



Notice of meeting of

Health Scrutiny Committee

To: Councillors Funnell (Chair), Fraser, Kirk (Vice-Chair),

Morley, Looker, Moore and Wiseman

Date: Monday, 5 November 2007

Time: 5.00 pm

Venue: The Guildhall, York

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 24 September 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 2 November 2007 at 5pm.



4. The Local Area Agreement and the Healthy (Pages 7 - 8) City Board

This report introduces the Council's Director of Housing & Adult Social Services, who will give a verbal update on the progress of the Local Area Agreement with regard to Healthier Communities, and the Primary Care Trust's Associate Director of Public Health, who will talk about the work of the Healthy City Board and how it relates to the Local Strategic Partnership.

5. Plans and Priorities of Yorkshire Ambulance (Pages 9 - 10) Service

This report introduces a representative of the Yorkshire Ambulance Service, who will update Members on their plans and priorities for the next year.

6. Work Planning for Health Scrutiny 2007/8 (Pages 11 - 18) This report asks Members to confirm their work planning programme 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

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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

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Committee Minutes

City of York Council Commi

MEETING HEALTH SCRUTINY COMMITTEE

DATE 24 SEPTEMBER 2007

PRESENT COUNCILLORS FUNNELL (CHAIR), FRASER,

KIRK, MORLEY, LOOKER, MOORE AND

WISEMAN

IN ATTENDANCE COUNCILLOR D SCOTT

BILL HODSON – Director Of Housing & Adult Social

Services

JIM EASTON – Chief Executive Of York Hospital

Foundations Trust

JOHN YATES – York Older People's Assembly LAUREN WEBB – Independent Complaints

Advocacy Service

SUE BRADLEY - York CVS

14. DECLARATIONS OF INTEREST

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

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

Councillor Fraser declared a 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.

15. MINUTES

RESOLVED: That the minutes of the last meeting of the Health

Scrutiny Committee held on 30th July 2007 be approved and signed by the Chair as a correct record.

16. PUBLIC PARTICIPATION

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

17. WORK PLANNING FOR HEALTH SCRUTINY 2007/08

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

Members felt that there was not enough time during the year to tackle all the proposals listed in Annex E to the report and agreed that they would need to be selective. They therefore felt that concentration should fall on the following areas:

- Contributing to 'Annual Health Check' assessment process for NHS Trusts. January – April 2008
- Working with City of York Council Officers responsible for setting up the host organisation for the new Local Involvement Network (LINk) and once the LINk was in place to work with its Members. City of York Council would not necessarily take the lead in this as they would be working in partnership with North Yorkshire County Council.
- Alternative Care Pathways to hospital in-patient treatment
- The work of North Yorkshire and York Primary Care Trust's (NYYPCT) Exception Panel

Some Members felt that there was still work to be undertaken regarding the provision of NHS dental services in York. It was also felt that more information was needed regarding the current financial status at the Primary Care Trust (PCT).

Members noted that there was a Local Involvement Network (LINk) Stakeholder Event on Friday 19th October in Harrogate. It was understood that the Chair and the Scrutiny Officer would be attending. Members appreciated that the host organisation needed to be established by April next year and therefore the timescales were relatively tight.

Members discussed the work of the Healthy City Board and its work to reduce health inequalities within the city. They felt that an update from the Chair of the board would be useful.

RESOLVED:

- 1. That the process of the alternatives to hospital care be studied and scrutinised and recommendations for improvements be made with particular reference to management of chronic conditions.
- That the Primary Care Trust's Dental Officer report back to the Committee regarding dental services in York
- 3. That Rachel Johns from the PCT update the Committee regarding the 'Healthy City Board'

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REASON: In order to promote the health needs of the people

they represent.

Councillor Funnell, Chair [The meeting started at 5.05 pm and finished at 6.00 pm].

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Health Scrutiny Committee

5 November 2007

Report of the Head of Civic, Democratic and Legal Services

The Local Area Agreement and the Healthy City Board

Summary

- This report introduces Bill Hodson, Director of Housing and Adult Social Services and Rachel Johns, Associate Director of Public Health for York with North Yorkshire and York Primary Care Trust.
- Bill Hodson will give members a verbal update on the progress of the Local Area Agreement with regard to Healthier Communities.
- 3. Rachel Johns will talk about the work of the Healthy City Board and how it relates to the Local Strategic Partnership.

Background

4. At the work planning seminar in August 2007 members expressed interest in hearing from these colleagues. This will inform their planned work programme and assist them in working collaboratively with other organisations in order to examine wider health issues for York people. This may include investigating health needs, inequalities or health improvement issues within communities.

