
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	24 APRIL 2013
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), FRASER, RICHARDSON, CUTHBERTSON, FITZPATRICK (SUBSTITUTE FOR COUNCILLOR RICHES) AND BURTON (SUBSTITUTE FOR COUNCILLOR HODGSON)
APOLOGIES	COUNCILLORS HODGSON & RICHES

82. 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 in the business on the agenda.

Councillor Fitzpatrick declared a personal interest in Agenda Item 5 (Monitoring Report from the Director of Public Health- Identification of issues around the provision of medical services for Travellers and the Homeless) as she had been involved with the Travellers Trust through her work in education.

No other interests were declared.

83. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 13 March 2013 be approved and signed by the Chair as a correct record.

84. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

85. INTRODUCTION FROM THE MANAGING DIRECTOR OF THE NEW COMMISSIONING SUPPORT UNIT (CSU)

The Managing Director of the new NHS Yorkshire and Humber Commissioning Support Unit (CSU) gave a Power Point presentation to the Committee about the CSU.

Members were informed that the CSU's main role was to support Clinical Commissioning Groups (CCG's), in order for GPs to focus on transforming commissioning services rather than just providing services. The Yorkshire and Humber CSU would provide support for 8 CCG's (including two that had been gained from the West Yorkshire Area-Craven and Airedale) in Yorkshire, and they would employ fewer staff than the separate Primary Care Trusts had previously done.

It was also reported that the CSU was currently part of the NHS Commissioning Board but by 2016 would not be part of the NHS. There were differing opinions in Government as to whether CSUs would be independent or would be arms length organisations of the NHS Commissioning Board.

Further discussion took place between Members and the Managing Director and the following points were raised;

- Each of the CCGs could choose to purchase their services from any provider in the public or private sector.
- The CSU would offer management expertise for GPs, and that each CSU would be in competition with other private providers such as KPMG, Price Waterhouse Coopers and Capita.
- Capita and Macmillan were currently examining ways of working with the NHS Yorkshire and the Humber CSU to provide their expertise in commissioning services.
- 90% of staff for the CSU originated from the previous Primary Care Trusts.

RESOLVED: That the presentation be noted.

REASON: To inform the Committee about the role of the new NHS Yorkshire and Humber Commissioning Support Unit.

86. MONITORING REPORT FROM THE DIRECTOR OF PUBLIC HEALTH- IDENTIFICATION OF ISSUES AROUND PROVISION OF MEDICAL SERVICES FOR TRAVELLERS AND THE HOMELESS

Members received a report which outlined the re-provision of medical services for the homeless and Gypsy Roma Traveller (GRT) clients of the former Primary Medical Services (PMS) Homeless Service. It assessed the benefits and concerns around the new model, and proposed that the new Health Inequalities Partnership (a sub group of the Health and Wellbeing Board) lead on monitoring health needs and outcomes and influencing service provision for vulnerable groups such as these.

The Director of Public Health gave a brief background to the decommissioning of the PMS service and stated that it stopped due to;

- Users of the service becoming engaged with mainstream services.
- A lack of consistency in the service.
- As it was financially unsustainable.

In response to a Member's question, it was noted that the Gypsy Roma and Traveller community in York were not necessarily a mobile community and were relatively settled. If they were in an area for a longer amount of time, GP surgeries could take them on as patients.

The community had commented that they missed the provision of Health Visitors, as they felt engaged with medical services through this team. Members were told that in order to reinstate the Health Visitor programme evidence was needed to show a clear lack of engagement from the Traveller community towards medical services. It was noted that the Health Visitor was not part of PMS and that when the postholder retired, it was decided to not fill the post. It was hoped that the work of Health Visitors could be picked up at GP level when travellers registered with GP surgeries.

In relation to homeless clients of the PMS service, Members were told that GP surgeries would keep a register of homeless patients and would also work with Housing Support Officers to keep their information updated.

The Director of Public Health indicated that further information and data could be brought back to a future meeting of this Committee.

