



**Notice of meeting of
Health Scrutiny Committee**

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

Date: Monday, 24 September 2007

Time: 5.00 pm

Venue: The Guildhall

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Minutes** (Pages 5 - 8)
To approve and sign the minutes of the last meeting of the Committee held on 30 July 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 21 September at 5.00pm.
- 4. Work Planning for Health Scrutiny 2007/08** (Pages 9 - 38)
This report asks members to confirm their work planning programme for the municipal year 2007/08.

5. 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

Contact details are set out above

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- 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.

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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.**

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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.

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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.

HEALTH SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Kirk – Governor of York Hospitals NHS Foundation Trust;

Councillor Fraser – Governor of York Hospitals NHS Foundation Trust and as
a member of the retired section of Unison;

Councillor Wiseman - as she was to be appointed as a Governor of the York
Hospitals NHS Foundation Trust.

Councillor Moore – as his wife worked in the Health Service.

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City of York Council

Committee Minutes

MEETING	HEALTH SCRUTINY COMMITTEE
DATE	30 JULY 2007
PRESENT	COUNCILLORS FUNNELL (CHAIR), FRASER, KIRK (VICE-CHAIR), LOOKER, MOORE AND WISEMAN
IN ATTENDANCE	MARK INMAN – BICYCLE PARAMEDIC SERVICE (YORK AMBULANCE TRUST) GRAHAM PURDY – HEAD OF CORPORATE AND PUBLIC AFFAIRS NYYPCT JACK ARCHER – YORK OLDER PEOPLE'S ASSEMBLY GRAHAM TERRY – HEAD OF CORPORATE SERVICE, HOUSING AND ADULT SOCIAL SERVICES

7. 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. It was agreed that these standing declarations would be listed and attached to the agenda for future meetings.

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

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

Councillor Moore declared a standing declaration as his wife worked in the Health Service.

Councillor Wiseman declared a standing declaration as she was to be appointed as a governor of the York Hospitals NHS Foundation Trust.

8. MINUTES

RESOLVED: That the minutes of the last meeting of the Health Scrutiny Committee held on 11 June 2007 be approved and signed by the Chair as a correct record.

9. PUBLIC PARTICIPATION

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

10. YORKSHIRE AMBULANCE SERVICE

Members received a presentation from Mark Inman, one of the Bicycle Paramedics from the York Ambulance Service. He detailed the history of the York Ambulance Service whose aim in April 2001 had been to reach a casualty within 8 minutes and this had been met 75% of the time. He confirmed that it had however been a struggle to achieve this standard. The cycling paramedic had originally been trialled for 16 weeks with little finance or equipment to work in the city centre. Sponsorship had subsequently been received in the form of two bikes, clothing, equipment and maintenance, together with mobile phones, printing and with the help of City of York Council the service had been launched with a start date of 1 May 2001.

It had been found that the Ambulance Station on Shipton Road was not an ideal base for the service so this had now transferred to the centre of the city. He confirmed that a "Your Opinion Counts" survey of the service had been undertaken which had been handed to patients, bystanders, relatives etc which had shown over 90% satisfaction, 20% of ambulances had been stood down and on 98% of occasions the paramedic had been on the scene of a call with 8 minutes. He and his colleagues now covered areas beyond the city walls, which had included the Designer Outlet, Acomb and Haxby.

In answer to Members questions he confirmed that there were 10 trained cycling paramedics but that only one was on duty at any one time and that they provided a 7 day a week service. This was quicker, cheaper, cleaner, environmentally friendly and provided exercise for the team.

The Chair thanked him for his informative and entertaining presentation

11. WORK PLANNING FOR HEALTH SCRUTINY 2007/08

Members considered a report, which asked them to confirm their work-planning programme for the 2007/08 municipal year.

The Scrutiny Officer referred to the Regional Health Scrutiny Event to be held at the Thackray Medical Museum in Leeds on 28 September at which 4 places were available for Members and Officers. Councillors Fraser and Wiseman had confirmed their attendance and Cllr Moore had shown interest in attending.

A draft agenda was circulated for the work-planning seminar arranged for Members on 22 August, for information. The Scrutiny Officer confirmed that one of the partners; the Strategic Health Authority would also be represented on that date.

