

Meeting	Health Overview & Scrutiny Committee
Date	12 March 2014
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

75. Declarations of Interest

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

Councillor Wiseman declared a personal interest in Agenda Item 7 (Further Update on Francis Report) as a former nurse.

No other interests were declared.

76. Minutes and Matters Arising

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 19 February 2014 be approved and signed by the Chair.

Discussion took place in regards to Minute Item 74 (Work Plan) around the relationship between Health Overview and Scrutiny Committee and Health and Wellbeing Board.

The Chair reported that a meeting had taken place in regards to how both Health OSC and Health and Wellbeing Board could work together. She informed the Committee that the Chair of the Health and Wellbeing Board would attend a Health OSC meeting to provide a report following meetings of the Health and Wellbeing Board. It was also agreed at the meeting that the Health and Wellbeing Board's Annual Report would be presented at the Health OSC meeting in April.

77. Public Participation

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

John Yates from York Older People's Assembly spoke in relation to Agenda Item 5 (Update Report on Introduction of NHS 111 Service). He asked a number of questions in regards to the service. These included;

- Whether there were formal arrangements for quantitative feedback from users, patients and the public on the quality of service received from call handlers operating the service?
- Had the service been provided as expected, had patient worries been allayed and had there been any misdirection in directing patients to the most appropriate service?
- How does the efficiency of the NHS 111 Service compare with the former clinically based nurse operated system?
- Did any confusion or problems exist, and was data collected on this collected with regards to the two emergency numbers 111 and 101 (for non urgent Police Enquiries)? Was data collected on this?
- In regards to possible confusion for older people in an emergency situation between remembering the correct number to use, had anything been done to rectify possible confusion for older people in an emergency situation?

He also questioned that the reported number of one million calls received by Yorkshire Ambulance Service since the 111 Service's inception through the service may not be correct.

Jeremy Jones, the Chief Executive of Arc Light and the Chair of the Resettlement Strategy Group spoke in regards to Agenda Item 8 (Update Report- Provision of Medical Services for Travellers and the Homeless). He stated that the previous report delivered to the Committee in 2012 was, in the eyes of homeless professionals, unrepresentative and flawed. He added that Arc Light in particular had been in at the very inception of Provision of Medical Services (PMS) and worked very closely alongside incorporating a specifically appointed Medical room for the PMS at their new premises.

He added that since the Services had been decommissioned social enterprises had been set up in some parts of the country to provide care for the homeless. However, he felt that through decommissioning the homeless community had lost consistency in the provision of care and prescribing, easy access to health services and good levels of communication between services.

78. Third Quarter CYC Finance Monitoring Report

Members received a report which analysed the latest performance for 2013/14 and forecasted the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health and Wellbeing.

Questions from Members to Officers related to the following issues;

- Why were there pressures on direct payments?
- Were the concerns expressed in Care Quality Commission (CQC) inspection reports about nursing homes in the city picked up within the Council's own inspections?
- Whether unachievable budget savings that had contributed to forecasted pressures were poor practice and would the money still fall short? Where could further savings be found in services?

Direct Payments

It was noted that Officers had underestimated the impact and there would be an overspend at the end of the year due to demographics.

CQC Inspection Reports

Members were informed that concerns highlighted in CQC inspection reports of nursing homes in the city had been picked up by the Council and that Officers were working with those homes who had received Council placements. The Chair informed Members that a regular report on Residential, Nursing and Home Care Standards would be considered at Committee in April.

Unachievable Budget Pressures

It was noted that as the budget for Health and Wellbeing across the Council was large that there would always be fluctuations. Although some savings were labelled as needing further discussion, this did not mean that they were 'failures', but that all of the forecasted saving had yet to be reached.

Discussion took place on the content of Finance and Performance Monitoring Reports. It was noted that the Committee in previous years had received a quarterly finance and performance report. They now received a quarterly finance report and a six monthly performance report. It was suggested that the reintroduction of both reports could mean that a number of areas such as delayed transfers of care, access to Improving Access to Psychological Therapies (IAPT) services and information sharing be integrated across the reports more clearly.

Resolved: That the report be noted.

Reason: To update the Committee on the latest financial position for 2013/14.

79. Update Report on Introduction of NHS 111 Service

Members received a report which updated them on the performance of the service NHS 111. Dr Nigel Wells GP lead for the Vale of York Clinical Commissioning Group (VOYCCG) was in attendance to answer any queries that Members might have.

Comments and questions from Members regarding the report included;

- The existence of the service was still unknown to many members of the public, including retired GP's.
- Why had there been no national advertising for the number?
- The lack of clarity experienced by patients as to where they were being directed.
- What quantity of feedback on the service from the public was available?
- What measures were in place to help patients with mental health issues using the service?

- Had it been more successful in keeping people away from Accident and Emergency departments than the NHS Direct service?

In relation to advertising, Members were told that they should expect more publicity about the service this year but that there had been problems in this area nationally. Members felt it needed to be underlined that 111 should be seen as being important as people did not have to go through their GP's in order to access the service.

