT agreed on the need to feed these concerns back for consideration at a national level. Members proposed to continue reviewing the situation regarding dental services in York.

Janet Soo-Chung and Gary Hardman updated Members on podiatry services, in the light of their concerns about waiting times. They reported that they were developing a new care pathway for the muscular-skeletal service with community based podiatrists and physiotherapists treating patients, rather than them attending out-patient appointments at hospital orthopaedic departments. They highlighted that this would allow treatment to be delivered more quickly and closer to patients' homes. They also explained that investment would be required in the community based podiatry team, including assistant practitioners to deal with basic treatment, such as toe nail cutting. Given that the service was due to start in September, Members queried what would happen between the downsizing of the hospital at the end of April and the introduction of the service, and also questioned what would happen to the existing waiting lists. Members requested that detailed figures relating to the waiting list be circulated to them, including numbers waiting and recent trends. Members agreed that they needed to review this issue further at subsequent meetings. They requested that the PCT provide them with planning forecasts for the new

service and details of the planned expansion of resources to review, and decided that they would then monitor the implementation of the service, in terms of its impact on waiting times and the patient experience, particularly during the transition phase.

Janet Soo-Chung and Gary Hardman briefed Members on the PCT's plan to provide alternative care pathways for patients with an unplanned care need. This involved supporting them in their own home, avoiding the need for them to go to hospital as a medical emergency when that was unnecessary, ensuring they saw the primary care practitioner with the best skills to treat their ailment or injury, and ensuring that necessary hospital stays were only for the length of time that the acute illness required. Specifically the action plan included aligning the skills of Accident & Emergency and out of hours staff to ensure that the right type of assessments took place, working with the hospital to view short term patients as assessments rather than admissions, and supporting patient discharge home at the time best suiting their needs. Alternative care pathways, such as the community based podiatry service, would also be introduced for patients with a planned care need. Members highlighted the need for all interested parties to be kept as up to date as possible regarding these changes and for the new pathways to be in place by the end of April when the hospital downsized. Keith Martin updated Members on joint health and social care work that was taking place to support the introduction of the new pathways.

Nick Steele reported that a debt of £48m was being carried over into the 2007/8 financial year, including £13m owed to the Strategic Health Authority, and explained that the PCT aimed to repay this in one year if possible, from the £100m growth planned over the period. He assured Members that schemes from the previous Financial Recovery Plan were still being considered and highlighted the need to invest in alternative care pathways.

- RESOLVED: (i) That a briefing be provided after the end of June on the situation regarding the two dental practices which had allegedly ceased NHS treatment before the end of the financial year having run out of units for dental activity;
- (ii) That a watching brief continue to be kept on the issue of dental services in York;
- (iii) That a review of the planning and operation of the new podiatry service be included on the workplan for the next municipal year at an appropriate time;
- (iv) That the creation of a draft workplan to be considered by the new Health Scrutiny Committee at its first meeting in the new municipal year be delegated to the Chair and Opposition Spokesperson.

REASON: To ensure that a workplan was drafted for the new Committee and that key issues identified by Members were taken forward for further review.

COUNCILLOR I CUTHBERTSON, Chair
[The meeting started at 5.00 pm and finished at 7.30 pm].



Health Scrutiny Committee**11 June 2007****Report of the Head of Civic, Democratic and Legal Services****Annual Health Check 2006/2007****Summary**