In answer to questions the Chair and Scrutiny Officer confirmed that there would be time available at the end of the planning seminar for Members independent discussion on areas they wished to scrutinise.

Members also questioned bringing forward items from the previous years work plan, which they required updates on which included, dental services in York and a review of the podiatry service.

- RESOLVED:
- i) That Bill Hodson, Director of Housing and Adult Social Services be invited to attend the meeting on 24 September to discuss how health scrutiny can contribute to the work of the Healthy City Board and the local area agreement.
 - ii) That the Committee is represented by up to 4 members at the Regional Health Scrutiny Event to be held on 28 September at the Thackray Medical Museum in Leeds.
 - iii) That Members note the facilitated work-planning event to be held on August 22 at Clifton Moor Church and Community Centre. This will help determine the major issues affecting all health partners and the York public and establish a prioritised work plan for this Committee for the remainder of the municipal year.
 - iv) That Members agree to hold a wider Community Engagement Day to be held in October 2007. This will enable the Committee to listen to all voluntary and community groups and consider how to incorporate their views and expertise into the planned work.

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

12. YORK HOSPITALS NHS FOUNDATION TRUST GOVERNORS

Members received a presentation from Councillor Fraser on behalf of Councillor Kirk and himself as Governors of York Hospitals NHS Foundation Trust. A copy of the presentation is attached as an annex to these minutes.

The presentation covered the following points

- Foundation Trust Status
- What is an NHS Foundation Trust
- What are the potential benefits for York Hospital and the Communities it serves
- Our Vision for Services
- Proposed Governance Arrangements
- Members Trust
- Members Council
- Constituencies
- Roles of the Members Council

- Responsibilities of Governors
- Practicalities of Governorship
- Becoming a Governor
- Working with the Directors
- A Foundation Trust in York

Arising out of the presentation Members questioned whether the Committee, as part of its scrutiny topic, could keep under review ward space at York District Hospital. It was pointed out that a watching brief should also be kept on the integration of the Accident and Emergency and Out of Hours service which it was hoped would lead to cuts in waiting time.

13. YORK HOSPITALS PATIENT AND PUBLIC INVOLVEMENT FORUM

Councillor Funnell, on behalf of Councillor Wiseman and herself, gave a verbal update on a recent meeting of the York Hospitals Patient and Public Involvement Forum (PPIF).

Cllr Funnell confirmed that the meeting had been a useful lively discussion on the various services and future roles. Discussions had included maternity provision for home births for which there appeared to be insufficient midwives to cover.

Members agreed that the updates had been very useful but that short written updates would be preferable in future to keep Members informed of the various bodies work.

CLLR C FUNNELL, Chair

[The meeting started at 5.00 pm and finished at 6.50 pm].



Health Scrutiny Committee**24 September 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 confirm their work planning programme for the municipal year 2007/8.

Background

2. On 22 August 2007 members took part in a work-planning seminar in order to consider their priorities for scrutiny work over the forthcoming year.
3. Karl Milner and Alex Morton-Roberts of NHS Yorkshire and the Humber, John Brown and Rachel Johns of North Yorkshire and York Primary Care Trust, Mike Proctor and Jim Easton of York Hospitals NHS Foundation Trust all presented their priorities and plans to members. Bill Hodson, Director of Housing and Adult Social Services at CYC also discussed his vision for social care provision for elderly people and those with long term care needs.
4. Copies of all their presentations can be found at Annexes A – D.
5. Yorkshire Ambulance Service were unable to send a representative because of illness and holidays amongst their staff. Pete Summerfield of YAS has agreed to attend this meeting to update members on their current work.
6. Geoff Ainsley and Peter Marshall of Bradford Metropolitan Council, who are working on the Yorkshire and Humber Local Government and Health Project, facilitated the meeting. The project is part of a national capacity building programme funded by central government and the Department of Health. Geoff Ainsley's report at Annex F is to follow.
7. Patient and Public Involvement Forums and representatives of the Older People's Assembly, the Council for Voluntary Service and the Independent Complaints Advocacy Service also attended and took part

in the facilitated discussions.

