
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	31 MARCH 2008
PRESENT	COUNCILLORS FUNNELL (CHAIR), FRASER, KIRK (VICE-CHAIR), LOOKER, MOORE, MORLEY AND WISEMAN
IN ATTENDANCE	JOHN YATES – OLDER PEOPLES ASSEMBLY JACK ARCHER – OLDER PEOPLES ASSEMBLY MIKE PROCTOR – YORK HOSPITALS TRUST FIONA HOWELL – YORK HEALTH GROUP GRAHAM PURDY – NYYPCT KATH JONES – NORTH BANK FORUM NIGEL BURCHELL – CYC, SENIOR POLICY OFFICER VINCE LARVIN – YORKSHIRE AMBULANCE TRUST KEITH MARTIN – CYC, HEAD OF ADULT SOCIAL SERVICES

35. 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.

36. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 7 January 2008 be approved as a correct record and signed by the Chair.

37. PUBLIC PARTICIPATION

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme.

John Yates addressed the meeting regarding agenda item 4 Local Involvement Networks in particular the North Bank Forum, the new host organisation chosen for the local authority area. He stated that the North Bank Forum had acted as host to the residual PPIH Forums over the past year and he asked how they intended to recruit a representative membership for LINKs from both communities.

He stated that the government had disbanded the PPIH Forums and he asked how North Bank Forum intended to structure the LINKs so that patients and the public were consulted, listened to and heard.

John also referred to agenda item 6 Annual Health Check, and expressed concern that the Ambulance Trust were still unable to meet the requirements for A and B emergency calls, according to information from the NYYPCT. He also expressed concern that Nick Steel, Financial Director, NYYPCT, had gone on a six month sabbatical, at the end of the financial year when the PCT was still in a deficit situation.

Fiona Howell explained that she represented the York Health Group, which was a consortium of NHS practices in and around the City of York Area. The consortium was formed in August 2005 with the aim of working in a cooperative and mutually supportive manner in the field of Practice Based Commissioning. She told members that the YHG hoped to provide independent clinical input to the maintenance or improvement of patient care. They also aimed to produce worthwhile outcomes over the short and long term.

With regard to agenda item 4 Local Involvement Network, she confirmed that the consortium would like to engage with the Local Authority in better public engagement and participation in connection with the new LINKs and assist in the understanding and researching of local health needs. She confirmed that John Lethem, Chairman of their management board, was undertaking work on falls prevention with a view to reducing hospital admissions. She confirmed that the consortium would be very happy to assist the Scrutiny Committee in their work.

In relation to agenda item 5 Work Planning for Health Scrutiny 2008, (paragraph 11) which referred to “work with the York practice-based commissioning group” in relation to musculo-skeletal pathways, she confirmed that the consortium were undertaking work in this area and that they would again be happy to assist the Committee when they examined this issue in more detail.

38. LOCAL INVOLVEMENT NETWORKS (LINKS)

Members considered a report which updated them on progress in establishing a LINK for the City of York Council area. The Local Government and Public Involvement in Health Act, had abolished Patients' Forums and legislation to establish Local Involvement Networks from 1 April 2008. Local Authorities now had a duty to make contractual arrangements with a host organisation for the establishment of a LINK.

Nigel Burchell, Senior Policy Development Officer, reported that the City of York Council had worked closely with the North Yorkshire County Council in a joint procurement exercise to establish two LINKs one for each local authority area. He confirmed that the process had now been completed and that the North Bank Forum had been appointed as the LINK for both York and North Yorkshire but as two separate contracts. He clarified that the authority had appointed the host organisation and that the Forum would now set up the link and perform a leadership role in overseeing its work. A detailed work plan would be prepared, by the end of April, showing how the Forum proposed to take this work forward. He confirmed that a number of public events would be held together with a one day free

facilitated link event and that the Overview and Scrutiny Committee would be the key link with the Forum.

Kath Jones, Chief Officer, North Bank Forum, confirmed that the Forum were delighted to have been chosen by York as the host organisation to form a LINK. She explained that the North Bank Forum was a voluntary sector organisation, a registered charity, which had been in existence since 1992 with 300 member organisations. The forum had moved away from the narrow focus of health towards public involvement in social care. She confirmed that the Forum had previously acted for the PPI's in 9 areas across Yorkshire and that their role was as a host to facilitate.

In answer to Members questions Kath confirmed that documents and information from the PPI's would be fed into the new LINKs and that wider public consultation would be undertaken which would include Neighbourhood Management structures. Members confirmed that another useful contact would be the Chapter 10 Group and that the knowledge of the individual members of the former PPI's would also be useful to add to the Forums work.

The Chair thanked the speakers for their contributions and expressed the wish that the Committee, North Bank Forum and the various individuals could work together creatively to improve the health of residents in the area.

RESOLVED: That the reports and updates from Nigel Burchell and Kath Jones of the North Bank Forum, the new LINK host, be received and noted.

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

39. WORK PLANNING FOR HEALTH SCRUTINY 2008

Consideration was given to a report which asked Members to confirm their work planning programme for the remainder of 2008.

The Committee were reminded that at earlier meetings they had agreed that their work would include:

- Contributing to the "Annual Health Check" – the self-assessment process for NHS trusts run by the Healthcare Commission.
- Taking an overview of the procurement process for a host organisation to run the new Local Involvement Network (LINK) which would replace Patient and Public Involvement Forums from April 2008.
- Consider the work of the PCT's referral policies and individual case panel before they embarked on a scrutiny review.

- The long-term conditions which they would focus on would be mental health and musculo-skeletal conditions, although resources would not be likely to permit both areas to be focused on at one time.

