



## Notice of a public meeting of

### Health Overview & Scrutiny Committee

**To:** Councillors Funnell (Chair), Doughty (Vice-Chair), Riches, Hodgson, Fraser, Richardson and Cuthbertson

**Date:** Wednesday, 24 April 2013

**Time:** 5.30 pm

**Venue:** Snow Room G035, West Offices, York

### AGENDA

**1. Declarations of Interest** (Pages 3 - 4)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

**2. Minutes** (Pages 5 - 12)

To approve and sign the minutes of the meeting held on 13 March 2013.

**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. The deadline for registering is **Tuesday 23 April 2013 at 5:00 pm.**

**4. Introduction from the Managing Director of (Pages 13 - 24) the new Commissioning Support Unit (CSU)**

The Managing Director of the new NHS North Yorkshire and Humber Commissioning Support Unit (CSU) will be in attendance to give a presentation to Members about the unit.

**5. Monitoring Report from the Director of (Pages 25 - 30) Public Health- Identification of issues around provision of medical services for Travellers and the Homeless**

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

**6. Verbal Update- Implementation of the NHS 111 Service**

Members will receive a short update on the NHS 11 Service. The service was fully implemented across West Yorkshire on the 19th of March 2013 as planned and only partially implemented across the City of York. York residents who currently phone NHS Direct for advice, will be put through to the NHS 111 service. The current GP out of hour front end call handling and clinical assessment function which is also part of NHS 111 has not yet been handed over to Yorkshire Ambulance Service due to some technical challenges that effect the viewing of special patient notes across the patient journey and also due to some outstanding pathway development to enable healthcare professionals to access a doctor direct through NHS 111. These technical challenges have now been resolved and outstanding pathway development completed.

**7. Verbal Update- Children's Cardiac Surgery**

The Chair of the Committee will give a verbal update to Members on the proposed changes to Children's Cardiac Services.

**8. Work Plan 2012-13** (Pages 31 - 32)  
Members are asked to consider the Committee's work plan for the rest of the municipal year.

**9. Draft Work Plan for 2013-14** (Pages 33 - 34)  
Members are asked to consider and comment on the Committee's Draft Work Plan for 2013-14.

**10. Other Business**  
Any other business which the Chair considers urgent.

**Democracy Officer:**

Name- Judith Betts  
Telephone – 01904 551078  
E-mail- [judith.betts@york.gov.uk](mailto:judith.betts@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

Contact details are set out above

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### Further information about what's being discussed at this meeting

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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.

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interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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### **Holding the Cabinet to Account**

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, 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

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- All public agenda/reports can also be accessed online at other public libraries using this link

<http://democracy.york.gov.uk/ieDocHome.aspx?bcr=1>

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE****Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Doughty	Volunteers for York and District Mind and partner also works for this charity. Member of York NHS Foundation Teaching Trust.
Councillor Fraser	Retired Member of UNISON and Unite (TGWU/ACTS sections).
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital Member of UNISON
Councillor Richardson	Frequent user of Yorkshire Ambulance Service due to ongoing treatment at Leeds Pain Management Unit. Member of Haxby Medical Centre Niece works as a staff district nurse for NHS North Yorkshire and York.
Councillor Riches	Council appointee to the governing body of York Hospital Member of UNITE





City of York Council

Committee Minutes

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MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	13 MARCH 2013
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), RICHES, HODGSON, FRASER, RICHARDSON AND RUNCIMAN (SUBSTITUTE FOR COUNCILLOR CUTHBERTSON)
APOLOGIES	COUNCILLOR CUTHBERTSON

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**74. 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. None were declared.

**75. MINUTES**

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 20 February be approved and signed by the Chair.

**76. PUBLIC PARTICIPATION**

It was reported that there had been one registration to speak at the meeting under the Public Participation Scheme. Unfortunately Mr Edmondson, the registered speaker, had subsequently been unable to attend the meeting and it had been agreed that his written statement would be read out in his absence. The statement expressed concern about issues in respect of the wheelchair centre and asked that the committee gave consideration to these matters.

