Meeting Health Overview & Scrutiny Committee

Date 23 April 2014

Present Councillors Funnell (Chair), Burton, Doughty

(Vice-Chair), Douglas, Hodgson, Jeffries and

Wiseman

Part A- Matters dealt with under Delegated Powers

84. Declarations of Interest

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

Councillor Funnell declared a standing personal interest in the remit of the Committee as a non Executive Member for Be Independent (a new social enterprise for warden call in the city).

No other interests were declared.

85. Minutes and Matters Arising

One Member commented on an aspect from the previous minutes about the Committee receiving quarterly finance and six monthly performance reports and how the integration and presentation of information from both separate reports to the Committee was useful. There was also concern about the length of the agenda for the meeting.

Officers noted the Member's comments about the finance and performance reports. It was also reported that some of the items on the agenda could not be delayed and three had arisen after the work plan had been agreed.

Members suggested the report on the Carer's Strategy be postponed, as it was felt that discussions on it merited a longer amount of time than might be possible. Members agreed to the postponement.

- Resolved: (i) That the minutes of the Health Overview and Scrutiny Committee held on 12 March 2014 be approved and signed by the Chair.
 - (ii) That consideration of the Carer's Strategy Update Report (Minute Item 93 refers) report be postponed to a future meeting.

86. Public Participation

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

Siân Balsom from Healthwatch York spoke in relation to Agenda Item 9 (Leeds and York Partnership Review of St Andrew's Services).

She thanked the Committee for revisiting the review and informed the Committee that Healthwatch had worked with Leeds and York Partnership NHS Foundation Trust to extend the consultation period for the review of the services. Members were informed that further consultation events had been held in respect of this, but that there had been limited feedback from these events and no further face to face engagement. A report had been published but service users were sceptical as to how they had shaped services. Further clarity was also sought on what had changed to the services at St Andrew's as a result of the consultation. She also shared concerns about the Partnership Commissioning Unit's new engagement programme, Discover, and how Healthwatch felt that this would be consultation overload. It was also highlighted that voluntary sector partners and service users were concerned about the new programme, not least as notice of its first event on 28 April was given on 16 April.

She shared with the Committee a number of questions including;

- Which areas of mental health provision would fall under the Partnership Commissioning Unit and which would remain with the Vale of York Clinical Commissioning Group (VOYCCG)?
- How would the new programme compliment existing engagement processes?

Why was this not raised beforehand, particularly given that specially commissioned engagement for Mental Health through MIND had already been paid for by the VOYCCG?

David Smith from the Retreat spoke in relation to Agenda Item 13 (Draft Final Report-Personalisation Scrutiny Review). He shared his views with the Committee about the outcome of the review. He added that the report needed to be more open that there were particular difficulties and challenges around funding Direct Payments and about access to these for users with Mental Health issues.

87. Update from Health and Wellbeing Board

Members received the Annual Report from the Chair of Health and Wellbeing Board.

A short update was given to the Committee as to why the Chair of the Board could not attend to present the report. Both the former Chair, Councillor Simpson-Laing (who had written the report) and the new Chair, Councillor Cunningham-Cross had to attend a Cabinet meeting being held at the same time.

Some Members expressed their disappointment at the situation particularly as the start of the meeting had been brought forward to allow for the attendance of Councillor Simpson-Laing.

Officers reported that a commitment had been made to bring a report to Health OSC after every meeting of the Health and Wellbeing Board.

Members made a series of comments in relation to the report. These included;

- That the layout of the room in which a Health and Wellbeing Board Shareholder event was held in March made it inaccessible for those with mobility issues and the presentation given was not good for those with visual impairments.
- The report gave an insight into what the Chair herself had been doing but not in the activity of the Board itself.

Also, there was no reference made to what had happened as a result of the meetings that the Chair had held and/or attended.

 That there needed to be reference to Health OSC's specific scrutiny role not just as a partner in a working relationship.

Resolved: That the report be noted.

Reason: To appraise the Health Overview and Scrutiny

Committee with the work of the Chair of the Health

and Wellbeing Board.

88. Draft Framework - Working Relationships between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York

Members considered a report which presented the first draft of the framework setting out the working relationship between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York as the lead for the patient voice.

Resolved: That the report be noted.

Reason: To establish a robust working relationship between

key Boards in the City.

89. Merger Between York Medical Group and Minster Health

Members considered a report which asked them to acknowledge the merging of York Medical Group and Minster Health for the reasons outlined in the report.

Some Members felt the merger was logical and were surprised that this had not already been carried out. Others asked what risk assessments had been carried out in regards to the impact the merger could have on residents.

The authors of the report were in attendance at the meeting. They felt that there would not be a negative impact from the merger and felt that it would offer patients more choice.

For example they could offer early morning and late night surgeries and they would also provide British Sign Language and webcam appointments.

Resolved: (i) That the report be noted.

(ii)That the merger of York Medical Group and Minster Health be agreed and formally endorsed.

Reason: So that the practices provide a better experience for their patients.

90. Vale of York GP Federation

Members considered a report and received a presentation on the formation of the Vale of York GP Federation.

