Notice of a public meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

Date: Wednesday, 15 January 2014

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

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 18 December 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 14 January 2014** at **5:00 pm**.

Please note that this meeting, including public speakers, will be sound recorded to allow members of the public to listen to the proceedings without having to attend the meeting. The sound recording will be uploaded on to the Council's website following the meeting.

4. Night Time Economy Scrutiny Review-Draft Interim Report (Pages 13 - 34)

This report presents updated information on the work so far completed by Members of the Health Overview and Scrutiny Committee (HOSC) in relation to the corporate review into York's night time economy and asks Members to formulate their recommendations to the Corporate Scrutiny Management Committee (CSMC).

5. Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee (Pages 35 - 74)

This report asks the Health Overview and Scrutiny Committee (HOSC) to consider their working relationship with the Health and Wellbeing Board (HWBB) and puts forward some suggestions as to how this can be progressed.The ultimate aim of this report is to look at ways of building a robust working relationship between the two bodies.

6. Work Plan (Pages 75 - 78)

Members are asked to consider the Committee's work plan for the municipal year.

7. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts
Telephone – 01904 551078
E-mail- 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
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Agenda Annex

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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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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. Member of York NHS Foundation Teaching Trust.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.
Councillor Jeffries	Director of the York Independent Living Network.
Councillor Wiseman	Member and past employee of York Teaching Hospital NHS Foundation Trust.

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City of York Council	Committee Minutes
Meeting	Health Overview & Scrutiny Committee
Date	18 December 2013
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Wiseman and Runciman (Substitute) (apart from Minute Items 60 and 61)
Apologies	Councillor Jeffries

55. 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 had in the business on the agenda.

Councillor Funnell declared her standing interest as a member of the General Pharmaceutical Council (GPC) in relation to Agenda Item 4 (Care Quality Commission Presentation-Changes to the Inspection and Regulation of Care Services), as it was noted that the GPC were the only body to inspect pharmacy premises.

Councillor Hodgson declared a personal non prejudicial interest in Agenda Item 5 (Presentation from Partnership Bodies on how they work with partners and how they put together their Annual Plan) in regards to the paper from NHS England. It mentioned that NHS England commission services for the Armed Forces, and he declared his interest as a Ministry of Defence (MOD) employee.

No other interests were declared.

56. Minutes and Matters Arising

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 27 November 2013 be approved and signed by the Chair subject to the following amendments;

Minute Items 49 and 53: The Chair reported that "That the update report from the *CSU* and York Teaching Hospital on how they are working together be scheduled for the December meeting" was a mistake and the item was not on the agenda for the December meeting.

Members raised a number of matters arising;

In relation to Minute Item 48 (2013/14 Second Quarter Financial and Performance Monitoring Report- Health and Wellbeing). Members asked whether Officers had received data from Bootham Park Hospital on the numbers of delayed discharges.

It was reported that an upcoming meeting had been arranged with Officers, a number of partner organisations and the Hospital in order to examine this data. Officers suggested that the outcomes from this meeting could be considered at the next Health Overview and Scrutiny meeting.

Councillor Wiseman reported that she had recently attended a Yorkshire Joint Health and Overview Scrutiny meeting which examined the reasons for why Children's Heart Surgery had stopped at Leeds Hospital. At the meeting Committee Members were presented with a Freedom of Information (FOI) Request. Councillor Wiseman reported that the Committee Members expressed their discontent that the material within the FOI was difficult to follow as most of the content had been redacted for confidential reasons. She told Members that the Joint Committee were trying to remedy this situation and that they would continue to scrutinise the decision made.

57. 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 commented on two issues.

His first comment related to Agenda Item 5 (Presentations from Partnership Bodies on how they work with partners and how they put together their Annual Plans), specifically as to how the Vale of York Clinical Commissioning Group (VOYCCG) report

contributed to public engagement. He felt that the CCG's public meetings did not share sufficient amounts of detailed information with the public.

Secondly, he informed Members that following the last Health Overview and Scrutiny Committee he had met with the Head of Accident and Emergency at York Hospital in regards to comments he had raised at the previous Health Overview and Scrutiny meeting about a recent visit to the hospital. He informed Members that the hospital would;

- Contact the contract suppliers of the vending machines to make sure that they offered diabetic friendly products.
- Continue with customer training for reception staff.
- Continue with an hourly update in waiting rooms.
- Set up a patient group in Spring.

The Chair expressed her delight at a positive outcome and thanked John Yates for his persistence in bringing the issues to the attention of the hospital.

58. Care Quality Commission Presentation-Changes to Inspection and Regulation of Care Services

Members received a presentation from a representative from the Care Quality Commission (CQC). The presentation informed them of changes to how the CQC inspected and regulated care services.

Members were informed that;

- The CQC would now report on areas of good practice not just on areas of improvement.
- That by October 2014 the same process of reporting used to inspect care services would be used to inspect GP's and Adult Social Care Services.
- That OFSTED style ratings (such as 'outstanding') would be used to rate providers.
- That the frequency of inspections would be adjusted according to the OFSTED style rating.
- The maximum amount of time that a provider would go without an inspection would be 2 years, and random inspections would also take place.

- The CQC would also monitor the finances of 50%-60% of care providers.
- That a formal consultation document would be produced in Spring 2014 outlining the changes to inspections.

Questions from Members included the following;

- What type of backgrounds did the CQC Inspectors have, and if there were those who could offer specialist provision would the CQC use them?
- Whether lay people were being used in the inspections, and how their experiences would be fed through into the inspection reports.

It was reported that CQC Inspectors came from a range of backgrounds including those who had experience in social work, therapy, commissioning and other professional backgrounds. From April 2014 inspectors with a background in a certain area would carry out inspections in that specific area. The CQC would also increase the number of associate inspectors and create opportunities for those who had expertise in specific areas.

Regarding involvement of lay persons in the inspections, Members were told that the CQC were arranging patient listening events in hospitals. In addition, the CQC would visit each Clinical Commissioning Group twice a year to look at Primary Care Services. It was suggested that during these visits, inspectors would learn about patients' journeys through the care system.

Resolved: That the presentation be noted.

Reason: In order to keep the Committee up to date with the changes to the inspection and regulation of care services made by the Care Quality Commission.

59. Presentations from Partnership Bodies on how they work with partners and how they put together their Annual Plan

Members received presentations from a number of Partnership Bodies on how they work with other partners and how they put together their Annual Plans.

York Hospital NHS Foundation Trust

It was reported that all work on the Hospital's strategic plan had to be put through the national sector regulator, Monitor.

York Hospital had formal arrangements with Harrogate and Hull Hospitals through an Alliance Board which met on a six weekly basis. A monitoring board was also in place to monitor York and Scarborough hospitals.

In regards to working with other partners, Members were informed that the Hospital were involved in Adult Social Care through the Transformation Board. The hospital also felt that the non clinical partnerships they had in place with Joseph Rowntree Housing Trust and City of York Council were very important as they enhanced the services that the Hospital provided to the city.

Vale of York Clinical Commissioning Group (VOYCCG)

Members were told that forthcoming guidance would set out that the CCG would be required to have five year strategic plans and two year operating plans. The guidance would also underline certain themes such as integration, seven day working and building on quality from previous reviews.

It was reported that the CCG worked with two key forums to pull plans together, these were the Integration Transformation Board and the Urgent Care Working Group. This enabled the CCG to take a systematic approach and it was hoped that draft plans would be finalised in February 2014.

In regards to working with other partners, Members were informed that a patient public engagement event and roadshow had taken place around Long Term Conditions.
A stakeholder event would also take place in January ahead of the draft plans being finalised in February 2014. The final submission of plans would take place in April 2014.

Leeds and York Partnership NHS Foundation Trust

Members were told that Leeds and York Partnership NHS Foundation Trust had to submit to Monitor a two year operational plan and five year strategic plan by April and June 2014 respectively.

In regards to partnership working, they also had strategic arrangements with the Universities of York and Leeds at a research and development and teaching levels. City of York Council Social Workers also worked alongside Community Mental Health Teams. In addition, voluntary sector support from the Retreat, had been introduced to provide early intervention for work in mental health in York.

In response to a question about a lack of provision of mental health care in Accident and Emergency Departments, it was noted that Leeds and York Partnership NHS Foundation Trust had contacted York Hospital and were carrying out joint work with them on liaison psychiatry proposals within the hospital.

Yorkshire Ambulance Service

Members were informed that Yorkshire Ambulance Service (YAS) worked with a number of partners. For instance they ran the 111 Service and so interacted with Urgent Care Centres. As a regional service they worked with five police forces to develop a single approach with clear guidance on how to deal with Section 136 patients. With funding from the CCG, YAS also provided Emergency Care Practitioners (ECP's) on the streets of York and static medical units. They also worked with the Fire and Rescue Services to provide additional standby support. YAS also provided shifts to military personnel.

Adult Social Care

In respect of Adult Social Care, it was felt that the Health and Wellbeing Board was where partners should be sharing their objectives as certain organisations such as Health Watch and other voluntary sector groups had not been involved in providing an update to the Committee.

In regards to planning, Members were told that more work needed to be done on shared assessments, single point of access to services and an overall aim of making social care person centred. It was noted that the Better Care funding helped to provide this.

NHS England

Members were informed that NHS England oversaw eight CCG's within Yorkshire and also commissioned services that the CCG's did not such as;

- Primary Care
- Armed Forces Healthcare across the North
- Public Health
- Healthcare for Prisoners

In regards to partnership working, the direct relationship that NHS England had with local CCGs helped them to build plans around primary care. It was highlighted that the plans were owned by the CCG.

It was noted that NHS England also worked in partnership with local Health and Wellbeing Boards who challenged them over their plans. It was felt that the effectiveness of Health and Wellbeing Boards did vary but that York's Board was particularly strong. However, difficulties still remained in how NHS England operated as a partner and as a commissioner.

Discussion took place between Members regarding the presentations. It was felt that the success and awareness of the NHS 111 Service was still uncertain, as public awareness of the service remained low. Members also felt that call handlers should ensure that users be sent to the most suitable place to respond to their need.

It was felt that voluntary sector organisations should have been invited to present their plans and their working methods to the Committee so that the sector itself could be shown to be valued by other partners in Healthcare.

Resolved: That all the presentations be noted.

Reason: In order to keep the Committee updated of the work of Partnership Bodies and their annual plans.

60. Verbal Report on Men's Health Scrutiny Review

Councillor Wiseman as a member of the Men's Health Scrutiny Review Task Group gave a verbal update to the Committee on the progress of the review. Members were told that although a meeting had taken place, the Task Group felt that the review was too wide ranging to do it justice within the current municipal year for a scrutiny review. It was also felt that meaningful work on the topic could not be done over the period of a municipal year. Therefore it was felt that the topic should not be progressed at the current time, but could be considered again at a later date.

Resolved: That the verbal update be noted.

Reason: In order to inform the Members of the progress of the Men's Health Scrutiny Review.

61. Work Plan Update

Members considered the Committee's work plan. It was suggested that future topics for consideration could include delayed discharges, access to Outpatient Services and the process of making a hospital appointment for physiotherapy services.

Resolved: That the work plan be noted.

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

Councillor C Funnell, Chair
[The meeting started at 5.35 pm and finished at 7.25 pm].