Members agreed that it would be appropriate to give further consideration to the issues that had been raised in the statement.

- RESOLVED:
- (i) That the written representation be noted.
  - (ii) That Mr Edmondson's approval be sought for the written representation to be forwarded to the wheelchair centre for their comments.

REASON: To obtain further information in order that the Committee can determine whether to undertake scrutiny of the issues raised.

**77. VERBAL REPORT FROM THE CHIEF EXECUTIVE OF YORK TEACHING HOSPITAL NHS FOUNDATION TRUST ON THE FRANCIS REPORT**

The Chief Executive of York Teaching Hospital NHS Foundation Trust gave a verbal report to the Committee on the Francis Report. A copy of his presentation is attached to the on-line agenda papers for this meeting.

The presentation covered the following issues:

- (i) The findings and recommendations of the Francis Report including issues in respect of:
  - Standards and compliance
  - Openness, transparency and candour
  - Compassionate, caring and committed nursing
  - Patient centred leadership
  - Accurate and relevant information
- (ii) The current situation in respect of York Teaching Hospital NHS Foundation Trust:
  - The Trust had already recognised and begun to address many of the findings in the Francis Report.
  - The Trust set its own values and priorities as well as addressing those that were set by Government.
  - The Board's leadership on safety and the quality of care agenda.
  - A focus on value based recruitment – ensuring that employees shared the values of the Trust and that appointments were not just based on

skills and intellect. An example of this was that prospective health care assistants were required to spend a day in the hospital before making an application.

- The “My Ward Programme” which reinforced the autonomy of the ward sister and enabled them to demand the standards they expected.
- An open culture within the organisation. The importance that was placed on patient feedback and staff surveys.
- The importance of the role carried out by the Governors.

(iii) The challenges faced by the Trust:

- The pressures on the hospital system. The demands on health and social care. As provision was reduced in other parts of the system hospitals were becoming a place of last resort for some people.
- The financial environment – for example the reduction in tariff income and the resulting deficit that this had caused.
- Patient demography.
- The impact of negative media reporting and generalisations about care. This could undermine the work that staff were carrying out. It was important to be supportive as well as critical.

(iv) What next for the Trust:

- There was huge ambition for services in York.
- There would be a need to respond to the increased regulation arising from the report.
- The Trust would continue to promote increased openness.
- Enhancing and responding to the patients’ voice.

Ms Helen Mackman, Lead Governor, gave details of the way in which the Governors were involved in ensuring high standards of care, including the “15 Steps” initiative.

The Assistant Director Assessment and Safeguarding reported on a conference that she had recently attended which had covered issues arising from the Francis Report. She highlighted

the need to focus on standards of care and of listening to patients and taking appropriate action to address the issues they raised.

Mr Chris Butler, Chief Executive Leeds and Yorkshire Partnership NHS, also stressed the need to ensure that patients' stories were listened to as well as looking at statistics. He stated that there was not always a correlation between the number of nurses and the quality of care. He stressed the importance of the team leader role and the processes they had in place.

Members questioned the representatives from the Trust as to how they ensured that patients' concerns were addressed. They were informed that, at each Board meeting, a letter of complaint was read out as well as a letter of appreciation. Details were given of the nature of the complaints received and the processes that were followed to ensure that they were fully investigated. The responses to all complaints were signed off by the Chief Executive.

Members sought assurances that the fact that the Trust had taken on responsibility for Scarborough Hospital would not be to the detriment of standards at York Hospital, particularly in view of the challenges faced by Scarborough Hospital. The Chief Executive explained the background to this situation and the benefits that the arrangement brought to both hospitals. Details were given of the leadership and staffing arrangements that were in place and the decision-making arrangements. The Lead Governor also confirmed that the Governors had given the matter full consideration before being satisfied that the arrangements would not be detrimental to standards of care at York Hospital.

The representatives from York Teaching Hospital NHS Foundation Trust were thanked for their attendance at the meeting and for their informative presentation.

