
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	24 OCTOBER 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), RICHES, HODGSON, FRASER, RICHARDSON (EXCEPT MINUTE ITEMS 33-35) AND CUTHBERTSON (EXCEPT MINUTE ITEMS 37-39)
IN ATTENDANCE	COUNCILLORS ALEXANDER AND WISEMAN RACHEL BARKER (SUPPORTING CHOICES) PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) CHRIS LONG (CHIEF EXECUTIVE, NHS NORTH YORKSHIRE AND YORK) MANDY MCGALE (DIRECTOR OF OPERATIONS, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) ALAN MAYNARD (CHAIR, VALE OF YORK CLINICAL COMMISSIONING GROUP) ADRIAN SNARR (CHIEF FINANCIAL OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP) GWEN VARDIGANS (SECRETARY, YORK ROYAL COLLEGE OF NURSING) CAROL PACK (YORK LOCAL INVOLVEMENT NETWORKS (LINKS))

ANGELA PORTZ (CHIEF EXECUTIVE,
YORK COUNCIL FOR VOLUNTARY
SERVICE)

JOHN YATES (YORK OLDER PEOPLE'S
ASSEMBLY)

GEORGE WOOD (YORK OLDER PEOPLE'S
ASSEMBLY)

33. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal, prejudicial or disclosable pecuniary interests, other than those listed on the standing declarations attached to the agenda, that they might have had.

Councillor Cuthbertson declared a personal interest in the business on the agenda as a current patient at York Hospital.

Councillor Fraser declared a personal interest in the business on the agenda as a retired member of UNISON and Unite (TGWU/ACTS sections).

Councillor Hodgson declared a personal interest in the remit of the Committee as a former employee of York Hospital and as a member of UNISON.

Councillor Riches declared a personal interest in the business on the agenda as the Council appointee to the governing body of York Hospital.

No other interests were declared.

34. MINUTES

RESOLVED: That the minutes of the Health Overview and Scrutiny Committee held on 12 September 2012 be approved and signed by the Chair as a correct record.

35. PUBLIC PARTICIPATION

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

John Yates from York Older People's Assembly raised comments on agenda item 6 (Transition Update Report). He spoke about the free NHS Health Check that was offered to people and hoped that this would continue.

He highlighted that these checks were important as they would highlight potential problems early and that this was particularly important for men, who he felt were less likely to visit the doctor. He added that he felt that the tests should be obligatory for those that were or had reached retirement age.

He did accept that some services would probably be cut during the transition of responsibilities for public health from the Primary Care Trust to the Local Authority, but asked Members to recognise the priority of the tests and reject moves to remove them. He added that the tests' preventative measures would also achieve cost savings in the future.

The Director of Public Health circulated a document to Members which informed them of the Free NHS Health Check that had been spoken about. This was attached to the republished agenda after the meeting.

The Director of Public Health spoke to Members about the tests and informed them that;

- The tests would be carried out for every five years for those within the age group of 44-70.
- That the programme of testing was currently under development and that the Council would have the responsibility for ensuring that the checks were carried out.
- That it was one of a number of mandatory tasks that the Council had to do. Additionally, it was highlighted as a commitment in the NHS Constitution. This would mean that patients would be a legally entitled to ask for a health check.

- Those patients who had not already been diagnosed with certain conditions would be offered a free NHS Health Check.
- That new regulations from the government would also mean that the level of consumption of alcohol would be tested from April and that there would be a promotion of dementia awareness in the age group of 60-74 year olds.
- That although tests for bowel cancer were not part of the free NHS Health Check, a screening programme existed.

36. ATTENDANCE OF NHS NORTH YORKSHIRE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST & VALE OF YORK CLINICAL COMMISSIONING GROUP- FINANCIAL STATUS AND HANDOVER PROCESS

Members received a verbal report from the following people; Chris Long, the Chief Executive of NHS North Yorkshire and York, Patrick Crowley, the Chief Executive of York Teaching Hospital NHS Foundation Trust, Adrian Snarr, the Chief Financial Officer from the Vale of York Clinical Commissioning Group and Alan Maynard, the Chair of Vale of York Clinical Commissioning Group.

