

---

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	20 JANUARY 2010
PRESENT	COUNCILLORS ALEXANDER (CHAIR), ASPDEN, FRASER, SIMPSON-LAING, SUNDERLAND, WISEMAN (VICE-CHAIR) AND HOLVEY (SUBSTITUTE)
IN ATTENDANCE	CHARLES MILLS – NHS NORTH YORKSHIRE AND YORK GARETH WHILES – NHS NORTH YORKSHIRE AND YORK MARGARET JACKSON – YORK HOSPITAL LIBBY MCMANUS – YORK HOSPITAL ANNIE THOMPSON - LINKS CAROLYN MURPHY – LINKS STEERING GROUP JOHN YATES – OLDER PEOPLE’S ASSEMBLY GEORGE WOOD – OLDER PEOPLE’S ASSEMBLY JACK ARCHER MARK INMAN –YORKSHIRE AMBULANCE SERVICE PETE DWYER – CITY OF YORK COUNCIL BILL HODSON – CITY OF YORK COUNCIL
APOLOGIES	COUNCILLOR SUE GALLOWAY

---

### **39. DECLARATIONS OF INTEREST**

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

Councillor Simpson-Laing confirmed her standing declarations as a member of Unison, as an employee of Relate and as she worked with the Disabilities Trust but requested removal of the reference to working with residents of Askham Grange.

Councillor Fraser declared a personal non prejudicial interest in Agenda item 4 ('A Child's First 6 months: Their Expected Health Input both now and in the Future') as a Governor of Knavesmire Primary School.

### **40. PUBLIC PARTICIPATION**

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

John Yates, spoke as a representative of the Older People's Assembly. He referred to Agenda Item 5 (Annual Performance Assessment of Adult Social Services 2008/09), particularly in relation to the reference in paragraph 17 of the report, to a workforce strategy for adult social care that

had been developed in partnership with the University of York during 2009/10. He questioned the practical nature of the partnership, which he hoped would result in improved personalised services for customers.

He also expressed interest in Agenda Item 6 (Comments for the Care Quality Commissions New Registration Process) in particular to paragraph 5 of the report, and to the evidence which groups submitted to the Care Quality Commission on aspects of the Trusts' performance. He questioned how the Committee would collect evidence of Trusts' performance from the public, as the Committee's remit was to represent the public interest.

#### **41. UPDATE ON RECOMMENDATIONS ARISING FROM THE DEMENTIA REVIEW (ACCESS TO SECONDARY CARE)**

Members considered an update report on progress made in relation to implementing the recommendations arising from the 'Dementia Review' (Accessing Secondary Care).

The Committee were reminded that service providers had reported back to the Committee in June 2009 and that this was the second progress report which was set out in Annex A to the report. Information had been requested from the following:

- Director and Staff in Housing and Adult Social Services Directorate at City of York Council
- Representatives of NHS North Yorkshire & York
- Representatives from York Hospitals Foundation Trust
- Representatives from the Yorkshire Ambulance Trust

The Scrutiny Officer reported receipt of apologies from representatives of the PCT and Dr Julian Marks of the Yorkshire Ambulance Service for their non attendance at the meeting but stated that both had confirmed they would be happy to answer any questions members may have by email.

Members questioned details of and commented on the following recommendations:

##### Recommendation 3

- HASS/CYC (January 2010) further information on the 'carers passport'.

##### Recommendation 4

- PCT progress on this recommendation questioned as PCT's comment was repeated both for June 2009 and January 2010.

##### Recommendation 6

- PCT (June 2009) regarding the National IT Programme and progress made.
- YHFT (January 2010) LIAG acronym (Local Implication Action Group)

Officers confirmed that they would email Members the further information requested. <sup>1</sup>

The Committee then considered whether they wished to see further updates on the recommendations and, if so, at what intervals. Members stated that this was still work in progress and on that basis they considered that further updates would be useful.

RESOLVED: That a further update report on the recommendations arising from the Dementia Review be brought back to the Committee's meeting in July 2010. <sup>2</sup>

REASON: In order to carry out their duty to promote the health needs of the people they represent.

Action Required

1. Email members additional information requested at meeting. TW
2. Update report on recommendations brought back to July 2010 meeting. TW

**42. ' A CHILD'S FIRST 6 MONTHS: THEIR EXPECTED HEALTH INPUT BOTH NOW AND IN THE FUTURE'**

The Committee received a presentation from Charles Mills, Health Visiting Team Leader for Children's Services, NHS North Yorkshire and York on the current expected input from midwives and health visitors for the first 6 months of a child's development and the links between them.