**RESOLVED:** That the verbal report be noted.

**REASON:** To ensure that the Committee is kept updated on the implications of the Francis Report at a local level.

**78. 2012/13 THIRD QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT**

Members considered a report which analysed the latest performance for 2012/13 and forecasted the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

Members' attention was drawn to paragraph 2 of the report which detailed the forecast outturn for Adult Social Services budgets. Members questioned officers about the mitigating options that were being considered, including the discussions that were taking place with hospitals and clinical commissioning groups to develop a more integrated approach. Members noted that specific actions were being costed in respect of the mitigating options and that a more detailed schedule of the proposed savings could be provided for Members.

Members noted the budget that had been set for the next financial year and asked if this would be sufficient to meet the needs of the changing demographic. Officers stated that additional funding had been allocated in the two-year budget in recognition of this.

Referring to the Social Care Assessments, Members queried whether services would be able to cope if assessments were completed within a shorter period of time. Officers gave details of the work that was taking place to look at ways of enabling people to access a variety of support within the community.

Members noted the performance analysis detailed in paragraphs 15 to 21 of the report. Officers responded to questions on aspects of the analysis, including issues arising from the personalisation agenda and the way in which the direct payments were being used.

**RESOLVED:** That the report be noted.

**REASON:** To update the Committee on the latest financial and performance position for 2012/13.

**79. INTERIM REPORT- PERSONALISATION SCRUTINY REVIEW**

Members considered a report which summarised the work undertaken to date by the Task Group working on the Personalisation Scrutiny Review.

Members noted that paragraph 13 of the report should read “Councillor Jeffries, in her capacity as *Co-Chair* of the Independent Living Network”.

Members were encouraged to attend the public event that was being held on 23 April 2013.

RESOLVED: That the report be noted.

REASON: To keep the Committee updated in relation to ongoing work on the Personalisation Scrutiny Review.

**80. INTERIM REPORT- COMMUNITY MENTAL HEALTH CARE IN THE CARE OF YOUNG PEOPLE SCRUTINY REVIEW**

Members considered a report which summarised the work undertaken to date by the Task Group working on the Community Mental Health in the Care of Young People Scrutiny Review.

It was noted that the Task Group would meet with representatives of the Youth Council on 21 March 2013.

RESOLVED: That the report be noted.

REASON: To keep the Committee updated in relation to this ongoing scrutiny review.

**81. WORK PLAN**

Members considered the Committee’s work plan for the rest of the municipal year.

It was noted that the End of Life Care Review had been well received when considered by Cabinet. It was agreed that an

item would be included on the work plan to enable progress on the recommendations to be monitored in six months time.

The Chair gave an update on the situation in respect of the Leeds Paediatric Cardiac Review. She stated that she hoped to be in a position to provide more detailed information at the meeting in April.

RESOLVED: That, subject to the inclusion of the items detailed above, the work plan be approved.

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

CLLR C FUNNELL, Chair

[The meeting started at 5.30 pm and finished at 7.20 pm].

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## Introduction to the North Yorkshire and Humber Commissioning Support Unit



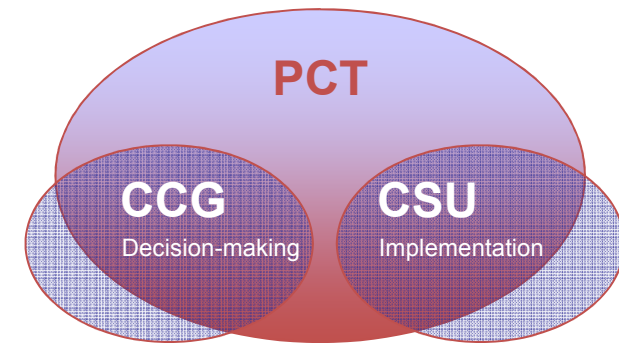
Maddy Ruff, Managing Director  
April 2013