Consultation

No consultation is immediately relevant at this stage on this issue, giving that information is merely being presented to Members.

Options

Members may note the contributions from the speakers which may influence their programme of work for the next municipal year.

Analysis

7. Members are considering how the role of Health Scrutiny can become more inclusive and work in more innovative ways in order to engage with cross-cutting health issues which impact on communities. This is being done with a view to establishing a work plan which reflects those issues.

Corporate Priorities

8. Setting an agenda and work plan pertinent to cross-cutting health issues, is relevant to Corporate Priorities for Improvement 6 – 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 Council's risk management strategy.

There are no risks associated with the recommendations of this report.

Recommendations

11. Members are asked to receive the contributions, ask relevant questions and consider how this may influence their future work, as a part of the emerging Work Plan for the Sub-Committee.

Reason: In order to remain up to date on the health and well-being of the citizens of York.

Contact details:

Contact details.		
Author:	Chief Officer Responsible for the report:	
Barbara Boyce	Colin Langley	
Scrutiny Officer	Acting Head of Civic, Democratic and Legal Services	
01904 551714		
barbara.boyce@york.gov.uk		
	Report Approved Date 24.10.07	
Specialist Implications Officer(s)	None	
Wards Affected:	All $\sqrt{}$]

For further information please contact the author of the report

Annexes: None

Background Papers: None



Health Scrutiny Committee

5 November 2007

Report of the Head of Civic, Democratic and Legal Services

Plans and Priorities of Yorkshire Ambulance Service

Summary

1. This report introduces Pete Summerfield of Yorkshire Ambulance Service (YAS) who will update members on their plans and priorities for the next year.

Background

 At the work planning seminar in August 2007 members had hoped to hear from YAS, but unfortunately nobody was available to attend. Yorkshire Ambulance Service were asked to talk about their current work programmes and key areas of focus, and it is hoped that these topics can be addressed at this meeting.

Consultation

3. Consultation not relevant on this issue.

Options

4. Members may note the contributions from Yorkshire Ambulance Service, and they may also decide to request a visit to the York Ambulance Headquarters to view the operation of the new systems used to support patients.

Analysis

5. This discussion completes the communication being held with NHS Trusts which impact on York on their plans and priorities for the forthcoming year.

Corporate Priorities

6. Relevant to Corporate Priority 6 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest

Implications

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

Risk Management

8. In compliance with the Council's risk management strategy. There are no risks associated with the recommendations of this report.

Recommendations

Background Papers

None

Members are asked to receive the contributions, ask relevant questions and consider how this may influence their future work.

Reason: In order to remain up to date on the health and well-being of the citizens of York.

Contact details: Author: Barbara Boyce Scrutiny Officer 01904 551714	Chief Officer Responsible for the report: Colin Langley Acting Head of Civic, Democratic and Legal Services	
barbara.boyce@york.gov.uk	Report Approved Date	
Specialist Implications Officer(s)	None	
Wards Affected:	All $\sqrt{}$	
For further information please contact	et the author of the report	
Annexes None		



Health Scrutiny Committee

05 November 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. At the meeting of 24 September 2007 members agreed that their work programme for the remainder of the municipal year would consist of:
 - a. Contributing to the "Annual Health Check" the self-assessment process for NHS trusts run by the Healthcare Commission.
 - b. Taking an overview of the procurement process for a host organisation to run the new Local Involvement Network (LINk) which will replace Patient and Public Involvement Forums from April 2008.
 - c. Keeping a watching brief on the work of North Yorkshire and York Primary Care Trust's Exception Panel.
 - d. Reviewing the alternative care pathways which are offered to patients instead of hospital in-patient treatment. This will be in particular relation to the care and management of long term conditions.
- 3. A draft work programme is enclosed at Annex A.
- 4. Members may decide to replace some of the formal meetings with one or more informal visits or other evidence-gathering opportunities.
- 5. Members recognised that they would not have the resources available to them to investigate the alternative care pathways being offered or proposed for all long-term conditions. In order to help them prioritise, and to hear the views of community organisations, they held a

Community Engagement Day on 18 October 2007.

