



Notice of meeting of

Health Scrutiny Committee

To: Councillors Fraser (Chair), Alexander, Ayre, Douglas, Moore, Sunderland and Wiseman

Date: Monday, 16 June 2008

Time: 3.30 pm

Venue: The Guildhall, York

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 - 12)
To approve and sign the minutes of the last meeting of the Committee held on 31 March 2008.
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 Monday 2 June 2008 at 5.00pm.

4. Update on Establishing a LINK 2008/09 (Pages 13 - 18)

This report is for information only, and is to update Members on progress in establishing a Local Involvement Network (LINK) in York.

5. Work Planning for Health Scrutiny 2008 (Pages 19 - 26)

In light of changes to the Committee at Annual Council, this report re-presents the draft work plan previously considered at the Committees March 2008 Meeting. Members are asked to confirm their work programme for the remainder of 2008.

Note: Annex B to the above report (the remit for the dementia topic, as approved by Members at the meeting) was published with this agenda after the meeting.

6. 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) 551550 for this service.

যদি যথেষ্ট আগে থেকে জানানো হয় তাহলে অন্য কোন অর্ধাতে তথ্য জানানোর জন্য সব ধরনের চেষ্টা করা হবে, এর জন্য দরকার হলে তথ্য অনুবাদ করে দেয়া হবে অথবা একজন দোঅবী সরবরাহ করা হবে। টেলিফোন নম্বর (01904) 551 550।

Yeteri kadar önceden haber verilmesi koşuluyla, bilgilerin terümesini hazırlatmak ya da bir tercüman bulmak için mümkün olan herşey yapılacaktır. Tel: (01904) 551 550

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) 551 550。

اگر مناسب وقت سے اطلاع دی جاتی ہے تو ہم معلومات کا ترجمہ مہیا کرنے کی پوری کوشش کریں گے۔ ٹیلی فون (01904) 551 550

Informacja może być dostępna w tłumaczeniu, jeśli dostaniemy zapotrzebowanie z wystarczającym wyprzedzeniem. Tel: (01904) 551 550

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

Councillor Wiseman - Governor of York Hospitals NHS Foundation Trust.

Councillor Moore – as his wife works in the Health Service

This page is intentionally left blank

City of York Council

Committee Minutes

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].

This page is intentionally left blank



Health Scrutiny Committee**3 June 2008****Report of the Director of City Strategy****Update on Establishing a LINK 2008/2009****Summary**

1. This report is for information only, and is to update members on progress in establishing a Local Involvement Network (LINK) in York.

Background To LINKs

2. LINKs are the independent, formally constituted bodies that have replaced the Patient and Public Involvement Forums, previously attached to all local NHS trusts. LINKs are now being established within each local authority area in the country.
3. LINKs differ from previous systems as they are based on broad networks rather than on small specialist groups, involving representatives from organisations as well as individuals, and addressing issues across health and social care rather than focusing on individual organisations or services.
4. Government legislation requires local authorities to commission a Host organisation to enable, support and facilitate the LINK in its activities. In order to achieve this the City of York Council has received £108K per annum for three years and an additional sum of £10K towards set up costs.
5. As a result of a tender exercise, North Bank Forum (NBF) for Voluntary Organisations was the successful Host organisation commissioned to provide the LINK and were awarded a three year contract which commenced on the 1 April 2008. NBF offered a good mix of experience and understanding of the issues and challenges of developing a LINK. They also demonstrated clear independence from any services or other areas that could be the subject of reviews by the LINK in the future. For further information about the Forum, please visit www.northbankforum.org.uk
6. The contract for the Host organisation commenced in April 2008. NBF have shared an implementation plan with the Council and will be actively engaging all partners in the coming months.

Background to Report

7. At the previous Health Overview and Scrutiny Committee on the 31 March 2008, it was agreed that the North Bank Forum (the Host organisation who are responsible for the development of a Local Involvement Network in York) would provide a work plan for 2008/09.

8. Subsequently, In April 2008 a meeting was held at the North Bank Forum headquarters in Hull and an action plan, with timescales and milestones was produced – see Annex A attached.

Consultation

9. A meeting has been held with the local authority Neighbourhood Management team to investigate the ways in which the LINK will complement existing networks, partnerships and user involvement groups in the City, to try and avoid conflicts and risks of duplication.
10. Discussions have been held with contract management experts in Housing and Social Services to ascertain their views on LINKs and to examine appropriate ways in which to contract monitor the Host's performance during 2008/09.