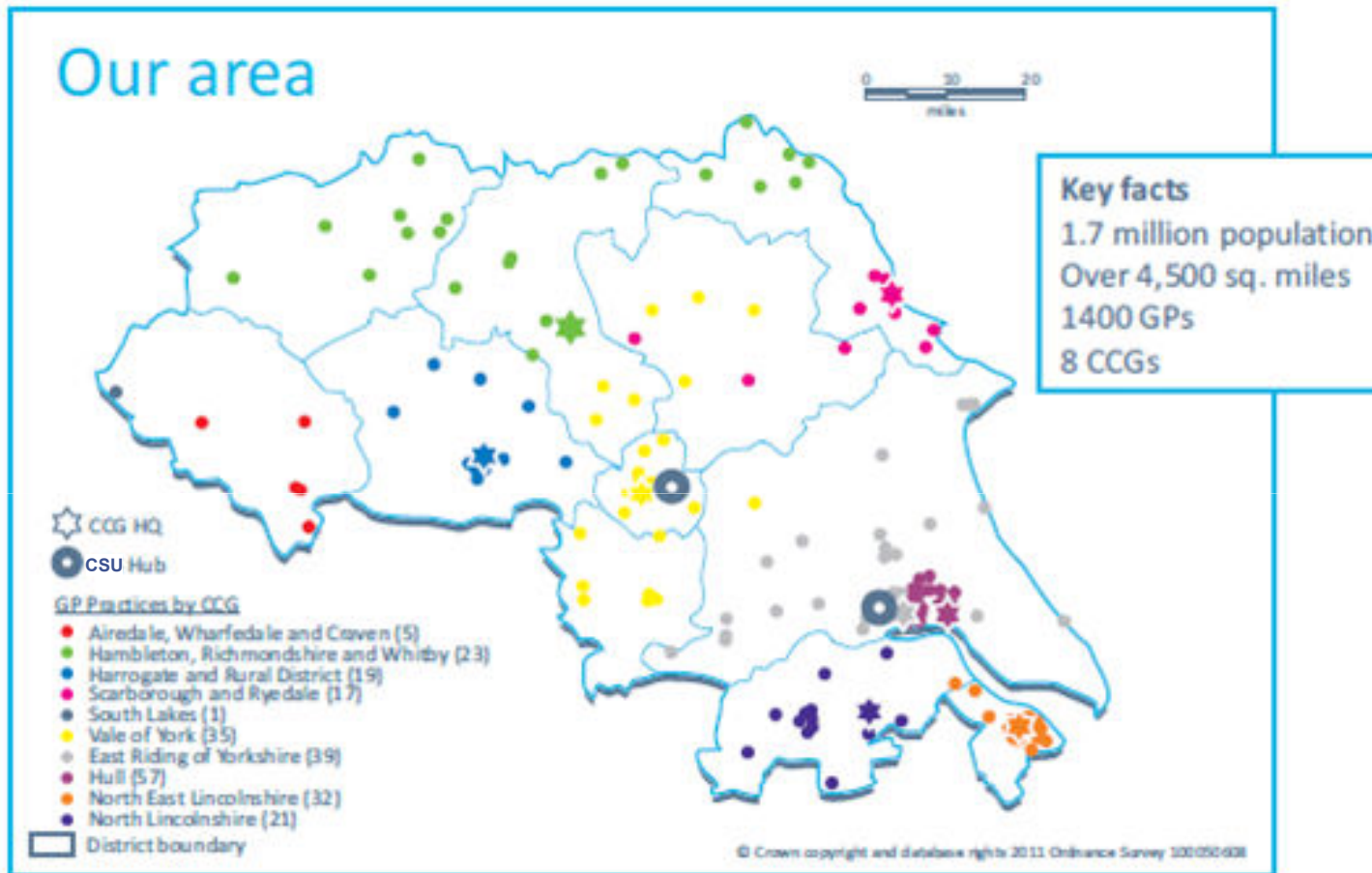
- The DH vision for commissioning support is for *‘A vibrant, dynamic and innovative service sector, which provides customer focused support and choice to CCGs and the NHS CB and helps them to go the extra mile, by supporting the local focus on improving outcomes and increasing value (outcomes per healthcare pound spent) on behalf of their population’*.
- In developing the appropriate level of commissioning support for CCGs an assurance framework has been established for Commissioning Support.