Regarding the lack of clarity of direction in where patients would receive their care, it was noted that the clinical pathways triage model used by the service would mean that only at a certain point would Clinical Advisers be involved in the call.

However, some Members pointed out that patients did not seem clear if they were being put through to the Out of Hours service and so ended up in the A & E department at the hospital. Another Member shared an anecdote about how her daughter had to ring the service a number of times before she had been directed to the correct place for care, and that on every call she had to repeat information. In response, it was reported that the technology of health care had lagged behind the training.

In relation to patient feedback, this was fed back to Yorkshire Ambulance Service (YAS) who then passed this on to regional governance committees who continually looked at and worked up this feedback.

It was noted that for patients with mental health issues, special patients notes were available for clinical advisers to access but this was subject to GPs uploading this information on to the system. Members were told that more information could be brought back to the Committee about this.

Regarding the effectiveness of the service, Members were reminded that NHS Direct was not intended to be a one number service. The 111 Service was a clinical triage model and that the level of complaints received were low and were most related to misdirection from provider to provider rather than the level or suitability of care received.

He also confirmed that the service had taken one million calls from in the Yorkshire and Humber area since the service was launched.

Resolved: That the report be noted.

Reason: In order for Members to be kept up to date with the performance of NHS 111 in York.

80. Update Report on use of Additional Funding for York Teaching Hospital (Urgent Care and Winter Pressures Money Update)

Members received an update report on how additional funding received for Urgent Care and Winter Pressures had been allocated. Becky Case, Senior Innovation and Improvement Manager from Vale of York Clinical Commissioning Group presented the report.

It was reported that £2 million of funding had been allocated to the Urgent Care Working Group who were responsible for dividing up the money between a number of schemes around different pressure areas. Criteria for funding included that schemes had to be achievable, measurable and innovative. It was noted that the Emergency Care Practitioner scheme would be continued, and that monthly reports would be produced on the success of the scheme. Schemes around early discharges from hospital were planned with some of the funding. It was also underlined that although a mild winter had been experienced that this did not correlate with a lower demand for services.

One Member asked a question about difficulties in finding beds in private care homes for the block and spot purchase of step-up and step-down beds project. In response, Members heard that this was due to a lack of bed managers. There were a number of inspections being carried out into private care homes to assess their suitability for transfer should patients need this support.

It was underlined that the schemes were about managing care outside of a hospital setting. If the schemes were not sustainable without the funding, it was reported that the CCG would have plans in place to resolve this.

Resolved: That the report be noted.

Reason: In order to keep the Committee informed of how the monies are being distributed.

81. Further Update on Francis Report

Members received a report which York Teaching Hospital NHS Foundation Trust which informed them of the Hospital's current position in relation to recommendations from the Francis Report.

Mike Proctor, the Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust was in attendance to present the report and answer Members questions.

He underlined his personal view that he felt the problems that had been encountered at Mid Staffordshire NHS Foundation Trust (as highlighted in the Francis Report) were a failing of the nursing profession itself and that patients would face poor outcomes and have bad experiences if nursing provided was not to an excellent standard. It was noted that the Hospital did read all complaints they received about care. They also wanted to avoid nurses feeling depressed about current perceptions of their profession and to reiterate confidence in the Hospital's nurses that they could do their work well.

It was reported that hospital management team meetings regularly started with examining patient stories of where the hospital had provided the right care and where it had not.

Some Members felt that there appeared to be no clear career progression for hospital staff in frontline such as Health Care Assistants. Did the opportunity exist for these staff to take a professional qualification to add to their skills?

It was reported that perhaps a previous approach to targeted recruitment of graduates had not been successful, but development of leadership skills was fundamental. This was particularly clear for Ward Sisters who needed to be excellent workers whilst being both on and off duty.

Following a question about the development of a 'Consequences Framework' for staff, Members were told this would be used as one system for compliance, rather than previous policies. The Framework would not allow for those who did not comply to retain their posts.

Resolved: That the report be noted.

Reason: So that the Committee are informed of the Hospital's current position.

82. Update Report-Provision of Medical Services for Travellers and the Homeless

No formal report on the Provision of Medical Services for Travellers and the Homeless had been provided for Members of the Committee to consider.

However, in response to comments made by Jeremy Jones under Public Participation (Minute Item 77 refers), the Director of Public Health and Wellbeing informed the Committee of the current situation.

It was noted that the last report received by the Committee on the Travellers and Homeless Medical Service illustrated that these services were now provided across 11 GP practices across the city. Health Needs Assessments had been carried out across the Traveller Communities but that due to the long term absence of two key people involved in its production, this had not yet been completed or presented to the Clinical Commissioning Group.

The Chair stated that it was very unfortunate that the two key people involved in the services were absent, but thanked the Director of Public Health and Wellbeing for the update.

83. Work Plan Update

Members considered the Committee's work plan.

Resolved: That the work plan be agreed with the following addition;

- For the Committee to receive the Health and Wellbeing Board's Annual Report from the Chair of the Health and Wellbeing Board at their meeting in April.

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

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