He stated that the aim of health visiting in Selby and York was to improve the health and well being outcomes for children and their families through the provision of an evidence based, high quality value for money service. He went onto explain the geographical workings of the service together with the links between health visitors, GP surgeries, Sure Start Children's Centres and other staff. Further details were given of the input from the health visiting teams from antenatal service through to the time that a child entered full time education (the full presentation is attached as an Annex to this report).

Gareth Whiles, Assistant Director Children, Maternity and Sexual Health for NHS North Yorkshire and York, who was also in attendance for consideration of this item, confirmed that a new health strategy had been introduced in 2009 which required examination of the commissioning pathways. He pointed out that this work also involved stakeholders to ensure that the pathways were correct.

Members questioned and commented on the following points:

- It appeared that vulnerable families would get the service but questioned how would other families access the service which they would previously have received automatically;
- The ratio of health visitors per head of population/families;
- Confusion over the alignment of the Children's Centres and the health visitors staffing arrangements in relation to the city boundaries;
- Need for families to be signposted to the services available;

- The positive, valuable contribution that Children's Centres were making and the need for their retention;
- Possible problems of exclusion and isolation of families in rural areas without access to community clinics;
- Figures of people accessing the services from outside the city council's area;
- Confirmation that the ninth Children's Centre was due to open in April, which included outreach workers and would also serve part of the rural area including Bishopthorpe.

Members thanked the NHS representatives for a very useful presentation and informative discussions. They confirmed that they supported taking this review forward to examine the pathway for new mothers and users of the services to ensure that the new systems were providing the correct level of services for all. However, Members of the Committee agreed to wait for a further update on this in June 2010 before deciding whether to progress this topic to review.

RESOLVED: That further consideration in respect of the progression of this review be deferred until the first meeting of the Committee in June 2010 and, at that time, the PCT be requested to provide information on progress with their Universal Services 0-19 years review together with resident access information on the Children's Centres.<sup>1</sup>

REASON: To address the concerns raised in the topic registration form.

Action Required

1. Add to Committee's work plan and request information from PCT at appropriate time.

TW

**43. ANNUAL PERFORMANCE ASSESSMENT OF ADULT SOCIAL SERVICES 2008/09**

Members were informed of the outcome of the annual performance ratings by the Care Quality Commission (CQC) of adult social services in York.

It was reported that a Performance Assessment Notebook had been compiled by CQC during the course of the year, which consisted of the performance information against key indicators together with progress against national and local priorities. It was reported that the Area Manager of the Commission had been invited to attend the meeting but had sent her apologies.

Officers confirmed that the overall grade awarded for delivery of the outcomes was 'Well' which reflected the positive progress on the improvement plan for adult social care. It was pointed out that the rating on Outcome 7 – Maintaining personal dignity and respect was primarily about Safeguarding Adults and recognised the fact that all the improvement asked for in 2008 were now in place.

Members questioned reference to the provision of meals by providers of services within the independent sector, which may not meet nutritional requirements for promoting health and wellbeing. They also mentioned the reference to the council needing to improve services for clients and carers and pointed out that this was also an area where budget cuts were proposed.

Officers confirmed that major improvements had been made which were also still ongoing which would result in a better assessment for 2009/10.

RESOLVED: That the contents of the Annual Performance Assessment of Adult Social Services 2008/09 be noted.

REASON: To ensure that the council moves forward with an ongoing plan to improve future ratings.

#### **44. COMMENTS FOR THE CARE QUALITY COMMISSION'S NEW REGISTRATION PROCESS**

Consideration was given to a report, which updated the Committee on the comments provided by a delegated task group on aspects of the various Trusts' performance as part of the Care Quality Commission's new processes for regulation of NHS Trusts.

The evidence provided would be used to help inform the Care Quality Commission's decision about the registration of providers from April 2010.

Members of the task group pointed out that only two sections of the form appeared to relate to Scrutiny Committee's and that it had been very difficult to address some of the questions. The Scrutiny Officer confirmed that she had informed the CQC that the feedback form had not proved easy to complete. Members confirmed that they hoped the CQC would take these comments on board and amend the feedback form accordingly.

RESOLVED: That the comments provided by the task group to the Care Quality Commission be noted.

REASON: To enable the Health Overview & Scrutiny Committee to carry out their duty to promote the health needs of the people they represent.

#### **45. WORK PLAN**

Consideration was given to the Committee's work plan for 2009/10, an updated copy of which was circulated for Members information. The amendments related to the slippage of some items scheduled for March to the June meeting.