- Our aim is to support all our customer's in the planning and delivery of healthcare services in order to produce excellent health outcomes for local people
- We achieve this by responding to their needs and supporting our customers in making the right decisions on behalf of their patients
- We value our customer's, our staff and recognise the need for strong leadership in order to deliver our promises.



# Our Area



- Significant regional diversity – public health profiles, socio-economic, urban/ rural difference
- Health system challenges – financial sustainability
- Different legacy – 5 PCTs to 8 CCGs (4 CCG from NY&Y PCT)

*North Yorkshire & Humber CSU - A trusted partner that delivers excellence in commissioning.*



# Our Strategy

*Our Vision – Transforming the future  
Of Commissioning Services*

*Our Mission – To be a trusted partner that  
delivers excellence in commissioning*



# Our Values

- **Integrity** – honesty, respect, highest standards, sincerity, NHS heritage.
- **Customer focus** – putting customers first, understand customer needs, exceed expectations, critical friend
- **Innovation** – reward creativity, pioneering spirit, inspire innovation from customers and partners, value and celebrate innovation
- **Inclusiveness** – staff, customers, patients and communities are involved and engaged, demonstrate we listen and act, recognise the value of including others in our decision making
- **Delivering on our promises** – promises not given lightly, deliver on time and as we agreed



# Our Corporate Objectives

1. **Customers:** To build lasting partnerships by meeting the individual needs of our customers
2. **Portfolio:** To continually develop a portfolio of services that is highly rated for their quality and value for money
3. **People:** To be an employer of choice where staff are involved, supported and developed to the best they can be.
4. **Business development:** To develop targeted new service offerings and to selectively expand our customer base.
5. **Value:** To deliver enhanced value and efficiency in everything we do.
6. **Culture:** To be an inspiring organisation that thinks differently and cares passionately about what it does

*North Yorkshire & Humber CSU - A trusted partner that delivers excellence in commissioning.*



### **Commissioning support services**

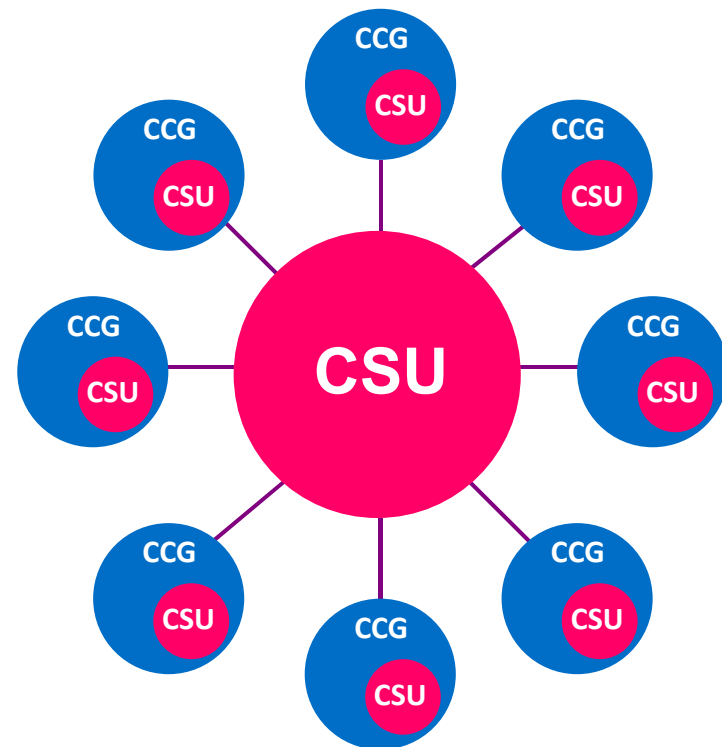
- Service Delivery & Assurance
- Commissioning Intelligence
- Business Intelligence & Contract Management
- Strategic Projects & Service Change
- Medicines Management
- Clinical Quality & Assurance