It was reported that some scoping work had been carried out on mental health provision which was potentially a large area and would require scoping of a potential topic to a manageable size.

The Director of Housing and Adult Social Services had advised that dementia care was both a local and national priority for attention in view of anticipated demographic changes. The Council were undertaking a jointly commissioned study with the NYYPCT on the strategic and resource issues around dementia care.

Members were asked whether they wished to carry out further scoping work on one or both of the above areas or whether they wished to focus on one area, mental health (dementia care) or on musculo-skeletal pathways.

Members confirmed that the PCT were undertaking a lot of work around mental health issues and they suggested that a complimentary piece of work the Committee could undertake was to examine how people with dementia accessed secondary care and how their needs were being met. Members agreed that this could be a large area of work which could include day cases and problems experienced with care and by carers.

Mike Proctor confirmed that around 20/30% of people in hospital had dementia related illnesses.

Members also referred to the falls programme and suggested the examination of alternative care pathways. Graham Purdy confirmed that the PCT were preparing a report over the next 3-6 months which would examine prevention at the front end, alternative approaches and he agreed to prepared details of what the Local Authority could do to assist in the prevention of falls.

Fiona Howell, confirmed that Dr Lethem, Chair of the York Health Group was also undertaking work in this area and was using practice data and details of emergency admissions to examine whether some falls were preventable.

Members also agreed to undertake some exploratory work in this area either visiting the York Health Group or for a representative of the Group to attend a future Committee meeting.

- RESOLVED:
- i) That approval be given to the draft work plan for Health Scrutiny work for 2008 as set out at Annex A of the report. ¹.
 - ii) That further investigation and scoping work be undertaken into other aspects of dementia care, particularly older people with dementia who are

accessing secondary care at York District Hospital.²

- iii) That arrangements be made with the practiced based commissioners to either visit them or for their representatives to attend a future committee meeting.³
- iv) That further examination of local authority involvement in the prevention of falls be undertaken following receipt of the report by Graham Purdy.⁴
- v) That the Chair of the Health Scrutiny Committee attend the next meeting of the Scrutiny Management Committee on 21 April 2008 to report on the Health Scrutiny Committees work.⁵

Action Required

- 1. That the Committees work plan be implemented. GR
- 2. That following further investigation and the completion of scoping work a further report be prepared for the Committee. GR
- 3. That contact be made with the practice based commissioners to make the necessary arrangements. GR
- 4. Provide a report to a future meeting when the NYYPCT report becomes available. GR
- 5. Chair of Committee to attend SMC meeting on 21 April 2008. GR

40. ANNUAL HEALTH CHECK 2007/08

Members considered a report which updated them on work carried out to put together a commentary to be included with the self assessments by the NHS trusts as part of the Healthcare Commission's Annual Health Check for 2007/08. Annex A which comprised the draft commentary had been circulated to Members separately. Members were reminded that evidence was required to support any comments made.

It was reported that Councillors Kirk, Funnell and Wiseman had held meetings with the North Yorkshire and York PCT, the Yorkshire Ambulance Trust and the York Hospitals Foundation Trust to consider the standards that it would be appropriate to comment on for each trust.

In answer to Members comments on low ambulance response times Vince Larvin confirmed that improvements had been made. He stated that York now had a 69% contracted response time which had risen to 72% the previous month.

In answer to Members comments on food provision in hospitals, Mike Proctor confirmed that the Board regularly tasted patients food and that systems were in place to make changes, as necessary.

Following receipt of these comments Members requested additions to the commentaries as set out below.

RESOLVED: That subject to the following changes, the draft commentaries be forwarded to the NHS trusts for inclusion with their declarations to the Healthcare Commission: ¹.

Core Standard 22

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a) cooperating with each other and with local authorities and other organisations**
- c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships**

North Yorkshire and York Primary Care Trust and CYC have a joint appointment in the Associate Director of Public Health. City of York Council leads on a partnership with the PCT for the provision of services to people with learning disabilities. North Yorkshire and York PCT lead on a partnership with City of York Council for the provision of mental health services. Community Equipment Services are also run collaboratively.

The Director of Public Health has presented at an Overview and Scrutiny Committee Meeting (OSC) and attended a Public Meeting organised by the OSC to share his work on healthcare commissioning as a result of which he has agreed to attend further meetings with local voluntary groups.

The Associate Director of Public Health (joint appointment with PCT and local authority) has led on developing the Local Area Agreement "Healthier Communities and Older People".

Directors and officers of the PCT have regularly attended meetings of the OSC to answer members' questions. They have also taken part in community events to discuss their plans and priorities.

Core Standard 15

Where food is provided healthcare organisations have systems in place to ensure that:

- a) patients are provided with a choice and that it is prepared safely and provides a balanced diet**
- b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.**

Members have met with the Deputy Chief Executive of the York Hospital NHS Foundation Trust who has provided evidence that these standards

are being met. Members challenged the evidence and were satisfied with the responses, including assurances that feeding could be provided for those who were in need.

Core Standard 22

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- a) **cooperating with each other and with local authorities and other organisations**

Officers from York Hospital have regularly attended meetings of the OSC to answer members' questions. They have also taken part in community events to discuss their plans and priorities.

Core Standard 22

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- b) **cooperating with each other and with local authorities and other organisations**

Officers from YAS have regularly met with members of the Health Scrutiny Committee to answer questions and explain aspects of the service to members. They have presented figures to corroborate improvements to their response times.

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

Action Required

1. Forward commentaries to the NHS trusts for inclusion within their declarations to the Healthcare Commission.

GR

CLLR C FUNNELL, Chair

[The meeting started at 5.00 pm and finished at 6.00 pm].