

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	26 JUNE 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), RICHES, BOYCE, HODGSON, DOUGHTY (VICE-CHAIR), RICHARDSON AND CUTHBERTSON
IN ATTENDANCE	COUNCILLOR JEFFRIES COUNCILLOR WISEMAN JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY) GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY) JANET PAWELEC (YORKSHIRE AMBULANCE SERVICE NHS TRUST) HELEN HUGILL (SERVICE AND QUALITY IMPROVEMENT MANAGER, YORKSHIRE AMBULANCE SERVICE NHS TRUST) SHAUN O'CONNELL (CHIEF EXECUTIVE, VALE OF YORK CLINICAL COMMISSIONING GROUP) CHRIS BUTLER (CHIEF EXECUTIVE, LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST) ALAN ROSE (YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) JUDITH KNAPTON (HEAD OF COMMISSIONING ADULT & COMMUNITY SERVICES, NHS NORTH YORKSHIRE AND YORK)

DAVID GEDDES (MEDICAL DIRECTOR &
DIRECTOR OF PRIMARY CARE
SERVICES, NHS NORTH YORKSHIRE AND
YORK)

JOHN KEITH (HEAD OF PRIMARY CARE
GOVERNANCE, NHS NORTH YORKSHIRE
AND YORK)

SALLY BURNS (DIRECTOR OF
COMMUNITIES AND NEIGHBOURHOODS,
CITY OF YORK COUNCIL)

KATHY CLARK (INTERIM ASSISTANT
DIRECTOR OF ASSESSEMENT AND
SAFEGUARDING, CITY OF YORK
COUNCIL)

FRANCES PERRY (CITY OF YORK
COUNCIL)

ADAM GRAY (CITY OF YORK COUNCIL)

1. **DECLARATIONS OF INTEREST**

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

Councillor Riches declared a personal non prejudicial interest in the general remit of the Committee as an employee of the Hull City branch of UNISON and as a Council appointed governor of York Hospital.

No other interests were declared.

2. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 8 May 2012 be approved and signed by the Chair as a correct record.

3. PUBLIC PARTICIPATION

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

John Yates from York Older People's Assembly spoke regarding Agenda Item 5 (Local Health Watch: Progress Update). He had attended the NHS North Yorkshire and York Board Meeting that day where it had been made clear that there were large financial deficits. As the Clinical Commissioning Group were shortly to take over from NHS North Yorkshire and York he expressed the view that any decisions involving reduction of services would need to be made with a fully informed public, who must be made aware of how these decisions might affect them. Both the Health and Well Being Board would be integral in sharing information about this process. There would also be a role for the Council, working in partnership with health colleagues, to ensure that members of the public were kept fully informed.

On hearing from the public speaker Members felt that they ought to hear from both NHS North Yorkshire and York (NHS NYY) and the Vale of York Clinical Commissioning Group (CCG) in relation to the possible implications the financial deficit of NHS NYY might have on the future delivery of healthcare for York residents. The Committee were very aware of the rapidly changing role of NHS NYY and were very keen to hear about the handover process to the Shadow Clinical Commissioning Group and some of the challenges that this may present for the NHS NYY, the hospital and the CCG when it came to providing a huge range of services for the local population. The Committee, therefore asked the Scrutiny Officer to invite representatives of the CCG and NHS North Yorkshire and York to a future meeting.

4. UPDATE ON QUALITY INDICATORS FROM THE CARER'S REVIEW

Members received an update report from NHS North Yorkshire and York on the Quality Indicators that were being monitored in relation to carers.

The Head of Commissioning (Adult and Community Services) at NHS North Yorkshire and York attended the meeting to answer Members questions relating to this report.

The Head of Commissioning (Adult and Community Services) spoke to her report and said that all bar one GP practice had signed up to the protocol referred to in the report. When asked by a Member why one GP practice had not signed up to the protocol she said that although it was good practice to have a Carer's register in every practice it was voluntary. In response to an additional question about whether GPs routinely found out whether someone was a carer, it was reported that prompts needed to be given to GPs for them to assess whether their patients needed extra support, rather than providing practices with additional carer awareness material.

Further discussion took place in relation to keeping a Carer's register in GP practices, and it was noted that many practices in York had nominated a carer's lead to help with this and this was often the practice nurse.

An additional question raised by Members related to the mechanisms to engage carers so that they could tell GPs what they needed. It was reported that a joint strategy existed between City of York Council and the Carers Strategy Group which was a multiagency partnership.

The Committee asked that a further update report be brought to a future meeting.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That a further update report be added to the workplan for a future meeting of the Committee.

REASON: So that the Committee is aware of any developments that have taken place as a result of the recommendations arising from the review.

5. LOCAL HEALTHWATCH YORK: PROGRESS UPDATE

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

Officers informed the Committee of two updates to their report. These were that illustrative levels of funding for Local HealthWatch and the NHS Advocacy Funding had been released by the Department of Health.

Members were informed that in addition to the current functions of the LINK, a further function of Local HealthWatch would be to provide a health signposting and information service to patients and the wider public (similar to the service currently provided by NHS Patient Advice and Liaison Services (PALS)).