Health Overview & Scrutiny Committee **15 January 2014**

Report of the AD Governance & ICT

Night Time Economy Scrutiny Review – Draft Interim Report

Summary

1. This report presents updated information on the work so far completed by Members of the Health Overview and Scrutiny Committee (HOSC) in relation to the corporate review into York's night time economy and asks Members to formulate their recommendations to the Corporate Scrutiny Management Committee (CSMC).

Background

2. At its meeting on 24 June 2013, CSMC expressed interest in developing a theme around the Night Time Economy worthy of 'corporate review', and received a briefing paper in support.

3. The briefing suggested a number of possible areas for review associated with the Night Time Economy which would support the Council's current key priorities in its Council Plan 2011-2015. They agreed to proceed with the theme and requested each of the Overview and Scrutiny Committees identify a suitable review remit in line with their individual terms of reference.

4. The Health OSC acknowledged that the night-time economy presented a number of challenges from a health standpoint, in particular a peak in violent crime and anti-social behaviour in the evening and night (particularly on Saturdays).

5. They recognised the strain this was putting on resources at York Hospital's Accident and Emergency Department (A&E - now the Emergency Department) between midnight and 2am, and at their meeting on 11 September 2013 agreed the following review remit:

Aim

6. ‘To work with key partners to identify the relevant issues within the ‘health environment’ (including the impact on A&E at peak times) and suggest what measures need to be taken in order to address the issues identified’

Objectives

7. To support the remit above, the Committee agreed the draft timetable shown at Annex A and the following objectives:

   i. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department

   ii. Investigate potential health risks to residents and visitors to York City Centre at night and early morning

   iii. Evaluate responses staff consultation and hospital questionnaire to understand people’s perception about visiting A&E at night

   iv. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York

Consultation

8. The Director of Public Health provided a list of key organisations that could be consulted to support the review including representatives of the Emergency Department (ED) at York Teaching Hospitals NHS Foundation Trust (YTHNFT); the Vale of York Clinical Commissioning Group (CCG); the GP Out of Hours Service; Yorkshire Ambulance Service and York Street Angels.

9. Health OSC agreed to consult with ED attendees during planned night visits to the Emergency Department (ED) as well as a survey of ED staff. The findings from these visits and from the consultation will be presented in a future report.

Information Gathered to Date

York Hospitals Emergency Department

10. In support of Objective (i) two committee Members met with the Programme Director - Service Development and Improvement, the Directorate Manager for York Emergency Department and a Consultant in Emergency Medicine.

11. They provided information on the ED's "flag system" used to record reasons for attendance using a number of categories, including mental health, domestic violence and alcohol.

12. In 2007 the National Bureau of Statistics reported that a quarter of York's population were in the higher risk category related to alcohol. However, because of the way attendances were being coded in the flag system, the statistics were found to be not properly reflecting the true picture e.g. someone admitted to the ED with a head injury was being coded as such, not as someone who was under the influence.

13. In order to address this issue, in 2011 the ED carried out an audit. Data was collected for one week per quarter throughout the year, based on date, arrival time, sex, age, postcode, arrival method, disposal type, alcohol involvement and diagnosis.

14. During 2011 total ED attendances were 74,128 and in the four weeks audit period total attendances were 5,704. Of the total in the audit period, just 46 were flagged under the old criteria as being related to alcohol. Using the audit results, that figure rose to 533 for the same period, accounting for 6% of the total number of attendances during the day and almost 20% at night.

15. Based on the data collected during the audit period the estimated burden on the ED indicated 9.8% of total attendances were due to alcohol, i.e. 7,742 alcohol related ED attendances from a total attendance of 74,128.

16. Of the 553 alcohol related attendances in the audit period the following diagnoses were made:
    - 34% (186) trauma[1];

[1] Trauma is defined as a physiological wound caused by an external source. It can also be described as a "physical wound or injury, such as a fracture or blow".

- 19% (103) adult medical;
- 18% (98) mental health
- 11% (62) social / behavioural;
- 11% (63) head injuries.

17. Members were made aware that from the postcode data collected 62% of the total number of alcohol related attendances were from the City of York with a significant percentage of the remainder coming from neighbouring areas (11% from Selby, for example). At the weekend the percentage for York postcodes dipped to 54%, still more than half the total number of alcohol related attendances.

18. It was stressed to Members that it was not a tourist problem, a student problem or a stag or hen party problem – it was a York problem.

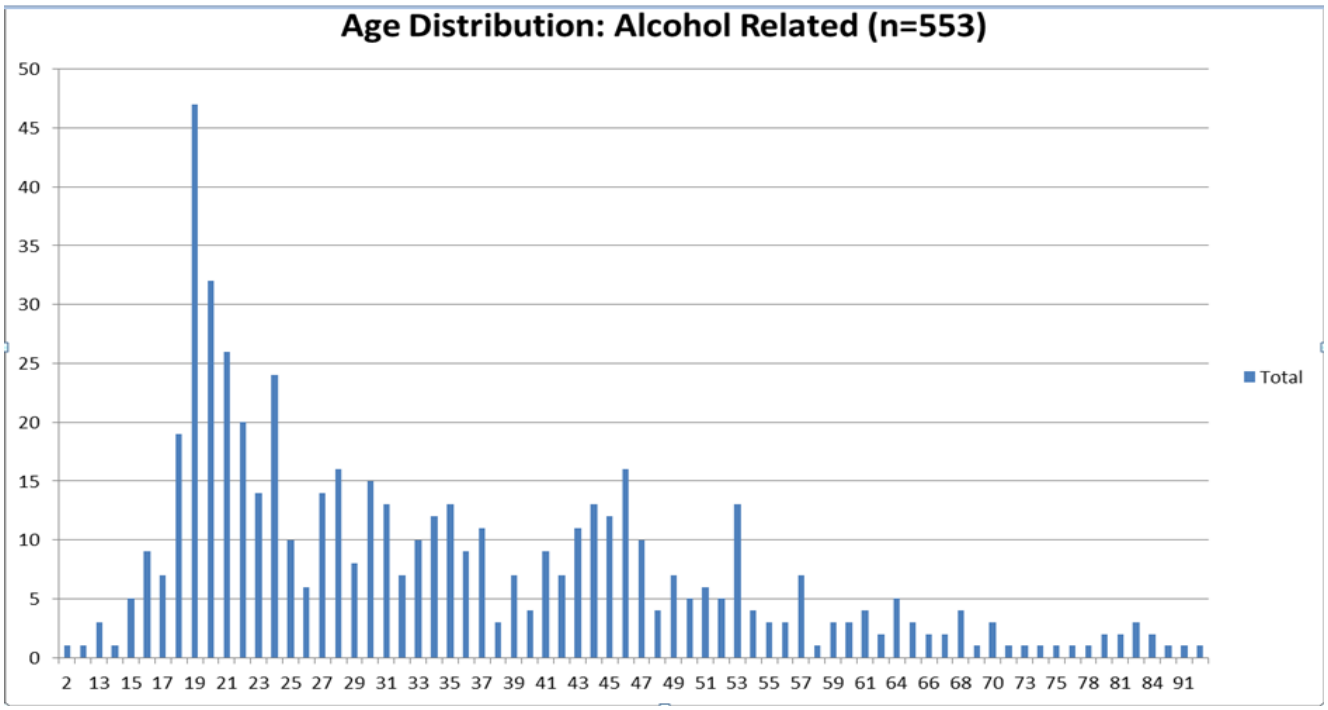
19. To further support Objective (i) members were made aware that the majority of alcohol related attendances were at night.

    Attendances: Day (9am-9pm) v Night (9pm v 9am)

	No alcohol	Alcohol related	Total	Proportion
Day	3,914	249	4,163	5.98%
Night	1,237	304	1,541	19.73%
Total	5,151	553	5,704	9.69%

20. The audit period review revealed the rise in alcohol related admissions at night led to a spike in these admissions from 11pm to 5am peaking at 1am.

21. In the audit period the average age of the total 5,704 ED attendees was 40.4 years while the average for the 553 alcohol related attendees was 34.6 years, covering a span from 2 to 91 years, as shown in the graph below:



22. It is evident there was a spike in alcohol related admissions at age 19 and 20 but the graph shows this is not just a young person's problem.

Under 30	30 or over
Total attendances = 2,411	Total attendances = 3,293
Due to alcohol = 263	Due to alcohol = 290
10.91%	8.81%

23. And it was not just men. Of the total number of alcohol related admissions 36% were women. Results from the audit period found:

Female attendances = 2,725	Male attendances = 2,979
Due to alcohol = 199	Due to alcohol = 354
7.3%	11.88%

24. Effect on Ambulance Service
Members were informed that 18% of the 1,655 ambulance attendances at ED during the audit period were alcohol related. Of the alcohol related arrivals at ED during that period 54.6% (302 people) arrived by ambulance while of the non-alcohol related arrivals 26.27% arrived by ambulance. If the 18% alcohol related ambulance attendances were removed from the equation the ambulance service would hit all its turnaround targets.

25. Effect on length of Stay
Alcohol related attendances during the audit period accounted for 9.6% of admissions staying in the department between two and three hours; 13.7% between three and four hours; 14.9% between four and six hours and 20% over six hours. It means a disproportionate number of patients go into breach i.e. over four hours. Many of the alcohol related attendances were not considered to be a healthcare issue but a protection issue.

26. In addition, half of all patients coming to ED with mental health issues are under the influence of alcohol. Before they can be seen by a psychiatrist they have to be sober, and can block a cubicle or a bed for several hours.

27. The case of a 29-year-old man was cited to highlight the way cubicles and beds can be blocked. He was brought in by ambulance and was too drunk to speak or stand up. He slept in a cubicle for two hours and it was a further two hours before he was sober enough to stand – with two security men in attendance to stop him wandering off around the department and falling over. When he was finally able to stand properly he needed to pass water but was still too drunk to fill a bottle and urinated all over the cubicle. He had money and keys for accommodation and finally left after five hours following an ambulance journey, multiple observations, a security presence, and a blocked cubicle.

28. Effect on Hospital Staff and Other patients
Staff had to deal with many instances of intoxicated people who were often confused, unable to stand up and abusive. In many instances these people were accompanied by friends in a similar state. Some ED staff also reported to their managers that they were not keen to stay in the department because of the abuse they got. However, this did not stop them giving all their patients the care they needed.

GP Out of Hours Service

29. The Out of Hours service operates when GP surgeries are closed. It is for urgent and serious medical problems that cannot wait until the next day. The service operates out of York Hospital and is located in the emergency department. Information to the Committee from the acting Clinical Director for Unscheduled Care which covers the GP Out of Hours (OOH) service revealed the Night-Time Economy had almost no impact on the service but accepted it did have a considerable impact

on the ED itself. While OOH doctors are at the hospital patients have to be referred to them.

Vale of York Clinical Commissioning Group

30. The CCG is responsible for the planning and purchasing of the vast majority of health services across the area. This includes hospital care, mental health and community services.

31. To further progress work on Objective (i) a meeting was held with the Senior Improvement and Innovation Manager of the Vale of York Clinical Commissioning Manager on 4 October.

32. It was noted that the CCG had Emergency Care Practitioners based at GP surgeries across the area. One of their roles is to enable patients to be treated in their own home so they do not need to attend ED. The Emergency Care Practitioners are able to carry out minor medical procedures such as stitching and can also administer some medications such as antibiotics.

33. The CCG also compiles data around hospital admissions which revealed that most of their attendance data around alcohol comes in as cuts and minor injuries and most are at night.

