

Health Scrutiny Committee

05 November 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. At the meeting of 24 September 2007 members agreed that their work programme for the remainder of the municipal year would consist of:
 - a. Contributing to the “Annual Health Check” – the self-assessment process for NHS trusts run by the Healthcare Commission.
 - b. Taking an overview of the procurement process for a host organisation to run the new Local Involvement Network (LINK) which will replace Patient and Public Involvement Forums from April 2008.
 - c. Keeping a watching brief on the work of North Yorkshire and York Primary Care Trust’s Exception Panel.
 - d. Reviewing the alternative care pathways which are offered to patients instead of hospital in-patient treatment. This will be in particular relation to the care and management of long term conditions.
3. A draft work programme is enclosed at Annex A.
4. Members may decide to replace some of the formal meetings with one or more informal visits or other evidence-gathering opportunities.
5. Members recognised that they would not have the resources available to them to investigate the alternative care pathways being offered or proposed for all long-term conditions. In order to help them prioritise, and to hear the views of community organisations, they held a

Community Engagement Day on 18 October 2007.

6. At this event members of health-related voluntary sector organisations and patients' groups made contributions and discussed the case for using their particular interest as the focus for investigation by the scrutiny committee.
7. Possible long-term conditions for the committee to focus on, as part of the agreed review on alternative care pathways, are:
 - a. Epilepsy. It was pointed out that patients with this condition need support at home, and that the medical profession does not always have the specialist knowledge to help them.
 - b. Diabetes. Incidences of this condition are increasing with the rise of obesity in the population. Patients need the correct care and training to look after themselves properly.
 - c. Dementia. An increasingly common condition affecting mostly, but not exclusively, the ageing population.
 - d. Brain injury. Once patients are stable they often lack the care to help them with their physical and cognitive impairments. There is no local rehabilitation centre for patients.
 - e. Depression. An extremely common and debilitating condition amongst all sections of the community, including the elderly.
 - f. Incontinence. A condition which needs much support especially when long term.
 - g. Osteoporosis. A disabling condition which affects large numbers of people and is relatively unknown.
 - h. Multiple long term conditions. There are patients who are suffering from more than one long-term condition.
8. Once a decision has been made on which long term condition(s) to focus on members should draw up a remit for this review.

Consultation

9. 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.
10. The chairman of this committee and the scrutiny officer have been in regular contact with representatives of health-related voluntary sector and patients' organisations.

Options

11. Members may or may not decide to focus on one or more of the above long-term conditions when considering their review of alternative care pathways. They may also decide to focus on some other condition not mentioned above.
12. Members are asked to consider the eligibility criteria detailed at 17 and 18 below and consider if these should be used when deciding whether or not to carry out future scrutiny reviews.

Analysis

13. In view of the resources available to this committee and the time constraints upon members it is advisable to be realistic about how much can be achieved during the current municipal year. A review focusing on one long-term condition, with the possible co-option of a representative of a relevant organisation, would relieve the pressure on members.
14. The Annual Health Check has clearly defined dates for submission, and the Healthcare Commission usually holds advisory events to assist scrutiny committees and others in completing their commentaries. Members may find it helpful to delegate this task to a small sub-group of the committee, who will report back at a later date.
15. The committee's commitment to dialogue with the PCT and the Hospitals Trust could be carried out informally by one or more members with reports back to formal meetings at a later date.
16. Members are urged to work creatively and independently in order to maximize the fact-finding carried out and to enable meaningful recommendations to be made to the PCT with regard to alternative care pathways.

Eligibility Criteria for Health Scrutiny Topics

17. Proposals 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 reviews 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 Council’s risk management strategy. There are no known direct risks associated with the recommendations of this report.

Recommendations

21. Members are asked to decide on the long-term condition(s), which will be the focus for their agreed review of alternative care pathways to hospital in-patient treatment.

22. Members are asked to agree the eligibility criteria for Health Scrutiny reviews as detailed in paragraphs 17 - 18 above.

23. Members are asked to delegate to the chairman of this committee the duty of drawing up a remit for the agreed review, in conjunction with the Scrutiny Officer, which can then be circulated to all members for approval and ratified at the next formal meeting of the committee.

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 – Draft timetable of work

Background Papers

None