8. Bill Hodson is scheduled to further address this meeting regarding the contribution of Scrutiny to the work of the Healthy City Board and the local area agreement.
9. Three members of this committee plus the Scrutiny Officer will by then have attended the "Big Regional Health Scrutiny Event" on 28 September at the Thackray Medical Museum in Leeds.
10. Members are holding a Community Engagement day on 18 October 2007. At this event voluntary and community organisations will be able to comment on and add their suggestions to the work plans that members are currently deciding on. Members will then decide which of these suggestions they will be able to add to their programme of work.
11. The chairman of this committee will attend Scrutiny Management Committee on 22 October to update its members on The Health Scrutiny work programme.

Consultation

12. The scrutiny officer has been in regular contact with officers of the leading Health Service organisations and officers from Adult Social Services in connection with their contributions to the Committee's work.
13. The chairman of this committee has had meetings with the Chief Executive of North Yorkshire and York PCT, representatives of Yorkshire Ambulance Service and the Deputy Director of Public Health. She has also attended a regional event about the LINKs project and met with the Regional Director of the Commission for Patient and Public Involvement in Health.

Options

14. Members may decide or not to support some or all of the suggestions for future health scrutiny activities summarised at Annex E. The aim of these is to establish a clear work programme and direction for the Committee during the current municipal year, and to learn more about the 'health agenda' through regional networking.

Analysis

15. Health scrutiny, from when it was established in 2003, was intended to make an important contribution to the health and well-being of local people. Its main focus is to find ways to improve health and in particular the reduction of health inequalities. These themes are increasingly important in the development of community strategies and local area agreements, and the Local Government and Public Involvement in Health Bill, which is now progressing through

parliament, will emphasise and strengthen the role of scrutiny in this respect.

16. However, there has been a feeling in the region generally that health scrutiny has been a bit too reactive, and concentrated too much on individual services, or service providers, and not enough on general health issues, and on what can be done to improve the health of local people. The evidence is that scrutiny can play an important role in doing that, if it takes a whole systems approach to health issues based on the experiences of the individual, and communities. It will have the biggest impact if it plans its work to concentrate on areas where there is evidence that local people, or specific local groups or communities, have particular health concerns, or where local health outcomes are not doing well.

Eligibility Criteria for Health Scrutiny Topics

17. Proposed projects to scrutinise City of York Council services are expected to meet certain eligibility criteria before the review can take place. Some of the eligibility criteria would not be relevant to reviews of health provision, but it is suggested that proposed Health Scrutiny projects normally fit at least two of the following eligibility criteria. Subjects which can be proved to be of very high public or patient interest could be accepted solely on the grounds of point a:
- a. Public or patient interest – after considering the evidence that this is the case.
 - b. An issue of common concern shared with health services and other local partners.
 - c. Evidence of significant variations of service between different parts of York or groups of service users. Scrutiny could help to “narrow the gap” and reduce inequalities in provision or outcomes.
 - d. It is important in relation to Council Corporate Priorities, the Community Strategy or the health improvement aspect of the Local Area Agreement.
 - e. It is a cross-cutting issue involving services within the Council and across other partners and/or providers.
18. Reasons not to carry out a particular Scrutiny review might be:
- a. Could there be a more appropriate method than Scrutiny of dealing with this issue, or is it being tackled by another means?
 - b. Is the situation unclear because of forthcoming legislation or changes already underway?

- c. Are there unacceptable resource implications in choosing this topic?

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 direct risks associated with the recommendations of this report.

Recommendations

21. Members are asked to agree the eligibility criteria for Health Scrutiny projects as detailed in paragraphs 16 and 17 above.
22. Members are asked to consider which of the proposals for health scrutiny work attached at Annex E, they would support for future development having regard to the criteria suggested above.

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:
Colin Langley
Acting Head of Civic, Democratic and Legal
Services

Report Approved **Date** 12 September 2007

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Annexes

- A – Adult Social Services and Health presentation by Bill Hodson
- B – Why the NHS can't Stay the Same? by NHS Yorkshire and Humber
- C – North Yorkshire and York PCT presentation
- D – York Hospitals Foundation Trust presentation – Your Hospital: The Year Ahead
- E – Proposals for Health Scrutiny Work programme for 2007/8
- F – Report from Geoff Ainsley (facilitator), Bradford Metropolitan Council (to follow)


Background Papers

None

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Adult Social Services and Health Presentation

Slide 1




Health Scrutiny Planning Day

ADULT SOCIAL SERVICES AND
HEALTH

BILL HODSON

Slide 2



VISION FOR ADULT SOCIAL CARE

To enable people in York to live independent, healthy lives in decent, affordable homes...

