

OVERVIEW AND SCRUTINY COMMITTEE FOR HEALTH

DRAFT WORK PLAN FOR 2004/2005

1 Introduction

The Sub Group of Tony Hicks and Stephen McMillan discussed the list of topics previously proposed by the Overview and Scrutiny Committee (OSC) and using the filtering criteria of:

- Topics that are timely and relevant, but not already under review elsewhere
- Ability to make a distinctive and positive impact through the scrutiny
- Achieving positive outcomes
- The opportunity for a 'quick win'

drew up the draft work plan attached at Annex A. which seeks to achieve an appropriate "case mix" balance between proactive and reactive topics.

2 Resources

In order to involve all the constituent authorities in the work of the Committee it is proposed that when it is necessary to gather local information or arrange for local consultation events, the District Council Link Officers will undertake the necessary work following consultation with the Executive Director, Social Services as the OSC's Lead Officer. The project officer will be responsible for central collation of the resulting information.

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Those items in the draft work plan that rely on input from the District Council Link Officers are asterisked

3 Timescale

The timing of the consultation exercises are dictated by the NHS timetable. The other topics relate to the dates of the programmed meetings of the OSC and can be changed by the committee.

4 Topical Issues

The work plan provides a planning framework and is subject to change if the members of the Committee decide that there are more pressing topical issues that should be addressed by the OSC.

TOPIC1 Consultation on Foundation Trust Status

CATEGORY

NHS Priority

Major reconfiguration proposal with significance for service deliver across county. Committee is responsible for representing the views/interests of community

OUTCOME

- 1 Formal response to the statutory consultation process.
- 2 An evaluation of the consultation process, to take place (perhaps) 6 months after the Trust had produced its report. The Committee's findings will be published and the Trust asked to comment.
- 3 An evaluation of the Trusts efforts to recruit members and an assessment of the make-up of the membership

METHOD

- 1 The Committee will be able to question Dr Sally Pearson about the public consultation process and how the change to Foundation Trust status will affect service users and the governance of the Trust during her presentation at the meeting on 20th November.
- 2 Approximately 6 months later the Committee will undertake an evaluation of the consultation process, to test its effectiveness i.e. was the information gathered actually used to inform the application, was the consultation adequate, did the Trust engage the right people etc. This could involve sampling the opinion of people/groups that the committee felt should have been involved in the consultation process.

TIMESCALE

- | | | | |
|---|--------------------|---|---------------|
| 1 | Sept-December 2003 | 2 | May-July 2004 |
|---|--------------------|---|---------------|

TOPIC 2 Consultation on Child Health & Maternity Services *

CATEGORY

NHS priority

Major reconfiguration proposal with significance for service deliver across county. Committee is responsible for representing the views/interests of community

OUTCOME

An evaluation of the consultation process to establish if the change proposals accurately reflect what the public want/need from the service in order to provide a formal response to the statutory consultation process.

METHOD

- 1 Sub groups/individual members to participate in and evaluate consultation process across county using the District Council link officers to feed back response to project officer. A copy of themes identified from the consultation so far is attached at Annex B
- 2 Committee to receive collated feedback to inform consideration of the published proposals - including Trust presentation to OSC.
- 3 Committee to draw up formal response to proposals as part of the statutory consultation process.

TIMESCALE

- | | | | | | |
|---|---------------------|---|----------------|---|----------|
| 1 | Dec 2003/April 2004 | 2 | April/May 2004 | 3 | May 2004 |
|---|---------------------|---|----------------|---|----------|

TOPIC 3 Health damaging behaviour in young people *

CATEGORY

OSC issue and one where there is an opportunity to address an area where there is a recognised need for improvement and the potential to make a positive contribution. Also a *quick win*.

OUTCOME

To use existing research on a particular aspect of health damaging behaviour, to decide if better targeting of health advice to young people and improved co-ordination between different advice giving bodies would improve take up.

METHOD

Attached at Annex C is the report from the sub group tasked with identifying the focus and the optimum method for dealing with this issue.