It was pointed out that it had become apparent that should this happen that there would be several months where the Committee would not meet and

that during this period there could be a change of Committee membership, with no opportunity for Members to end any work or start new reviews.

Following further discussion it was

- RESOLVED:
- i) That the draft Work Plan be approved subject to the addition of further items as and when required.
  - ii) That an additional meeting of the Committee be arranged for Monday 29 March 2010.<sup>1</sup>

REASON: To update the Committee on their Work Plan for the forthcoming year.

Action Required

1. Update work plan as necessary and arrange additional meeting.

TW

CLLR J ALEXANDER, Chair

[The meeting started at 5.00 pm and finished at 6.30 pm].

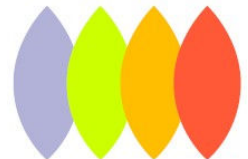


North Yorkshire and York  
Community and Mental Health Services



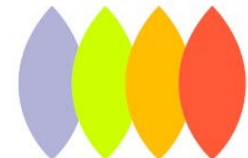
*North Yorkshire and York*

# A Child's First 6 Months



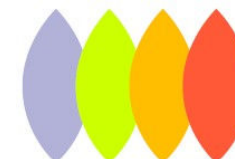
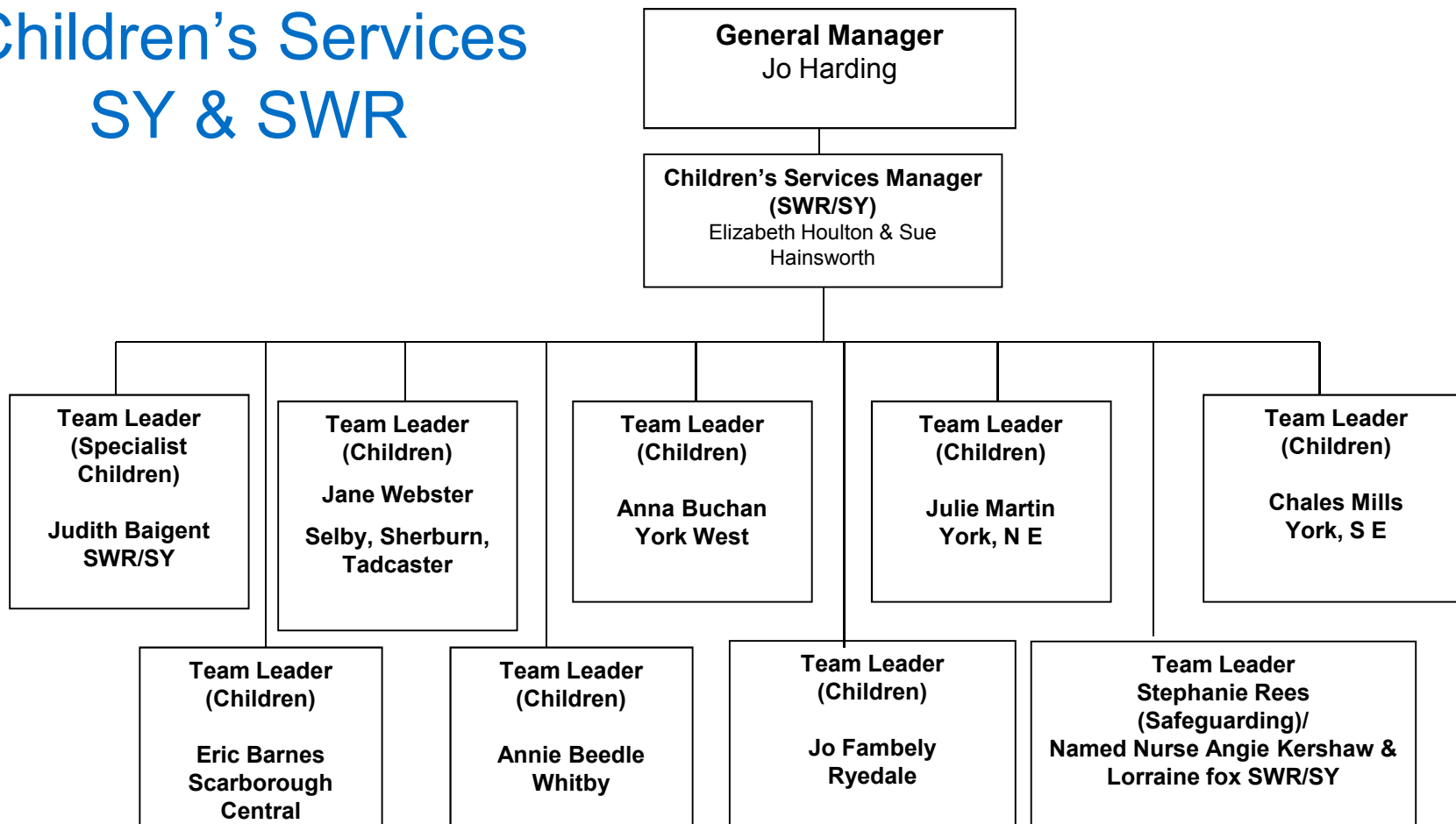
# Health Visiting in Selby and York

