
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	7 JANUARY 2008
PRESENT	COUNCILLORS FUNNELL (CHAIR), FRASER, KIRK (VICE-CHAIR), LOOKER, MOORE, MORLEY AND WISEMAN
IN ATTENDANCE	JOHN YATES - OLDER PEOPLES ASSEMBLY PETER SUMMERFIELD AND PETER GRASBY – YORK AMBULANCE SERVICE DAVID GEDDES - MEDICAL DIRECTOR AT NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST (NYYPCT) PETER BRAMBLEBY - DIRECTOR OF PUBLIC HEALTH AT NYYPCT MIKE PROCTOR - YORK HOSPITALS TRUST BILL HODSON - DIRECTOR HOUSING AND ADULT SOCIAL SERVICES

30. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

No interests were declared further to the standing personal, non-prejudicial interests declared at previous meetings and listed in the agenda.

31. MINUTES

RESOLVED: That the minutes of the meeting held on 3rd December 2007 be approved as a correct record and signed by the Chair.

32. PUBLIC PARTICIPATION

It was reported that there has been one registration to speak at the meeting under the Council's Public Participation Scheme.

John Yates addressed the meeting regarding agenda item 5 (North Yorkshire and York Primary Care Trust's Referral Policies and work of the Individual Case Panel), on behalf of the Older People's Assembly, in relation to the primary care available for depressive illnesses in the elderly. Diseases, such as Alzheimer's were on the increase and could cause

isolation among the elderly. Referrals could take six to nine months or more and he felt that there was little in the papers that appreciated this.

33. ANNUAL HEALTH CHECK 2007/08

Members considered a report which asked them how they wanted to respond to the Healthcare Commission's request for comments on the annual health check process for trusts in 2008.

Members agreed that they would like to make comment on the Annual Health check of the three NHS Trusts and agreed to delegate this to the Chair, the Vice-Chair and one other Member of the Committee. Final declarations were due from the Trusts by the end of April 2008 and it was therefore important for the Committee to submit their comments to the trust in good time for inclusion with these. Spokespersons for the Yorkshire Ambulance Service and the Primary Care Trust indicated that the main emphasis of their declaration would be around Safety and Infection and offered to share the draft of this with the Health Scrutiny Committee.

RESOLVED: That Members delegated to the Chairman, the vice-Chair and one other Member of the Committee the task of creating a commentary on the declarations of any of the NHS Trusts that they felt appropriate. They would report back to a future meeting of this Committee.¹

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

Action Required

1. Provide a further update to a future meeting when the necessary information is available. GR

34. NORTH YORKSHIRE AND YORK PRIMARY CARE TRUST'S REFERRAL POLICIES AND WORK OF THE INDIVIDUAL CASE PANEL

Members considered a report that updated them on North Yorkshire and York Primary Care Trust's Referral Policies and work for the Individual Case Panel. Dr Brambleby and Dr Geddes of the Primary Care Trust were present at the meeting to provide details to Members.

Dr Brambleby, Director of Public Health at North Yorkshire and York Primary Care Trust confirmed that there were three major programmes in terms of the health budget, these being:

- Circulation Disorders
- Cancers
- Mental Health

Mental Health was the biggest programme in budget terms but the per capita expenditure was lower than the national average even though it was the largest programme. It had always been a large programme that

overlapped with social services and there was need for wider community support, especially for the elderly.

The Director of Public Health suggested an informal session where he could talk about 'Investing in Health in North Yorkshire and York' which would explore where the PCT spends its money in all the major health programmes. Members agreed that this would be a good idea and the Scrutiny Officer agreed to arrange this.¹

Members discussed whether there may be other efficient but alternative therapies that had not been mentioned in the guide. They felt that the guide focussed on clinical pathways only and did not present evidence from patient forums.

Dr Geddes said that all Primary Care Trusts had responsibilities that were high cost or non-standard and there was opportunity to apply to the Individual Case Panel for extraordinary case funding. The guidance provided a clinical framework which supported the commissioning and provision of local services across the North Yorkshire and York Primary Care Trust and brought together evidence from sources such as NICE, Prodigy, the Cochrane Database, Royal Colleges and local clinical consensus. Health professionals were expected to take the guidance in this document fully into account when exercising their clinical judgement. Where an exceptional clinical need had been identified, which fell outside the scope of these guidelines, the Primary Care Trust considered funding for each request on a case by case basis via an Individual Case Panel. There had been a significant change since last year in order to meet challenging financial restrictions and therefore some treatments were not so available.

Discussions were had regarding GP specialisms and the need to focus hospital treatments on those that really needed it. It was felt that the development of GP expertise was something that needed to be looked and the balance between the need to support hospital consultants and retention of acute services was important in relation to this.

Members felt that, in terms of looking at alternative care pathways, the following services should be looked at in detail:

- Mental Health (taking a broad scope so social care is looked at as well)
- Musculo-skeletal services

RESOLVED: That Members delegate to the Chair, Vice-Chair and one other member of the Committee to do some scoping work around alternative care pathways for mental health and musculo-skeletal services.²

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

Action Required

1. Implement Informal Session/Seminar
2. Present a further report to the Committee when the scoping work has been completed

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COUNCILLOR C FUNNELL, Chair

[The meeting started at 5.05 pm and finished at 7.00 pm].