

## Scrutiny Committee

Venue:	Committee Room
Date:	20 March 2012
Present:	Councillors I Chilvers, M Dyson, K Ellis, M Hobson, Mrs W Nichols (Chair), C Pearson, and R Price (Vice Chair)
Apologies for Absence:	Councillor D Peart
Also Present:	Councillor M Crane, Councillor B Inness, Councillor C Metcalfe, Councillor R Packham
Officers Present:	Mark Steward, Managing Director – Access Selby, Rose Norris – Executive Director, Karen Iveson – Executive Director and Karen Mann - Democratic Services Officer
Press:	None

### 35. Declarations of Interest

There were no declarations of interest.

### 36. Minutes

#### **RESOLVED:**

**To receive and approve the minutes of the Scrutiny Committee held on 22 November 2011 and special meeting on the 3 February 2012, and they are signed by the Chair.**

### 37. Scrutiny Report SC/11/23 - Call In – Access Selby, Service Level Agreement

The Chair informed the Committee that a call in had been received on a report taken to the Executive meeting on 1 March 2012. The Executive Director (S151) presented the details of the call in.

The committee were asked to consider whether they felt the call in was valid and a vote was taken. It was agreed that the call in was invalid.

Reason for decision:

There is no change in the Council's procedure, councillors have the same access to senior officers as they had before the move to the Executive Model.

The Chair was disappointed that the call in could not be debated.

### **38. Chair's Address to the Scrutiny Committee**

The Chair gave no address.

### **39. Scrutiny Annual Report 2011/12- SC/11/16**

The Chair of Scrutiny Committee presented the Annual Report. She asked if the committee were happy with the report and if they agreed to approve the report which would be presented to Council.

**RESOLVED:**

**To receive and approve the Annual Report.**

### **40. Health Service Provision – Vale of York Clinical Commissioning Group (Vale of York CCG) – SC/11/17**

Dr Hayes, Clinical Accountable Officer for the Vale of York CCG was in attendance and updated the committee on the work of the CCG. He circulated a paper 'An Introduction to the Vale of York Clinical Commissioning Group' for the committee's information. He explained that by the end of 2013 the Strategic Health Authority would be decommissioned.

Questions were raised as follows:

Q	How many tiers of management will replace the present three tier system?
A	There would be a National Health Service Commissioning Board (Health Authority responsible to the Secretary of State), Staff, an outreach PCT cluster and then the Commissioning Group.
Q	What is the intake area for the local commissioning consortium?
A	This is detailed in the literature circulated.
Q	What is your role and who constitutes the clinical commissioning support service? Does the CCG cover the whole of Selby District?

A	The BMA are excited about the commissioning support service and in 2016 the new model may be introduced. North Yorkshire, Hull and East Yorkshire will have their own support services. Any unregistered patients will be supported in the whole of the district however the southern area may come under another area of responsibility.
Q	Will the commissioning service come from other areas?
A	No, at the moment there are no private bodies in this area. However, it will be the patients' choice where they are treated. This will be discussed between patients and doctors.
Q	Patient and Public Engagement Forums are supposed to be commissioned in the future, is this happening?
A	This has already started. The Vale of York CCG are speaking to relevant specialist groups to see what they need and how they can reach out to people with the greatest need.
Q	What areas can we commission if the budget has no growth?
A	The PCT as a whole needs to find £41m so there will be cut backs to services. However, it equates to 3 or 4% for this area which can be managed by doing things differently. 35 GP practices are signed up to new ways of working. Hospitals, Clinical Management teams and patients are being spoken to. Everyone's opinion needs to be heard.
Q	Who will constitute the local education and training board?
A	The National Health Service Commissioning Board.
Q	How does Dr Hayes envisage the partnership between NYCC Public Healthcare Provision Health and Well Being Board and the clinical commissioning group work?
A	Dr Hayes is on the York and North Yorkshire Health and Wellbeing Board and he explained that working together was very important.
Q	What approach will the Clinical Commissioning Group CCG take to having "Any Qualified Provider" (that could include private companies or charities) able to deliver services in the area? Will they be taking at face value the most recent DH communiqué to GPs suggesting that they should not be forcing services outside the NHS?
A	The department of health has to have this provision to improve services.
Q	What is the CCG doing to address conflicts of interests? Will the CCG abide by the Nolan principles of public life and ensure that there is full disclosure of interests by all those involved at the CCG? (Particularly where there may be GPs involved who have interests as partners in