RESOLVED: That the report be noted.

REASON: To keep Members updated of medical services for homeless people and Gypsy and Roma Traveller communities.

87. VERBAL UPDATE- IMPLEMENTATION OF THE NHS 111 SERVICE

Members received an update on the NHS 111 Service. They were informed that although the service had been officially launched across York on 19 March 2013, this did not happen and existing GP Out of Hours Services continued to provide call handling and clinical assessment for people who access this service. It was also reported that the only service that was yet to be handed over to the NHS 111 service provider, which was Yorkshire Ambulance Service (YAS), was the call handling and clinical assessment service. It was also reported that the NHS 111 service had now replaced the former NHS Direct service and by default people had now started using NHS 111 services across York.

It was reported that a more robust governance system had been implemented. Two clinicians from the Clinical Commissioning Groups would support and co-ordinate the 111 service. Additional support would also come from the NHS Commissioning Support Unit, who would manage a Directory of Services.

Some Members expressed concerns over how the Directory of Services would work and they felt that it would be an unwieldy piece of bureaucracy. It was reported that the Directory would allow patients to access the most appropriate service for their need, such as booking an appointment to see a doctor.

Members were informed that a definitive date had not been set for when the NHS 111 Service would start operating in York, but that in the mean time a dedicated email and telephone number had been established for patients to express their opinions on medical services.

RESOLVED: That the report be noted.

REASON: To keep the Committee informed of the recent developments in the implementation of the NHS 111 Service.

88. VERBAL UPDATE- CHILDREN'S CARDIAC SURGERY

The Chair of the Committee gave Members a verbal update on proposed changes to Children's Cardiac Services. She gave a quick background to how the review of Children's Cardiac Surgery had come about, and the current situation with regards to action taken by Leeds Hospital over the decision to close the Children's Cardiac Unit there and to move it to Newcastle.

Members were informed that a consultation on the provision of Adult Cardiac Surgery would be shortly taking place (summer/Autumn 2013). The Scrutiny Officer informed the Committee that one of the recommendations of the current regional Joint Health Overview and Scrutiny Committee was that the consultations around the change to provision of both adults and children's cardiac services should be considered in conjunction with each other.

Further discussion between Members took place on issues of geography and how the recent temporary closure of the Children's Heart Unit at Leeds saw patients transferred for treatment in Leicester rather than in Newcastle.

RESOLVED: That the update be noted.

REASON: To keep the Committee informed of current developments.

89. WORK PLAN 2012-13

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

RESOLVED: That the work plan be noted.

REASON: To ensure that the Committee has a planned programme of work in place.

90. DRAFT WORK PLAN FOR 2013-14

Members considered the Committee's Draft Work Plan for 2013-14.

It was noted that a report on the commissioning of a Section 136- "Place of Safety" for North Yorkshire and York should be considered by the Committee at their August meeting. The Scrutiny Officer suggested that further items on the provision of medical services for Travellers and an update on the NHS 111 Service as identified at today's meeting should also be added on to the work plan and agreed to liaise with report authors as to the most appropriate times for these.

Members also requested that the NHS Commissioning Support Unit (CSU), the Vale of York Clinical Commissioning Group (VOYCCG) and York Teaching Hospital NHS Foundation Trust should be invited to address the Committee in the new municipal year around how they are working together along with their challenges and priorities.

RESOLVED: That the work plan be noted subject to the following additions¹;

- A report on the commissioning of a Section 136 "Place of Safety"
- A further monitoring report from the Director of Public Health on the provision of medical services for Travellers and the Homeless
- An update on the implementation of the NHS 111 Service.
- An invitation to both the NHS Commissioning Unit and the Vale of York Clinical Commissioning Group to address the Committee.

REASON: To ensure that the Committee has a planned programme of work in place for the next municipal year.

Action Required

1. To update the draft work plan.

TW

Councillor C Funnell, Chair
[The meeting started at 5.30 pm and finished at 7.00 pm].