Our role is to act as the commissioner or provider of services to work with our partners so that people are enabled to achieve these outcomes in their lives :

- Improved health
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic well-being
- Personal dignity

Slide 3

Demographic Context

- By 2020 there will be an additional 9,500 people over 65 (30% increase) including a 60% increase (2,300) in the over 85s
- This will include an additional 220 people with age related dementia.
- We expect an annual net increase of 4-8 large care packages for people with a learning disability
- If nothing changes we expect care costs to rise by up to £5.5m in the next 3 years

Slide 4

Policy Context

- Health and Social Care White Paper "Our Health, Our Care, Our Say"
 - Better **prevention** and early intervention for **improved health, independence and well-being**
 - More **choice and a stronger voice** for individuals and communities
 - **Tackling inequalities and improving access** to services
 - More support for people with **long-term needs**.

Slide 5

Partnership with the NHS

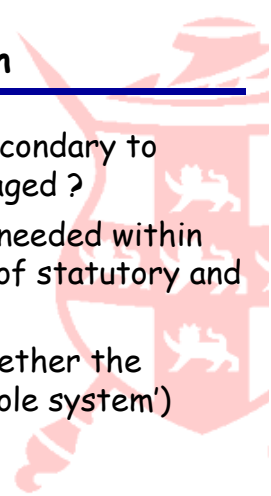
- Common understanding that we are operating a 'whole system'
- Some integration exists (mental health, learning disabilities, equipment)
- Joint Associate Director of Public Health for York
- Local Strategic Partnership and Local Area Agreement



Slide 6

Prevention

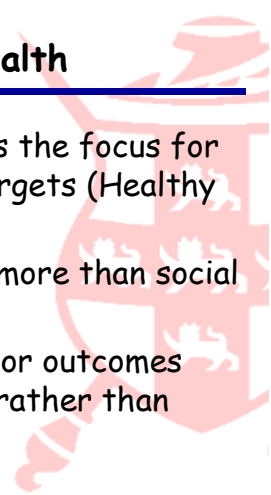
- How will a shift from secondary to community care be managed ?
- What infrastructure is needed within communities ? (Balance of statutory and voluntary supports)
- How can we measure whether the strategy is working ('whole system')



Slide 7

Improved Health

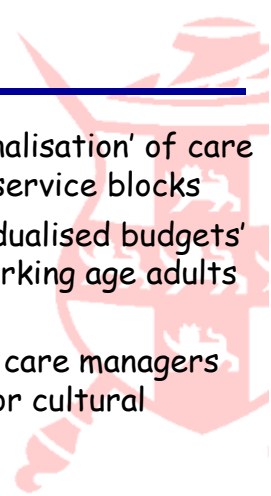
- Local Area Agreement is the focus for agreed priorities and targets (Healthy City Board)
- Corporate issue - much more than social care and housing
- How do we commission for outcomes (including "well being ") rather than services ?



Slide 8

Choice

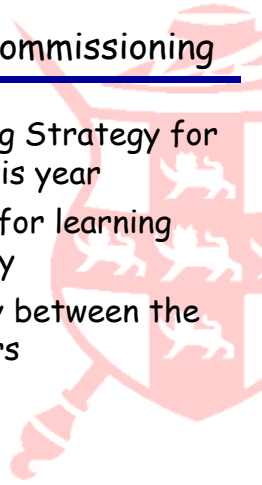
- Strong theme of 'personalisation' of care rather than developing service blocks
- Work proceeding 'individualised budgets' - most interest from working age adults with disabilities.
- What will this mean for care managers and for providers - major cultural change



Slide 9

Long term Planning & Commissioning

- Long Term Commissioning Strategy for older people launched this year
- Commissioning strategy for learning disabilities well underway
- Needs to be done jointly between the council and NHS partners



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NHS Yorkshire and Humber Presentation

Slide 1

Why the NHS can't just stay the same?