TIMESCALE

January - May 2004

TOPIC 4 Patients Complaints Procedure *

CATEGORY

OSC and NHS issue

This has been highlighted by Commission for Health Improvement as an issue at 4 of the 6 trusts

OUTCOME

- 1 To be satisfied that the arrangements in place for dealing with complaints will secure an improvement in performance by learning what the new patient advisory bodies can do to influence the situation and offering any advice as appropriate.
- 2 To reassess performance after 12 months.

METHOD

- 1 area based task group
- 2 whole committee presentation after 12 months.

TIMESCALE

- 1 May – September 2004
- 2 September 2005

TOPIC 5 Out of Hours provision

CATEGORY

NHS priority and OSC issue.

From December 2004 the Primary Care Trusts must have in place a robust, county wide out of hours service to take account of the new GP contract (in force from 1st April 2004) that enables practices to opt out of providing primary care between 6.30 p.m. and 8 a.m. on week days; all weekends and bank holidays.

The PCTs have been working with the Community Health Council (to be disbanded on 1/12/03) and other stakeholders to develop a preferred model for service delivery.

OUTCOME

To be satisfied that the arrangements in place will:

- ensure equality of access across the county to the full range of NHS and other care services
- and minimize inappropriate hospital admissions.

METHOD & TIMESCALE

When the PCTs publish the preferred model in the early Spring, the issue will be open for public debate. The OSC will then be able to decide an appropriate method and timescale for this topic. If the OSC opts for an evaluation exercise this can be programmed for summer 2005.

TOPIC 6 Equal Access to services – NHS dentistry

CATEGORY

An OSC issue as access to NHS dentistry services is patchy across the county and the alternative private services can be expensive and thus a deterrent to many people in the community.

This issue could provide an opportunity to make a positive impact by using scrutiny to highlight a health care issue and feed back findings into a local and national initiative

OUTCOME

To understand and highlight the work being done by the Cotswold & Vale PCT which is piloting a national initiative to establish whether there is a better way of providing NHS dental services so that more people have access to quality low cost dental care.

METHOD

An OSC based evaluation.

TIMESCALE

2005 following completion of the pilot scheme.

TOPIC 7 Drugs/Substance Abuse – What mental health support is available

CATEGORY

OSC issue/NHS priority

OUTCOME

To understand and highlight the work being done by the Partnership Trust to improve services for people whose substance misuse affects their mental health. The focus areas being addressed by the Partnership Trust to be clarified at a meeting on 28th November 2003

A more focussed study could be based on the CHI report, which shows a very low percentage of GPs in the shared scheme between GPs and specialist drug misuse treatment services in 2 of the 3 PCTs. Cheltenham and Tewkesbury PCT area have 10.5% and West Gloucestershire PCT area have 9.4%. Cotswold and Vale has 45.5% of GPs. The national figure is 27.9%. The OSC could undertake either a county wide, **compare and contrast**, study to try to establish why this is. Or focus on the 2 PCTs using 2 sub groups to dig into why there is the low take up and the resulting effect on patient care.

METHOD

Inquiry or OSC based presentation

TIMESCALE

2005

TOPIC 8 Recruitment & Retention of health care workers *

CATEGORY

OSC issue

OUTCOME

To achieve a better understanding of the issues including the ways in which health and social care can work together to address their respective recruitment/retention problems.

METHOD

Task group or area sub group

TIMESCALE

To be reassessed in Late 2004 pending the outcome of current work being done to develop an inter-agency work force development plan.

ISSUES FOR FUTURE CONSIDERATION

1 Public Transport to NHS services

Equality and ease of access to NHS services is of paramount importance. A comparison of the transport available across the county would be a valuable contribution towards fulfilling the OSC's primary objective

To understand if there is a problem in the county it would be necessary to map out the network of voluntary sector transport links to local hospitals and other health care facilities. It would also be useful to see how the topic has been approached by other OSCs.

2 Primary Care and Fitness Centres

Councillor McMillan proposed that the OSC might want to look at the health related benefits of leisure and fitness centers to decide if this is a topic that could be explored further by discussing with GPs.