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Meeting	Health Overview & Scrutiny Committee
Date	11 September 2013
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

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## 21. **Declarations of Interest**

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

Councillor Douglas declared a personal non prejudicial interest as a result of her appointment to the Leeds and York NHS Partnership Trust.

Cllr Jeffries declared a personal non prejudicial interest as a Co-Chair of the York Independent Living Network.

## 22. **Minutes**

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 24 July 2013 be approved and signed by the Chair as a correct record.

## 23. **Public Participation**

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

Sally Hutchinson, Chief Officer for Age UK (York) raised concerns regarding changes to the funding arrangements for day care for older people with dementia. She asked for Members support in the need for ongoing funding for day care. She explained that there was a large number of people on the waiting list for day care, explaining that some people attend a Dementia club twice a week because they need the support and

their carers need them to attend. She also asked for an update on what was happening with regard to the Dementia club's eviction from Cherry Tree House. The Chair advised that an update on Cherry Tree House would be requested for the next meeting of the Committee.

Members were advised that David Smith, Chief Executive of York Mind, who had registered to speak at the meeting no longer intended to speak.

Dr Roger Pierce raised concerns about the excessive use of sirens by ambulances in York's city centre. He questioned the use of sirens on Huntington Road between Yearsley Road and Monkgate, much of which was straight with good visibility and asked ambulance drivers to exercise greater restraint giving consideration to the noise environment while recognising still the safety of other road users.

**24. Update on Implementation of the recommendations arising from the End of Life Care scrutiny review**

Members considered a report which provided them with their first update on the implementation of the recommendations arising from the previously completed End of Life Care Scrutiny Review which fell within the remit of the Health Overview and Scrutiny Committee.

The Chief Clinical Officer of the Vale of York Clinical Commissioning Group was in attendance at the meeting to answer any queries. Members acknowledged that the implementation of the recommendations arising from the review was still a "work in progress" and it was agreed that the Chief Clinical Officer be asked to provide a further update in approximately 6 months time.

The Chief Executive of York Teaching Hospital Trust suggested that a fuller report from both the commissioners and York Teaching Hospital Trust may be of benefit to the Committee.

Resolved: (i) That the recommendations remain as outstanding as work was still ongoing.

- (ii) That a further update report be presented to the Committee in approximately 6 months time.

Reason: To update the Committee on those recommendations which are still to be fully implemented.

**25. Annual Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust**

Members considered the annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust which provided information on the Liverpool Care Pathway and an update on the Francis Report.

The Chief Executive of York Teaching Hospital NHS Foundation Trust drew Members' attention to the information contained in the report with regard to the Trust's withdrawal from the Liverpool Care Pathway and the position statement regarding work being done within the Trust in response to the recommendations of the Francis Report.

He provided the following additional information:

- A Trust open day would take place during the afternoon of 19<sup>th</sup> September and would be followed by the AGM. All Members were welcome to attend.
- With regard to standards, acknowledgment was given to the need to pay further attention to two areas of concern, which the Trust has struggled to achieve, namely the A&E four hour target and the C. diff trajectory.
- With regard to performance, despite ongoing financial challenges, the Trust had continued to meet targets across the range. Although there was some pressure on the 18 week, A & E and C. diff targets, the overall position was positive.
- Additional funding was welcome news but also an indication of the severity of the problems being faced. Although there was uncertainty about how the funds could be invested, it was likely this would be needed to supplement staffing during winter period/at night. More investment in community services would also help reduce numbers of visits to A&E.

- The Trust had been working closely with Vale of York Clinical Commissioning Group.
- The Chief Nurse had moved to London. New arrangements were in place which would be reviewed in 6 months time. Changes had also been made to the nursing structure.
- The approach to dealing with complaints had changed profoundly. The Chief Executive now met with the team and reviews every complaint personally.

Members requested an update on what the additional funding had been used for, when the information was available.

Resolved: That the annual report of the Chief Executive of York Teaching Hospital NHS Foundation Trust be noted.

Reason: In order that the Committee is kept up to date on the work of the Trust.

## **26. Annual Report from the Chief Executive of Yorkshire Ambulance Service**

Members were asked to consider the Yorkshire Ambulance Services (YAS) Quality Accounts 2012-13 (and not the annual report as detailed on the agenda). A copy of the Quality Accounts 2012-13 was circulated to Members at the meeting and the Chief Executive of YAS presented the information contained in the report.

Members were updated on an operational redesign. The Chief Executive advised Members that the last rota change had taken place two years previously and that YAS were now working with external companies regarding a service reconfiguration. This was necessary to ensure that vehicles and crews were available when required.

The Chair noted that the Quality Accounts 2012-13 contained a large amount of in depth information which Members had not had the opportunity to consider before the meeting. It was agreed that YAS would be asked to attend a future meeting to allow Members to discuss the information as well as allowing YAS to present information on the reconfiguration of rotas as well as more details on some of the other schemes.

Resolved: That consideration of the Quality Accounts 2012-13 be deferred to a future meeting.

Reason: In order that Members have sufficient time to consider the information contained in the Quality Accounts 2012-13 before discussion at a future meeting.

## **27. Update on the implementation of the NHS 111 Service**

Members received an update from the GP lead for NHS 111 York and Selby. He explained that the roll out of the NHS111 service to replace NHS Direct had been delayed due to national issues. NHS 111 was now taking calls from 18.30 until 08.00 on weekdays and from 18.30 on Friday until 08.00 Monday for patients registered to GPs in York and surrounding areas. He assured Members that NHS111 was based on a robust clinical system with strong evidence showing that clinical pathways do work and are risk adverse. He explained how the call handling process worked and advised Members that there was little evidence to indicate that there had been an increase in the number of A & E attendances or emergency ambulance call outs.

