
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	8 MAY 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), BOYCE, CUTHBERTSON, DOUGHTY (VICE-CHAIR), FITZPATRICK, HODGSON AND RICHARDSON(EXCEPT MINUTE ITEMS 58-62)
IN ATTENDANCE	ANNA WALTERS-HALLIDAY (NHS NORTH YORKSHIRE AND YORK) JAMES CRICK (NHS NORTH YORKSHIRE AND YORK) ALAN ROSE (YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) PAT SLOSS (NHS NORTH YORKSHIRE AND YORK) HELEN MACKMAN (LEAD GOVERNOR, YORK HOSPITAL GOVERNORS) ANNE LEONARD (DEFEND OUR NHS YORK) BETH HURRELL (DEFEND OUR NHS YORK) GWEN VERAGE (DEFEND OUR NHS YORK) CATHERINE SURTEES (YORK COUNCIL FOR VOLUNTARY SERVICES (CVS)) JOHN BURGESS (YORK MENTAL HEALTH FORUM) SALLY HUTCHINSON (AGE UK & YORK OLDER PEOPLE'S FORUM)

JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY)

GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY)

LESLEY PRATT (YORK LOCAL INVOLVEMENT NETWORKS (LINKS))

CAROL PACK (YORK LINKS-NORTH BANK FORUM)

JANET PAWELEC (YORKSHIRE AMBULANCE SERVICE NHS TRUST)

PAUL MURPHY (CITY OF YORK COUNCIL)

58. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests, other those listed on the standing declarations of interests attached to the agenda, that they might have had in the business on the agenda.

Councillor Doughty declared a personal non prejudicial interest in the remit of the Committee as a member of York NHS Foundation Teaching Trust and asked that this be added to the list of standing declarations.

Councillor Fitzpatrick declared a personal non prejudicial interest in Agenda Item 7 (York's Joint Strategic Needs Assessment 2012) as she had contributed to the JSNA.

Councillor Boyce requested that her standing declaration that her Mother was in receipt of Care Services be deleted.

Councillor Funnell also requested that her standing declaration that she was a member of York LINKs Pharmacy Group be deleted.

No other interests were declared.

59. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 14 March 2012 be approved and signed by the Chair as a correct record.

60. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

However, the Chair did allow a speaker to make representations during the Public Participation item.

Sally Hutchinson from Age UK and York Older People's Forum shared her concern about cuts to Mental Health day services for Older People in York with the Committee. She informed them that users of the Cherry Tree House Unit had to move out of the present building and that the search had begun to find a suitable alternative venue. It was not clear if funding for the unit would be retained after February 2013. She felt that social support was a medical issue, and therefore funding should not be cut.

61. BRIEFING ON NHS 111 SERVICE

Members received a briefing on the new nationally mandated NHS 111 service.

During the briefing Members were informed that;

- The 111 service would replace NHS Direct
- That the service would be available nationally from April 2013
- That a local service directory would exist to identify the service needed by the patient, and that the responsibility for maintaining this would rest with the providers of the service.
- That it was felt that the maintenance of the directory, rather than the infrastructure itself would determine the success of the 111 service.

- That the service would allow for information reports and statistics to be collected in order to inform clinical plans and strategies.
- That a patient capacity feature would be installed in the system, to allow for direction of the patients to other hospitals if the nearest one was full.
- That the patient would not receive a callback from the call handlers, but would be dealt with immediately.
- That if a call handler received a complicated case it would be immediately handed over to a clinician.

Members asked a number of questions about the new system including;

- How would the call staff be trained?
- How much resource gathering would take place through the system?
- How long would it take for the 111 number to become immediately recognisable to the public?
- How would the system deal with social care complexities?

Some Officers felt that the question about social care was particularly pertinent, in that although a fraction of the calls that call handlers were likely to receive would relate to the social care system, they would still need to know where to direct users to social care services in the Local Authority.

In response to the questions asked, the representative from NHS North Yorkshire and York, informed the Committee that; call handlers would have 60 hours of training before they took calls, that they would be significantly tested and that a clinician would be directly available to take over from the call handler if they did not feel confident in dealing with a caller's query.

Some Members felt that the system would not be flexible enough to deal with caller's needs, in that the call handlers would possibly work from a script and the outcome of what service could be provided would be computer generated.

In response to a question about how flexible the system would be in answering patient queries, it was noted that if appropriate, the call handler could direct the caller on to a more appropriate pathway.

The Chair felt that a further update on the progress in the implementation of the NHS 111 service was needed at a future meeting of the Committee.

- RESOLVED:
- (i) That the briefing be noted.
 - (ii) That a further update on the NHS 111 service be received by the Committee at a future meeting.

REASON: In order to keep the Committee informed of the progress of the NHS 111 system.

62. LOCAL HEALTHWATCH: PROGRESS UPDATE

Members received a report which updated them on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by April 2013.

