

Health Scrutiny Committee

31 March 2008

Report of the Head of Civic, Democratic and Legal Services

Work planning for Health Scrutiny 2008

Summary

1. This report is to ask members to confirm their work planning programme for the remainder of 2008.

Background

2. At the meeting of 24 September 2007 members agreed that their work programme for the remainder of the municipal year would include:
 - a. Contributing to the “Annual Health Check” – the self-assessment process for NHS trusts run by the Healthcare Commission.
 - b. Taking an overview of the procurement process for a host organisation to run the new Local Involvement Network (LINK) which will replace Patient and Public Involvement Forums from April 2008.
3. At the meeting of 5 November 2007 members agreed that they would consider the work of the PCT’s referral policies and individual case panel before they embark on a scrutiny review.
4. On 7 January 2008 the Director of Public Health and the Medical Director of the PCT attended the meeting and informed members about the major programmes involving expenditure from the health budget. They described how non-standard or high-cost treatments which are outside the normal clinical framework can be decided upon by an individual case panel.
5. Members decide to hold an informal seminar with the Director of Public Health to examine decision making on health budgets. This “Investing in Health” event was held on 18 February 2008 and members were joined by partners from the voluntary sector and patients’ organisations. Dr Brambleby demonstrated programme budgeting, which demonstrates which health programme money has been invested in order to plan for better efficiency, effectiveness and equity.

He used this to demonstrate marginal analysis which reveals changes in costs and benefits as resources in programmes are increased or decreased.

6. On 7 January members also agreed that the long-term conditions which they would focus on would be mental health and musculo-skeletal conditions, although resources would not be likely to permit both areas to be focused on at one time.
7. Members agreed to do some scoping work around these programme areas. This has been carried out with particular regard to mental health provision. This is potentially a very big area and it will be important to narrow the scope of any potential topic to a manageable size.
8. The advice of the Director of Housing and Adult Social Services has been sought and he is of the opinion that dementia care is both a local and national priority for attention in view of the anticipated demographic changes.
9. The Council is already embarking upon a jointly commissioned piece of work with NYYPCT on the strategic and resource issues around dementia care. Recommendations will be made to the Joint Strategic Integrated Commissioning Group. He would not therefore recommend scrutiny of dementia care in its totality, partly because of the size and complexity of the issues, and partly because it would duplicate work already being undertaken.
10. However there are other aspects of dementia care that are not within the scope of this jointly commissioned work. There are increasing numbers of older people with dementia who are accessing secondary care at York District Hospital and there may be areas around this where this committee could add value. This may be around information available to staff, the experience of carers and the challenges of providing a personalised service around a hospital setting.
11. Scoping work is not yet complete with regard to musculo-skeletal pathways. Graham Purdy from NYYPCT has been invited to the meeting to discuss the possibility of a scrutiny around this issue and an achievable scope and focus for the work. If members wanted to consider the commissioning of services they may also wish to work with the York practice-based commissioning group.

Consultation

12. The scrutiny officer has been in regular contact with officers of the leading Health Service organisations and officers from Adult Social Services in connection with their contributions to the Committee's work.

Options

- a. Members may or may not decide to focus on mental health (dementia care) or on musculo-skeletal pathways. They may decide to carry out further scoping work on one or both of these areas.
- b. They may also agree the draft work plan attached at annex A.

Corporate Priorities

13. Relevant to Corporate Priority 7 – Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

14. There are no known financial, HR, Equalities, Legal, Crime and Disorder, IT or other implications at this stage.

Risk Management

15. In compliance with the Council's risk management strategy. There are no known direct risks associated with the recommendations of this report.

Recommendations

16. Members are asked to decide if they wish to carry out an investigation into one of the topics mentioned above and to carry out further scoping work with a view to agreeing a remit for the project at their next formal meeting.
17. Members are also asked to agree the draft workplan attached at Annex A.

Reason: In order to carry out their duty to promote the health needs of the people they represent.

Contact details:

Author:
Barbara Boyce
Scrutiny Officer
01904 552909
barbara.boyce@york.gov.uk

Chief Officer Responsible for the report:
Quentin Baker
Head of Civic, Democratic and Legal Services

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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A – Draft Work plan

Background Papers

None