### **Business support services**

- Corporate Services
- Communications & Engagement
- Financial Services
- Information Management & Technology
- Procurement & Market Management
- Workforce and Organisational Development

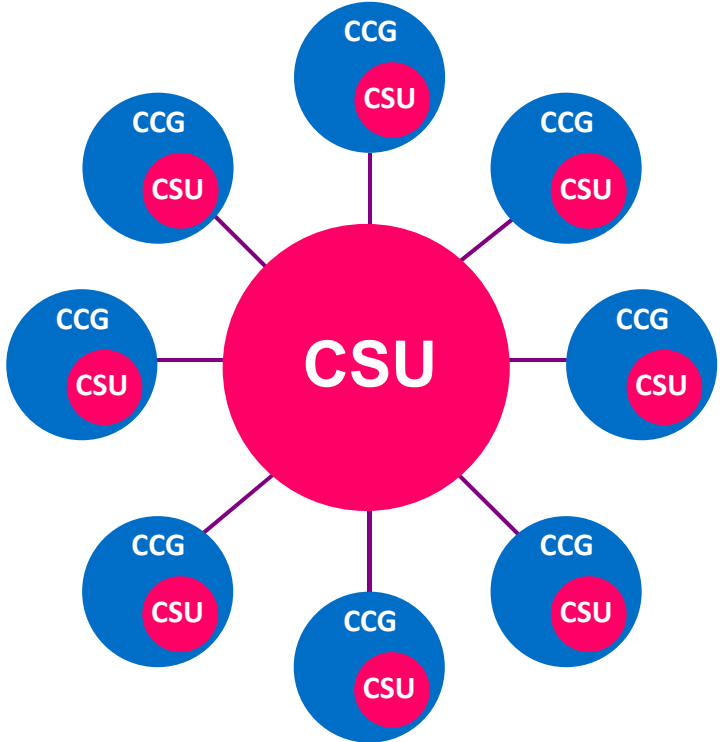


- Service specification tailored to each customer's needs
- A dedicated Relationship Manager for each Customer
- Delivery Model developed with CCGs
  - Hub and Spoke Model
  - Embedded staff
  - Agile working





- Service improvement plans for all services
- Innovation/renovation process established - new services already launched
- Clear product strategy, focusing on transformational services for growth and differentiation
- Collaboration and partnership working – YHPHO, North East Procurement, Attain





Maddy Ruff – Managing Director

[Maddy.ruff@nhs.net](mailto:Maddy.ruff@nhs.net)

M: 07748 961826

PAs: Sam Hart and Alison Kuppusamy Telephone Number: 01482 672080

Website Address:

[www.nyhcsu.org.uk](http://www.nyhcsu.org.uk)

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**Health Overview and Scrutiny Committee****24 April 2013**

Report of the Director of Public Health

**Medical services for homeless people and Gypsy and Roma Traveller communities****Summary**

1. This report outlines the re-provision of medical services for homeless and Gypsy and Roma Traveller (GRT) clients of the former Primary Medical services (PMS) Homeless Service. It assesses the benefits and concerns around the new model, and proposes that the new Health Inequalities Partnership (a sub group of the Health and Wellbeing Board) leads on monitoring health needs and outcomes and influencing service provision for vulnerable groups such as these.

**Background**

2. Members have previously received detailed reports from John Keith (then Head of Primary Care Governance at NHS North Yorkshire and York) about a review of the travellers and homeless medical service (or 'PMS' – primary medical services) and subsequent changes to how those services are provided. Members expressed ongoing concern about this vulnerable group of patients and asked for a further report by the Director of Public Health about the services and future monitoring of them.
3. To recap, the York Homeless Service was set up in April 2000 as a PMS contracted service with the aim to 'reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or traveller clients who are not registered with a local GP or who have difficulty accessing health care services'. Over time, the service evolved to support mainly homeless clients with a combination of chaotic lifestyle, drug, alcohol or mental health issues.

