
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	20 FEBRUARY 2013
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), RICHES, HODGSON, FRASER, RICHARDSON AND CUTHBERTSON (EXCEPT MINUTE ITEM 73)

65. DECLARATIONS OF INTEREST

At this point in the meeting, Members were invited to declare any personal, prejudicial or pecuniary interests, other than their standing interests attached to the agenda, that they might have had in the business on the agenda.

Councillor Riches declared a personal interest in Agenda Item 8 (Update from Leeds & York Partnership NHS Foundation Trust (Access to Talking Therapies/Improving Access for Psychological Therapy (IAPT)) due to his current employment. As part of the National Skills Academy for Social Care Graduate Management Scheme he worked for Leeds City Council in their Adult Social Care department.

66. MINUTES

RESOLVED: That the minutes of the meetings of the Health Overview and Scrutiny Committee held on 19 December 2012 and 16 January 2013 be approved and signed by the Chair.

67. PUBLIC PARTICIPATION

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

Graham Purdy, who was a public Governor of Leeds and York Partnership NHS Foundation Trust spoke regarding Agenda Item 9 (Work Plan).

He spoke about the conclusions of the recently released Francis Report into care at Mid Staffordshire NHS Foundation Trust and asked if additional processes would be put into place in York to avoid events such as those that were detailed in the report. He asked if the Committee would consider this and how they would assure York residents that they would exercise their scrutiny powers effectively to allay fears about future local health care provision.

John Yates from York Older People's Assembly spoke regarding Agenda Item 7 (Update on the Implementation of NHS 111 Service). He expressed concerns about the confusion that might be caused by the new NHS 111 number for non emergency health enquiries and the Police non emergency number, 101, being very similar. He felt that in emotionally stressful situations where non life threatening information was needed older people might not remember the correct number required. In his opinion if there was not sufficient clear publicity then this could occur. As a result of this, it could also reduce the overall efficiency of the two numbers.

Angela Portz, the Chief Executive of York Council for Voluntary Service spoke regarding Agenda Item 4 (Update on the North Yorkshire and York Clinical Services Review) she asked the Committee to consider if they had a view on supporting agencies that would be tasked with carrying out recommendations from the review.

68. UPDATE ON THE NORTH YORKSHIRE AND YORK CLINICAL SERVICES REVIEW

The Chief Executive of NHS North Yorkshire and York presented a series of papers related to the North Yorkshire and York Clinical Services Review Report.

In his presentation to Members, the Chief Executive of NHS North Yorkshire and York clarified that the report had not been written by KPMG, but that they had supported work on its production. He informed the Committee that it was intended that the report would become a working document for Clinical Commissioning Groups (CCGs) to use within their communities.

Discussion then ensued around the financial situation that CCGs would inherit.

Members were informed that NHS North Yorkshire and York had a projected £19 million deficit at the beginning of the current financial year, however this had been currently reduced to £12 million and it was hoped that it would be lower by the end of the financial year.

It was reported that the NHS Commissioning Board would take responsibility for a third of this deficit leaving the outstanding amount to be split on a pro-rata basis amongst the 4 CCGs across the region.

In addition there was an ongoing efficiency requirement across all of the NHS. Locally there was a challenge to make approximately £55 million savings across all health organisations in the region. The hospitals would have responsibility for just over half of this with the rest falling to the commissioners.

In response to a question from a Member about what ideas KPMG had proposed, the Chief Executive at NHS North Yorkshire and York responded that KPMG offered analytical skills and gave NHS North Yorkshire and York and the CCGs the chance to consider how other models could be applied as the scale of the financial challenges made change inevitable. He also felt that KPMG's involvement in the review had challenged the health community to look at changes that had to be made in order to bring down the deficit.

The Chief Clinical Officer at the Vale of York Clinical Commissioning Group, informed the Committee that the intention was that in a year's time the CCG would be operating with a balanced budget, but he did not want anyone to underestimate the significant challenges.

The Lay Chair of the Vale of York Clinical Commissioning Group warned Members that as the CCG pushed against its allocated budget, the hospitals within the region could go into deficit. He felt that the report disguised the challenge, that as providers of community care services, the hospitals could potentially be worse off financially than the commissioners in the future.

Some Members felt that the pro-rata deficit the individual CCGs would take on from NHS North Yorkshire and York did not take into account the differing needs, catchment areas and specialisms of hospitals across their different areas.

The Chair asked if NHS North Yorkshire and York had passed over £3 million of funding to the Council for Health, Social Care, Reablement services and other issues. She asked for confirmation whether this would be paid by the 31st March and what might happen to this money if the NHS North Yorkshire and York were abolished before the funds were transferred.

In response to the Chair's question, the Chief Executive at NHS North Yorkshire and York stated that the Director of Finance would deal with this as soon as possible and that some of the monies would be passed straight over to CYC, however other parts were discretionary.

Some Members queried how the review had involved service users and residents and what consultation had been had with them. The Chief Executive at NHS North Yorkshire and York responded that it was critical that they had the evidence to back up any proposals they put forward. The Chair said that a significant social mix of users had adopted a co-production model of working and it was acknowledged that this worked, she hoped that the CCG would follow suit and they confirmed that this was their intention. The Chief Executive from York Hospital said that there was often no time in the current financial climate to undertake lengthy consultation. There was a need to work urgently and at a certain pace but this did not mean it would not be on a collective basis.

Some Members had significant concerns around the non-equitable share of the debt between CCGs in the region and therefore proposed a motion that a letter be written to the Secretary of State for Health requesting that he write off the debt and also that the two MPs for the York area be invited to a future meeting to discuss what they had previously done to alleviate this situation and what could potentially be done in the future. The motion was seconded and when put to the vote this motion was carried.