It was noted that the Department of Health would make additional funding available to local authorities to commission a Local HealthWatch capable of undertaking this function.

Some Members asked Officers how the quality of services provided by LINKs would be maintained if a large number of competitors put in bids for Local HealthWatch and the NHS Advocacy Services.

Officers informed Members that the service specification for both contracts would include a set of required standards and key indicators that would be essential to meet, in order for the organisation to run the service.

Further discussion between Officers and Members took place around the funding levels for Local HealthWatch. Some Members underlined the importance of Local HealthWatch as a formal mechanism for the Council to listen and respond to service users, their carers and the wider community.

In respect of the signposting element of HealthWatch Members were keen to identify the current PALS budget of NHS North Yorkshire and York, and the proportion of this budget currently allocated to information and signposting. It was suggested that this information should be identified and included in a briefing note for the next meeting along with the new Health and Wellbeing Strategy for York.

RESOLVED: (i) That the report be noted.

(ii) That a further report be brought to 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.

6. UPDATE REPORT FROM YORKSHIRE AMBULANCE SERVICE ON COMPLAINTS RECEIVED

Members received a report which updated them on the number of complaints received by the Yorkshire Ambulance Service (YAS) as a year end position. Both the Locality Manager and the Service and Quality Improvement Manager from YAS attended the meeting in order to answer questions from Members.

Questions from Members in regards to the report included the following;

- What were the reasons for the increase in the number of complaints received by the service?
- What were the main complaints in regards to patient care from the service?

In relation to the increase in the number of complaints, Members were informed that demand for the Ambulance Service had risen and that comments from users had been actively sought. It was added that noise from ambulance sirens had been identified as a concern. It was noted that ambulance drivers used both sirens and lights for public safety.

Some Members raised further concerns which included;

- That for the patient transport service vehicles, there appeared to be no specification in regards to the location of signs outlining the contact details for the complaints service, for example they were not clearly visible (i.e. on the back door of the vehicle).
- That the signs gave vague information and that there were no cards or leaflets on how to make a complaint about the service, within the vehicles.
- That within hospital reception areas information on how to contact the patient transport service was not available.

Members requested that a Patient Transport Manager be invited to attend a future meeting, in order to answer their concerns.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Patient Transport Service Manager from Yorkshire Ambulance Service be invited to provide a report for a future meeting.

REASON: In order to keep the Committee updated in respect of complaints received, and to inform the Yorkshire Ambulance Service of the Committee's views.

7. REVIEW OF SERVICES FOR HOMELESS PATIENTS AT MONKGATE HEALTH CENTRE

Members received a report which provided them with information about a proposed change to the delivery of the Personal Medical Service (PMS) Homeless Service in York.

The Medical Director and Director of Primary Care Services and the Head of Primary Care Governance from NHS North Yorkshire and York attended the meeting along with the Chief Executive of the Vale of York Clinical Commissioning Group to answer Members' questions.

The Chair allowed for Councillor Jeffries who attended the meeting to make comments in relation to the report, specifically on the role that Equality Impact Assessments (EIA) had played in the proposals.

She asked that if no negative impacts had been found on Equalities what were the reasons for carrying out the assessments, and if these were only looking at negative impacts.

It was reported that EIA's had been carried out in order to examine if there was another way to provide the service. Negative impacts had been closely looked at in order to identify where these might exist and what action could be taken to mitigate this.

Members were informed about the current status of the PMS Homeless Service and the changes that were proposed, in that there would be a primary element to the service to be provided by GP surgeries and a secondary element which would be the responsibility of the Vale of York Clinical Commissioning Group (VOYCC).

It was noted that the recent Joint Strategic Needs Assessment (JSNA) had highlighted that the Traveller community did not regularly use GP practices and that community nurses visited them. In response, it was suggested that future commissioning of services in GP surgeries needed to be flexible, for instance through the input of mental health and drugs service advocacy teams. However, the size of some practices restricted the maintenance and use of specialists in these areas, and that it was often felt to be more practical to have them in bigger practices.

It was underlined that the Traveller community should not be viewed as an homogenous group and that they might have distinct needs from other patients that might not be picked up. It was therefore crucial to engage Travellers themselves and that this be met specifically through the proposed changes.

Some Members asked the representatives from NHS North Yorkshire and York and the Vale of York Clinical Commissioning Group what was meant by the shortfalls in the service in regards to the resilience of its delivery.

It was noted that there was a restricted number of staff and for example if the practice nurse was absent, then the patient would not be able to get an appointment. Further to this, back up from voluntary services would not be available as they were not trained to fulfil this role.

Further questions from Members related to a number of issues including;

- What training would the VOYCC offer to deal with patients who turned up intermittently and who needed longer appointments?
- How services would diversify to include specific groups and yet remain focused?
- How mental health services would link in with those people who had originally been engaged within Sure Start centres?

In relation to the question of diversity, Members were informed that the areas where patients came from had been identified and that GP practices had been encouraged to commission services in areas where there was a preponderance of particular problems. It was also reported that the commissioning of a Health Visitor in practices would continue in order to take care of those who had been seen in Sure Start centres.