34. It was also noted the figures reveal a peak around the younger part of the population and that half are discharged without treatment, indicating these are the ones who are not medically unwell and do not need to be admitted to hospital.

Street Angels

35. To support Objective (ii) a meeting was held with Street Angels team leaders on 11 November 2013 to discuss their work and how they help ease the strain on the hospital's Emergency Department.

36. Street Angels York is a Church-led initiative that is made up of volunteers who want to help make York city centre a safer and better place. Volunteers walk the city streets in the late evenings on Friday and Saturday and into the early hours of Saturday and Sunday caring for, practically helping, and listening to people, especially those in vulnerable or difficult situations.

37. All the volunteers are trained and the team leaders were keen to stress that they did not go looking for trouble but they work with people who are in trouble. Their role is to look out for people in a vulnerable situation such as those who have had too much alcohol and those who had become separated from their group or party.

38. The Street Angels have two forms of contact “casual” and “significant”. Significant contact is where team members spent a lot more time with those people in need and these are recorded at the end of the night. In York centre there are between two and six recorded significant contacts each night they are on patrol.

39. As a result they estimate that their work is able to prevent an average of five ED attendances every weekend, approximately 260 a year. Street Angels consider it their duty to care for these people to enable them to get home safely. A lot of the people they care for are very drunk and the Street Angels sit with them, usually in their minibus, until they are sober enough to make their way home.

40. Example 1: A Street Angels Team needed to help a very drunk girl who it later transpired has just broken up with her boyfriend. She was on anti-depressants and was not supposed to drink, but she did. She was frothing at the mouth and clearly distressed. They called for paramedics to assess her but rather then send her to hospital they stayed with her until she was well enough to get home.

41. Example 2: Volunteers were concerned about a man in his 40s. He was dressed in a suit and had blood on his face. They followed him and he pulled a tag off his wrist and threw it away. The tag revealed he had discharged himself from Bootham Park Hospital. He then broke a bottle and tried to cut his own throat. They called the ambulance services and the police also attended. The police stood back while paramedics spoke to the man and resolved the situation. The Volunteers praised the way in which the police and paramedics regularly work together in this way to achieve best outcomes for people in distress.

42. Example 3: They noticed a young man acting strangely. He was dressed in combat gear and would not speak to the volunteers. He began jumping on the stalls at Newgate Market. The police were called but they told the volunteers there was nothing they could do unless he committed a crime.

It transpired the man had mental health issues and had not had his medication that day. It took the volunteers two to three hours to encourage him to take a Mars Bar.

43. Example 4: A man started lashing out and caught one of the Street Angels. They were concerned for their own safety and the safety of passers by. The man lashed out again then fell to the floor and banged his head and was able to be helped and treated.

44. The volunteers have also helped people who have had seizures and others who have threatened to jump off bridges.

45. In support of Objective (ii) the volunteers identified several issues they considered presented health risks.

46. Issue 1: The spiking of drinks is said to be a growing risk to people using licensed premises. Drinks can be spiked by extra shots of alcohol or by drugs. In the main this involves younger females who are sometimes abandoned in the street because people think they are drunk when often they are not.

47. Issue 2: The volunteers reported there was a significant amount of "pre-loading" in York. This is when people drink cheaper alcohol at home or elsewhere before coming to the city centre.

48. Issue 3: Some girls get drunk and become very vulnerable because of the predatory nature of some of the men in the city centre. Street Angels are trained to notice anything unusual and look at the age and attire of people in the city centre. On occasions such as university Fresher's Week they noted an increase in the number of 30-40 year old men in the centre. If the volunteers notice girls in a vulnerable situation they stay with them until they are reunited with their friends or are able to get home safely. *"We feel we have prevented a lot of rapes."*

49. Issue 4: There is a lot of broken glass on the city centre streets at night bringing the potential for injury. The night-time patrols are often called to help with minor injuries caused by broken glass. At the end of an evening out women who have been wearing heels often go barefoot, sometimes resulting in their feet being cut.

50. Street Angels – who give flip-flops to these people - asked the committee to back the Pop-Campaign – a petition to get glass banned from late-night city centre bars and clubs (for further information see: www.**pop-campaign**.co.uk/).

51. Street Angels confirmed the campaign has been rolled out by some local authorities with a great deal of success.

    It was launched in 2004 after a worker was assaulted on Christmas Eve when he tried to assist and protect a female colleague. He was attacked with a glass bottle and was left fighting for his life after his face and throat were slashed.

52. They would also back any campaign that addresses the binge drinking culture or examines how some pubs and clubs are able to offer low priced drinks to attract people to their premises.

53. The team leaders wanted the committee to note that the city centre police, ambulance service and door staff are all helpful and professional but they understood their frustrations.

Yorkshire Ambulance Service NHS Trust

54. On 22 November 2013 Members met the York Ambulance Service (YAS) Head of Emergency Operations for North Yorkshire to gather further evidence in support Objective (ii).

55. Members were made aware that the Ambulance Service shared the view of the ED that alcohol poses a disproportionate burden on their resources and they are involved with initiatives to manage the problem.

56. Demand on YAS increases by 28% at the weekends and staff in the Emergency Operations Centres see a noticeable increase in the number of people calling for an ambulance where alcohol is believed to have been a factor.

57. Ambulance crews working night shifts at the weekends, particularly those who operate in the city, expect to spend much of their time dealing with alcohol-related incidents such as falls, assaults and alcohol poisoning.

58. Below are the numbers of calls by category from York City centre between 10pm and 4am on Friday/Saturday and Saturday/Sunday over a full 12 month period from December 2012 to November 2013. Included in the figures are the number of calls to people who were not transported to hospital, which are identified separately in the final column of the tables below.

Friday night (20:00 to 04:00 Saturday)

	Call Category							
Month	Green1	Green2	Green3	Green4	Red1	Red2	Grand Total	Number not transported
2012								
Dec		8	8	5		13	**34**	13
2013								
Jan		5	2	3		6	**16**	8
Feb	1	5	1	2		5	**14**	3
Mar		10	3		5	6	**24**	9
Apr		5	2	4	1	14	**26**	10
May		4		1		6	**11**	2
Jun		6	3	1		17	**27**	12
Jul		11	1	2		10	**24**	12
Aug	1	7		3	1	11	**23**	12
Sep	1	5	1	2		8	**17**	6
Oct	1	10	3			17	**31**	14
Nov		15	4	2	1	12	**34**	11
Grand Total	4	91	28	25	8	125	**281**	112

Saturday night (20:00 to 04:00 Sunday)

	Call Category								
Month	Green1	Green2	Green3	Green4	Red1	Red2	NULL	Grand Total	Number not transported
2012									
Dec	1	18	8	4	2	12	1	**46**	16
2013									
Jan		9	3	2	1	17		**32**	16
Feb		16	4	2	2	10		**34**	9
Mar		5	5	5		11		**26**	9
Apr	1	8	1	5		5		**20**	5
May		9	1	2	2	17		**31**	15
Jun	2	10	6	1	1	19		**39**	18
Jul	1	8	3	3	1	13		**29**	11
Aug	2	7	3	1	1	14		**28**	10
Sep	2	9	4	5	1	11		**32**	12
Oct		10	1	6	2	21		**40**	17
Nov	1	12	4	5		13		**35**	16
Grand Total	10	121	43	41	13	163	1	**392**	154

59. In the full year period from December 2012 to November 2013 the Ambulance Service transported a total of 673 people from the city centre to York Hospital on Friday night/Saturday morning and Saturday night/Sunday morning with a further 266 calls which did not involve transportation.

60. A breakdown of the figures show that a total of 281 people were taken by ambulance from the city centre to hospital on Friday nights/Saturday mornings with a further 112 not transported and 392 were taken to hospital by ambulance on Saturday nights/Sunday mornings with a further 154 not transported.

61. As it is imperative that the most serious, life threatening calls are dealt with first, calls are prioritised according to nationally agreed categories and are colour-coded red or green. Calls coded red are classed as life threatening and require emergency response (with blue lights).

Red 1	**Red 2**	**Green 1**	**Green 2**	**Green 3**	**Green 4**
Response within 8 minutes 19 minute transport standard Most time critical which may be immediately life threatening and cover cardiac arrest patients who are not breathing and do not have a pulse, and other	Response within 8 minutes 19 minute transport standard Calls that are serious and may be life threatening but are less immediately time critical and cover conditions such as stroke and fits.	Response within 20 minutes Serious calls but not life threatening Diabetic problems or suspected stroke with no serious symptoms	Response within 30 minutes Serious calls but not life threatening Suspected fractured arm or leg with injuries that may hamper mobility	Telephone assessment within 20 minutes or on-scene response within 50 minutes Overdose with no symptoms or a non serious assault injury	Telephone assessment within 60 minutes pr on-scene response within 90 minutes Minor scalding, a fall with no apparent injuries of someone in pain but with no urgent symptoms.

severe conditions such as airway obstruction.					

62. To highlight the impact on ED (Objective i) the Head of Emergency Operations told members that he had seen as many as 14 ambulances parked outside the hospital on a weekend night.

63. The Trust has been working closely with its healthcare partners and the police to address the difficulties it experiences in dealing with city centre incidents. A joint initiative has seen police and paramedic teams in rapid response vehicles operating in the city centre. People who have suffered a minor injury are seen more quickly as the police have a paramedic immediately on scene. They can deal with incidents there and then. Members who met Ambulance officials were told that the police-paramedic car manages, on average, 15-20 patients per night.

64. YAS also operates a static medical unit staffed by an Emergency Care Practitioner in the city centre on Friday and Saturday nights. Again this is to prevent people being taken to ED. On a busy night the unit deals with 8-10 cases.

65. Members were told that Ambulance crews are frustrated by the numerous journeys between the city centre and ED on weekend nights and want to manage these people more efficiently through better access to pathways that do not involve ED.

66. Any ambulance waiting more than 25 minutes is considered delayed but problems arise with increased volumes of patients as paramedics cannot leave the hospital until beds have been found for their patients.

67. According to statistics published by the Vale of York Clinical Commissioning Group in May 2013, in the 12 weeks up to 24 March 2013 an average of 60% of ambulances were not turned around within 25 minutes of arriving at ED.

    - 40% - less than 25 minutes;
    - 32% - 25-40 minutes;

- 16% - 40 minutes-1 hour;
- 8% - 1-1.5 hours;
- 3% - 1.5-2 hours;
- 1% - 2-3 hours

68. Ideally, the Ambulance service would like access to somewhere other than hospital on weekend nights and Members were made aware of the Cardiff Alcohol Treatment Centre (ATC). The ATC is housed in a former church in Cardiff city centre to provide additional capacity to offset the high volume of intoxicated individuals attending the city's ED at the weekend.

    www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf

69. Members were told that the Cardiff unit deals with between 15 and 20 patients a night, the majority of whom were able to sleep off the effects of drinking too much resulting in a reduction of ambulance journeys to the emergency department.

70. The Ambulance Service would welcome such a facility in York where it could be manned by police, paramedics, Emergency Care Practitioners and Street Angels and would provide both clinical care and a place of safety.

Emergency Department visits

71. Over the weekend of 15/16 November two Members spent Friday and Saturday nights at York Hospital's Emergency Department followed by a debrief with the Directorate Manager for ED on 26 November 2013.

72. Among other things they witnessed people being sick in the department and people sleeping off the effects of too much alcohol.

