

## Health Scrutiny Committee

3 June 2008

### Report of the Head of Civic, Democratic and Legal Services

### Work planning for Health Scrutiny 2008

#### Summary

1. In light of the changes to the Committee at Annual Council, this report re-presents the draft work plan previously considered at the meeting in March 2008 and asks Members to confirm their work programme for the remainder of 2008.

#### Background

2. At a meeting in September 2007, Members agreed that their work programme for the remainder of the municipal year would include:
  - Contributing to the “Annual Health Check” – the self-assessment process for NHS trusts run by the Healthcare Commission.
  - 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 a meeting of 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. In January 2008, the Director of Public Health and the Medical Director of the PCT attended a meeting to inform 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 could 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. At their meeting in January 2008 Members also considered carrying out a review of a long-term condition and chose to focus on either mental health or musculo-skeletal pathways. It was recognised at that time that available resources would not permit both areas to be focused on at one time.
7. Members agreed to do some feasibility work on both areas recognising that each was potentially very big and therefore it would be important to narrow the scope of any potential topic to a manageable size.
8. In regard to mental health provision, the Director of Housing and Adult Social Services provided information for the last meeting advising the Committee that dementia care was both a local and national priority for attention in view of the anticipated demographic changes. As the Council was already embarking upon a jointly commissioned piece of work with NYYPCT on the strategic and resource issues around dementia care, he did not 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.
9. 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. Members recognised that the PCT were undertaking a lot of work around mental health issues and therefore a complimentary piece of work the Committee could undertake was to examine how people with dementia accessed secondary care and how their needs were being met. Members agreed that this could be a large area of work which could include day cases and problems experienced with care and by carers. The Committee could also look at information available to staff, and the challenges of providing a personalised service around a hospital setting.
10. In regard to musculo-skeletal pathways, Graham Purdy from NYYPCT also attended the last meeting of this Committee to discuss the possibility of a scrutiny around this issue and an achievable scope and focus for the work. He informed the Committee that the PCT were preparing a report over the next 3-6 months which would examine the falls programme including prevention at the front end and alternative approaches, and he agreed to prepare details of what the Local Authority could do to assist in the prevention of falls. The Committee also learnt that Dr Lethem, Chair of the York Health Group, was also undertaking work in this area and was using practice data and details of emergency admissions to examine whether some falls were preventable.
11. The Committee have previously expressed an interest in undertaking some exploratory work in this area by either visiting the York Health Group or for a representative of the Group to attend a future Committee meeting.

## 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

13. Having considered the information within the report, Members may choose to carry out a review of either mental health (dementia care) or musculo-skeletal pathways.
14. Members may also amend and/or approve the draft work plan attached at Annex A.

## Corporate Direction & Priorities

15. The work of this Committee supports the Council in their priority to 'Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest/.

## Implications

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

## Risk Management

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

## Recommendations

18. Members are asked to decide if they wish to carry out a scrutiny review of one of the topics mentioned above and in doing so, agree a remit for the review in order that a scoping report can be presented at the next meeting of this Committee.
19. 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.

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**Report Approved**



**Date**

19 May 2008

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All**



**For further information please contact the author of the report**

**Background Papers:** None

**Annexes:** Annex A – Draft Work Plan