4. A review in 2011 found that whilst clients and partners agencies were very positive about the service, the service model was not robust (for example, if the practice nurse was on leave, patients couldn't get their dressings changed). Concerns were also raised that having a separate service could exacerbate social exclusion.
5. The decision was taken to decommission the PMS Service and re-provide its services through other routes. Clients were supported to register with and use the replacement services.

### **Current services**

6. The key areas of service and the current model are outlined below:

- General medical services:

Clients were supported to register at a GP practice of their choice. Around fifty of the most vulnerable clients were registered at a single practice which is able to give them extra support and time, paid for through a Local Enhanced Service (LES). Responsibility for commissioning GP services is now with NHS England (previously known as the NHS Commissioning Board) and its North Yorkshire and Humber 'Area Team'.

- Drug and alcohol services

All PMS clients who were receiving support for drug and alcohol issues were transferred to Lifeline. This service is commissioned by York Drug and Alcohol Action Team (DAAT) within the Council and reviewed on an annual basis.

- Mental health services

The provision of this service was not affected by the decommissioning of the PMS as it was, and continues to be, commissioned through Leeds and York Mental Health Partnership.

7. The new model of service provision has strengths, including:
  - Encouraging and supporting use of mainstream services
  - Financially more sustainable
  - Less vulnerably clinically due to small staff numbers

8. However, concerns have been expressed that the loss of the dedicated service may adversely affect some former clients who struggle with mainstream services, especially accessing GPs. Other concerns for homeless and GRT health services are around the loss of services such as the dedicated the health visitor post for homeless and GRT families – this was not part of the PMS but ended last year when the post holder retired.
9. Overall, the change in service from the decommissioning of the PMS has led to a more sustainable and clinically safer service; however any change in service provision such as this is a vulnerable time for an already vulnerable client group, and as such their health needs should continue to be assessed.

### **Future Monitoring**

10. The 200 or so former PMS clients represent only a proportion of the homeless and Gypsy and Roma Traveller communities in York. It is important therefore that we consider the range of diverse needs within both these communities. These two groups are likely to have the poorest health outcomes in the city.
11. As part of the developing Gypsy and Traveller Strategy being led by Housing Services, the Public Health team are undertaking a Gypsy and Roma Traveller Health Needs Assessment. Whilst we know that data is very limited both nationally and locally, this will help us to prioritise local needs and set baselines for improving health outcomes.
12. The Homeless strategy in York focuses on prevention and numbers of rough sleeper are low. However, many families are vulnerable economically, and this links to the Council's workstream on poverty. Rather than funding a service for a small number of homeless and ex-homeless clients, we need to be ensuring the health needs of all families who are struggling with their housing situation are being met.
13. The Health and Wellbeing Strategy focuses on reducing health inequalities and targeting resources to those with poorest health outcomes. All the key local partners responsible for commissioning and delivering health services have signed up to this. A health inequalities partnership is being set up, which will deliver these commitments on behalf of the Health and Wellbeing Board.

It seems sensible for this partnership to take a lead in monitoring the health needs of homeless people and Gypsy and Roma Traveller communities, and driving action to improve or refocus services (or access to services).

14. Ongoing monitoring will therefore be via a number of different routes:
- Normal contract monitoring
  - Health inequalities partnership
  - GRT and Homeless strategies

### **Consultation**

15. None.

### **Options**

16. This report is for information only.

### **Council Plan**

17. This links particularly to Protecting Vulnerable People and Building Stronger Communities.

### **Implications**

18. **Financial** no implications
- **Human Resources (HR)** no implications
  - **Equalities** no implications
  - **Legal** no implications
  - **Crime and Disorder** no implications
  - **Information Technology (IT)** no implications
  - **Property** no implications
  - **Other** no implications

### **Risk Management**

19. There are no known risks.



## Recommendations

20. Members are asked to note the report.

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

## Contact Details

### Author:

Helen Christmas  
Health Improvement  
Manager  
Public Health Team  
Communities and  
Neighbourhoods  
01904 555757

### Chief Officer Responsible for the report:

Paul Edmondson Jones  
Director of Public Health and Wellbeing  
Communities and Neighbourhoods  
01904 551993

**Report  
Approved**



**Date** 16 April  
2013

**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

### Background Papers:

Reprovision of the Traveller and Homeless Medical Service, John Keith. Report to Health Overview and Scrutiny Committee, 12 June 2012.