	outside firms that may benefit financially from commissioning decisions made by the CCG).
A	There are two lay members on the CCG and they will help others understand the potential conflicts of interest that may appear. The CCG will adapt and abide by Nolan Principles.
Q	How does the CCG propose to ensure that local services continue to conform to the 18-week referral to treatment target that is now enshrined in the NHS Constitution?
A	The 18 weeks is now a statutory obligated target and will be used as a standard to maintain.
Q	What importance does the CCG attach to working with the local Health Watch (scrutiny function) and to working with local government as part of the new Health and Wellbeing Boards?
A	Health Watch has links with the volunteer centres. CVS are on the Commissioning Board with York. Training of other graded staff other than doctors and nurses will continue and using the link to the universities, tapping into their resources will be essential.
Q	As the Health and Social Care Bill proposes to do away with the existing cap on private patient income that foundation trusts can earn, will the CCG be doing anything to ensure that this is not to the detriment of NHS patients being treated at local hospitals?
A	Any money from private patients will go to support the hospital to help the NHS patients. Dr Hayes does not feel there would be any problem with taking private patients.
Q	There are lots of expensive machines in BUPA hospitals will these be made available to NHS hospitals in the future?
A	Yes this happens now – for example some ultrasound equipment is owned by private hospitals but shared with NHS hospitals.
Q	Are local GP's and the Drug and Therapeutic Groups involved in giving advice on ways to make financial savings?
A	Yes, there is a member on the CCG that is a member of the Drug and Therapeutic Group for York.
Q	Has a SWOT analysis been developed, what does Dr Hayes see as the threats and weaknesses of the CCG?
A	The financial situation is the biggest threat and lack of engagement between the GP's, NHS and patients. Some of the GP's in the CCG are very enthusiastic but people need to get involved. A weakness would be

the dual running of the PCT and NHS/CCG. The CCG needs to be authorised before it can move forward.
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The Chair thanked Dr Hayes for attending. Dr Hayes left the meeting.

**RESOLVED:**

**To receive and note the report.**

**41. Work Programme 2012/13 – SC/11/18**

The committee considered items on the work programmed for 2012/13 and agreed for it to be taken to Full Council for their approval in June 2012.

**RESOLVED:**

**To approve the work programme for Scrutiny Committee 2012/13 to Full Council**

**42. Access Selby Review – SC/11/19**

Councillor Bill Inness, Chair of Access Selby Board gave a presentation to the committee on the work of Access Selby to date.

A question was raised with regard to planning enquiries. It was felt that on some occasions residents can wait up to two hours to be seen by a planning officer. Mark Steward, Managing Director – Access Selby is always pleased to look at ways to improve services and he would look into introducing an appointment service.

A question submitted regarding tourism was discussed. Selby District Council's website – tourism page will have a new link to Selby information (<http://www.selbyonline.co.uk/>) instead of going through the Visit York Website.

The Chair asked why the old Civic Centre car park was being opened on Bank Holiday Monday for the Chairman's Charity Appeal whilst it was closed on a Saturday. The Leader of the Council explained that, whilst part of the old Civic Centre car park was owned by Selby District Council, he would look into whether it would be possible to open the car park on a Saturday, free of charge. However, the barrier would be put back down on a Sunday to alleviate people using the free car park during the week.

**RESOLVED:**

**To receive and note the report and presentation**

The Chair thanked Councillor Inness for attending.

#### **43. 3<sup>rd</sup> Quarter Corporate Plan Report – SC/11/20**

The Leader of the Council presented the report to the committee and felt that the performance this year was a testament to the hard work of the Access Selby team. The leader was asked if future reports could include updates on annual targets where possible which would help to give a better indication of performance. The leader agreed to put this forward for the next meeting.

The Chair thanked the Leader for attending.

#### **RESOLVED:**

- i) To receive and note the report**
  
- ii) To include figures in future reports for the committee**

#### **44. Communities Selby Project – SC/11/21**

The committee received an update from the Lead Executive Member for Communities on the provision of services within the remit of Communities Selby. The Executive Director explained that the team was set up in 2011 and had led on the development of the Third Sector Organisation (TSO), managed the Council's Community Engagement Forums (CEFs), completed projects and worked in partnership with several organisations. The team have also been heavily involved in the procurement of CCTV for the district. Currently the team were working on the Olympic Torch project which would come through the district on the 19 June 2012.

A question was raised with regard to the TSO capacity – what has been done, what differences have the community seen. It was explained that organisations are in a state of evolution, coming together to look at what they have to offer. Communities need to come together to deliver the improvements identified in the CEF Community Development Plans. There has been a new volunteer centre in Selby Town and a lot of work has been done around governance with the TSO. There is also a pilot scheme currently ongoing where volunteers are being recruited through employers and the Council is taking part in this pilot.

The Chair thanked Councillor Metcalfe and Rose Norris for attending.

#### **RESOLVED:**

**To receive and note the report.**

#### **45. Crime and Disorder Update – SC/11/22**

A report from North Yorkshire Police Authority was submitted for information. The committee felt that the report was useful and covered the key points. The committee asked that information be sought regarding the number of abandoned calls since the change to the non emergency telephone number (101).

**RESOLVED:**

- i) To receive and note the report**
- ii) To contact NY Police for the statistic relating to the 101 calls**

The Chair thanked the committee for attending and explained that this would be the last Scrutiny Committee meeting for Karen Mann. The Chair and committee members thanked her for all the work she had done.

The meeting closed at 6.40pm