Members raised further concerns about how they felt that housing and homelessness issues would become more significant in York. They also asked about the timeframe in which the formal transition from the PMS to GPs practices would take place. It was reported that it was hoped that expressions of interest to provide the services would be received from GP practices over the summer. Members asked to receive an update on the progress of the transition at a future meeting in autumn.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That a further update report on the transition of the PMS services be received by the Committee in the Autumn.

REASON: In order to keep the Committee informed of the changes in services for Homeless Patients in York.

8. SAFEGUARDING VULNERABLE ADULTS ASSURANCE

Members received a report which outlined the arrangements that were in place to ensure that the Council could discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. The report asked the Committee to comment on whether they felt that the current arrangements were satisfactory and effective.

In response to a Member's question, Officers informed the Committee that they had received a significant number of referrals in relation to challenging behaviour in the home. Members were informed that Officers felt it was important to react to instances such as this whilst they were occurring, rather than once they had happened.

Some Members asked a question which related to figures presented in the Safeguarding Adults Performance Report which was attached as an annex to the report. The question related to how the numbers of repeat referrals reassured victims of violence and abuse, in the way that alleged or proved offenders were being treated.

Officers informed Members that in dealing with repeat referrals, they examined whether a protection plan was in place for the victim, if this was signed off and if the Council was delivering on these plans. However, it was noted that protection plans were not necessarily being signed off and that if this was improved then a clearer picture of the vulnerable adults in the city could be produced. Members asked for a brief written update from Officers, following their attendance at the Safeguarding Board in September.

In response to a question from a Member about whether they were confident that the number of alerts and referrals about vulnerable adults were lower than the national average, Officers stated that this could mean that good practice had been carried out or that the methods of information gathering had not been correct. Officers reported that some of the performance data that was gathered had been changed to ensure that correct figures were gathered.

Some Members expressed concerns over how Officers could better listen to sensitive data that came from people who had made referrals. One of the representatives from NHS North Yorkshire and York spoke about how they made sure that they did not rely on one source of information gained regarding abuse, and that third parties had routinely been engaged to carry out reviews in cases where it was judged that significant abuse had taken place. It was also noted that validation work was underway between the Council and the hospital when referrals and alerts about vulnerable adults, were raised in hospital. Additionally, in relation to alerts raised from Care Homes, Officers confirmed that similar work would be carried out.

RESOLVED: That the report be noted and a further report be scheduled into the Committee's work plan

REASON: In order to keep the Committee informed of the arrangements for Adult Safeguarding within the Council.

9. WORK PLAN 2012-13 AND LIST OF SCRUTINY TOPICS PROPOSED AT THE SCRUTINY WORK PLANNING EVENT HELD ON 2 MAY 2012

Members considered a report which outlined the Committee's work plan for 2012-13 and a list of Potential Scrutiny Topics that Members might wish to consider.

The Scrutiny Officer informed Members that the possible Final Report on the 'End of Life Care' Scrutiny Review would now be considered at the additional meeting added into the work plan for August 2012.

Discussions between Members and Officers took place in regards to future reports for consideration and when these could be timetabled in the work plan.

Future reports that that the Committee asked for were;

- The Health and Wellbeing Structure and Strategy
- A report on the financial deficit at NHS North Yorkshire and York (and an open invite to the CCG to attend formal meetings of the Health Overview and Scrutiny Committee)

- A report on the North Yorkshire Review
- A further report on the Quality Indicators (Carer's Review)
- An update report on Yorkshire Ambulance Service's Patient Transport Service
- Progress Report from Leeds & York Partnership NHS Foundation Trust (Mental Health Services)
- A further report on the recent review of services for homeless patients at Monkgate Health Centre
- A further Safeguarding Assurance report

Councillor Wiseman, the new Chair of the Corporate and Scrutiny Management Committee (CSMC) also attended the meeting to seek the views of Members on whether they wished to continue to receive and consider regular Financial and Performance Monitoring Reports.. She suggested that it would be useful for Officers and to allow for greater consideration of the reports, if Members were to inform Officers of their questions prior to the meeting so that officers could come prepared.

Discussion between Members took place on whether they wished to continue to receive Financial and Performance Monitoring Reports.

The Scrutiny Officer informed Members that the one of the original reasons for their consideration at Scrutiny Committees, was that they helped the Committee to identify potential areas of review. As a result of the discussion, it was agreed that the Committee wished to continue to receive regular Finance and Monitoring reports.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That further reports be added to the Committee's work plan on the following;
 - A further report on the Quality Indicators (Carer's Review)
 - A report on the North Yorkshire Review
 - A further report on the Quality Indicators (Carer's Review)

- An update report on Yorkshire Ambulance Service's Patient Transport Service
- Progress Report from Leeds & York Partnership NHS Foundation Trust (Mental Health Services)
- A further report on the recent review of services for homeless patients at Monkgate Health Centre
- A further Safeguarding Assurance report

REASON: In order to keep the Committee's work plan up to date. ¹

Action Required

1. To update the Committee's work plan.

TW

Councillor C Funnell, Chair

[The meeting started at 5.00 pm and finished at 7.25 pm].