Analysis

11. It is apparent from the timetable / milestones contained in Annex A that the priority in year one is to successfully establish the LINK body, and begin to identify a broad work programme for years two and three. By the end of the first year of operation the expectation is that the LINK will be firmly established and functioning, with clear aims and objectives in terms of what it wants to achieve. North Bank Forum have recently held interviews for a LINKs development worker, dedicated to York. The development worker is expected to take up their post in July. Arrangements are also underway to secure premises for the LINK near York.
12. The first meeting of the LINKs Steering Group has been arranged for June 2008. This will enable a number of issues to be driven forward, such as the mapping of existing health activity and partnerships, establishing the governance arrangements for LINKs, and developing communications and publicity strategies etc.
13. A handover / transitional meeting will take place in June (arranged by the PCT) with former Patient Public Forum and Chapter 10 members in order to clarify how the LINK will benefit from the experiences of previous health user-involvement groups and how they can share learning and best practice.
14. Monitoring information will be collected on a quarterly basis throughout the contract with the intention of monitoring through both an outcomes and outputs based approach, assessing the influence and impact of LINKs, the numbers of people engaged in the process, diversity of group members etc.
15. Key issues to be monitored will include:
 - Performance of the LINKs Development Worker.
 - Robustness of the LINK governance structure.
 - Consultation with minority stakeholders - those involved and not involved in the LINK
 - Analysis of communication data - advertising material, leaflets, web-based material

16. A close working relationship has been established with North Yorkshire County Council and the North Yorkshire and York Primary Care Trust to enable the LINK to forge sub-regional relationships and plan for joint work.
17. The feasibility of holding a facilitated workshop with Health Scrutiny Committee and the Host (NBF) has been investigated. Unfortunately the funding for the use of the CFPS facilitator has now expired, but Members of Health Scrutiny may choose to continue with a facilitated session.

Options

18. In regard to the suggestion of holding a facilitated workshop, Members may decide to investigate the costs involved, in order to decide whether to go ahead with this for the Committee and Host (NBF).

Corporate Priorities

19. 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

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 risks associated with the recommendation contained within this report.

Recommendations

22. Members are asked to:
 - note the report
 - provide comments on the workplan attached at Annex A.
 - Agree whether they wish to investigate the costs involved with holding a facilitated workshop

Contact details:

Author:

Adam Gray
Senior Partnership
Support Officer
01904 552055
adam.gray@york.gov.uk

Chief Officer Responsible for the report:

Roger Ranson
Assistant Director, Economic Development and
Partnerships
01904 551614

Report Approved**Date** 19 May 2008**Specialist Implications Officer(s)** None**Wards Affected:****All****For further information please contact the author of the report****Annexes** Annex A – Action Plan

This page is intentionally left blank

North Bank Forum LINK Activity Programme For North Yorkshire & York

April to October 2008

Governance: Project Steering Group (PSG) established by identified stakeholders, terms of reference and buy-in secured. Using Form Follows Function principles, governance and structure arrangements identified. Protocols covering Complaints, LINKs Membership, Standards of Conduct, Expenses developed.

LINK Support: Work on profiling the community, its health needs and service providers undertaken. Existing community networks and engagement mechanisms identified and current consultation and commissioning activity mapped. Clarify how LINK will complement existing networks and partnerships and how they can share learning. Identify the “hard to involve” and begin to address solutions.

Host Activity: Identify and facilitate Project Steering Group as secretariat, signpost to Governance models. Appoint LINKs staff taking TUPE into consideration. Undertake LINK support activities and establish relationships with stakeholders, the wider community and other LINKs

Milestones: Project Steering Group functioning draft Governance and Protocols Handbook produced. Draft LINKs data Atlas produced.

August to October 2008

Governance: Identify mechanisms, constituencies and opportunities for populating LINKs. LINKs’ Communications strategy developed. Participatory Evaluation strategy established.

LINK Support: PSG support to identify/establish communication mechanisms, develop web presence and database. Continue to develop LINKs Atlas and network relationships.

Milestones: Updated LINKs Atlas. Communications strategy implementation plan and roll out. Participatory Evaluation implementation plan developed

October 2008 to February 2009

Governance: LINKs structures populated. Governance Handbook fit for purpose review. New governance arrangements agreed. Transition process from PSG to LINKs agreed

LINKs support: CRB checks carried out. Training needs identified and addressed. LINKs atlas updated. Learning exchange mechanisms in place with other LINKs and networks

Milestones: Populated structures. Training underway.

January to March 2009

Governance: Transition process enacted. Workplans developed and agreed. Review of support needs.

LINKs support: Production and co-ordination of Workplans, Annual Report and Accounts prepared. Proposals to meet any revised LINK support needs.

Milestones: Workplans, Annual Report and Accounts



Health Scrutiny Committee

3 June 2008

Report of the Head of Civic, Democratic and Legal Services

Work planning for Health Scrutiny 2008

Summary

1. In light of the changes to the Committee at Annual Council, this report re-presents the draft work plan previously considered at the meeting in March 2008 and asks Members to confirm their work programme for the remainder of 2008.