- RESOLVED:
- (i) That the papers be noted.
 - (ii) That a letter be written to the Secretary of State requesting that the outgoing North Yorkshire and York Primary Care Trust's existing debts be written off.¹

- (iii) That the two Members of Parliament for the City of York area be invited to attend a future meeting of the Committee.²

REASON: To keep Members informed of the actions taken as a result of the proposals suggested in the North Yorkshire and York Clinical Services Review report.

Action Required

- 1. To write a letter to the Secretary of State for Health informing him of concerns raised by the Committee and requesting that the PCT's deficit be written off. PEJ
- 2. To write a letter inviting Hugh Bayley MP and Julian Sturdy MP to attend the Committee. TW

69. FINAL REPORT ON END OF LIFE CARE REVIEW

Members considered the draft final report for the Committee's 'End of Life Care Review-The Use and Effectiveness of DNACPR Forms'.

The Chair suggested that the first and second recommendations in the report should be amended to reflect the lack of region wide organisations as NHS North Yorkshire and York would cease to exist at the end of March 2013. It was therefore suggested that the Vale of York Clinical Commissioning Group (VOYCCG) take the lead on implementing these two recommendations. Members thanked the Scrutiny Officer for her hard work during the review.

- RESOLVED:
- (i) That the report be noted and agreement given to forward this to Cabinet for consideration.
 - (ii) That Recommendations 1 and 2 be amended by way of deleting the reference to NHS North Yorkshire and York and allocating the lead for these recommendations to VOYCCG.

REASON: In order to complete this scrutiny review.

70. UPDATE REPORT ON THE ANNUAL CARER'S STRATEGY AND UPDATE ON THE IMPLEMENTATION OF OUTSTANDING RECOMMENDATIONS ARISING FROM THE CARER'S SCRUTINY REVIEW

Members considered a report which updated them on the Carer's Strategy and also on the implementation of the outstanding recommendations arising from the Carer's Scrutiny Review.

Members asked a series of questions to Officers including;

- What were the reasons for why the GP resource pack for carers was discontinued?
- How would the needs of carers be highlighted through the Shadow Health and Wellbeing Board's sub groups?
- If GPs had received information about the Carer's Champion Scheme?

It was reported that the resource pack for carers was now out of date and that generic information was now provided instead. York Carer's Centre had been in contact with GP practices in the city, and had an effective website with up to date information for carers. In response to a question about the Shadow Health and Wellbeing Board sub- groups, it was felt that the Shadow Health and Wellbeing Board themselves should consider an item on Carers at one of their future meetings.

In relation to information being given to GP practices about the Carer's Champion Scheme it was noted that this had recently been discussed at the Carers Help Steering Group, but had not been specifically picked up as an area which needed immediate work. Members requested a future update on this with input from the Vale of York Clinical Commissioning Group (VOYCCG) who led the Steering Group.

Officers also acknowledged that further work needed to be done in relation to access to employment support and vocational training for Carers.

RESOLVED: (i) That the report be noted.

- (ii) That the outstanding recommendations arising from the Review be signed off as complete.
- (iii) That a further annual update on the Carer's Strategy be added to the Committee's work plan.

REASON: To comply with the recommendations arising from the Health Overview and Scrutiny Committee's Carer's Review.

71. UPDATE ON THE IMPLEMENTATION OF NHS 111 SERVICE

Due to the unavoidable absence of the Commissioning Manager from NHS North Yorkshire and York from the meeting. It was decided to defer this item to a future meeting.

72. UPDATE FROM LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST (ACCESS TO TALKING THERAPIES/IMPROVING ACCESS FOR PSYCHOLOGICAL THERAPY (IAPT))

Members received a paper from Leeds and York Partnership NHS Foundation Trust which updated them on the progress made to date on plans to improve access to talking therapies and psychological therapy (IAPT). The Service Manager for the IAPT service in North Yorkshire, Andrew Wright was present at the meeting to answer Members' questions.

Members were informed how the IAPT service was based around the idea of an individual's journey from treatment to recovery, at the earliest stage possible and to prevent admission to clinical services. Improvements that had been made to facilitate this included guided self help over the telephone, computerised Cognitive Behavioural Therapy (CBT) and more use of group work for those with common mental health issues.

It was reported that one advantage of earlier individual access to talking therapies was to prevent an individual's condition from becoming severe and chronic meaning a reduction in admission numbers. It was felt that earlier individual access could also break down perceived stigmas attached to mental health.

In response to a question about staffing, Members were informed that although York retained trained staff more easily than North Yorkshire, that limited contracts such as a maternity cover or fixed term posts were more difficult to fill.

RESOLVED: That the paper be noted.

REASON: In order to update the Committee on progress and plans made to improve access to IAPT services.

73. WORK PLAN

Members considered the Committee's Work Plan for the rest of the municipal year.

RESOLVED: That the work plan be noted and updated as follows:¹

- Interim reports on the Committee's two ongoing Scrutiny Reviews to be considered at the March 2013 meeting.
- The attendance of the two Members of Parliament for the City of York at a future meeting to address concerns and to inform Members what they had done and would do in the future to alleviate concerns in relation to the financial situation as highlighted by the report on the North Yorkshire and York Clinical Services Review.
- A report on York Hospital's response to the Francis Report to be provided by the Chief Executive at York Hospital to the March 2013 meeting.
- A report on the Government's response to the Francis report (including information on how some of the recommendations may impact on the Health Overview and Scrutiny Committee) to be considered at the April meeting.

- To slip the items of the Director of Public Health's Annual Report and the Introduction from the Managing Director of the new Commissioning Support Unit to the April meeting.
- To reschedule the deferred NHS 111 item to the April meeting of the Committee

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 5.35 pm and finished at 7.25 pm].