City of York Council
Health Scrutiny Planning Day

Prepared by

Karl Milner
Director of Communications
NHS Yorkshire and the Humber

Alex Morton-Roberts
Service Reconfiguration Lead
NHS Yorkshire and the Humber

Date 22 August 2007

Yorkshire and the Humber 

Slide 2


Why do we need an SHA?

NHS mission to provide:

"Better health and healthcare at better value to 100% of the people, 100% of the time."

"The power relationship between user and provider is so stacked against the patient that the system needs active management to ensure patients interests and protected and promoted".

David Nicholson, Chief Executive of the NHS, Annual report 2007

Yorkshire and the Humber 

Slide 3


SHA objectives for the region is to ensure:

- » 100% access to services across the region.
- » there is choice available to everyone
- » the quality of the healthcare offering is appropriate
- » the promotion of competition and co-operation in local health economies
- » Improve local services in the interests of patients and citizen
- » To promote and protect the NHS brand

We do that by performance managing 14 PCTs on 3 questions:

- » Have they done what they said they would do?
- » Have they met the needs of the local public?
- » Are they being ambitious enough?

We do all that on behalf of the NHS board and the Secretary of State for the 5 million tax payers of Yorkshire and the Humber

Yorkshire and the Humber 


Slide 4

Are the NHS promoting change because of poor performance?

What we already do in the county:

- » 90,000 GP appointments a day (Up 50% since 1998)
- » 4 million patients a year using our service on an average of 6 times each
- » 60,000 per day use other NHS services
- » 6,000 a day in A&E: 98% treated in 4 hours
- » 1,700 Angioplasties in 1997 : 5,400 in 2006
- » Life expectancy is up by two years for men and women since 1997
- » 8 out of 10 women with breast cancer survive

We are improving – but a long way to go


Yorkshire and the Humber 

Slide 5

Are the NHS promoting change because of poor performance?

What the Tax payer of York think of NHS performance:


	York	Y&H
Overall Satisfaction	77.1	74.1
GP Service	83.3	80.3
Hospital Outpatient Service	76.3	73.4
Hospital Accident and Emergency (A+E)	75.2	71.0
Hospital Inpatient (One or more overnight stays)	76.2	72.1
Ambulance service	83.3	81.6
NHS dentist service	72.4	69.6
Community care (eg services such as district nurses or health visitors)	77.9	74.3
NHS walk in centre	72.4	70.8

Yorkshire and the Humber 

Slide 6

Are the NHS asking for change because of the money?

- » 30% more GPs, 21% more consultants, 3,000 more nurses than 10 years ago – continue like this by 2030 every second graduate will work in the health service
- » £7 billion
- » £873 million NY&Y (up 9%)
- » 20% of the working person's overall tax burden
- » North Yorkshire – over spend £32m per year
- » **NHS Y&H can afford NY&Y overspend if:**
 - (a) Poorer communities agree to continue lending money
 - or
 - (b) NY&Y spend their future income on you now

Yorkshire and the Humber 


Slide 7

So: Why should we change then?

Because 3 people in every ten aren't satisfied with our service?

Because York is spending more than its fair share?

No, the primary reason for changing the system is ...

Yorkshire and the Humber 

Slide 8

... because the world moves on

- Technological advances
- Demographics and patterns of disease
- Public expectations
- Evidence of what works (quality and safety)
- Best Value
- Investment in health and wellbeing

Yorkshire and the Humber 

Slide 9

Technological advances
– greater than in any other industry

- From saws and scalpels to lasers and robots
- Less invasive surgery eg. Keyhole surgery
- Drug therapies
- Telemedicine

All these changes mean:

- We need a different infrastructure
 - eg. 90% of cataracts now done as day cases so we don't need as many beds
- Saving lives changes the nature of our population
 - rise of 1 million people a decade with long-term conditions
- More specialisation of some elements of care because of



Slide 10

Demographics and patterns of disease

- **Living longer:**
eg. Number of over 85s in Yorkshire and the Humber set to rise by 65% by 2020 - costs four times as much as "average patient"
- **Rise of long-term conditions:**
example of impact includes
average length of stay for children was 8 days now most stay in hospital for about 6 hours
or COPD home care

