

Health Scrutiny Committee

24 September 2007

Report of the Head of Civic, Democratic and Legal Services

Work planning for Health Scrutiny 2007/8

Summary

1. This report is to ask members to confirm their work planning programme for the municipal year 2007/8.

Background

2. On 22 August 2007 members took part in a work-planning seminar in order to consider their priorities for scrutiny work over the forthcoming year.
3. Karl Milner and Alex Morton-Roberts of NHS Yorkshire and the Humber, John Brown and Rachel Johns of North Yorkshire and York Primary Care Trust, Mike Proctor and Jim Easton of York Hospitals NHS Foundation Trust all presented their priorities and plans to members. Bill Hodson, Director of Housing and Adult Social Services at CYC also discussed his vision for social care provision for elderly people and those with long term care needs.
4. Copies of all their presentations can be found at Annexes A – D.
5. Yorkshire Ambulance Service were unable to send a representative because of illness and holidays amongst their staff. Pete Summerfield of YAS has agreed to attend this meeting to update members on their current work.
6. Geoff Ainsley and Peter Marshall of Bradford Metropolitan Council, who are working on the Yorkshire and Humber Local Government and Health Project, facilitated the meeting. The project is part of a national capacity building programme funded by central government and the Department of Health. Geoff Ainsley's report at Annex F is to follow.
7. Patient and Public Involvement Forums and representatives of the Older People's Assembly, the Council for Voluntary Service and the Independent Complaints Advocacy Service also attended and took part

in the facilitated discussions.

8. Bill Hodson is scheduled to further address this meeting regarding the contribution of Scrutiny to the work of the Healthy City Board and the local area agreement.
9. Three members of this committee plus the Scrutiny Officer will by then have attended the "Big Regional Health Scrutiny Event" on 28 September at the Thackray Medical Museum in Leeds.
10. Members are holding a Community Engagement day on 18 October 2007. At this event voluntary and community organisations will be able to comment on and add their suggestions to the work plans that members are currently deciding on. Members will then decide which of these suggestions they will be able to add to their programme of work.
11. The chairman of this committee will attend Scrutiny Management Committee on 22 October to update its members on The Health Scrutiny work programme.

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.
13. The chairman of this committee has had meetings with the Chief Executive of North Yorkshire and York PCT, representatives of Yorkshire Ambulance Service and the Deputy Director of Public Health. She has also attended a regional event about the LINKs project and met with the Regional Director of the Commission for Patient and Public Involvement in Health.

Options

14. Members may decide or not to support some or all of the suggestions for future health scrutiny activities summarised at Annex E. The aim of these is to establish a clear work programme and direction for the Committee during the current municipal year, and to learn more about the 'health agenda' through regional networking.

Analysis

15. Health scrutiny, from when it was established in 2003, was intended to make an important contribution to the health and well-being of local people. Its main focus is to find ways to improve health and in particular the reduction of health inequalities. These themes are increasingly important in the development of community strategies and local area agreements, and the Local Government and Public Involvement in Health Bill, which is now progressing through

parliament, will emphasise and strengthen the role of scrutiny in this respect.

16. However, there has been a feeling in the region generally that health scrutiny has been a bit too reactive, and concentrated too much on individual services, or service providers, and not enough on general health issues, and on what can be done to improve the health of local people. The evidence is that scrutiny can play an important role in doing that, if it takes a whole systems approach to health issues based on the experiences of the individual, and communities. It will have the biggest impact if it plans its work to concentrate on areas where there is evidence that local people, or specific local groups or communities, have particular health concerns, or where local health outcomes are not doing well.

Eligibility Criteria for Health Scrutiny Topics

17. Proposed projects to scrutinise City of York Council services are expected to meet certain eligibility criteria before the review can take place. Some of the eligibility criteria would not be relevant to reviews of health provision, but it is suggested that proposed Health Scrutiny projects normally fit at least two of the following eligibility criteria. Subjects which can be proved to be of very high public or patient interest could be accepted solely on the grounds of point a:

- a. Public or patient interest – after considering the evidence that this is the case.
- b. An issue of common concern shared with health services and other local partners.
- c. Evidence of significant variations of service between different parts of York or groups of service users. Scrutiny could help to “narrow the gap” and reduce inequalities in provision or outcomes.
- d. It is important in relation to Council Corporate Priorities, the Community Strategy or the health improvement aspect of the Local Area Agreement.
- e. It is a cross-cutting issue involving services within the Council and across other partners and/or providers.

18. Reasons not to carry out a particular Scrutiny review might be:

- a. Could there be a more appropriate method than Scrutiny of dealing with this issue, or is it being tackled by another means?
- b. Is the situation unclear because of forthcoming legislation or changes already underway?

- c. Are there unacceptable resource implications in choosing this topic?

Corporate Priorities

19. 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

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

Risk Management

21. In compliance with the Councils risk management strategy, there are no known direct risks associated with the recommendations of this report.

Recommendations

21. Members are asked to agree the eligibility criteria for Health Scrutiny projects as detailed in paragraphs 16 and 17 above.
22. Members are asked to consider which of the proposals for health scrutiny work attached at Annex E, they would support for future development having regard to the criteria suggested above.

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

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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Annexes

- A – Adult Social Services and Health presentation by Bill Hodson
- B – Why the NHS can't Stay the Same? by NHS Yorkshire and Humber
- C – North Yorkshire and York PCT presentation
- D – York Hospitals Foundation Trust presentation – Your Hospital: The Year Ahead
- E – Proposals for Health Scrutiny Work programme for 2007/8
- F – Report from Geoff Ainsley (facilitator), Bradford Metropolitan Council (to follow)

Background Papers

None