Iain Murray, Associated Project Manager from NHS North Yorkshire and the Humber Commissioning Support Unit attended the meeting to answer Members questions.

Members asked a series of questions about the report, these included:

- Why was no risk analysis included in the report? Was there a danger that the Federation could split the Vale of York Clinical Commissioning Group if there were disagreements? (VOYCCG)
- Why had Gillygate Practice contributed funding for the Federation's establishment but had not joined?
- Would there be a limit as to how many Practices could join the Federation?
- Would a Federation of Practices make it easier for patients to get appointments?
- Would telephone services take into account textphone communication for deaf and hearing impaired people like Typetalk?

Members received the following responses;

 There would not be a danger of the Federation splitting the VOYCCG as their aims would be aligned. It was felt that a Federation would allow for best practice to be shared more widely.

- Gillygate had contributed funding for its work in the formation of the Federation to be formally recognised, even though it had decided to not join.
- That as a West Yorkshire Federation of 30 practices functioned well, so if more practices in York wished to join the Federation it would be fine.
- That the Federation were thinking about rolling out a new appointment system, and therefore it might improve access to appointments.
- The use of Typetalk on telephone services within the Federation had not been carried out yet, but was on the agenda to be done.

Officers reported that the Council had contracts with a number of different GP practices in the York, but these were disparate and so they welcomed the establishment of a Federation.

The Chair allowed for the Chairman of York Hospital NHS Foundation Trust, who was in attendance, to speak about how the Federation would affect York Hospital.

He felt supportive of the idea as having groups of surgeries in the city would give more co-ordinated care with referrals to and follow ups from surgeries to the hospital.

The Chair thanked the Associate Project Manager for his attendance at the meeting and suggested that the Commissioning Support Unit be invited back to the Committee in the future.

Resolved: That the report and presentation be noted.

Reason: In order for the Committee to be kept informed of the

formation of the Vale of York GP Federation.

91. Section 136 Place of Safety Update

Members received a report which presented them with statistical information from North Yorkshire Police on those detained under Section 136 of the Mental Health Act (1983) during the period of March 2013 and February 2014 and taken to North Yorkshire Police Custody Suites.

Inspector Bill Scott, the Mental Health Lead from North Yorkshire Police was in attendance at the meeting to answer Members' questions.

In relation to details of training for the Section 136 Place of Safety (which were highlighted at Annex B to the report), it was reported that an online training package in respect of mental health and policing had been offered as it would have taken approximately forty days to complete face to face training. Training would be offered to operational managers first as they would cascade the information down to other staff and would act as a point of information for them.

One Member of the Committee shared her concerns about discretion and privacy in the Place of Safety facility. She pointed out that one of the rooms was being used as a staff entrance. It was noted that the Police had not been aware of the room being used in this way.

The report highlighted a marked reduction in detentions since the opening of the unit and Members questioned whether the Police had previously been detaining the right people. It was felt that if the drop in detentions was a result of increased working relationships between partners that this needed to be highlighted.

The manager of the Emergency Department at York Hospital NHS Foundation Trust, Wendy Quinn, informed the Committee that mental health related attendances were relatively high but that a 'red flag' system was in development which would identify patients to the Section 136 suite that would have not been previously known to the Police.

Inspector Scott also informed Members that the Police had introduced a street triage system. Two policemen would be on shift to give advice to other officers when advice was needed when dealing with a person with mental health issues.

Resolved: That the report be noted.

Reason: To keep Members informed of developments

associated with providing a Place of Safety for York

and North Yorkshire.

92. Leeds and York Partnership Review of St Andrew's Services

Members considered a written report and verbal update which provided them with an update on the Leeds and York Partnership NHS Foundation Trust review together with proposals for the development of an integrated personality disorder service in York and North Yorkshire.

The Chief Operating Officer from Leeds and York Partnership NHS Foundation Trust was in attendance to present the report. She explained that following additional consultation that more detail had been added into the proposals. In addition, group therapy had now been reintroduced into the service provided and letters had been written to those who had contributed to the consultation to inform them of the changes made.

It was also noted that there was an intention for additional consultation events to take place.

Resolved: That the report be noted.

Reason: To keep Members updated on the review and the

proposals on development of an integrated personality disorder service in York and North

Yorkshire.

93. Carers Strategy Update Report

It was agreed by Members to postpone consideration of this item as it was felt that that there would not be sufficient time to consider it fully.

Resolved: That consideration of the report be postponed to a

later date.

Reason: In order for sufficient time to be given for the

consideration of the report.

94. Residential, Nursing & Homecare Services - Quality Monitoring

Members received a report which provided them with a six monthly update on Residential/Nursing Care and Homecare in York. The report also provided them with a summary of the current performance of providers against Care Quality Commission (CQC) Standards and the Council's own standards for performance and quality.

Officers informed Members that a common concern for them was about leadership and management. They felt that the issues were not only uniquely about pay offered to managers but also the length of time that they were at a Home and the nature of the market.

Questions from Members included;

- If the CQC said that the Residential/Nursing Care and Homecare provision in York was not fit, could all users be accommodated?
- Could more information be given on the Council Care Home due to open in 2016?