Slide 11

Public expectations & working expectations

- How to meet demand for a 24/7 service
- "The patient will see you now"
- The "fully engaged" scenario
- Work / Life balance

Slide 12

Evidence of what works (quality and safety)

- Evidence of links between volume and outcome
 - *Diagnosis of appendicitis is twice as good in hospitals with larger caseloads;*
 - *Bristol Inquiry into paediatric surgery;*
 - *improving outcomes for people with cancer*
- Evidence / requirement for doctors to work fewer hours
 - *implementation of the European Working Time Directive*
- Evidence of the role of the consultant
 - *Consultant presence linked to reduction in foetal distress*

Slide 13

Clinical evidence leads to:

- Pressure to centralise specialist care in order to provide better outcomes (but also definition of specialist care changes – because of technology)
- Problems in staffing units – even if surplus doctors – the caseload is not there to ensure doctors have the right skills
- Potential withdrawal of training accreditation by the Royal Colleges
- Changes in the levels of staffing needed for hospitals to get insurance (eg. Consultant cover on maternity wards)

Slide 14

Best value

- Imperative to ensure every penny spent wisely – eliminate waste
- For every indicator in the NHS, there is at least a two-fold variation – not explained by differences in the patients or the wider context
- Better Care Better Value indicators provide easy benchmarking tool – e.g. 25% of all “bed days” in Y+H are pre-operative – virtually no clinical or social need for this; savings from prescribing low cost statins.
- The cost to the patients of their time (eg. Why should you have bloods taken in hospital ? Why can't GPs order the most common diagnostic tests?)

Slide 15

Investment in health and wellbeing

If we want a healthy, wealthy and happy Yorkshire and the Humber, then we need to:

- invest in more “upstream” interventions;
- support people taking care of themselves.

This will alter the infrastructure we need to deliver care

- eg home monitoring systems & fewer beds


Slide 16

And finally

Better health and healthcare at better value to 100% of the people,
100% of the time.

North Yorkshire and York PCT Presentation


Slide 1


North Yorkshire and York 
Primary Care Trust

**City of York Council
Overview and Scrutiny Workshop
22 August 2007**

John Brown – Director of Corporate Affairs and
Communications
Rachel Johns – Associate Director of Public Health – York
(Joint with CYC)
Pat Sloss – Public Engagement Manager


Slide 2

North Yorkshire and York 
Primary Care Trust



The map displays the geographical outline of North Yorkshire and York, filled with a light blue color. Numerous towns and cities are marked with black dots and labeled with their names. The labels include: Richmond, Leyburn, Northallerton, Thirsk, Ripon, Easingwold, Harrogate, York, Tadcaster, Selby, Malton, Norton, Pickering, Scarborough, Whitby, and Settle.


Slide 3

North Yorkshire and York 
Primary Care Trust

Context 1

- Geographically the largest PCT in England – 3200 square miles
- Population of 765,000
- Budget of £1000m
- Employs 5000 staff in commissioning and provider functions including a significant mental health service
- Corporate Headquarters based in Harrogate, Provider HQ in York; bases also in Thirsk and Malton


Slide 4

North Yorkshire and York 
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Context 2

- Inherited deficits from all 4 predecessor organisations
- Service Modernisation and Financial Recovery Plan approved by the Board – April 2007
- Achievable patient centred schemes


Slide 5

North Yorkshire and York 
Primary Care Trust

Context 3

- Ensuring high quality, sustainable, safe services are commissioned from a range of providers (inc. York Hospitals Foundation Trust, South Tees, Harrogate Foundation Trust, Scarborough Hospital)
- Securing efficient use of resources
- Working with partners including Local Authorities, Voluntary Sector, Local Strategic Partnerships, Patient Representatives and Local Involvement Networks when established

Slide 6

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Primary Care Trust

Context 4

- New, stronger, service commissioning capacity
- New approach to Practice Based Commissioning engaging all clinicians
- Engagement of Public Health professionals in commissioning and providing