Update report: the reprovision of the Traveller and Homeless Medical Service, John Keith. Report to Health Overview and Scrutiny Committee, 6 December 2012.

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## o Health Overview & Scrutiny Committee Work Plan 2012/2013

Meeting Date	Work Programme
24 <sup>th</sup> April 2013	<ol style="list-style-type: none"><li>1. Introduction from the Managing Director of the new Commissioning Support Unit (CSU)</li><li>2. Monitoring Report from DPH – Identification of issues around provision of medical services for travellers and the homeless</li><li>3. Verbal Update on the Implementation of the NHS 111 Service</li><li>4. Verbal Update – Children’s Cardiac Surgery</li><li>5. Workplan for 2012-13</li><li>6. Draft Work Plan for 2013-14</li></ol>
26 <sup>th</sup> April 2013	<ol style="list-style-type: none"><li>1. MPs for York Central and York Outer – Discussion on the Vale of York Clinical Commissioning Group’s inherited debt from NHS North Yorkshire and York</li></ol>

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## Draft Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
25 <sup>th</sup> June 2013	<ol style="list-style-type: none"> <li>1. Annual Report of the Director of Public Health – The First 100 Days</li> <li>2. The Francis Report – Implications for the Health Overview and Scrutiny Committee</li> <li>3. Update Report – Merger of Priory Medical Group Surgery and Abbey Medical Group to discuss how well the merger is working and how the medical group is working with the Out of Hours Service</li> <li>4. Draft Final Report arising from the Personalisation Review</li> <li>5. Draft Final Report arising from the Community Mental Health and the Care of Young People Scrutiny Review</li> <li>6. Discussions on Potential Review Topics for the municipal year 2013/14 (briefing notes to be available)</li> <li>7. Workplan</li> </ol>
24 <sup>th</sup> July 2013	<ol style="list-style-type: none"> <li>1. Attendance of the Cabinet Member for Health, Housing and Adult Social Services</li> <li>2. Year End CYC Finance &amp; Performance Monitoring Report</li> <li>3. Adult Safeguarding Report (Annual Assurance of Governance Arrangements)</li> <li>4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services</li> <li>5. Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the way that older people’s mental health services are provided)</li> <li>6. Workplan</li> </ol>
7 <sup>th</sup> August 2013	<ol style="list-style-type: none"> <li>1. Workplan</li> </ol>
11 <sup>th</sup> September 2013	<ol style="list-style-type: none"> <li>1. First Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>2. Update on Implementation of the Recommendations Arising from the End of Life Care Scrutiny Review</li> <li>3. Workplan</li> </ol>
23 <sup>rd</sup> October 2013	<ol style="list-style-type: none"> <li>1. Workplan</li> </ol>
27 <sup>th</sup> November 2013	<ol style="list-style-type: none"> <li>1. Second Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>2. Workplan</li> </ol>
18 <sup>th</sup> December 2013	<ol style="list-style-type: none"> <li>1. LYPFT Annual Report to Committee from the Chief Executive</li> <li>2. Workplan</li> </ol>

15 <sup>th</sup> January 2014	1. Workplan
19 <sup>th</sup> February 2014	1. Annual Report on the Carer's Strategy
12 <sup>th</sup> March 2014	1. Third Quarter CYC Finance & Performance Monitoring Report 2. Workplan
23 <sup>rd</sup> April 2014	1. Workplan

### **Ongoing Reviews**

Personalisation

Community Mental Health and the Care of Young People