It was reported that in the event of over capacity then spaces would be found in homes on the immediate boundaries of the city, as it was known that there were vacancies here.

It was noted that as a legal process was currently being undertaken in regards to the new Council Care Home the only information that could be given to Members was that Officers were assured that the timescales given matched the Council's targets.

In regards to issues over incorrect medical records, the Council was currently investigating using a computer system similar to one used at the Hospital to minimise human error when dealing with medication. It was also reported that a medication pilot had been carried out with one surgery. Officers informed Members that if they so wished a copy of the evaluation pilot could be brought back to the Committee for consideration.

Resolved: That the performance and standards of provision across the care service in York be noted.

Reason: To update Members on the current performance of

providers against CQC Standards and the Council's

own standards for performance and quality.

95. Joint Health Overview & Scrutiny Committee (Yorkshire and Humber)

[See under Part B minute.]

Members considered a report which provided them with the new Joint Arrangements for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC) in relation to the new review of Congenital Heart Disease Services. The report also included a request for Members to reconfirm support for JHOSC.

Councillor Wiseman who attended the last meeting of the JHOSC on 10 April 2014, in place of the Chair spoke to the Committee about the meeting and its outcomes.

She told Members how she had felt that NHS England had taken on board the JHOSC's views and that the new review of Congenital Heart Disease was underway as a result of the work of the JHOSC.

The Committee nominated Councillor Wiseman to be appointed to serve on the JHOSC.

Resolved: That the report be noted.

Reason: In order that the Council's voice is heard in relation

to NHS England's new review of Congenital Heart

Disease Services.

96. Draft Final Report - Personalisation Scrutiny Review

Members received a draft final report on the Personalisation Scrutiny Review which set out the findings of the Task arising from their review.

Discussion between Members took place during which it was decided to finish the review and sign off the suggested recommendations.

Some Members felt dissatisfied with the report. Others felt that the review had missed an opportunity to look at Personalisation in Mental Health care.

The Chair felt that a future review could focus on the specific topic of Personalisation in Mental Health care.

However, it was noted by Officers that the recommendations from the review could inform and be used by them in their work in the Rewiring Public Services review.

It was agreed that the Chair, Vice Chair, Director of Public Health and Wellbeing, a representative from Leeds and York Partnership NHS Foundation Trust, David Smith from The Retreat and Siân Balsom from Healthwatch York work together via email to formulate wording.

Resolved: (i) That all recommendations identified in paragraph 56 of the report be agreed and forwarded to Cabinet.

(ii) That an additional recommendation be added to those forwarded to Cabinet following discussion and submission of wording from the Chair, Vice Chair, Director of Public Health and Wellbeing and partners involved in the review to the Scrutiny Officer.¹

Reason: To complete this review.

Action Required

1. Produce additional recommendation to include in SE final report to Cabinet.

97. Work Plan 2013-14

Members considered the Committee's work plan for 2013-14.

Resolved: That the work plan be agreed.

Reason: To ensure that the Committee had a planned

programme of work in place.

98. Work Plan 2014-15

Members considered the Committee's work plan for the new municipal year, 2014-15.

Discussion took place on the proposed scrutiny topics included in the work plan. It was agreed that the following topics be taken forward by the Committee;

- Partnership Working-Hospital Discharges
- Improving Access to Psychological Therapies
- Delayed Transfer of Care
- Multi Agency Safeguard Hubs (a quick look at this topic)
- Neurological Conditions
- Personalisation (with a new remit)

Resolved: That the work plan be agreed with additional topics

inserted.

Reason: To ensure that the Committee has a planned

programme of work in place for the new municipal

year.

Part B- Matters Referred to Full Council

99. Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

[See under Part A minute.]

Members considered a report which provided them with the new Joint Arrangements for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC) in relation to the new review of Congenital Heart Disease Services. The report also included a request for Members to reconfirm support for JHOSC.

Councillor Wiseman who attended the last meeting of the JHOSC on 10 April 2014, in place of the Chair spoke to the Committee about the meeting and its outcomes.

She told Members how she had felt that NHS England had taken on board the JHOSC's views and that the new review of Congenital Heart Disease was underway as a result of the work of the JHOSC.

The Committee nominated Councillor Wiseman to be appointed to serve on the JHOSC.

Recommend:

- That Council reconfirms its support for the establishment of a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), in relation to NHS England's new review of Congenital Heart Disease services.
- ii. That Council delegates relevant functions, as set out in Annex A to the report, that shall be exercisable by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC), subject to such terms and conditions therein.
- iii. That Councillor Wiseman be appointed to serve on the JHOSC in relation to the new review of Congenital Heart Disease services.
- iv. That Council confirm its support for the financial contribution of £1000 to Leeds City Council for the financial year 2014/15 to help cover administrative costs, printing, postage, room hire and other materials and an element of officer time in relation to the work of the JHOSC.

Reason: In order that the Council's voice is heard in relation to NHS England's new review of Congenital Heart Disease Services.

Councillor C Funnell, Chair [The meeting started at 5.30 pm and finished at 7.00 pm].