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| Meeting | Health Overview & Scrutiny Committee |
| Date | 28 May 2014 |
| Present | Councillors Funnell (Chair), Burton, Hodgson, Jeffries, Richardson (Substitute for Councillor Doughty) and Watson |
| Apologies | Councillors Douglas & Doughty |

1. **Declarations of Interest**

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

Councillor Funnell declared a personal interest in Agenda Item 5 (Be Independent Community Equipment and Response Service) as a non Executive Director. During this item she withdrew from her position as Chair and took no part in the discussion.

Councillor Richardson declared standing personal interests in the remit of the Committee as a patient at Haxby Medical Centre and as a frequent user of Yorkshire Ambulance Services due to ongoing treatment at Leeds Pain Management Unit.

No other interests were declared.

2. **Minutes and Matters Arising**

In reference to Minute Item 96 (Draft Final Report- Personalisation Scrutiny Review), Councillor Jeffries requested that a future review on this topic focus on Learning Disabilities as well as Mental Health.

Regarding Minute Items 95) and 99) (Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) the Chair requested the Committee to nominate another Member to serve on the Joint Health OSC.

In light of Councillor Wiseman no longer being a member of Health OSC, the Chair volunteered to undertake the role of being nominated as the Committee's representative on the Joint HOSC.

Resolved: (i) That the minutes of the Health Overview and Scrutiny Committee held on 23 April be signed and approved by the Chair as a correct record.

(ii) That Councillor Funnell fulfil the role of the Committee's representative on the Joint Health OSC.

3. Public Participation

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

Roger Pierce spoke regarding the minutes of the previous meeting, specifically in regards to the merger between York Medical Group and Minster Health. He questioned why the Committee had formally endorsed the merger. He also made a number of other points, these included;

- He complained to NHS England about the lack of information that had been given to patients about the merger.
- That he had been informed by the current Practice Manager at Minster Health (where he was a patient) that public consultation regarding the merger had been carried out via Facebook and Twitter.

The Chair explained that Members had endorsed the merger as by the time it was presented to the Committee the merger had already taken place. She suggested that the Committee may ask for a progress report at a later date.

4. Presentation by City of York Council's Head of Transformation about her work around Adult Social Care

Members received a presentation from the Council's Head of Transformation about work around Adult Social Care.

Members were told that although they had received a briefing paper on the Better Care Fund to accompany the presentation, the Fund itself was only one national driver in the transformation of Adult Social Care. It was reported that the Council's Public Health programme would try to look at Transformation from the residents' view and would ask what their experiences were in the care they had been given. The programme would look at how to reduce visits to the Hospital's Accident and Emergency (A&E) department and the use of reablement services. The programme was about joined up delivery of care in the city.

In response to a Member's question about Care Hubs, it was reported that an initial pilot between the Council, the Vale of York Clinical Commissioning Group and Priory Medical Group (PMG) had been developed. The Chair added that as PMG had a large patient base this would help the Council to identify why, for example, certain people used A&E.

Members were informed that the start of the pilot would be to map the journey of people from nursing and residential care into A&E and to examine what could be done to prevent regular admittance into A&E. The pilot would then focus on those people who used lots of different care services in the city.

Discussion took place between Members and Officers and the following questions were raised;

- How much patient involvement there would be in the pilot and how would this be publicised?
- How would the pilot identify to Care Services those people who were difficult to engage?
- Would work be carried out with those who lived alone, or those who had not seen in a doctor in a long time but had past medical history?

It was reported that discussions were underway about patient involvement in the pilot, contact had already been established with small groups of people in nursing and residential homes and some had confirmed that they wished to be involved in the pilot. In addition, Priory Medical Group would also write to their patients to inform them of the pilot.

In order to engage with groups who were 'difficult to reach', different formats of the pilot would be used.

It was also reported that an Emergency Care Practitioners (ECP) Pilot would be undertaken. ECPs took calls from the 999 service and often treated lone people. The practitioners involved in the ECP pilot would try to connect those people with the relevant services.

The Chair thanked the Head of Transformation for her presentation and requested that regular reports be presented to the Committee on the progress on the projects mentioned.

Resolved: That the presentation be noted.

Reason: So that Members are made aware of ongoing work around Adult Social Care.

5. Be Independent Community Equipment and Response Service

Following the withdrawal of Councillor Funnell from the Chair, Members were asked to elect a Chair for this item. Councillor Jeffries was duly elected as Chair.

Members received a report which presented them with new information about how Be Independent was developing new ways of delivering services in York. The Chief Executive from Be Independent was present at the meeting to answer Members' questions.

The following questions were discussed;

- How could income be generated through the service?
- Would Be Independent offer equipment repair services for other providers in the city?
- What publicity had been carried out to advertise Be Independent services?
- Was there a way in which people could access other lonely people in sheltered housing through warden call?
- What methods would be use to get feedback and complaints?

The following responses to the questions were received;

- Be Independent had a control room for monitoring those who used their services, for a charge other providers could use this. Equipment could also be sold to those people who did not wish to go through the Council's social services team.
- Be Independent could look at providing an equipment repair system.
- Publicity had been carried out through advertisements in the Local Link magazine.
- If financially viable Be Independent could offer a 'check in' service for users of warden call.
- Equipment assessments would take place via telecare or via the Independent Living Assessment Centre. It was hoped that this centre would have a hub located at the Community Stadium.
- In order to reduce health inequalities, an aim of the service would be to capture those people who wanted a low level of support.
- Feedback and complaints would be captured via postcards with two questions on, every time a warden responded to an emergency they would leave a postcard. The questions included on the postcard would be:
 - How was your interaction with the service?
 - What one thing could have made it better?

The Chair thanked the Chief Executive for attending the meeting to answer Members' questions.

Resolved: That the report be noted.

Reason: To keep Members informed of developments associated with Be Independent.

6. Men's Health Scrutiny Review Topic

During this item Members considered whether they wished to continue with a scrutiny review topic focused around Men's Health in the new municipal year.

The Chair felt that the topic was too wide reaching to start a scrutiny review at the present time. This was due to resources and men being reluctant to talk about health issues.

She clarified with Members that the issue would not be off the Committee's radar but that other bodies such as the Health and Wellbeing Board, Healthwatch or the Council's Public Health Team may look at a Men's Health Topic instead.

Resolved: That the Committee do not continue with the review into Men's Health at the present time.

Reason: It was felt that the topic was too wide and that others may be better placed to carry out this work.

7. Possible Topics for Scrutiny Review during the Municipal Year

Members discussed a number of potential scrutiny topics to undertake a scrutiny review on during the 2014-15 municipal year.

The Chair informed the Committee that at a Scrutiny Work Planning Event there was widespread support to undertake another corporate review carried out across all scrutiny committees during the municipal year. The consensus from that meeting was a corporate review around supporting elderly people.

Following discussion it was agreed that the following topics should be taken forward for review:

- Improving Access to Psychological Therapies
- Personalisation with a narrower remit focused around Mental Health
- A topic based around Older People's Services (subject to confirmation of the topic from (CSMC))

The Chair asked for volunteers for the three task groups to contact her via email so work could begin on scoping the three topics.

Resolved: That the above topics be progressed to review.

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

8. Work Plan 2014-15

Members considered the Committee's work plan for 2014-2015.

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 5.30 pm and finished at 7.00 pm].