

Meeting	Health Overview & Scrutiny Committee
Date	14 January 2015
Present	Councillors Doughty (Chair), Funnell (Vice-Chair), Burton, Runciman, Douglas, Hodgson and Watson
In Attendance	Councillor Fraser

50. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business in the agenda.

Councillor Doughty clarified that one of his standing declarations which had been included within the agenda papers should be amended as his partner no longer worked for The Retreat.

Councillor Funnell declared personal interests in that she was no longer a trustee of York Centre for Voluntary Service (CVS) and was a member of the York Health and Wellbeing Board's Mental Health and Learning Disabilities Partnership Board.

Councillor Hodgson declared a personal interest in Agenda Item 8 (Update Report on Re-procurement of Musculoskeletal (MSK) Services) as a recent former patient.

No other interests were declared.

51. Minutes

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 26 November 2014 be signed and approved by the Chair as a correct record.

52. **Public Participation**

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

Dr Judith Glover spoke under Agenda Item 3 (Public Participation) regarding the Continuing Healthcare fund which provided nursing care for those who left hospital, granted by the Clinical Commissioning Group. She felt that one factor in bedblocking in Accident and Emergency Departments could be caused by this system and the actions of some CCGs to not allow patients to pay the difference for their care. She shared a personal experience of her terminally ill father and the difficulties she had finding him a place in a care home as the area in which he was resident would not allow for her to pay the difference for his residential care fees as Continuing Healthcare funding was rooted in 1944 Health legislation in which a family cannot top-up funding. She felt the system would lead to delays in hospital discharges, greater anxiety and higher costs for the taxpayers. Dr Glover urged the Committee to request the CCG to respond to the comments she had shared with them.

Andrew Butler spoke regarding Agenda Item 5 (Feasibility Report into Proposed Scrutiny Review of NHS Funding in York). He paid credit to Councillor Fraser for his motion to Council and the request for a review and felt that there was merit in investigating a number of issues such as psychological therapies waiting times and CCG spending per head. However, he suggested that the Committee played close attention to the suggestion that any review remit should have a narrow focus.

Rachael Maskell spoke in regards to Agenda Item 10a) (Urgent Business-Accident & Emergency). She talked about a need to focus on the ambulance service and pointed to a pilot in Surrey that had been carried out where up skilled paramedics had taken pressure off Accident and Emergency Departments. She also felt that capacity needed to be looked at in regards to the wellbeing of those working in the health sector, some of whom felt over-worked.

Dr Mark Hayes, Chief Clinical Officer for the Vale of York Clinical Commissioning Group (CCG) was in attendance at the meeting and responded to the comments raised by Dr Glover.

He informed her that once a patient had been awarded money from the Continuing Healthcare Fund a brokerage system was used where quotes were sought from various care homes. Comparative quotes would also be sought from outside of the region. Normally, the cheapest care home would be the one suggested by the CCG but this might not have been the one suggested by the local CCG where Dr Glover's father had been resident.

53. 2014/15 Second Quarter Financial, Performance & Equalities Monitoring Report-Health & Wellbeing

Members received a report which analysed the latest performance for 2014/15 and forecasted the financial outturn position, by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care, and Public Health Services falling under the responsibility of the Director of Public Health.

Clarification was sought as to why the Vale of York CCG had a lower GP participation rate on health checks for people with Learning Disabilities. It was noted although these were not mandatory, and therefore the data given had not come from all GP practices in the Vale of York area, Officers could write to those who had not yet contributed information.

In regards to an overspend in the Elderly Persons Homes (EPH) budget, Officers explained to Members that some parts of the budget were located in different departments of the Council which made it harder to see an overall picture of the costs and they admitted that some maintenance issues in EPH's still remained.

Regarding the topic of the budget set for Deprivation of Liberty Safeguards (DOLS), in light of a recent court judgment, Officers informed the Committee that they would review the budget and reduce it if necessary. They added that if the judgment remained in place there would be a significant backlog of applications to be processed.

Resolved: That the report be noted.

Reason: To update the committee on the latest financial and performance position for 2014/15.

54. Feasibility Report into Proposed Scrutiny Report of NHS Funding in York

Members received a feasibility report into a proposed scrutiny review of NHS Funding in York.

Councillor Fraser introduced his proposed scrutiny topic and joined tributes that had already been paid by others to NHS staff in York despite the challenging work they undertook. He outlined his reasons for why he felt the Committee should undertake a review on the topic namely that;

- There was a disparity of funding allocations despite ongoing difficulties with funding of York and North Yorkshire Primary Care Trust.
- There was further unfairness in allocation of emergency funding in Northern regions compared with other regions.
- There was a need to look at the whole system and make the best use of resources.
- There was a need to highlight pressures and financial constraints on the population.
- There was a need to examine what measures might alleviate pressures and what strategies could be developed for complimentary care.

Discussion took place between Members on the proposed topic. The following points were raised;

- There was a limited time to conduct the review before purdah began at the end of March.
- Although the funding arrangements did need to be reviewed, this was currently being examined in Parliament.
- The Better Care Fund could be used to help Older People live at home, and this was where most financial pressures had shown themselves to have been occurring.
- That the major pressures the Hospital faced were too politically charged and so it would be sensible not to carry out a review at this point in time.