73. On the Friday, 15 November, the average waiting time between 6pm and midnight was 02:40 hours, rising to 03:45 between midnight and 6am Saturday. On the Saturday, 16 November, the average waiting time was 03:07 between 6pm and midnight and 04:08 between midnight and 6am Sunday.

74. Between 6pm and midnight on the Friday there were 60 hospital attendances and eight cases went into breach.

There were 20 attendances between midnight and 6am Saturday with eight breaches during that time. On the Saturday there were 48 attendances and 10 breaches between 6pm and midnight and 33 attendances and nine breaches between midnight and 6am Sunday.

75. Members shared details of the Cardiff Alcohol Treatment Centre with the Directorate Manager, who agreed it was a good idea as such a unit could help reduce the effect of alcohol-related attendances on the hospital. It was acknowledged there needs to be an alternative for people who did not really need ED. Alcohol related attendances were a good example of people who did not need to be there.

Analysis

76. The Committee should note that 19.73% of the night time attendances during the audit period were alcohol related. However there is no definitive evidence to prove the spike in Emergency Department attendances on Friday and Saturday nights (as detailed in paragraphs 19 & 20 above) is as a direct result of the city centre's late night economy, as it is not known what percentage of the attendances are as a result of drinking in licensed premises in the city centre, at home or elsewhere.

77. The Committee may wish to consider whether it is reasonable to conclude that the huge influx of people frequenting licensed premises in the centre at the weekend has a significant bearing on the figures – particularly alcohol related attendances.

78. Similarly there is no concrete evidence to confirm the high percentage of alcohol related diagnoses of trauma; social / behavioural; mental health and head injuries can be put down to violent crime or anti-social behaviour linked to the city centre night-time economy. But, again bearing in mind the influx of people into the city centre on a Friday and Saturday night, it would suggest it played a significant part.

79. Those Members that took part in the visits identified the following issues:

    i. Members recognised that alcohol related attendees spend a disproportionate length of time in ED as highlighted in paragraphs 25-27;

ii. The length of stay for alcohol related attendees had huge implications for staff and other attendees with some patients having to wait in inappropriate places for hours;

iii. It was unpleasant for other patients to be in a department where people were drunk, and Members agreed that patients with a need to attend ED should expect a better experience.

iv. The number of people attending ED who they felt should not be there and did not need the expertise of staff in ED. A spot check at midnight on one of the two nights indicated that 20 people should not have been there. They also counted eight people who they considered to be in ED as a direct result of alcohol although they acknowledged there were probably more where alcohol contributed to the ailment / injury.

v. An ambulance crew caught up dealing with an anti-social or alcohol-related incident that could have been avoided could be delayed from reaching someone with a more serious life-threatening condition such as a heart attack.

80. The Committee might therefore conclude from the evidence provided that the high number of alcohol related attendances at night is putting a strain on staff, their time, beds and cubicles and waiting times at the Emergency Department and on the Ambulance Service, as evidenced in paragraphs 14-20 and 24.

81. In regard to the issues raised by Street Angels (as shown in paragraphs 35-53 above) the members who met with them noted their efforts to reduce the numbers attending the ED, expressed their appreciation in the work done by Street Angels, and questioned whether more could be done to support their volunteers.

82. In regard to the issue of broken glass on city centre streets, the Committee noted that the NTE Review being undertaken by the Community Safety Overview & Scrutiny Committee would be addressing the issues of commercial waste and detritus on city centre streets during the evening.

83. In regard to the information provided by the Yorkshire Ambulance Service and in particular the information they provided on the Alcohol Treatment Centre (ATC) in Cardiff (paragraphs 68-70), the members who met with them acknowledged that a similar facility in York could help ease the strain on York's ED resources, a suggestion that was accepted by senior staff at the hospital.

84. Finally, whilst recognising that much of the information gathered to date relates to the effects of alcohol consumption on the resources of health partners, the Committee might wish to consider what, if any, other night time economy related activities may be having an impact on ED at peak times.

To Progress the Review

85. The Committee should note there is still a need to evaluate the responses from the Emergency Department staff survey and patient consultation to understand people's perceptions of visiting the emergency department - Objective (iii).

86. In regard to Objective (iv) – to examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York – the Committee still needs to identify whether any such campaigns have previously been run locally and gather information on their impact to decide whether the cost of a future campaign would be justified.

87. In considering the cost of running a local campaign the Committee should bear in mind the number of high-profile media campaigns which are launched at regular intervals throughout the year involving wide-scale newspaper and television coverage and national advertisements. In the past year these have included the British Liver Trust 'Love Your Liver' campaign in January 2013; the 'Change4life' campaign in February/March 2013 to raise awareness of health risks associated with drinking too much; 'Alcohol Awareness Week in November 2013 and Alcohol Concern's Dry January 2014 campaign 'Dryathlon' which encourages people to abstain from alcohol for a month.

88. In addition there are numerous leaflets and posters highlighting the risks of alcohol abuse available from, and displayed in, places such as GP surgeries, health centres and hospitals throughout the city.

89. It is suggested the Committee discuss the findings to date, agree what, if any, additional information is required and formulate recommendations to CSMC.

Implications

90. The implications associated with the recommendations arising from this review will be will be identified and included in the Draft Final Report once work on this review has been completed.

Council Plan 2011-15

91. This review relates to the following key element of the Council Plan 2011-2015: 'to protect vulnerable people'.

Risk Management

92. There are no risks associated with this report. Any risks arising from the recommendations in the Final Draft Report will be identified and addressed accordingly.

Recommendations

93. Having considered the information provided within the report the Committee are recommended to formulate recommendations to be included in the Draft Final Report which is on the agenda for the February meeting of the Committee.

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

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Report Approved ✓ **Date** 7 Jan 2014

Wards Affected: All ✓

Background Papers: None
Annexes:

Annex A – Review timetable
Annex B – Abbreviations

ANNEX A

Night Time Economy Review

Aim: To work with key partners to identify the relevant issues within the 'health environment' (including the impact on A& E at peak times) and suggest what measures need to be taken in order to address the issues identified

Objectives	Method	Meeting Date
1. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department.	Meet with representatives of York Hospital Trust, Vale of York CCG and the Yorkshire Ambulance Service to identify problems Visit hospital ED to witness events in the department and impact on resources.	3 October 4 October 22 November 15 November 16 November
2. Investigate potential health risks to residents and visitors to York City Centre at night and early morning 3. Evaluate responses from staff consultation and the hospital questionnaire to understand people's perception about visiting A&E at night.	Meet with representatives of: i) Street Angels York, and ii) Yorkshire Ambulance Service to identify specific areas of risk	i) 11 November ii) 22 November

4. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York.	Meet with representatives of Public Health, Police and other support services	
	Consider Draft Interim Report and identify suitable recommendations	January 2014 Committee meeting

ANNEX B

Abbreviations used in this report and its annexes

A&E – Accident and Emergency

ATC – Alcohol Treatment Centre

CCG – Clinical Commissioning Group

Cllr - Councillor

CSMC - Corporate Scrutiny Management Committee

ED – Emergency Department

GP – General Practitioner

Health OSC – Health Overview and Scrutiny Committee

OOH – Out Of Hours

OSC - Overview and Scrutiny Committee

NTE – Night-Time Economy

YAS – Yorkshire Ambulance Service

YTHNFT - York Teaching Hospitals NHS Foundation Trust

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Health Overview and Scrutiny Committee **15 January 2014**

Report of the Deputy Chief Executive and Director of Health and Wellbeing

Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee

Summary

1. This report asks the Health Overview and Scrutiny Committee (HOSC) to consider their working relationship with the Health and Wellbeing Board (HWBB) and puts forward some suggestions as to how this can be progressed.

2. The ultimate aim of this report is to look at ways of building a robust working relationship between the two bodies.

Background

3. The Health Overview and Scrutiny Committee and the Health and Wellbeing Board perform two discrete functions within the Council's formal meeting structure as summarised below:

Role of the HOSC

4. The HOSC is a Committee of the Council and is comprised of seven cross-party elected members. The Committee has the power to hold both the Local Authority and NHS bodies to account for the health and social care services they provide. From April 2013 all commissioners and providers of publically funded health and social care have been covered by these powers, along with the health and social care policies arising from the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWBS) for the city. The HOSC *must* be consulted by local NHS bodies when they are planning to make major changes to services.

The Committee can seek to influence the proposed changes and work collaboratively with the NHS; however, if after this the Committee still considers the changes not to be in the best interests for the city's residents it can ask the authority to refer the matter to the Secretary of State for Health.

5. In addition to this the HOSC can undertake discrete reviews around specific topics and make recommendation to the Local Authority or any publically funded health organisation that improvement be made.

Role of the HWBB

6. The Health and Wellbeing Board is a Committee of the Council with 15 members including local Councillors, the Director of Public Health and Adult Social Services, the Director of Children's Services and the Chief Executive at City of York Council, the Clinical Commissioning Group (CCG), Healthwatch York, York Council for Voluntary Service, Leeds and York Partnership Foundation Trust, York Teaching Hospital NHS Foundation Trust, NHS England, Independent Care Group and North Yorkshire Police.

7. The overall purpose of the Board is to bring together bodies from the NHS, public health and local government, including Healthwatch as the patient's voice, jointly to plan how best to meet local health and care needs. Their three principal statutory duties are:

   i. To assess the needs of their local population through a JSNA

   ii. To set out how these needs will be addressed through a Joint Health and Wellbeing Strategy (JHWBS) that offers a strategic framework in which CCGs, local authorities and NHS England can make their own commissioning decisions

   iii. To promote greater integration and partnership, including joint commissioning, integrated provision and pooled budgets

Developing the Relationship

8. Whilst needing to be mindful of the distinct roles both the HOSC and HWBB undertake there would be merit in developing the relationship between the two bodies to avoid duplication of work, to undertake complementary work and to gain an understanding of how best to work together.

9. Some areas across the country have started to develop protocols, guidelines, memoranda of understanding and/or frameworks setting out these relationships. In particular it is noted that most of these are at least three-way and include the local Healthwatch as well.

10. In order to progress this and start to work together in a more structured, yet flexible way, the following are suggested ways forward:

11. Meetings - An annual meeting or bi-annual meetings between the Chairs of HOSC, HWBB and potentially the Partnership Boards that sit beneath the HWBB (this could also include key officers). This would allow for informal information sharing on current work streams, issues, concerns and pressures. It would be useful if Healthwatch York, as the acknowledged lead representative of the patient voice, were invited to these meetings as well in order that they might share their work programme.

12. The Chairs of both the HWBB and HOSC are invited, as observers, to each other meetings although it is recognised that this may not always be possible. Where possible key officers should also attend as observers.

13. Annual Scrutiny Work Planning Event - The HWBB will submit into the annual scrutiny work planning event (usually held April each year) any work streams that can be shared to avoid duplication of work.

14. Development of a Framework - The development of a framework, which allows flexible working between the HOSC, HWBB and the patient voice. Any framework would set out the clearly defined roles for each of these areas and give useful examples of ways of working together on specific issues such as commissioning or reconfiguration of services along with some example scenarios. It could also clearly set out the role of each body in terms of the JSNA and the JHWBS.

15. Guidelines on reporting lines would also be included, together with how to make referrals from one body to another (i.e. HWBB suggesting that HOSC may want to undertake a specific review).

16. Any framework developed would need to be flexible and would be put in place on the understanding that both HOSC and HWBB are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions that they might reach.