In his report to the Committee regarding the financial status of the NHS in North Yorkshire and York, Chris Long informed Members that;

- NHS North Yorkshire and York had agreed (with the Department of Health) a £19 million deficit in the current year's budget.
- That a further £24,000 still needed to be achieved through efficiency savings in order to cover the deficit, and that KPMG had been brought in to look at how this figure could be achieved and whether it was viable.
- That KPMG and Chief Executives from providers to the NHS would present a set of proposals in mid November.

- That following the release of the proposals a consultation with the Health & Social Care and Voluntary Sector would take place.
- That the main focus of reforms should concentrate on how robust services could be provided in the community, rather than an over-reliance on using hospitals.

Adrian Snarr, the Chief Financial Officer from the Vale of York Clinical Commissioning Group (VOYCCG) gave an update to Members on the financial position of the VOYCCG. He gave a background to Members on the transfer of functions from the Primary Care Trust (PCT) to VOYCCG. In relation to the financial situation he told Members that;

- Neighbourhood Care Teams were in development to reduce the reliance of patients and doctors using hospitals in the first instance.
- That the VOYCCG was looking into starting a referral review to make sure that patients would be seen by the correct person.
- It was noted that the decision on referral would be made by a clinician in the particular speciality to which the case was related.
- That a process of “Shared Decision Making” would be implemented which would include a greater involvement by the patient and the clinician in deciding what treatment they wished to have, and in what way and where they wished to be treated.
- That the VOYCCG were advising GP’s on which drugs to prescribe, as these varied in price and accounted for a large amount of the budget for GP’s.
- That areas still existed where potential financial savings could be made, but the identification of savings was heavily influenced by the level of patient education.

Questions from Members related to the following issues;

- How would “Shared Decision Making” provide a cost saving?
- How would GP practices be monitored to discourage automatic referrals to hospitals for treatment which could be done elsewhere?
- Would the reduction of hours of service for minor injury units in Malton and Selby have a knock on effect on to district hospitals?

In response to the question about Shared Decision Making, it was reported that it could potentially produce savings as it would be highlighted to the patient, who would make the choice for treatment, that a hospital operation would be more expensive.

In relation to surveying patients about the quality of their treatment whether carried out in hospital or not, some Members felt that the results would be heavily influenced by the level of experience that the patient had in the NHS.

It was reported that in some GP surgeries, GPs did not immediately refer a patient on to hospital, but that this tended to be in cases where the surgery had an expert in that particular area. It was highlighted that the success of the scheme was particularly significant given that both York and Scarborough hospitals had particularly high referral rates over the last few summer months. The rates it was said were comparable to winter levels, and it was suggested the scheme could be used as an alternative to manage these levels to avoid the deterioration of hospital services. Additionally, it was noted that community health services had not been funded as highly as clinical services, but the Shared Decision scheme hoped to remedy this through redistribution of funds.

In response to a Member’s question about the reduction of operating hours of minor injury units, it was noted that this was a part time measure for the current year. Members were also informed that the cost of treatment in a minor injury unit was comparable to that in Accident and Emergency (A & E) departments.

It was suggested that people who lived closest to minor injury units and A & E departments were the ones who used them more often than other patients. Therefore, by restricting their opening hours, it was hoped that these residents would visit their GP surgery instead.

The Chair of the Vale of York Clinical Commissioning Group, Alan Maynard, attended the meeting. He raised a number of points which followed on from previous discussions including;

- That the status of community care within the health system needed to be clarified, i.e. would it be used as complementary or as a substitute to clinical care?
- That evidence needed to be provided as to whether Neighbourhood Care Teams would reduce admissions to hospitals and therefore provide savings.
- That if there was not clear evidence from the start that the teams would reduce admissions then an evaluation should be put in place as a moral responsibility.
- That it was important for patients to be asked where they wished to die, whether this was in a hospital, in a hospice or at home.
- That a large challenge existed to get large GP practices operating 24 hours a day and seven days a week, in order to decrease hospital admissions.

Chris Long informed Members that he felt that four main issues existed which would force change in healthcare in general. These were;

- The UK economy would not grow at a fast rate, and that there would be a flat economic period for a number of years.
- There would be large implications for Local Authorities and Social Care following the release of the Comprehensive Spending Review by the Treasury.
- The conclusions of a second report by Robert Francis QC into the quality assurance of care delivered by the NHS.

- The advent of seven day working, in particular given that five day working at a primary care level is not realistic.

