
Meeting	Health Overview & Scrutiny Committee
Date	18 December 2013
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Wiseman and Runciman (Substitute) (apart from Minute Items 60 and 61)
Apologies	Councillor Jeffries

55. Declarations of Interest

At this point in the meeting, Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests attached to the agenda, that they might have had in the business on the agenda.

Councillor Funnell declared her standing interest as a member of the General Pharmaceutical Council (GPC) in relation to Agenda Item 4 (Care Quality Commission Presentation- Changes to the Inspection and Regulation of Care Services), as it was noted that the GPC were the only body to inspect pharmacy premises.

Councillor Hodgson declared a personal non prejudicial interest in Agenda Item 5 (Presentation from Partnership Bodies on how they work with partners and how they put together their Annual Plan) in regards to the paper from NHS England. It mentioned that NHS England commission services for the Armed Forces, and he declared his interest as a Ministry of Defence (MOD) employee.

No other interests were declared.

56. Minutes and Matters Arising

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 27 November 2013 be approved and signed by the Chair subject to the following amendments;

Minute Items 49 and 53: The Chair reported that “That the update report from the CSU and York Teaching Hospital on how they are working together be scheduled for the December meeting” was a mistake and the item was not on the agenda for the December meeting.

Members raised a number of matters arising;

In relation to Minute Item 48 (2013/14 Second Quarter Financial and Performance Monitoring Report- Health and Wellbeing). Members asked whether Officers had received data from Bootham Park Hospital on the numbers of delayed discharges.

It was reported that an upcoming meeting had been arranged with Officers, a number of partner organisations and the Hospital in order to examine this data. Officers suggested that the outcomes from this meeting could be considered at the next Health Overview and Scrutiny meeting.

Councillor Wiseman reported that she had recently attended a Yorkshire Joint Health and Overview Scrutiny meeting which examined the reasons for why Children’s Heart Surgery had stopped at Leeds Hospital. At the meeting Committee Members were presented with a Freedom of Information (FOI) Request. Councillor Wiseman reported that the Committee Members expressed their discontent that the material within the FOI was difficult to follow as most of the content had been redacted for confidential reasons. She told Members that the Joint Committee were trying to remedy this situation and that they would continue to scrutinise the decision made.

57. 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 commented on two issues.

His first comment related to Agenda Item 5 (Presentations from Partnership Bodies on how they work with partners and how they put together their Annual Plans), specifically as to how the Vale of York Clinical Commissioning Group (VOYCCG) report

contributed to public engagement. He felt that the CCG's public meetings did not share sufficient amounts of detailed information with the public.

Secondly, he informed Members that following the last Health Overview and Scrutiny Committee he had met with the Head of Accident and Emergency at York Hospital in regards to comments he had raised at the previous Health Overview and Scrutiny meeting about a recent visit to the hospital. He informed Members that the hospital would;

- Contact the contract suppliers of the vending machines to make sure that they offered diabetic friendly products.
- Continue with customer training for reception staff.
- Continue with an hourly update in waiting rooms.
- Set up a patient group in Spring.

The Chair expressed her delight at a positive outcome and thanked John Yates for his persistence in bringing the issues to the attention of the hospital.

58. Care Quality Commission Presentation-Changes to Inspection and Regulation of Care Services

Members received a presentation from a representative from the Care Quality Commission (CQC). The presentation informed them of changes to how the CQC inspected and regulated care services.

Members were informed that;

- The CQC would now report on areas of good practice not just on areas of improvement.
- That by October 2014 the same process of reporting used to inspect care services would be used to inspect GP's and Adult Social Care Services.
- That OFSTED style ratings (such as 'outstanding') would be used to rate providers.
- That the frequency of inspections would be adjusted according to the OFSTED style rating.
- The maximum amount of time that a provider would go without an inspection would be 2 years, and random inspections would also take place.

- The CQC would also monitor the finances of 50%-60% of care providers.
- That a formal consultation document would be produced in Spring 2014 outlining the changes to inspections.

Questions from Members included the following;

- What type of backgrounds did the CQC Inspectors have, and if there were those who could offer specialist provision would the CQC use them?
- Whether lay people were being used in the inspections, and how their experiences would be fed through into the inspection reports.

It was reported that CQC Inspectors came from a range of backgrounds including those who had experience in social work, therapy, commissioning and other professional backgrounds. From April 2014 inspectors with a background in a certain area would carry out inspections in that specific area. The CQC would also increase the number of associate inspectors and create opportunities for those who had expertise in specific areas.

Regarding involvement of lay persons in the inspections, Members were told that the CQC were arranging patient listening events in hospitals. In addition, the CQC would visit each Clinical Commissioning Group twice a year to look at Primary Care Services. It was suggested that during these visits, inspectors would learn about patients' journeys through the care system.

Resolved: That the presentation be noted.

Reason: In order to keep the Committee up to date with the changes to the inspection and regulation of care services made by the Care Quality Commission.

59. Presentations from Partnership Bodies on how they work with partners and how they put together their Annual Plan

Members received presentations from a number of Partnership Bodies on how they work with other partners and how they put together their Annual Plans.