Consultation

17. To date both officers working in the Scrutiny Team and in the Public Health Team have been asked to input into this report. Dependent on the preferred way forward then a representative for the patient voice would also need to be identified and included in the process of any framework developed.

Options

18. Members can either:

    (i). Choose to progress the suggestions at paragraphs 11-16 of this report, including developing a draft framework to be considered at a future meetings of HOSC and HWBB

    (ii). Choose not to progress the options at paragraphs 11-16 of this report.

Analysis

19. Given the common aims of the HOSC and HWBB are to improve health outcomes and ensure the commissioning and delivery of appropriate health and social care services for the residents of York, it is vital that they aim to:

    - work in a climate of mutual respect, courtesy and transparency in partnership

    - have a shared understanding of their respective roles, responsibilities, priorities and different perspectives

    - share work programmes

20. Putting into place the suggestions within this report for an operational framework would, ultimately, move us closer to these aims.

21. It should be noted that the aims of both HWBB and HOSC are unlikely to happen effectively without the patient voice being heard. It is therefore suggested that any framework developed should be between HOSC, HWBB and a representative of the patient voice.

22. As part of the process of preparing this report guidance from the Centre for Public Scrutiny (CfPS) has been referred to, as have some examples of frameworks put in place in other areas. The guidance from CfPS and an example of one framework have been attached as background papers to enable the Committee to better understand roles and relationships as well as gaining some idea of what a framework may look like.

23. It is acknowledged that the local Healthwatch is the consumer champion for health and social care which represents the patient voice; however there may be times, dependent on the issues under discussion, when other organisations representing the patient voice need to be involved.

24. It is therefore suggested that the Committee consider asking Healthwatch York to undertake the patient voice role in any framework developed.

Council Plan 2011-2015

25. This report is linked with the protecting vulnerable people element of the Council Plan 2011-2015.

Implications

26. There are no known implications associated with the recommendations within this report.

Risk Management

27. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations within this report. However there is a risk that work around the wider health agenda will not be cohesive without a framework or some clear guidelines being put in place.

Recommendations

28. It is recommended that option (i) be developed and a further report be submitted to future meetings of this Committee and HWBB, setting out a proposed framework

    Reason: In order to establish a strong working relationship between HOSC, HWBB and the patient voice in York.

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Report Approved ✓ **Date** 27.12.2013

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Background Paper 1 – Centre for Public Scrutiny Guidance – Local Healthwatch, Health and Wellbeing Boards and Health Scrutiny (Roles, Relationships and Adding Value) (Online Only)

Background Paper 2 – Example Framework – Working Together to Improve Outcomes for the People of Leicestershire (Online Only)

Annexes

Annex A- Abbreviations used within the report

ANNEX A-Abbreviations used within the report

CCG – Clinical Commissioning Group

CfPS – Centre for Public Scrutiny

HOSC – Health Overview and Scrutiny Committee

HWBB – Health and Wellbeing Board

JHWBS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

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Local Healthwatch, health and wellbeing boards and health scrutiny

Centre for Public Scrutiny
accountability, transparency, involvement

Roles, relationships and adding value

healthwatch

Local Government Association

The Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS), an independent charity, is the leading national organisation for ideas, thinking and the application and development of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

Local Government Association

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

The LGA covers every part of England and Wales, supporting local government as the most efficient and accountable part of the public sector.

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Gateshead Council
London Borough of Sutton

Introduction and what we know

Local authorities, the NHS and local community organisations have a history of working together to improve outcomes for local people. The health and care reforms introduce some new structures and processes and working out how best to bring these together with continuing existing arrangements can be complex. But what remains constant throughout the transition is a shared goal: to improve health, social care and wellbeing outcomes for communities.

This guide aims to help local leaders and others to understand the independent, but complementary, roles and responsibilities of council health scrutiny, local Healthwatch and health and wellbeing boards. This guide does not aim to cover every eventuality; it is a 'snapshot' that can be a basis for discussions about how existing and new bodies will work together and how they can build on local agreements and legislative requirements.

Council health scrutiny

Councils with social care functions can hold NHS bodies to account for the quality of their services through powers to obtain information, ask questions in public and make recommendations for improvements that have to be considered. Proposals for major changes to health services can be referred to the Secretary of State for determination if they are not considered to be in the interests of local health services. The way councils use the powers is commonly known as 'health scrutiny' and forms part of councils' overview and scrutiny arrangements. From April 2013 all commissioners and providers of publicly funded healthcare and social care will be covered by the powers, along with health and social care policies arising from the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. Health scrutiny also has a valuable pro-active role; helping to understand communities and tackle health inequalities.

Local Healthwatch

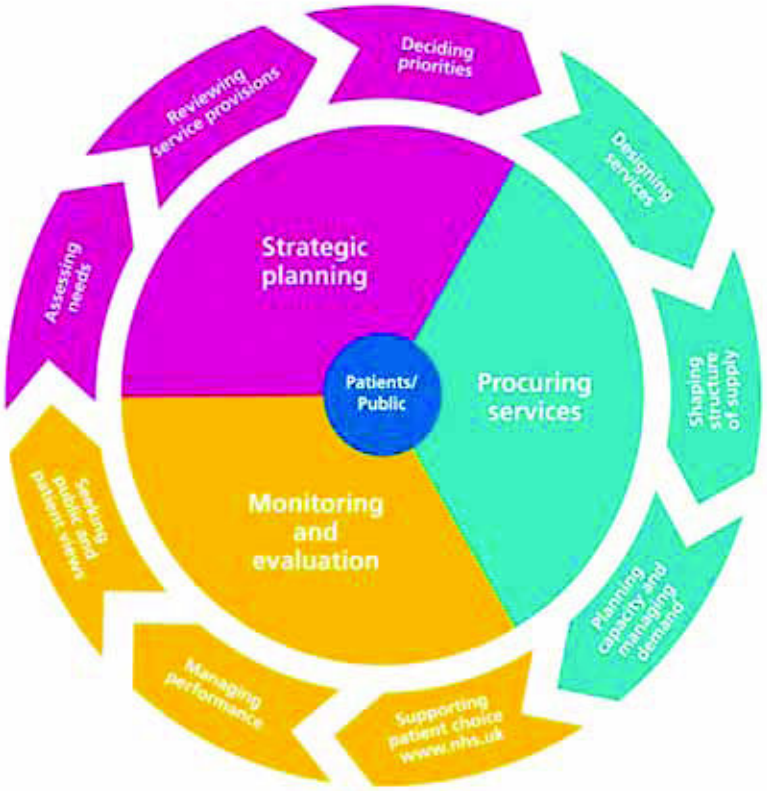
Local Healthwatch will be the local consumer champion for health and social care representing the collective voice of people who use services and the public. It will build up a local picture of community needs, aspirations and assets and the experience of people who use services. It will report any concerns about services to commissioners, providers and council health scrutiny. It will do this by engaging with local communities including networks of local voluntary organisations, people who use services and the public. Through its seat on the health and wellbeing board, local Healthwatch will present information for the Joint Strategic Needs Assessment and discuss and agree with other members on the Board a Joint Health and Wellbeing Strategy. It will also present information to Healthwatch England to help form a national picture of health and social care. Local authorities will need to ensure that their local Healthwatch operates effectively and is value for money; managing this through their local contractual arrangements.

Health and wellbeing boards

Health and wellbeing boards are committees of councils with social care responsibilities, made up of local councillors, directors of public health, adult social services and children's services; clinical commissioning groups; and local Healthwatch. They will collectively take the lead on improving health and wellbeing outcomes and reducing health inequalities for their local communities. Although set up with a minimum prescribed membership, how Boards operate will be different in response to local circumstances. Health and wellbeing boards are an executive function of the council and are responsible for identifying current and future health and social care needs

and assets in local areas through Joint Strategic Needs Assessments; and developing Joint Health and Wellbeing Strategies to set local health and social care priorities, providing a framework for the commissioning of local health and social care services. Individual Board members will be held to account in different ways (for example, clinical commissioning groups are authorised and assessed by the NHS Commissioning Board) but health and wellbeing boards can also be collectively held to account for their effectiveness through council scrutiny.

All three have a role to play in the way local services are planned and delivered. How they interact with each other will have a direct influence on improving outcomes for communities and people who use services. The 'commissioning cycle' provides a number of opportunities for each function to add value.

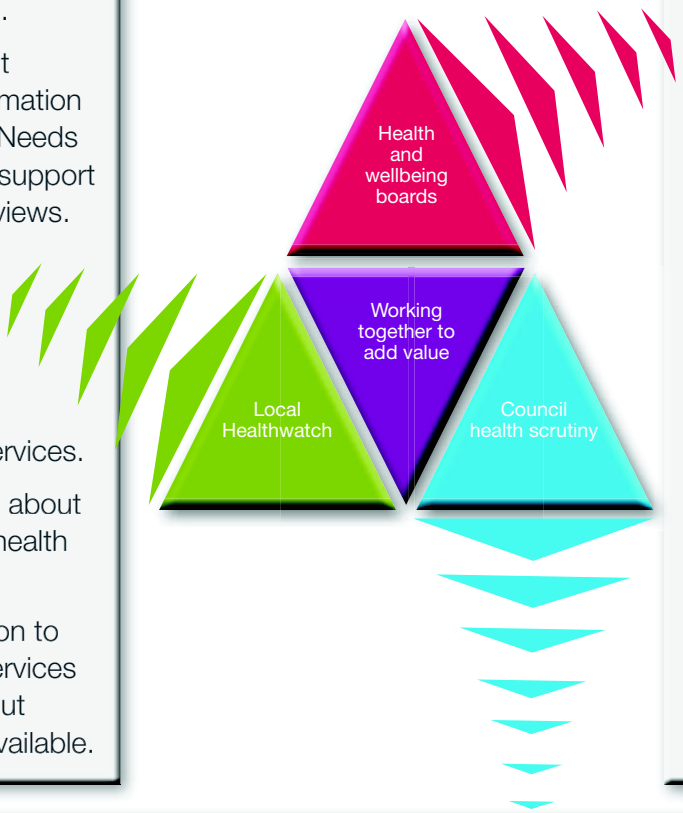


Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Working together for better outcomes

Local structures and ways of working will be different. With a focus on the fundamental principle of improving outcomes for local people, there are opportunities for bodies to better work together and add value to each other's work. Here are just some ways that each can bring value to the other.

- Share information from networks of voluntary and community groups.
- Gather and present evidence and information for Joint Strategic Needs Assessments and support council scrutiny reviews.
- Use good public engagement to demonstrate the 'real-time' experiences of people who use services.
- Highlight concerns about service to council health scrutiny.
- Cascade information to people who use services and the public about services that are available.



- Bring together individual and organisational knowledge, expertise and experience.
- Develop an area-wide view of health and social care needs and resources through the Joint Strategic Needs Assessment.
- Agree area-wide alignment of services to deliver improved health and wellbeing through the Joint Health and Wellbeing Strategy.
- Facilitate shared understanding of information to improve outcomes from decision making.

- Be a bridge between professionals and people who use services.
- Bring a collective memory of public engagement, policy development and local knowledge about community needs and assets.
- Be a valuable 'critical friend' throughout transition and beyond.
- Evaluate policies arising from processes and decisions and outcomes from services.
- Consider whether service changes are in the best interests of the local health service.
- Carry out pro-active qualitative reviews that can inform and enhance policy and services.

