
Scrutiny Management Committee

17th November 2008

Report of the Head of Civic, Democratic & Legal Services

Update on the Work of the Health Scrutiny Committee

Summary

1. This report presents a summary of the work undertaken by the Health Scrutiny Committee since April 2008.

Background

2. The Health Scrutiny Committee was formed in May 2006 to carry out the statutory health scrutiny function, which was previously under the remit of the Social Services and Health Scrutiny Board.

Consultation

3. Since April 2008 the Committee have been working on the following topics:

Local Involvement Networks (LINKs)

4. LINKs are the independent, formally constituted bodies that have now replaced the Patient and Public Involvement Forums previously attached to all NHS Trusts. LINKs differ from previous systems as they are based on broad networks rather than on small specialist groups, involving representatives from organisations as well as individuals, and addressing issues across health and social care rather than focussing on individual organisations or services.
5. Government Legislation required Local Authorities to commission a Host organisation to enable, support and facilitate the LINK in its activities. In order to achieve this the City of York Council received £108k per annum for three years and an additional sum of £10k towards set up costs. As a result of a tender exercise, North Bank Forum (NBF) for Voluntary Organisations were the successful tender and were awarded a three-year contract that commenced on 1st April 2008.
6. The Chair and Scrutiny Officer have also attended a workshop regarding good practice between Health Scrutiny Committees and LINKs and the launch event for the York LINK. The Chair will be attending a facilitated LINKs workshop on 17.11.2008, which aims to define and clarify the roles and responsibilities of the Health Scrutiny Committee, LINKs, the LINKs Host and the Healthy City Strategic Partnership.

Dental

7. The Health Scrutiny Committee has a keen interest in dental provision within the York area. At a meeting on 7th July 2008 discussions were had with the Assistant Director of Commissioning and Service Development at the Primary Care Trust (PCT). Members of the Committee expressed concern regarding the information they were given and in the way that it was presented. A further informal meeting with the PCT was therefore undertaken to discuss the best way of reporting information back to the Committee. This work is still ongoing and it is hoped to be able to report further on this in the near future.

Dementia Review

8. In July 2008 Members received a scoping report outlining the remit for the 'Dementia Review'. The remit is detailed below:

Aim

To look at the experience of older people with mental health problems (and their families/carers) who access general health services for secondary care in order to identify where improvements may be required.

Key Objectives

- i. Where patients with mental health conditions access general, secondary health services, investigate whether their mental health problems are recognised and whether the connection is made between them and the required treatment.
 - ii. To identify ways in which healthcare professionals may assist patients with mental health conditions to overcome the barriers they face when accessing secondary care.
 - iii. To investigate ways of improving the safety of patients with mental health conditions and the secondary healthcare providers who have contact with them.
 - iv. To develop initiatives for improving the experiences of mental health patients using general, secondary health care and their families/carers.
9. The Committee held an informal evidence gathering day on 1st September 2008, which was well attended by both health service providers and representatives of the voluntary organisations. The information gathered from this was fed into an interim report and Members decided that they required further information from various organisations. At a formal meeting on 6th October, after hearing further information, Members of the Committee felt that they were in a position to make some recommendations. These recommendations were presented in a draft final report to the Committee on 3rd November 2008 where they were agreed. These will be presented to Scrutiny Management Committee (SMC) at a meeting on 17th December 2008.

Informal Training Day

10. In June of this year Members of the Committee attended an informal training day that presented information on the functions of the Committee, Practice Based Commissioning, Falls Prevention, corporate overview of the PCT, Overview of the Yorkshire Ambulance Service (YAS), LINKs and overview of the Acute Trust.

Adopting a Joint Scrutiny Protocol for Health

11. In October 2008 Members considered a report that presented them with a draft protocol for the Yorkshire & Humber Council's Joint Health Scrutiny Committee. The protocol had been developed as a framework for carrying out scrutiny of regional and specialist health services that impact upon residents across Yorkshire and Humber under powers for Local Authorities to scrutinise the NHS contained in the Health and Social Care Act 2001.
12. The protocol has been jointly drafted between 15 Local Authorities and has, or is in the process of, being presented to all these Authorities for adoption. Members decided to adopt the protocol thus allowing City of York Council to clarify its part in scrutinising health services which could affect York residents, but are not necessarily provided within an NHS Trust within the Council's boundaries.

Other

13. The Committee received a report in relation to consultation on the NHS Constitution. They decided not to go ahead with this as the majority of the proposals in the NHS Constitution were non-controversial and the Committee did not feel that further comment was required.
14. A progress report was also received in relation to the Healthy City Board which highlighted its current priorities in light of the newly launched Sustainable Community Strategy (SCS) and Local Area Agreement (LAA). It was decided that the Committee would receive further updates if targets were off track.
15. Outside and informal events are a large part of Health Scrutiny. Various Members of the Committee and the Scrutiny Officer attend related external events wherever possible. The Committee now receive a quarterly information report outlining these. Examples of such events are Regional Health Scrutiny Officer's meetings, visits to York Hospital, meetings with the PCT, launch of York Carer's Forum, and workshops on LINKs & regional specialist commissioning.

General Work Planning

16. The Health Scrutiny Committee has an ongoing work plan, which is attached, at Annex A to this report. This is a fluid, working document and constantly changes to reflect the upcoming issues to be determined at future Committee meetings.

Options

17. This report is for information only.

Analysis

18. This report is for information only

Corporate Values

19. This report is relevant to the following Corporate Value:

'Encouraging improvement in everything we do'

Implications

20. There are no known Financial, HR, Equalities, Legal, Crime & Disorder, IT or other implications associated with this report.

Risk Management

21. In compliance with the Council's risk management strategy, there are no risks associated with the recommendations in this report.

Recommendations

22. Members are asked to note the report.

Reason: To inform Scrutiny Management Committee of the work and progress of the Health Scrutiny Committee.

Contact Details

Author:

Tracy Wallis
Scrutiny Officer
Scrutiny Services
01904 551714

Chief Officer Responsible for the report:

Quentin Baker
Head of Civic, Democratic & Legal Services
01904 551004

Report Approved



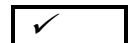
Date 04.11.2008

Specialist Implications Officer(s)

None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Copy of the Current Work Plan for the Health Scrutiny Committee