Slide 7

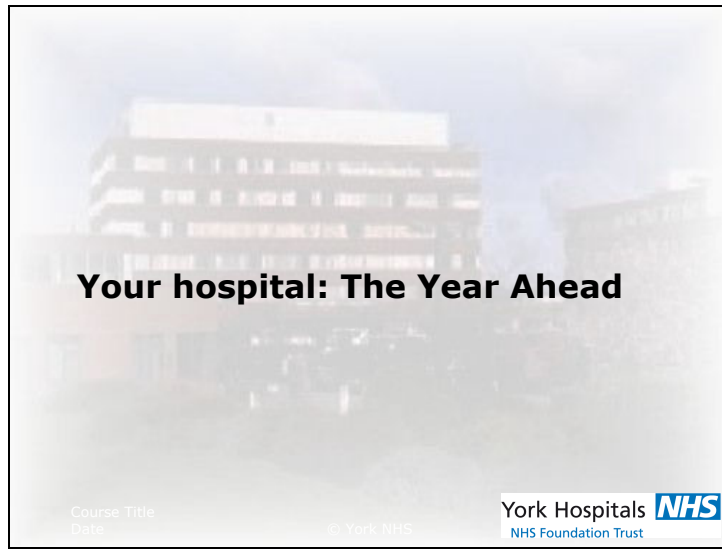
North Yorkshire and York 
Primary Care Trust

Public Health

- The Health of York
- Structures – The Healthy City Board and Local Area Agreement
- Identified Priorities

York Hospitals Foundation Trust Presentation

Slide 1



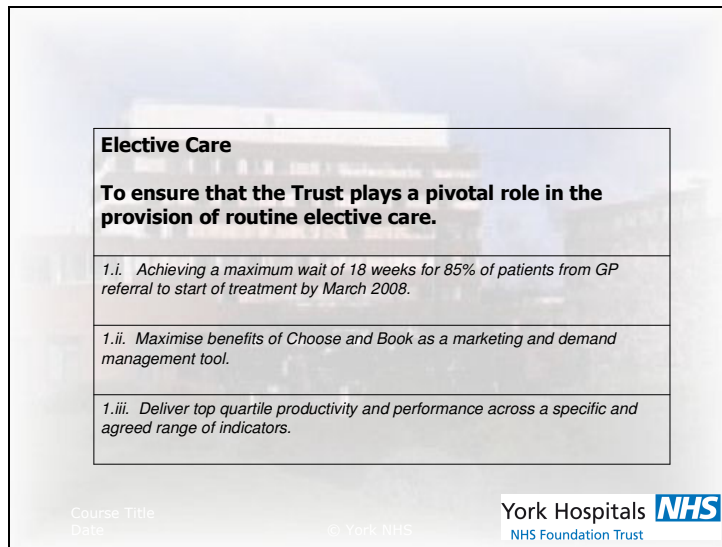
Your hospital: The Year Ahead

Course Title
Date

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Slide 2



Elective Care

To ensure that the Trust plays a pivotal role in the provision of routine elective care.

1.i. *Achieving a maximum wait of 18 weeks for 85% of patients from GP referral to start of treatment by March 2008.*

1.ii. *Maximise benefits of Choose and Book as a marketing and demand management tool.*

1.iii. *Deliver top quartile productivity and performance across a specific and agreed range of indicators.*

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<p>Non Elective Care</p> <p>To be the main provider of non-elective care in York.</p>
<p><i>2.i. Integrate primary care and the emergency department.</i></p>
<p><i>2.ii. Work with primary care to develop alternatives to hospital admission.</i></p>
<p><i>2.iii. To achieve 4 hour targets in A&E.</i></p>

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<p>Secondary Care Plus</p> <p>To be the provider of secondary care plus services for a population of 500,000 in North Yorkshire.</p>
<p><i>3.i. Review all secondary care plus services across Alliance in the context of a PCT North Yorkshire service review.</i></p>
<p><i>3.ii. Implement development plans for ENT, Oncology, Cardiology, Urology, Upper GI and Vascular.</i></p>

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<p>Financial Stability and Partnership</p> <p>To transform the way we work together by working in partnership with other agencies across the health economy to deliver an agreed set of actions to achieve financial recovery.</p> <p>4.i. <i>Realign Trusts capacity to match contracted activity, and manage demand and contracts accordingly.</i></p> <p>4.ii. <i>Deliver agreed financial plan.</i></p>