York Hospital NHS Foundation Trust

It was reported that all work on the Hospital's strategic plan had to be put through the national sector regulator, Monitor.

York Hospital had formal arrangements with Harrogate and Hull Hospitals through an Alliance Board which met on a six weekly basis. A monitoring board was also in place to monitor York and Scarborough hospitals.

In regards to working with other partners, Members were informed that the Hospital were involved in Adult Social Care through the Transformation Board. The hospital also felt that the non clinical partnerships they had in place with Joseph Rowntree Housing Trust and City of York Council were very important as they enhanced the services that the Hospital provided to the city.

Vale of York Clinical Commissioning Group (VOYCCG)

Members were told that forthcoming guidance would set out that the CCG would be required to have five year strategic plans and two year operating plans. The guidance would also underline certain themes such as integration, seven day working and building on quality from previous reviews.

It was reported that the CCG worked with two key forums to pull plans together, these were the Integration Transformation Board and the Urgent Care Working Group. This enabled the CCG to take a systematic approach and it was hoped that draft plans would be finalised in February 2014.

In regards to working with other partners, Members were informed that a patient public engagement event and roadshow had taken place around Long Term Conditions. A stakeholder event would also take place in January ahead of the draft plans being finalised in February 2014. The final submission of plans would take place in April 2014.

Leeds and York Partnership NHS Foundation Trust

Members were told that Leeds and York Partnership NHS Foundation Trust had to submit to Monitor a two year operational plan and five year strategic plan by April and June 2014 respectively.

In regards to partnership working, they also had strategic arrangements with the Universities of York and Leeds at a research and development and teaching levels. City of York Council Social Workers also worked alongside Community Mental Health Teams. In addition, voluntary sector support from the Retreat, had been introduced to provide early intervention for work in mental health in York.

In response to a question about a lack of provision of mental health care in Accident and Emergency Departments, it was noted that Leeds and York Partnership NHS Foundation Trust had contacted York Hospital and were carrying out joint work with them on liaison psychiatry proposals within the hospital.

Yorkshire Ambulance Service

Members were informed that Yorkshire Ambulance Service (YAS) worked with a number of partners. For instance they ran the 111 Service and so interacted with Urgent Care Centres. As a regional service they worked with five police forces to develop a single approach with clear guidance on how to deal with Section 136 patients. With funding from the CCG, YAS also provided Emergency Care Practitioners (ECP's) on the streets of York and static medical units. They also worked with the Fire and Rescue Services to provide additional standby support. YAS also provided shifts to military personnel.

Adult Social Care

In respect of Adult Social Care, it was felt that the Health and Wellbeing Board was where partners should be sharing their objectives as certain organisations such as Health Watch and other voluntary sector groups had not been involved in providing an update to the Committee.

In regards to planning, Members were told that more work needed to be done on shared assessments, single point of access to services and an overall aim of making social care person centred. It was noted that the Better Care funding helped to provide this.

NHS England

Members were informed that NHS England oversaw eight CCG's within Yorkshire and also commissioned services that the CCG's did not such as;

- Primary Care
- Armed Forces Healthcare across the North
- Public Health
- Healthcare for Prisoners

In regards to partnership working, the direct relationship that NHS England had with local CCGs helped them to build plans around primary care. It was highlighted that the plans were owned by the CCG.

It was noted that NHS England also worked in partnership with local Health and Wellbeing Boards who challenged them over their plans. It was felt that the effectiveness of Health and Wellbeing Boards did vary but that York's Board was particularly strong. However, difficulties still remained in how NHS England operated as a partner and as a commissioner.

Discussion took place between Members regarding the presentations. It was felt that the success and awareness of the NHS 111 Service was still uncertain, as public awareness of the service remained low. Members also felt that call handlers should ensure that users be sent to the most suitable place to respond to their need.

It was felt that voluntary sector organisations should have been invited to present their plans and their working methods to the Committee so that the sector itself could be shown to be valued by other partners in Healthcare.

Resolved: That all the presentations be noted.

Reason: In order to keep the Committee updated of the work of Partnership Bodies and their annual plans.

60. Verbal Report on Men's Health Scrutiny Review

Councillor Wiseman as a member of the Men's Health Scrutiny Review Task Group gave a verbal update to the Committee on the progress of the review. Members were told that although a meeting had taken place, the Task Group felt that the review was too wide ranging to do it justice within the current municipal year for a scrutiny review. It was also felt that meaningful work on the topic could not be done over the period of a municipal year. Therefore it was felt that the topic should not be progressed at the current time, but could be considered again at a later date.

Resolved: That the verbal update be noted.

Reason: In order to inform the Members of the progress of the Men's Health Scrutiny Review.

61. Work Plan Update

Members considered the Committee's work plan. It was suggested that future topics for consideration could include delayed discharges, access to Outpatient Services and the process of making a hospital appointment for physiotherapy services.

Resolved: That the work plan be noted.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor C Funnell, Chair
[The meeting started at 5.35 pm and finished at 7.25 pm].