Background

2. At a meeting in September 2007, Members agreed that their work programme for the remainder of the municipal year 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 will replace Patient and Public Involvement Forums from April 2008.
3. At a meeting of November 2007, Members agreed that they would consider the work of the PCT’s referral policies and individual case panel before they embark on a scrutiny review.
4. In January 2008, the Director of Public Health and the Medical Director of the PCT attended a meeting to inform Members about the major programmes involving expenditure from the health budget. They described how non-standard or high-cost treatments which are outside the normal clinical framework could be decided upon by an individual case panel.
5. Members decide to hold an informal seminar with the Director of Public Health to examine decision making on health budgets. This “Investing in Health” event was held on 18 February 2008 and members were joined by partners from the voluntary sector and patients’ organisations. Dr Brambleby demonstrated programme budgeting, which demonstrates which health programme money has been invested in order to plan for better efficiency, effectiveness and equity. He used this to demonstrate marginal analysis which reveals changes in costs and benefits as resources in programmes are increased or decreased.

6. At their meeting in January 2008 Members also considered carrying out a review of a long-term condition and chose to focus on either mental health or musculo-skeletal pathways. It was recognised at that time that available resources would not permit both areas to be focused on at one time.
7. Members agreed to do some feasibility work on both areas recognising that each was potentially very big and therefore it would be important to narrow the scope of any potential topic to a manageable size.
8. In regard to mental health provision, the Director of Housing and Adult Social Services provided information for the last meeting advising the Committee that dementia care was both a local and national priority for attention in view of the anticipated demographic changes. As the Council was already embarking upon a jointly commissioned piece of work with NYYPCT on the strategic and resource issues around dementia care, he did not recommend scrutiny of dementia care in its totality, partly because of the size and complexity of the issues, and partly because it would duplicate work already being undertaken.
9. However, there are other aspects of dementia care that are not within the scope of this jointly commissioned work. There are increasing numbers of older people with dementia who are accessing secondary care at York District Hospital and there may be areas around this where this Committee could add value. Members recognised that the PCT were undertaking a lot of work around mental health issues and therefore 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. The Committee could also look at information available to staff, and the challenges of providing a personalised service around a hospital setting.
10. In regard to musculo-skeletal pathways, Graham Purdy from NYYPCT also attended the last meeting of this Committee to discuss the possibility of a scrutiny around this issue and an achievable scope and focus for the work. He informed the Committee that the PCT were preparing a report over the next 3-6 months which would examine the falls programme including prevention at the front end and alternative approaches, and he agreed to prepare details of what the Local Authority could do to assist in the prevention of falls. The Committee also learnt 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.
11. The Committee have previously expressed an interest in undertaking some exploratory work in this area by either visiting the York Health Group or for a representative of the Group to attend a future Committee meeting.

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.

Options

13. Having considered the information within the report, Members may choose to carry out a review of either mental health (dementia care) or musculo-skeletal pathways.
14. Members may also amend and/or approve the draft work plan attached at Annex A.

Corporate Direction & Priorities

15. The work of this Committee supports the Council in their priority to '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 Council's risk management strategy. There are no known direct risks associated with the recommendations of this report.

Recommendations

18. Members are asked to decide if they wish to carry out a scrutiny review of one of the topics mentioned above and in doing so, agree a remit for the review in order that a scoping report can be presented at the next meeting of this Committee.
19. Members are also asked to agree the draft workplan attached at Annex A.

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

Contact details:

Author:

Melanie Carr
Scrutiny Officer
Scrutiny Services
01904 552063
melanie.carr@york.gov.uk

Chief Officer Responsible for the report:

Dawn Steel
Scrutiny Manager
01904 551030

Report Approved



Date

19 May 2008

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers: None

Annexes: Annex A – Draft Work Plan

This page is intentionally left blank

Health Scrutiny Committee Work Plan 2008

Work Area	Tasks	Timeframe	Responsible Officer
LINKs	<ul style="list-style-type: none"> • Receive an update on establishing LINK and agree whether to hold a facilitated workshop • Participate in training and events in connection with the development of the LINK in conjunction with Host (North Bank Forum) • Receive regular updates from Trusts 	June Ongoing Ongoing	Nigel Burchell / Scrutiny Officer (as appropriate)
Dental Provision In York	<ul style="list-style-type: none"> • Receive regular update from PCT 	June / July	
Annual Healthcheck	<ul style="list-style-type: none"> • Begin preparations for 2008/09 Annual Healthcheck 	December 2008	
Current Scrutiny Review (as per the decision due to be taken at this meeting)	<ul style="list-style-type: none"> • Agree topic for scrutiny review and a remit • Receive scoping report • Receive interim report • Receive draft final report • Consider final report prior to its consideration by SMC 	June July September October November	S.O. together with appropriate officers in Directorates

This page is intentionally left blank

Approved remit for the dementia review

Aim

To look at the experience of older people with mental health problems (and their families/carers) who access general health services for secondary care in order to identify where improvements may be required.

Key Objectives

- i. Where patients with mental health conditions access general, secondary health services, investigate whether their mental health problems are recognised and whether the connection is made between them and the required treatment.
- ii. To identify ways in which healthcare professionals may assist patients with mental health conditions to overcome the barriers they face when accessing secondary care.
- iii. To investigate ways of improving the safety of patients with mental health conditions and the secondary healthcare providers who have contact with them.
- iv. To develop initiatives for improving the experiences of mental health patients using general, secondary health care and their families/carers.

This page is intentionally left blank