Listening and responding to communities and people who use services is fundamental to each function but each will have different reasons and ways to gather views and experiences. Sharing information and expertise is just one example of how value can be added at different points throughout the cycle of assessing need, devising strategies, commissioning and providing services.

How might this work?

The following basic scenarios are examples of how the three functions might complement rather than duplicate each other's work.

Scenario 1: Refreshed Joint Strategic Needs Assessments indicate a need for integrated health and social care teams aligned with GP practices:

Health and wellbeing board	The Board has a duty to support integrated services and, reflecting on the Joint Strategic Needs Assessment decides to include integrated teams as a priority in Joint Health and Wellbeing Strategy.
Local Healthwatch	Undertakes local research about what people who use services are looking for, identifies gaps in service provision and feeds the outcomes into the health and wellbeing board to influence the Joint Health and Wellbeing Strategy.
Council health scrutiny	Examines the process in light of councillors' knowledge of their local area and makes recommendations about how the people who use services, particularly vulnerable groups, can be informed about changes to services. Six months after implementation of the strategy, it assesses what impact the changes have had and makes recommendations for improvement.

Scenario 2: An issue related to health inequalities: a low uptake of child vaccination in particular wards:

Health and wellbeing board	The refreshed Joint Strategic Needs Assessment indicates a low uptake which has implications for health and social care in some council wards. Because the reasons are unclear, the health and wellbeing board asks health scrutiny to review the issue.
Local Healthwatch	Through their seat on the health and wellbeing board, local Healthwatch were involved in reviewing the Joint Strategic Needs Assessment, and it now uses it's local networks to gather views about why some children are not being immunised and reports this to the Board and health scrutiny.
Council health scrutiny	Health scrutiny asks local Healthwatch to gather local views. As a result of discussions with clinical commissioning groups, schools, health visitors and social workers, makes recommendations about ways to improve the uptake of immunisations. (Alternatively, in a two-tier area the District/Borough Council in which the particular wards lie could undertake the review on behalf of the county council – this is determined and co-ordinated locally to avoid duplication).

Scenario 3: A reconfiguration of maternity services across council areas:

Health and wellbeing board	Providers have proposed this as a solution to improving outcomes and make better use of available resources. The health and wellbeing board assesses whether the plans fit their Joint Health and Wellbeing Strategy and takes a strategic view on the outcomes and engagement with the clinical commissioning groups.
Local Healthwatch	Undertakes a comprehensive exercise to gather the views from people who use services and the public, checks whether consultations reflect what is known about best practice and presents views as a health and wellbeing board member and to council health scrutiny during the formal consultation process.
Council health scrutiny	Agrees that proposals are a substantial/ significant variation, and through joint arrangements with other councils, engages in early discussions with the commissioners/ providers regarding policy, plans and consultations. It also engages during the formal consultation stage to analyse the proposals in a public forum, taking evidence and coming to a conclusion about whether the proposals are in the best interests of the local health service.

Pulling out the learning

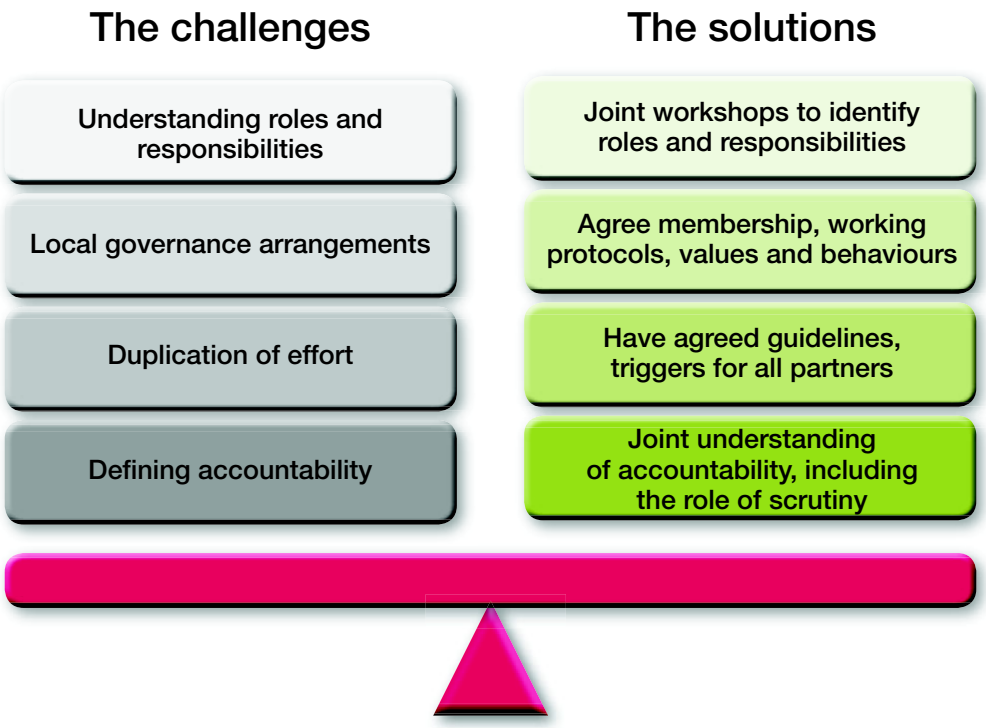
Fundamental principles

There are some fundamental principles, which have been identified by councils, these include:

- Improved health and social care are a common goal.
- Early discussions are vital to ensure no one is left out.
- Everyone has responsibility to develop relationships, not just to engage formally.
- Good relationships lead to good communication, identifying where value can be added.

The challenges, myths and solutions

Our work has identified a number of challenges for local leaders and some possible ways to achieve solutions. These challenges will be solved according to their local context and are likely to be best overcome where there is a shared willingness to work together. Whilst each function will have ways to check their progress, scrutiny can cement arrangements for transparency, inclusiveness and accountability.



Relationships – a gaze into the future…

Taking the emerging learning from our work, below is an 'appreciative' look at what roles and relationships could look like in "Healthyshire" in 2015.

Representatives from health scrutiny, local Healthwatch and the Healthyshire Health and Wellbeing Board meet together with a range of other partners to evaluate how health and care outcomes have improved over the last year. Whole system events are very popular, allowing partners to draw on their strengths and complement each other. The event creates an atmosphere of 'togetherness' where partners can contribute or challenge knowing that their views will be understood and acted on. They've got to this stage because:

Health and wellbeing board members are committed to working with others with clear lines of accountability. They encourage open and honest discussions about the challenges faced by all partners in the new landscape and have dealt with any conflicts quickly and openly. By actively seeking and sharing information, the Board has developed a comprehensive analysis of health and social care needs and assets. Balancing those needs against national and local policy it has developed a robust strategy to improve health and social care and reduce inequalities which is well understood and accepted. They work constructively with health scrutiny, welcoming their involvement. People who use services and the public are central to the Board's work, and people understand how local agencies are improving health and social care outcomes.

Local Healthwatch has built on the LINk legacy by maintaining volunteer capacity and expanding their networks to include a wide range of people and groups so that a comprehensive voice is heard at the health and wellbeing board and this is reflected in strategies and commissioning plans across health and social care. Problems are quickly brought to the attention of partners, knowing that they are listened to and acted upon. They gather and present views to support reviews carried out by health scrutiny. They have contributed to national thinking through their engagement with Healthwatch England.

Council health scrutiny has influenced health and social care in a variety of ways by encouraging transparency, involvement and accountability throughout the planning and delivery of services. Officers and councillors shared their experience and knowledge during transition so that relationships could be built. It's pro-active reviews of health and social care themes provide timely evidence and constructive recommendations to commissioners and providers. Health scrutiny is involved very early on in discussions about reconfiguration of health services and takes a view about whether changes are in the interests of local health services. It acts as a 'bridge' between politicians, professionals and communities, so that solutions are identified together.

Putting it into action

We can start by asking the right questions. Here are some that partners are already asking – you may have other questions that are relevant to your local area:

1. How do we ensure that we complement not duplicate other's work?
2. How can we best use our roles to add value so that together we improve outcomes?
3. Are we taking the right steps to build effective relationships and understanding of partners' roles and responsibilities? (Consider barriers to effective partnership working too).
4. How will we make sure we work together in transparent, inclusive and accountable ways?
5. How are we providing leadership?
6. What is working well or not so well?

For health and wellbeing boards:

1. What are we doing to demonstrate that every Board member is an equal partner?
2. How are we sharing learning and good practice with our partners and neighbours?
3. What steps are we taking to ensure that we have integrated working?
4. How are we collectively and individually demonstrating transparency, inclusiveness and accountability?
5. How are we engaging with providers to ensure delivery of outcomes?
6. How can we work alongside health scrutiny to address the wider determinants of health?

For local Healthwatch:

1. How are we balancing our dual role of 'consumer champion' and policy maker on the health and wellbeing board?
2. How have we taken the best of the LINk legacy and developed it?
3. What are we doing that demonstrates we are getting the widest range of views, particularly those of the least heard communities?
4. Can we demonstrate that we use the feedback we get to impact on our decision-making?
5. What are we doing to make it clear how we will treat any safeguarding issues we come across?
6. What steps are we taking to help health scrutiny in its role?
7. How do we plan to work with the Care Quality Commission and Healthwatch England to exchange information about the quality and safety of services?

For Council health scrutiny:

1. How can we best ensure that Joint Strategic Needs Assessments reflect needs and aspirations of local people and that Joint Health and Wellbeing Strategies reflect credible priorities that commissioners follow?
2. What steps are we taking to help people understand scrutiny and how it adds value?
3. What are we doing to pro-actively engage with clinicians but also with professionals outside health and social care?
4. How does health scrutiny work with national bodies, for example the NHS Commissioning Board, Monitor and the Care Quality Commission?
5. What can we do to be an effective 'bridge' between politicians, professionals and communities throughout the commissioning cycle?
6. Are we thinking strategically and pro-actively about how we can best use our resources to tackle inequalities and keep in touch with the experience of people who use services?