Members asked for feedback on the effectiveness of the 111 service and agreed that an audit of outcomes and how calls were evaluated would be very useful to determine whether people were using the system appropriately. Members agreed that this should be presented at a future meeting.

Resolved: That the update be noted.

Reason: To ensure the Committee is kept informed with regard to the introduction of the NHS111 service.

## **28. Joint Update on the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together.**

Members received a verbal update from the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust.

The Chief Clinical Officer of the Vale of York Clinical Commissioning Group advised Members that they had a balanced plan, which they were confident they could achieve by the end of the year and which they were working with the hospital to deliver. This included looking at how to work within the community to provide a better service. He explained that during a recent trip to the United States, a colleague had been to see a initiative called PACE in operation, where patients are transported to a central location where a whole range of services including community care, district nurse, hair dressing and much more are available providing an opportunity to socialise while accessing these services. He advised that they were actively looking at this idea.

The Chief Executive of the York Teaching Hospital NHS Foundation Trust reminded Members that many services were shared and stressed the need to work together with the Vale of York Clinical Commissioning Group for the benefit of these services. He pointed out that if they did not manage resources effectively, they would lose the ability to improve services for York.

Resolved: That the update from the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust be noted.

Reason: In order that the Committee is kept up to date with the work of the Clinical Commissioning Group and NHS Foundation Trust.

## **29. Verbal Report on Public Health Service Plan**

Members received a verbal update from the Director of Public Health and Wellbeing on the Public Health Service Plan. He advised Members that they were now in the process of compiling the service plan for the following year and provided the following information:

- Due to the move of several functions from the NHS, a different type of legal contract was now needed and this entailed a huge amount of work
- They were starting to link public health agenda to wider determinants of health. This included starting to work with Children's Services and looking at how work could be done with Housing (Supported Living)

- They were now using Joint Strategic Needs Assessment to inform how to work forward into next year's plan
- They were looking at how to transfer services from the NHS
- They would work across a wider range of council functions. There would be closer working with adult social care.
- A health needs assessment would be undertaken with North Yorkshire.

Resolved: That the update be noted.

Reason: In order that Members are kept informed on the Public Health Service Plan.

### **30. First Quarter CYC Performance and Monitoring Report**

Members considered a report analysing the latest performance for 2013-14 and forecasting 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 Public Health and Wellbeing.

The Head of Finance (ACE) and Assistant Director (Assessment and Safeguarding) responded to specific queries raised by Members in relation to adult social care and health.

The Director of Public Health and Wellbeing reminded Members that it was the first year the local authority had held responsibility for public health and the exact cost of some services was still unknown.

Members noted that it would be useful to include timelines and named Officers in the report in order that they could ask questions of individual Officers where necessary.

The Chair asked that Officers present an update on First Quarter missed targets at the next meeting of the Committee.

Resolved: (i) That the report be noted.

- (ii) That a further update be presented at the next meeting of the committee.

Reason: In order that the committee is updated on the latest financial and performance position for 2013-14.

**31. Verbal Report from Director of Public Health and Wellbeing on the work of the Health and Wellbeing Board and how it works together with Health Overview and Scrutiny Committee**

The Director of Public Health and Wellbeing advised Members that a written report on the operation of the Health and Wellbeing Board would be presented to the next meeting. He reported that the Board had now been in place for 5 months and a Health and Wellbeing strategy, which covered a wide number of areas had been set. There were 4 partnership boards. With regard to how the Board would work with the Health Scrutiny Overview and Scrutiny Committee, he explained that scrutiny's role would be to scrutinise the actions coming out of the Board and this would be covered in the written report.

Members noted that it would be useful to have sight of the work plans of the partnership boards.

Resolved: That the verbal update be noted.

Reason: In order that Members understand how the Health and Wellbeing Board works with the Health Overview and Scrutiny Committee.

**32. Night Time Economy Review-Scoping Report**

Members considered a report which presented additional information in support of the agreed health related Night Time Economy Scrutiny Review, which asked Members to agree a timeframe and scope for completing the work on the review.

Resolved: That the following be agreed:

- (i) The revised wording of the remit as shown at paragraph 5 of the report.
- (ii) the objectives shown in paragraph 6 of the report.



- (iii) the timeframe detailed in Annex B of the report.
- (iv) that specific tasks set out in Annex B be allocated between Members of the Committee in order to progress the information gathering associated with this review.

Reason: To ensure compliance with scrutiny procedures, protocols and work plans.

### **33. Financial Update on the Vale of York Clinical Commissioning Group**

At the 26 April 2013 meeting of the Health Overview and Scrutiny Committee, Hugh Bayley MP for York Central and Julian Sturdy MP for York Outer attended the meeting to share their thoughts in respect of the Vale of York Clinical Commissioning Group's (CCG) inherited debt from NHS North Yorkshire and York.

Following that meeting, the Council's Director of Public Health and Wellbeing had written to Secretary of State, on behalf of the Committee, expressing concern at the financial position of the 4 Clinical Commissioning Groups in North Yorkshire and York, particularly in relation to the North Yorkshire and York Primary Care Trust deficit for 2012/13.

Members considered the response which was received from Jeremy Hunt, Secretary of State for Health which was attached as annex A to the report.

Resolved: That the response be noted.

Reason: In order that the Committee is kept informed regarding the four Clinical Commissioning Groups in North Yorkshire and York.

### **34. Work Plan Update**

A revised work plan was circulated to the Committee Members at the meeting.

Resolved: That the revised work plan be agreed and updated as discussed.

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 7.25 pm].