Officers updated the Committee on the progress of the commissioning process. It was noted that the final service specification was currently being produced, and that it would be commented on by the Shadow Health and Wellbeing Board before being signed off by the Cabinet Member. After this process a tender for a host for HealthWatch would be launched, and it was hoped that this provider would be confirmed by November. Members were also informed that the contract for NHS Complaints Advocacy would be put out as a separate tender.

Some Members asked questions about the level of challenge to the commissioning process and how the existing LINK service would continue effectively with a reduced budget during 2012-13.

The Committee was informed that it was felt that the level of challenge to commissioning was low, as the public consultation had been very thorough. In relation to reduced funding, it was noted that funding for the LINK steering group would not be cut, and that York LINK was still supported by a dedicated staffing team.

Discussion between Members and Officers related to the following issues;

- The level of influence and power that HealthWatch would have as a champion for patients, service users, and the public in the city.
- Whether HealthWatch, if it also delivered other services, would be able to act independently.
- That lay representation needed to be involved in the procurement process of the two parts of HealthWatch.

It was noted that Local HealthWatch would have the power to make referrals about serious concerns to HealthWatch England and the Care Quality Commission, who would investigate case reviews.

Officers also informed the Committee that Local Health Watch York would be a distinct standalone entity.

It was also reported that HealthWatch was one of several methods whereby patients and members of the public could share their opinions on Health and Social Care. Others included Patient Engagement Forums and York Hospital Trust Membership.

Members felt that that lay representation was crucial in the development of the progression of the new HealthWatch arrangements.

RESOLVED: That the report be noted and a further update be provided at the next meeting of the Committee

REASON: To oversee the transition from LINKs to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

63. TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES

Members received a report from the Director of Communities and Neighbourhoods and the Associate Director of Public Health which set out the plan for the transition of public health responsibilities from NHS North Yorkshire and York to City of York Council.

The Director of Communities and Neighbourhoods attended the meeting along with the Associate Director of Public Health. The Director informed the Committee that she saw the importance of Public Health issues as wide reaching, in that it could affect other areas such as housing in the city.

Further information was provided to Members on the governance arrangements and it was reported that some staff from the Primary Care Trust would be seconded over to work within the Council. Also, it was noted that areas such as Health Protection would now be the responsibility of the Local Authority. Additionally, the responsibility of commissioning some services would now fall under the Council's remit from the NHS, such as the provision of school nursing services.

Discussion between Members about the new arrangements included concerns about;

- How this would be managed with smaller budgets?
- Would existing services change, end or be replaced by new ones?
- Whether differing levels of life expectancy in wards in the city would be monitored and the results would be use to inform the provision of services to these areas?

RESOLVED: That the report be noted and a further update be added to the Committee's work plan for a future meeting.

REASON: To keep the Health Overview & Scrutiny Committee updated on the transition of public health responsibilities to City of York Council.

64. YORK'S JOINT STRATEGIC NEEDS ASSESSMENT 2012

Members considered a report which provided them with an overview of the process involved in producing York's third Joint Strategic Needs Assessment (JSNA) and the main findings and recommendations.

Officers gave a summary of what the JSNA was and what it sought to do, namely to give a picture of the health and wellbeing needs of the population in York, and in strategic terms

to steer the Shadow Health and Wellbeing Board towards setting their priorities for the city.

It was reported that the JSNA was an objective document, not a strategy in itself and that its general conclusion was that people in York currently experience positive health outcomes. However, Officers reported that it had been challenging collecting data about specific groups of people in the city, and that as a result they had to admit that they did not know the health outcomes for all the city.

Members received a verbal presentation on the JSNA, which outlined the various priorities that were deemed to be necessary to tackle.

Discussion between Officers and Members took place about mental health issues for York residents, which they felt had been missing from the JSNA recommendations. Comments that were raised by Members in relation to the recommendations on mental health included;

- That there was a lack of data on the number of the population in the city that were affected by mental health issues, and that without funded research this could lead to mental health being sidelined.
- That although recommendation 22 suggested linking children and adults mental health agendas, that learning disability groups were left out of consideration.
- That recommendation 23, which highlighted the need to take account of loneliness in the ageing population did not highlight what commissioning would be taken to meet this need.

A comment was also raised that the JSNA did not take into account older single people, or those with mobility problems.

RESOLVED: That the report be noted.

REASON: To keep the Health Overview & Scrutiny Committee updated on the content of the Joint Strategic Needs Assessment.

65. WORK PLAN 2011-12

Members considered a report which presented them with the Committee's work plan for 2012.

Discussion took place around the use of the new NHS 111 service for non-emergency calls. It was felt that more information was needed on this, and a further report was requested.

Members also requested further information about Public Health, Officers responded that they would bring old pamphlets relating to Public Health in the city to the next meeting of the Committee.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That further reports be added to the Committee's work plan on the following;
 - the implementation of the 111 service
 - a further update on Local Health Watch York Procurement Process
 - a further update on the Public Health Transition Plan

Councillor C Funnell, Chair
[The meeting started at 5.05 pm and finished at 7.05 pm].