Websites

The Centre for Public Scrutiny

www.cfps.org.uk

Local Government Association

www.local.gov.uk

Care Quality Commission

www.cqc.org.uk

Healthwatch England

http://www.cqc.org.uk/public/about-us/partnerships-other-organisations/healthwatch

Publications

Health overview and scrutiny: Exploiting opportunities at a time of change

http://www.cfps.org.uk/publications?item=7008&offset=25

Smoothing the way

http://www.cfps.org.uk/publications?item=7081&offset=25

10 questions to ask if you are scrutinising arrangements for Healthwatch

http://www.cfps.org.uk/publications?item=7005&offset=25

Building successful Healthwatch organisations

http://www.local.gov.uk/c/document_library/get_file?uuid=c96a438b-dbb5-4cfa-8669-8c42a999cbdd&groupId=10171

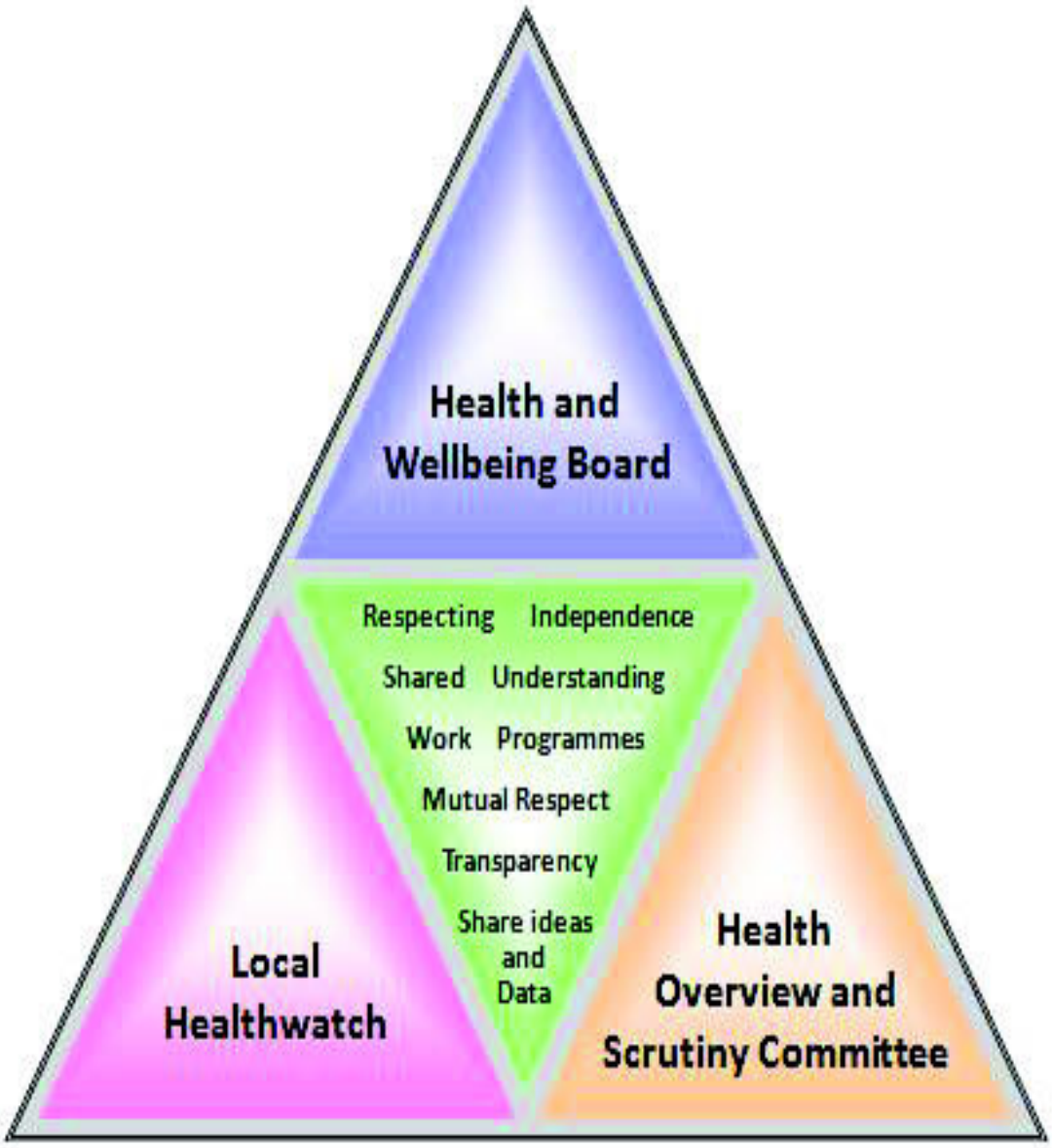
The Centre for Public Scrutiny
Local Government House
Smith Square
London SW1P 3HZ

Tel 044 (0)20 7187 7362

www.cfps.org.uk

October 2012
L12-693

WORKING TOGETHER TO IMPROVE OUTCOMES FOR THE PEOPLE OF LEICESTERSHIRE



PROTOCOL BETWEEN THE LEICESTERSHIRE HEALTH AND WELLBEING BOARD, THE LEICESTERSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE AND HEALTHWATCH LEICESTERSHIRE

DATE 5 SEPTEMBER 2013

This protocol concerns the relationship between the Leicestershire Health and Wellbeing Board, the County Council Health Overview and Scrutiny Committee and Healthwatch Leicestershire. Its purpose is to ensure that:-

(i) Mechanisms are put in place for exchanging information and work programmes so that issues of mutual concern/interest are recognised at an early stage and dealt with in a spirit of co-operation and in a way that ensures the individual responsibilities of the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire are managed;

(ii) There is a shared understanding of the process of referrals and exchange of information and that arrangements are in place for dealing with these.

……	……..	……
Chairman of the Health and Wellbeing Board	**Chairman of the Health Overview and Scrutiny Committee**	**Chairman of the Healthwatch Board**

DATE ……/……/2013

ROLE OF THE HEALTH AND WELLBEING BOARD

The membership of the Health and Wellbeing Board (the Board) is set out in the Health and Social Care Act 2012 and comprises elected members, County Council officers and representatives of partner organisations.

The Board has been appointed by the County Council as a subcommittee of the Executive to:-

(i) Discharge directly the functions conferred on the County Council by Sections 195 and 196 of the Health and Social Care Act 2012 or such other legislation as may be in force for the time being;

(ii) Carry out such other functions as the County Council's Executive may permit.

[Note: the County Council's Executive has yet to decide to delegate any additional functions to the Board.]

The main aims of the Board are:-

1. To identify needs and priorities across Leicestershire and publish and refresh the Leicestershire Joint Strategic Needs Assessment (JSNA), so that future commissioning/policy decisions and priorities are based on evidence.

2. To prepare and publish a Joint Health and Wellbeing Strategy (JHWS) and Plan on behalf of the County Council and its partner Clinical Commissioning Groups (CCGs), so that work is done to meet the needs identified in the JSNA in a co-ordinated, planned and measurable way.

To do this the Board will:-

3. Communicate and engage with local people on how they can achieve the best possible quality of life and be supported to exercise choice and control over their personal health and wellbeing by working with other stakeholders.

4. Have oversight of the use of relevant health and social care resources across the whole of the public sector so it can support the integration of health, social care and public health.

5. Monitor performance against agreed targets, service standards and patient safety across the local health and social care sector so as to inform future commissioning.

For more information regarding the working arrangements of the Board please visit www.leics.gov.uk/healthwellbeingboard

ROLE OF THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

The Health Overview and Scrutiny Committee (the Committee) is a County Council Committee comprising democratically elected members. It acts as a lever to improve the health of local people and ensure that the needs of local people are considered as an integral part of the delivery and development of health services. It is also responsible for reviewing and scrutinising any matter relating to the planning, provision and operation of health services within the area administered by the County Council.

The role of the Committee is:-

1. To scrutinise the executive functions of the County Council in relation to public health.

2. To monitor the performance of the Health and Wellbeing Board in respect of the executive functions outlined in 1. above and any other partnerships as appropriate that are associated with those functions.

3. To scrutinise the exercise by health bodies of functions, which affect the area of the County Council.

4. To make arrangements for responding to consultation by local health bodies for substantial development of the health service or substantial variation in the provision of such services save where these are dealt with through a joint committee with other Social Services authorities.

To do this the Committee will:-

- Identify gaps in patient pathways;
- Focus on patient experience;
- Consider the impact of major service changes;
- Ensure value for money;
- Question Senior Managers of relevant NHS bodies and relevant health service providers.

In undertaking the above, the Committee will work with the relevant regulatory bodies and with Healthwatch Leicestershire (HWL) which also has a monitoring role.

The Committee recognises the strategic role of the Health and Wellbeing Board and the importance of its own role in scrutinising and supporting the work of that Board; to this end, it strongly recognises the importance of the scrutiny of outcomes and the impact on patient experiences, which in turn will help inform commissioning decisions.

For more information regarding the operation of the Health Overview and Scrutiny Committee please view the Guide to Health Scrutiny by visiting http://www.leics.gov.uk/healthscrutinyguide.pdf.

ROLE OF HEALTHWATCH LEICESTERSHIRE

Each top tier Local Authority has the statutory responsibility for ensuring a Local Healthwatch service is available in their area. Leicestershire County Council has commissioned Healthwatch Leicestershire (HWL), which will not only work in the County, but also with neighbouring Local Healthwatches where it is necessary in relation to services covering a wider area.

Whilst recognising its independent role, Healthwatch Leicestershire, by virtue of the fact that it has representation on the Health and Wellbeing Board and is a participating observer of the Clinical Commissioning Group Boards, will need to engage in a constructive way with key commissioning bodies.

The Key Roles of Healthwatch Leicestershire will be to:

- Be a consumer champion for Health and Social Care;
- Engage with local communities, including those who are vulnerable or often unheard;
- Engage with the voluntary sector and patient led groups;
- Monitor, Review and Challenge the commissioning and provision of health and social care services ;
- Provide a signposting service to give information and help the public to find out about the care choices available to them;
- Provide information to service providers on public and patient experiences and hold service providers to account;
- Take on the work of the Local Involvement Networks (LINks);
- Represent the views of people who use services, carers and the public on the Health and Wellbeing Board;
- Report concerns about the quality of health care to Healthwatch England who can then recommend that the Care Quality Commission take action.

To carry out these roles, Healthwatch Leicestershire will:-

- Collect and share relevant public opinions/experiences in an evidence based approach;
- Have oversight of trends and local issues;
- Access the Healthwatch England repository of information;
- Consider service changes;
- Exercise its statutory Enter and View power;
- Hold regular discussions with commissioners and providers.

For more information about the role and function of Healthwatch Leicestershire please visit http://www.healthwatchleicestershire.co.uk/

WORKING PRINCIPLES

Given the common aims of the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire are to improve health outcomes and ensure the commissioning and delivery of high quality, appropriate and efficient services, it is vital that they:-

(i) Work in a climate of mutual respect, courtesy and transparency in partnership;

(ii) Have a shared understanding of their respective roles, responsibilities, priorities and different perspectives;

(iii) Promote and foster an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way;

(iv) Share work programmes and information or data they have obtained to avoid the unnecessary duplication of effort.

Whilst recognising the common aims and the need for closer working, it is important to remember that the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and Healthwatch Leicestershire are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. This protocol will not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

WHAT WILL THIS MEAN IN PRACTICE?

Example 1 – Commissioning

The Role of the Health and Wellbeing Board, the Overview and Scrutiny Committee and Healthwatch Leicestershire

The Board, the Committee and HWL all share an interest in ensuring that there are effective arrangements in place so that the services provided meet the identified needs of local people. Each will, therefore, need to look as to how best it can discharge its individual responsibilities and functions. To allow the most effective use of resources and avoid unnecessary duplication this may give rise to the need for an annual, joint planning workshop.

The Board, the Committee and HWL are independent bodies and have different roles and responsibilities. There may be occasions when any of the three bodies has a different perspective on an issue arrived at due to the different roles. A mutual respect for the different opinions will be held by all.

The Board will

- Inform/refer to the Overview and Scrutiny Committee any concerns regarding commissioning intentions, including the assessed impact on patients, and seek its views;
- Update the Committee on its progress with the JSNA and the JHWS and seek its views;
- Take account of and respond to the opinions of HWL;
- Take account of and respond to any comments submitted by the Committee.

The Board may

- Request the Overview and Scrutiny Committee to undertake a detailed piece of work where there are particular issues of mutual concern. (The Committee may choose not to do so if it so wishes);
- Request (subject to available resource) HWL to undertake a particular piece of work in order to inform the Board of public opinion and experience of services where there are particular concerns and enable the public to influence decisions. (HWL may choose not to do so if it wishes).