The Chairman of York Hospital was in attendance at the meeting. He felt that although the topic was worthy of investigation there were a number of other current major concerns that would mean that Hospital would be unlikely to respond to a review.

Factors such as the pressures on Accident and Emergency and an upcoming Care Quality Commission Inspection in March contributed to this.

Resolved: That the report be noted and that the Committee agree to not carry out a scrutiny review of local health services in York, at this moment in time.

Reason: To ensure compliance with scrutiny procedures and protocols.

55. The Care Quality Commission's Presentation on New Approach to the Inspection of Care Homes

Members received a report which informed them of the principles that guided how the Care Quality Commission (CQC) inspected and regulated care services in the future. Jo Bell, the Lead Inspection Manager for the North from the CQC was in attendance to present the report and to answer Members questions.

Members were informed that;

- The main focus was on better engagement and to put the individual at the centre of everything that the CQC did, as a result CQC reports now included personal comments from individuals.
- Between the middle of January and the end of March CQC would inspect 20 residential, nursing and homecare services in the York area.
- That inspection teams tended to be larger and included specialists in certain areas, such as dementia.
- They could now take enforcement action such as issuing a Fixed Penalty Notice if a Care Home did employ a Registered Manager.
- Inspections were unannounced.

Members asked if the CQC would suggest a topic for the Committee to review. In response, themed inspections were mentioned. It was also noted that time had been spent recruiting people with experience with patient groups like Age UK and Mencap to CQC Inspections Teams.

Resolved: That the report be noted.

Reason: To update the Committee on the CQC's new approach to regulating and inspecting services.

56. Chair's Report- Health and Wellbeing Board

Members received a report from the Chair of the Health and Wellbeing Board on the work of the Board. Members were informed by Officers that recommendations from Healthwatch were monitored through an action plan which was taken back to the Board for consideration.

Resolved: That the report be noted and that the Chair be thanked for her report.

Reason: To ensure compliance with scrutiny procedures and protocols.

57. Update Report on Re-procurement of Musculoskeletal (MSK) Services

Members received a report which informed them of the plans that the Vale of York CCG were undertaking in the re-procurement of the current Musculoskeletal Service (MSK) due to the expiry of the current contract.

Members were informed about an upcoming public consultation event where it was hoped to gain views from members of the public to inform the re-procurement. However, if the event did not take place, those who had expressed an interest in attending would be contacted to obtain their views.

Resolved: That the report be noted.

Reason: So that Members are kept informed of the plans of the re-procurement of this service for York residents.

58. Work Plan

Members considered the Committee's work plan for the rest of the 2014/15 municipal year.

The Chairman of York Hospital who was in attendance at the meeting suggested that the Committee might wish to add in the Care Quality Commission's (CQC) Inspection Report on York Hospital on to their work plan.

It was also noted that Yorkshire Ambulance Service (YAS) had an upcoming CQC inspection and suggested this could also be added.

A general topic for suggested for investigation at a later date was that the Committee might wish to look at how the Public Health Grant had been spent over the last year.

Resolved: That the work plan include the following;

- The CQC Inspection Report on Leeds and York Partnership NHS Foundation Trust be added to the Committee's agenda for the February meeting.
- The CQC Inspection Report on York Hospital be added to the Committee's agenda for June.
- The CQC Inspection Report on Yorkshire Ambulance Trust be added on to a future agenda.
- That an item on how the Public Health Grant had been spent over the past municipal year be added on for consideration at a future meeting.

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

59. Urgent Business

59a) Urgent Business-Accident and Emergency

Mike Proctor, the Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust was in attendance to give Members an update into the current situation in regards to increasing pressures that were

being faced in the Accident and Emergency (A&E) Department and were being reported in the media.

It was outlined that;

- At the peak time over Christmas there was an 11.5% increase in admissions to A&E and a 9% increase in presentation at A&E by ambulance.
- The percentage of patients that attended A&E with pneumonia and respiratory conditions was up to 80%.
- Attendance rates in Scarborough had been worse than in York, and outpatient and elective work, some of which were urgent elective operations, had to be cancelled as a result.
- The hard work of staff had been keeping patients safe.
- The hospitals were limited by capacity and faced difficulties recruiting staff and were having to recruit from overseas.
- The main focus was to look after older patients and to keep patients safe.
- The situation showed that it was not just a case of putting in more beds but actively seeking out new models of care in order to address problems faced.

The Chair paid tribute to the dedication of the staff at the Hospital. The Director of Adult Social Care also paid tribute to staff in Health and Social Care who had dealt with similar pressures encountered by the hospital with only a smaller numbers of staff in the community.

A full discussion took place during which the following issues were discussed;

- Whether the increase of calls to the NHS 111 Service was a root cause to admissions in A&E.
- The current availability of Residential Care Home places for elderly patients to be discharged from hospital onto.
- Changing people's behaviour to inform them as to what a doctor can do for them and what a nurse can do (i.e. they do not just have to be seen by a doctor).
- Population growth and the effect on hospital services (particularly maternity).

The Chair, on behalf of the Committee, thanked the Deputy Chief Executive for attending the meeting, updating Members on the current situation and answering their questions.

Councillor Doughty, Chair

[The meeting started at 5.32 pm and finished at 7.45 pm].