- 6. At this event members of health-related voluntary sector organisations and patients' groups made contributions and discussed the case for using their particular interest as the focus for investigation by the scrutiny committee.
- 7. Possible long-term conditions for the committee to focus on, as part of the agreed review on alternative care pathways, are:
 - a. Epilepsy. It was pointed out that patients with this condition need support at home, and that the medical profession does not always have the specialist knowledge to help them.
 - b. Diabetes. Incidences of this condition are increasing with the rise of obesity in the population. Patients need the correct care and training to look after themselves properly.
 - c. Dementia. An increasingly common condition affecting mostly, but not exclusively, the ageing population.
 - d. Brain injury. Once patients are stable they often lack the care to help them with their physical and cognitive impairments. There is no local rehabilitation centre for patients.
 - e. Depression. An extremely common and debilitating condition amongst all sections of the community, including the elderly.
 - f. Incontinence. A condition which needs much support especially when long term.
 - g. Osteoporosis. A disabling condition which affects large numbers of people and is relatively unknown.
 - h. Multiple long term conditions. There are patients who are suffering from more than one long-term condition.
- 8. Once a decision has been made on which long term condition(s) to focus on members should draw up a remit for this review.

Consultation

- 9. 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.
- 10. The chairman of this committee and the scrutiny officer have been in regular contact with representatives of health-related voluntary sector and patients' organisations.

Options

- 11. Members may or may not decide to focus on one or more of the above long-term conditions when considering their review of alternative care pathways. They may also to decide to focus on some other condition not mentioned above.
- 12. Members are asked to consider the eligibility criteria detailed at 17 and 18 below and consider if these should be used when deciding whether or not to carry out future scrutiny reviews.

Analysis

- 13. In view of the resources available to this committee and the time constraints upon members it is advisable to be realistic about how much can be achieved during the current municipal year. A review focusing on one long-term condition, with the possible co-option of a representative of a relevant organisation, would relieve the pressure on members.
- 14. The Annual Health Check has clearly defined dates for submission, and the Healthcare Commission usually holds advisory events to assist scrutiny committees and others in completing their commentaries. Members may find it helpful to delegate this task to a small sub-group of the committee, who will report back at a later date.
- 15. The committee's commitment to dialogue with the PCT and the Hospitals Trust could be carried out informally by one or more members with reports back to formal meetings at a later date.
- 16. Members are urged to work creatively and independently in order to maximize the fact-finding carried out and to enable meaningful recommendations to be made to the PCT with regard to alternative care pathways.

Eligibility Criteria for Health Scrutiny Topics

- 17. Proposals 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 reviews 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 Council's risk management strategy. There are no known direct risks associated with the recommendations of this report.

Recommendations

21. Members are asked to decide on the long-term condition(s), which will be the focus for their agreed review of alternative care pathways to hospital in-patient treatment.

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- 22. Members are asked to agree the eligibility criteria for Health Scrutiny reviews as detailed in paragraphs 17 18 above.
- 23. Members are asked to delegate to the chairman of this committee the duty of drawing up a remit for the agreed review, in conjunction with the Scrutiny Officer, which can then be circulated to all members for approval and ratified at the next formal meeting of the committee.

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 fo Colin Langley Acting Head of Civic, Democra Services Report Approved Date	•
Specialist Implications Officer(s	s) None	
Wards Affected:		A II √
For further information please con	tact the author of the report	
Annexes		
A – Draft timetable of work		
Background Papers		

None

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Health Scrutiny Committee Work Plan 2007/2008

22 August 2007	Work planning event – plans and priorities of health trusts
24 September 2007	Formal meeting - Agree broad areas of work – i.e. Annual Health Check, set up of LINk, alternative care pathways to hospital in-patient treatment, NYYPCT Exceptions Panel, updates on work from last year re dental provision and
	financial situation of PCT
18 October 2007	Community Consultation day – listening to patients' and community organisations on care pathways for long term conditions
19 October 2007	Representatives of committee to attend NYCC stakeholder event re LINk host procurement.
5 November 2007	Formal meeting – agree scope of review of alternative care pathways with reference to one or more long term conditions, agree scope of review of NYYPCT Exception Panel, update on LAA and Healthy City Board from Bill Hodson and Rachel Johns, update on plans and priorities of Yorkshire Ambulance Service. Decide if committee wish to co-opt members for the reviews. Agree work plan.
9 November 2007	Representatives of committee to attend Health Improving Council event organised by the Yorkshire and Humber Regional Health Project
19 November 2007	Representatives of committee to attend LAA and Health Inequalities event organised by the Yorkshire and Humber Regional Health Project
3 December 2007	Formal meeting – update on progress of LINk host procurement. Update from PCT re dental provision and finances. Update from members re investigations. Update workplan if necessary.
Nov- Dec 2007 – Mar 2008	Members to meet PCT/Hospital/patients or carers groups informally to investigate care pathways, visits to examples of good practice. Other activities as agreed at formal meetings.
7 January 2008	Formal meeting – plan preparation of submission to Health care Commission re Annual Healthcheck
11 February 2007	Formal meeting – update on progress of procurement of Link host organisation
31 March 2007	Formal meeting - formulate interim recommendations to go to PCT regarding care pathways.
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