1. This report is to update members about the commentaries on the self-assessment declarations of NHS trusts which were submitted by this Committee in April 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 health 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 continued 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 was no draft declaration for 2006/7 and final declarations were due by the end of April 2007.
8. On 12 February 2007 this Committee delegated to Cllr Sandy Fraser and former Cllr Ian Cuthbertson the task of creating a commentary on the declarations of any of the NHS trusts that they consider to be appropriate with a view to reporting back to a future meeting.
9. The supporting Scrutiny Officer and Cllr Fraser attended a briefing by the Healthcare commission in February 2007 in which they learned about the kind of data that creates good quality commentaries. This needed to be clear and concise, relate to one or more of the standards that trusts have to measure and also contain evidence from a wide range of sources.
10. They also learned that the Healthcare Commission uses a software tool to extract relevant intelligence from the commentaries and allocate them to the standards – each piece of intelligence could be weighted as positive or negative and have different levels of association with a particular standard.
11. In view of the methods of data management used by the Healthcare Commission the two members decided to comment only on the standards for which they had measurable evidence. They recognised that their attempts in 2005/6 to comment on all 24 standards may have resulted in anecdotal evidence which might not have been good quality data.
12. If members do provide evidence-based information about how patients and the public are experiencing NHS services it forms a valuable contribution to the self-assessment. OSCs are invited to comment because the Healthcare Commission recognises 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. Consequently the comments that were sent to the trusts by City of York Council's Health Scrutiny Committee were as follows:

13. North Yorkshire and York PCT

Core Standard 22a – Healthcare organisations promote, protect and demonstrably improve the health of the communities served, and narrow health inequalities, by cooperating with each other and with local authorities and other organisations.

Examples of cooperative work between the Council and the PCT include:

- Decommissioning a sheltered housing scheme and then leasing it at a peppercorn to the PCT for use as an intermediate care centre
- Recent closure of 2 long stay units for people with a learning disability and replacement with supported living schemes in the community
- Jointly commissioning a new long term supported housing scheme for people with mental health problems with funding from the Housing Corporation and Supporting People Programme.

The Council recognises that there could be improvements from stronger structural integration of commissioning & delivery processes at the individual and service level.

14. York Hospitals NHS Trust

Core Standard 16 – Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

A member of the Health Scrutiny Committee is a representative on the Hospital's Patient Experience Monitoring Group, an initiative which provides evidence to the hospital of patients' views about the services it provides. Health Scrutiny committee members also see reports on contacts that the Hospital's PALS service has received via an informal group for all Health stakeholders in York. Members are also in contact with the Hospital's Patients' forum and have been represented at their meetings and are aware of their work.

Core Standard 22a – as above

Officers from York District Hospital have co-operated with City of York Council's Health Scrutiny Committee and made a valuable contribution to their scrutiny of local health services.

The Chief Executive, the Director of Operations and other officers frequently attended formal Scrutiny Committees as well as a high-profile public meeting to explain the impact on their services of the PCT's cost-saving measures.

At all these meetings the Hospital Trust were open about the need reduce the number of procedures carried out at the hospital. They always emphasised that these decisions must be made with the PCT for clinically sound reasons and that community alternatives must be in place before services can be reduced.

They also explained fully that the move to under 24-hour stays in the hospital would increase procedures completed whilst reducing risk of infection, whilst recognising that a longer period of care or assessment would still be available for those who were in need of it.

15. Yorkshire Ambulance Trust

Core Standard 22a – as above

Officers from Yorkshire Ambulance Trust have cooperated with City of York Council's Health Scrutiny Committee by providing information whenever requested. Their response to requests has been acceptable, they have also consulted members about proposed changes to the organisation of services and provided full details of provision.

They have also provided speakers on aspects of their services if requested by members and been open and forthcoming about all issues.

Consultation

16. During March 2007 Cllr Fraser and former Cllr Cuthbertson held briefings with representatives of York Hospitals NHS Trust and North Yorkshire and York Primary Care Trust in order to discuss their declarations.

Options

17. This report is for information only so there are no options for members to select from.

Analysis

18. This report is for information only so no analysis is relevant at this stage.

Corporate Priorities

19. 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

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 known risks associated with the recommendations of this report.

Recommendations

22. Members are asked to note this update, reflecting the position as at the end of the last municipal year;

23. Members are asked to note that at the end of 2007 or early 2008 they will be invited to prepare a commentary on the trusts' performances during 2007/8 and they should take this into consideration when planning their work for the rest of the municipal year.