The Overview and Scrutiny Committee will

- Scrutinise and comment on the JSNA and the JHWS;
- Inform/refer to the Board any findings of concern regarding the commissioning or delivery of NHS and care services, including any locally perceived gaps and relevant patient experiences;
- Scrutinise the effectiveness and impact of NHS commissioned services and care services and advise the Board of issues/concerns to be reflected in future commissioning plans;
- Inform the Board of any responses given to consultations or other statutory documents;
- Take account of the opinions and views of HWL.

[In exceptional circumstances where a Commissioning plan is deemed not to be in the best interests of local residents the Committee may ask the County Council to refer the matter to the Secretary of State for Health.]

The Overview and Scrutiny Committee may

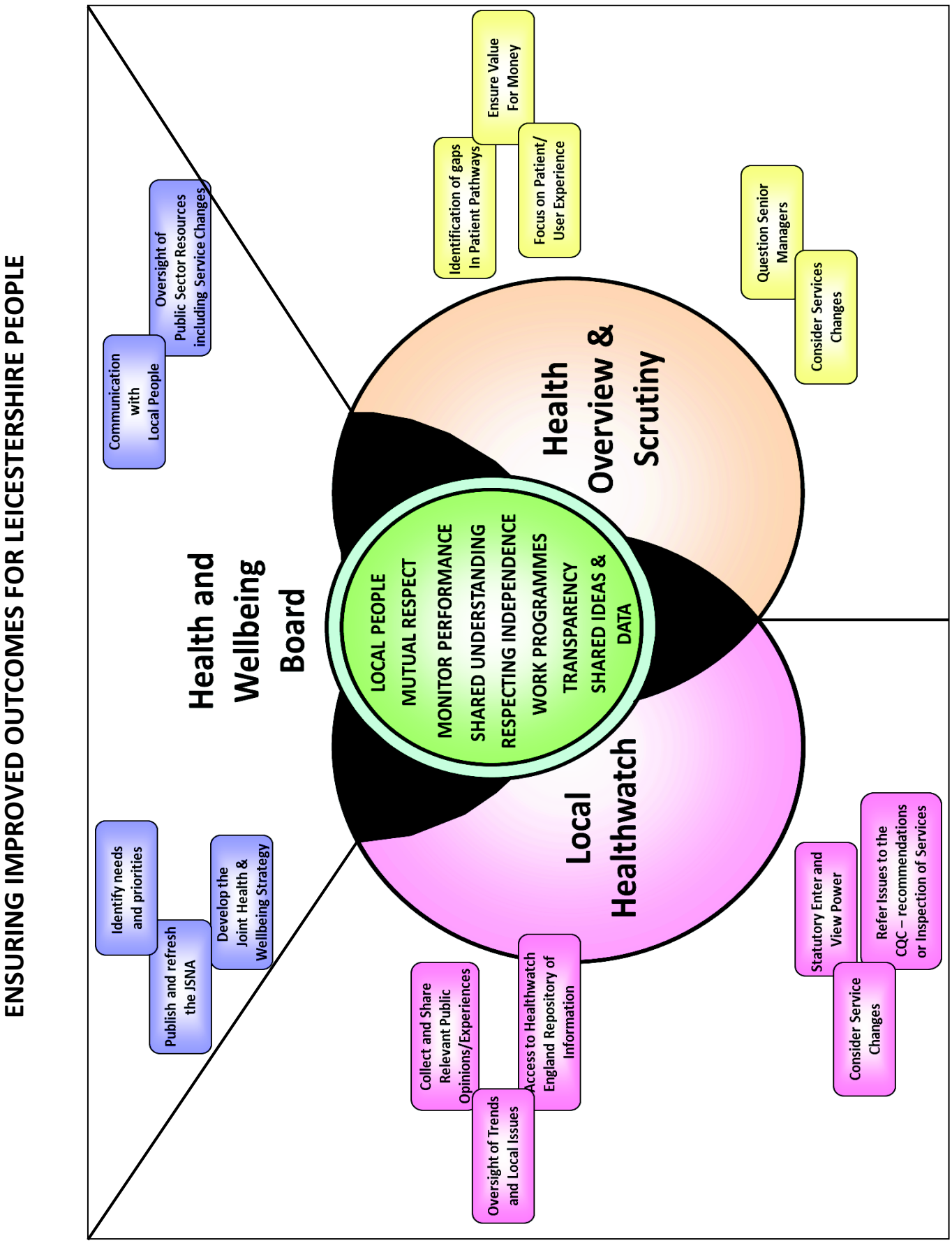
- Request HWL(subject to available resource) to undertake a particular piece of work in order to inform the Committee of public opinion and experience of services where there are particular concerns and enable the public to influence recommendations. (HWL may choose not to do so if it so wishes);
- Make recommendations to commissioners and providers of relevant health services;
- Make recommendations to the Board.

Healthwatch Leicestershire will:

- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns;
- Work with the Board and the Committee and provide information and comments as the public champion;
- Regularly inform the Committee of current issues and, in exceptional circumstances, request the Committee to consider whether a formal referral to the Secretary of State for Health is required;
- Provide the Committee with information as required and/or requested for specific topics and issues regarding patients and users experiences and access to services (subject to available resource);
- Establish a protocol regarding any referrals it makes to the Care Quality Commission about the quality of services provided locally;
- Use the intelligence of Healthwatch England.

Healthwatch Leicestershire may:

- Undertake its own pieces of work where it has relevant evidence to support the work;
- Refer matters to Healthwatch England who can then recommend that the Care Quality Commission take action.


ENSURING IMPROVED OUTCOMES FOR LEICESTERSHIRE PEOPLE
Health and Wellbeing Board
Health Overview & Scrutiny
Local Healthwatch
LOCAL PEOPLE
MUTUAL RESPECT
MONITOR PERFORMANCE
SHARED UNDERSTANDING
RESPECTING INDEPENDENCE
WORK PROGRAMMES
TRANSPARENCY
SHARED IDEAS & DATA
Communication with Local People
Oversight of Public Sector Resources including Service Changes
Identify needs and priorities
Publish and refresh the JSNA
Develop the Joint Health & Wellbeing Strategy
Identification of gaps In Patient Pathways
Ensure Value For Money
Focus on Patient/ User Experience
Question Senior Managers
Consider Services Changes
Collect and Share Relevant Public Opinions/Experiences
Oversight of Trends and Local Issues
Access to Healthwatch England Repository of Information
Statutory Enter and View Power
Consider Service Changes
Refer Issues to the CQC – recommendations or Inspection of Services

WHAT DOES THIS MEAN IN PRACTICE?

Example 2

An Issue Regarding a Major Reconfiguration of Services

Health and Wellbeing Board Role

The Board, as the strategic multi-agency body charged with oversight of the local health and social care economy, will have a key role in the early shaping of any reconfiguration proposals and later in assessing the detail and impact of any such proposals on the wider economy of the area. It will also be charged with ensuring that the plans have taken account of the JSNA and Joint Health and Wellbeing Strategy.

The Board will:

- Confirm and challenge the impact assessment, including how proposals will seek to meet identified gaps in commissioning, identifying overlaps in the proposals and ensuring value for money;
- Refer to the Committee for comments/opinions concerning outcomes, patient experiences, pathways and access issues;
- Receive initial reports and in depth reports from the Committee;
- Use the findings to feed into further discussions about the commissioning of the proposed services and potential decommissioning of associated services;
- Seek opinion of neighbouring Boards as appropriate;
- Seek the views of HWL; this will normally be done through the HWL representatives on the Board;
- Be reliant on professional relationships to influence change.

Health Overview and Scrutiny Committee Role

The Committee is a statutory consultee and has responsibility for ensuring that health service changes reflect the needs of the local population and are in the best interests of the area.

The Committee will:

- Scrutinise the commissioners' perspective of the proposals;
- Scrutinise the providers' perspective of the proposals;
- Take information from other interested and affected bodies e.g. user/carer groups. VSOs, staff representatives;
- To consider the information provided by HWL;
- Come to a view about the matter and advise the Board accordingly; or
- Form a view as to whether an in-depth Review of the Patient Pathway and experience is needed in order to understand the outcomes for patients/users;
- Seek opinion of neighbouring Committees as appropriate;
- Report the review findings to the Board;
- Respond to the public consultation.

Ultimately, <u>the County Council</u> has the statutory power to refer the matter to the Secretary of State for Health. It will use that power on the recommendation of the Health Overview and Scrutiny Committee.

Healthwatch Leicestershire Role

HWL, by virtue of its membership of the Board and as an observer of the CCG Boards, will be a party to initial discussions and decisions which may lead to major reconfiguration of commissioned services. Whilst recognising this, HWL, nevertheless will have an independent role in the subsequent review and scrutiny or consultation of the proposals and be able to:

Healthwatch Leicestershire will:

- Consider the commissioning plans and offer a strategic view from the public perspective to the Board, including any cross-border issues and work with other relevant Local Healthwatch organisations;
- Undertake a detailed exercise to gather patients' and public views both in the pre consultation phase and during the consultation period using and co-

ordinating available information and engagement processes, having particular regard to issues of quality and access;

- Access the Healthwatch England information repository to add value to the evidence;
- Inform/report to the Committee and the Board the outcome of the HWL public opinion exercises regarding the potential impact for patients.

Healthwatch Leicestershire has a statutory power to refer matters to Healthwatch England who can then recommend that the Care Quality Commission take action. It can also raise concerns with the Health Overview and Scrutiny Committee.

Health Overview & Scrutiny Committee Work Plan 2013/2014

27th November 2013	**Themed approach: Health and Social Care** 1. Second Quarter CYC Finance & Performance Monitoring Report 2. Update report on the CSU and York Teaching Hospital on how they are working together by Debbie Ward and Janice Sunderland of NY&H CSU 3. Friends and Family Test – Maternity Services **Scrutiny and Task Group reports:** 4. Draft interim report of Personalisation Task Group 5. Update report on Night Time Economy review **Managing the Business:** 6.Workplan Update
18th December 2013	**Themed approach: Community Health Services** 1.Care Quality Commission: Changes to the way they inspect and regulate care services **Monitoring Role:** 2. Presentations from Partnership Boards on how they work with other partners and how they put together their annual plan **Scrutiny and Task Group reports:** 3. Verbal report on Men's Health Scrutiny Review **Managing the Business:** 4. Workplan Update

15th January 2014	**Scrutiny and Task Group reports:** 1. Draft Interim Report on Night-Time Economy Scrutiny Review. 2. Report on relationship between Health OSC and HWB. **Managing the Business:** 3. Workplan Update
19th February 2014	**Themed approach:** **Monitoring Role:** 1. Annual Report on the Carer's Strategy? (tbc) 2. Update on implementation of the recommendations arising from the End of Life Care Scrutiny Review 3. Update on Francis Report (tbc) **Scrutiny and Task Group reports:** 4. Draft final report on Night-Time Economy Scrutiny Review **Managing the Business:** 5. Workplan Update

12th March 2014	**Themed approach:** **Monitoring Role:** 1.Third Quarter CYC Finance & Performance Monitoring Report 2. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow) 3. Update report on introduction NHS 111 services 4. Update report on use of additional funding for York Teaching Hospital (likely to have been used to supplement staffing during winter period) **Managing the Business:** 5.Workplan Update
23rd April 2014	**Themed approach:** **Monitoring Role:** 1. Update report from Police on provision of Place of Safety at Bootham Hospital **Managing the Business:** 2.Workplan Update

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