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<p>Our Patients</p> <p>To place the patient at the heart of all that we do.</p> <p>5.i. <i>Reduce MRSA and other healthcare associated infections.</i></p> <p>5.ii. <i>Deliver year 1 - inclusivity scheme.</i></p> <p>5.iii. <i>Reduce health inequalities and promoting well being and health. Specifically GUM targets and childhood accidents.</i></p> <p>5.iv. <i>Work with CHKS on Patient outcomes project.</i></p> <p>5.v. <i>Deliver the safer patients initiative</i></p> <p>5.vi. <i>Achieve compliance with NHSLA Risk Management Standards and a well informed Health and Safety culture to comply with legislation.</i></p>

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<p>The Future</p> <p>To deliver appropriate modern facilities for health care provision in the 21st century.</p>
<p>6.i. <i>Deliver agreed capital programme</i></p>
<p>6.ii. <i>Launch Transforming York project and agree a timescale for taking forward major future capital developments.</i></p>

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<p>The Workforce</p> <p>To ensure that the Trust has a flexible, valued and skilled workforce.</p>
<p>7.i. <i>Manage the capacity reduction process with sensitive and timely HR intervention and staff side Support.</i></p>
<p>7.ii. <i>As an FT, implement development strategy for staff, members and governors.</i></p>
<p>7.iii. <i>Prepare for the implementation of electronic staff record.</i></p>
<p>7.iv. <i>Review the management of the Trusts temporary workforce.</i></p>
<p>7.v. <i>Effectively manage the changes in doctors hours and training.</i></p>
<p>7.vi. <i>Complete all aspects of the Agenda for Change process and resolve outstanding issues.</i></p>

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Proposals for work programme of Health Scrutiny Committee September 2007

Ongoing Responsibilities

Contributing to “Annual Health Check” – assessment process for NHS Trusts. January – April 2008.

Working with the CYC officers responsible for setting up the host organisation for the new Local Involvement Network (LINK). Once the LINK is in place to work in partnership with its members. Ongoing.

Updates on key issues for the Council and Health Trusts.

Opportunities to listen to patients’ and community organisations.

Responding to consultations and substantial variations.

Identifying and fulfilling members’ training needs regarding Health Scrutiny

Opportunities to improve Scrutiny process and methods of working together.

Possible Proposals for Scrutiny Activities

Access to Out-of-Hours services

Access to Dental services

Impact of an increasing ageing population, including those with dementia.

Care of people with long-term medical conditions

Alternatives to hospital in-patient treatment

The work of NYYPCT’s Exception Panel

Partnerships and relationships between local government and health service organisations

Protocols for working together with health trusts and other partners

Possible channels for Scrutiny Reviews

- Formal Scrutiny review with final report to Council (Executive or other appropriate body). Topics will be related to council services affecting health and well-being of York residents.
- Formal Scrutiny review with final report to Council and other external organisations/providers. These are likely to be cross-

cutting with the Council and other providers, for example NHS trusts and the third sector. Emphasis would be on sharing evidence and seeking realistic – possibly joint - solutions.

- NHS service review. Topics likely to be a health service being provided. NHS Trusts may be called to give evidence. Results will be reported back to the trust concerned and the relevant patients' organisation(s).

In addition, there will be a need for learning activities/group work/relationship building/presentations/exercises done by one or more members of the Committee not resulting in a formal report. This may involve other partners, especially when developing understanding of the rules, culture and environment affecting each others' organisations.

Methods of Conducting Scrutiny Investigations/Reviews

Asking questions of Health service organisations.

Engaging with communities and third sector organisations.

Desk research on health-related issues.

Visiting local health facilities.

Engaging with health professionals and non-executive directors of health trusts

Working with patients' organisations.

Joint activities with other local authorities.

Working with "hard to reach" groups.

Following "patient journey" in a particular care pathway.

Remit for Reviews

A remit outlining the objectives, scope, officer and partner involvement, constraints and resource needs will be agreed for each formal review. Additional non-voting members may be co-opted to the Committee for particular reviews.