He finally felt that debates around these areas would continue to be dominated by the level of access to care, the quality of the care offered and its affordability. He underlined that if high quality services could not be provided locally, they would remain at a central location.

Some Members asked how the transfer of funding from the PCT to the VOYCCG would remain secure, they questioned whether it would lead to unexpected closures of services. They also asked whether the current deficit in the PCT's budget was exceeded, if a plan had been formulated by the VOYCCG to overcome this.

It was reported that the VOYCCG would not know if the budget had been exceeded until April 2013. It was also suggested that the financial reforms could be seen as being controversial, but that they would hopefully be carried out soon in order to bring down the deficit.

The Chair thanked the Chief Executives from York Teaching Hospital NHS Foundation Trust and NHS North Yorkshire and York along with the Chief Finance Officer and Chair of the Vale of York Clinical Commissioning Group for attending the meeting.

RESOLVED: That the verbal updates provided by NHS North Yorkshire, York Teaching Hospital NHS Foundation Trust and Vale of York Clinical Commissioning Group be noted.

REASON: In order to keep the Committee updated on the financial situation of these bodies.

37. UPDATE ON CHANGES TO THE URGENT CARE UNIT

Members received a report which gave them an update on changes to the Urgent Care Centre (UCC) at York Hospital.

The Director of Operations at York Hospital, Mandy McGale, attended the meeting to present the report and answer any questions that Members' might have had.

Discussion in response to the report featured the following observations;

- That a large number of patients who attended the Accident & Emergency (A&E) department at the hospital did so because they could not get access to their GP.
- That there was also some evidence that GPs sometimes signpost A & E.
- That the issue of time and access were significant in the numbers of people using A & E; given that the A&E department could not turn people away there was a perception that there would be a shorter waiting time in comparison to making an appointment with a GP.
- That it was felt that GPs would always recommend to patients to make an appointment with them, but if their condition changed during that time to go to A & E rather than elsewhere.
- Some patients found it difficult to get an appointment with a GP at the weekend (either via their own GP or through the Out of Hours Service – they therefore went to A & E).
- A & E and UCC were managed as one whole service within the hospital. Patients who presented were assessed on a clinical basis as to which service they were directed to

RESOLVED: That the report and update be noted.

REASON: To update the Committee on the changes made to the Urgent Care Centre.

38. TRANSITION UPDATE REPORT

Members received a report which updated them on the transfer of Public Health Functions to the Council, the establishment of the City of York Health and Wellbeing Board and the commissioning of Healthwatch for the city.

The Scrutiny Officer informed Members that a new statutory responsibility meant that the Director of Public Health would have to produce an annual report on the state of the city's health from April 2013. She added that the Committee could decide on whether they wished to receive this report.

As the first year would be an incomplete year the Director of Public Health suggested that he might write a report about his first 100 days in post as the Director, and asked whether the Committee would receive this.

The Chair responded that the Committee would welcome a report from the Director and suggested that the findings in his report might then be added into the Joint Strategic Needs Assessment (JSNA).

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Director of Public Health produce an update report detailing the record of his first one hundred days in post.

REASON: To update the Committee on the developments involved in the transfer of Public Health functions to the City of York Council.

39. WORK PLAN

Members considered the Committee's updated work plan for the municipal year 2012/13.

It was agreed that the scoping report for the review into Community Mental Health Services in the Care of Adolescents be moved to the December 2012 meeting.

It was suggested that Safeguarding Assurance Report be moved to the January meeting, to allow for an even distribution of work and a report on 'Quality Monitoring – Residential, Nursing Homecare Services be added for the January 2013 meeting. It was also noted that the Director of Public Health's Annual Report needed to be added to the work plan in March 2013.

RESOLVED: That the following changes be made to the Committee's work plan¹;

- (i) That the scoping report for the Community Mental Health Services in Care of Adolescents review be moved to be considered at the meeting in December.
- (ii) That the report on Safeguarding Assurance be considered at the Committee's January meeting.
- (iii) That the first annual report (covering the first 100 days in post) from the Director of Public Health be added to the work plan for March 2013.

REASON: In order to keep the Committee's work plan up to date.

Action Required

1. To Update the Committee's Work Plan

TW

Councillor C Funnell, Chair

[The meeting started at 5.05 pm and finished at 7.05 pm].