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

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 1.6.07

Specialist Implications Officer(s) *None*

Wards Affected:

All



For further information please contact the author of the report

Annexes

None

Background Papers

None



Health Scrutiny Committee**11 June 2007****Report of the Head of Civic, Democratic and Legal Services****Work planning for Health Scrutiny 2007/8****Summary**

1. This report is to ask members to commence their work planning for the municipal year 2007/8.

Background

2. During the previous municipal year this committee focused much of its attention on the impact of the financial recovery plan being implemented by North Yorkshire and York Primary Care Trust. Members held several meetings with the Financial Director of the PCT to discuss the forecasted financial deficit and the savings measures which were being implemented to reduce it.
3. Members also had ongoing discussions with colleagues from York Hospitals NHS Trust who explained how their contract with the PCT has been reduced by £4m in the current financial year. This will mean that the Hospital's activity has been reduced by 7% in 2007/8.
4. Other concerns of members over the past 12 months have also been the provision of NHS dental services in the York area and the waiting list for NHS podiatry services. They have received regular updates on the numbers of patients assigned to dental practices. At the last meeting in April they also heard from the PCT about new community-based services which offer podiatry and physiotherapy nearer to patients' homes.
5. Since 2005/6 Health Overview and Scrutiny Committees have had the right to comment on health organisations' annual self-assessment declarations (see agenda item 5). This committee will be asked for its next set of commentaries to be produced by April 2008.

6. In January 2007 members agreed that they would like to identify for future scrutiny an area of work based on the remit of the Healthy City Board as part of the Local Strategic partnership.
7. Government funding has been made available of £10,000 for the formation of a regional network of stakeholders in health scrutiny. The supporting Scrutiny Officer, along with other lead officers, took part in the initial discussions regarding this network which expects to build capacity and develop and joint scrutiny working arrangements across the region. It was agreed that a main priority would be health inequalities and how to develop work plans to address these.
8. This network will work closely with a national local government capacity building programme project which covers the whole of the Yorkshire and Humber region and is being hosted by City of Bradford Metropolitan Council. This project is being funded by central government and the Department of Health to the sum of approx £230,000 and commenced in April 2007.
9. The aims of this project is to increase local government understanding of health and wellbeing issues, addressing health inequalities and embedding health into Local Area Agreements. One of the objectives is to develop strategic approaches to health scrutiny and to develop members' understanding of health issues.
10. A regional health scrutiny event is being planned for 19 July 2007 and members of this committee will be invited to participate.
11. Geoff Ainsley of Bradford Metropolitan Council who is co-ordinating this project, has been invited to attend this meeting to talk to members and introduce the project. He will inform members about a work planning process for health scrutiny which is being developed to identify where scrutiny can add value to health and wellbeing and the major issues affecting health trusts in this local authority area.

Consultation

12. The scrutiny officer has been in consultation with Geoff Ainsley of Bradford Metropolitan Council and lead officers of the health scrutiny function in other authorities in the Yorkshire region.

Options

13. Members may decide or not to support the recommendations below aimed at helping establishing a clear work programme and direction for the Committee during the municipal year, and at learning more about the 'health agenda' through regional networking.

Analysis

14. This will enable health scrutiny to develop from being solely an examination of NHS trusts into a wider reaching function that works in partnership with a wide range of organisations to improve the health of the citizens of York.

Corporate Priorities

15. 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

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

Risk Management

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

Recommendations

18. Members are asked to invite Bill Hodson, Director of Housing and Adult Social Services, to a future meeting to discuss how health scrutiny can contribute to the work of the Health City Board and the local area agreement.
19. Members are asked to agree to attend the Regional Health Scrutiny Event to be held on Thursday 19 July. The venue is as yet unconfirmed, but it is understood that there should be places available for several councillors from each authority.
20. Members are asked to agree to hold a facilitated work planning event in August or early September 2007 to determine the major issues affecting all health partners and the York public and subsequently helping to deliver a prioritised work plan for this Committee for the remainder of the municipal year. **Reason:** In order to carry out their duty to promote the health needs of the

people they represent.

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 1.6.07

Specialist Implications Officer(s) *None*

Wards Affected:

All

For further information please contact the author of the report

Annexes

None

Background Papers

None