AIM: To improve health and wellbeing outcomes for children and their families through the provision of an evidence based, high quality value for money service.



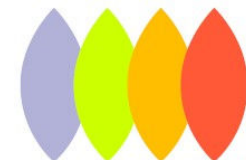


# Children's Services SY & SWR



# The Policy Context

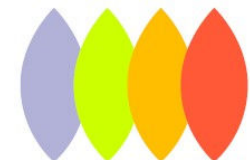
- Health for All Children 4<sup>th</sup> edition (2006)
- Every Child Matters (2004)
- Children's NSF (2004)
- Children's and Young Peoples Plan 2009-2012 (CYC 2009)
- Working Together to Safeguard Children (2003)
- Healthy Child Programme (2009)
- Commissioning a patient led NHS (2005)
- NICE guidelines



# Geographical Working

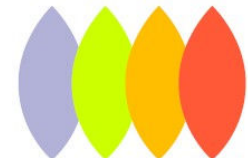
## Improving health outcomes for children through:

- Reducing inequalities by universal assessment enabling us to identify vulnerability.
- Concentrating resources where they have the most potential to make a difference.
- Alignment with Children's Centres to promote integrated working as the norm.
- Enables the Family Public Health role through geographical and corporate working.



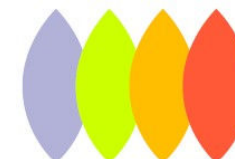
# How does it work?

- Teams of Health Visitors and skill mix staff working on a corporate caseload in a defined geographical area.
- Greater resource allocation to areas of greatest need (needs led service).
- Standardised holistic Health Visitor assessment.
- Home Visiting.
- Health Visitor Link role for all GP surgeries/Sure Start Children's Centres.
- Health Visitor Modernisation Programme.
- Implementing NICE Guidelines policy and standards.



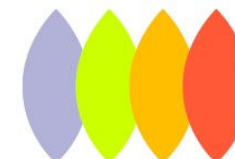
## Health Visiting Service (Selby & York)

<b>Health Visiting Team</b>	<b>Action</b>
<b>Ante Natal Service</b>	<p>Letters to all pregnant women with details of Health Visiting Service. Visits to all antenatal clients with identified needs.</p> <p>Work closely with midwives based in the community who inform Health Visitors of any woman who is pregnant by copying front sheet of the hand-held pregnancy record to the HV. Share information about vulnerable families particularly those with Safeguarding or Child protection concerns. Carry out joint visits if required</p>
<b>Initial Post Natal Visit (10-21 days)</b>	<p>Informed by Midwifery Service of births and then the mothers transfer home. Red Book completed and issued to mother prior to going home following the baby's birth. On-going discussion between SCBU and HV if baby resident in SCBU. Community Midwife transfers mother and baby to care of the Health Visitor giving details of care provided and any concerns. Continuation of the Child and Family Health Assessment process, provision of health visiting service and key health promotion messages. Responsibility of Health Visitor to make contact within 10-14 days of birth.</p>
<b>6-8 weeks old</b>	<p>Offer of contact with Health Visitor to continue Child and Family Health Assessment and conduct maternal mood assessment.</p>



## Health Visiting Service (Selby & York continued)

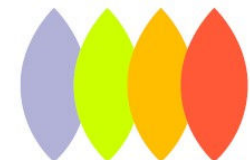
<b>3-4 months</b>	Completion of the Child and Family Health Assessment by Health Visitor/Health Visiting Team. Further input to be negotiated and offered according to need.
<b>8-12 months</b>	Review by Health Visiting Team. Review of Child and Family Health Assessment with further input to be negotiated and offered according to need. Complete assessment of children's circumstances and needs by 1 year of age.
<b>24 months</b>	Review by a Health Visiting Team. Review Child and Family Health Assessment with further input to be negotiated and offered according to need.
<b>Around 4 years when child enters full time school</b>	Completed and up to date Child Health Records handed over to School Health Services.



# Summary

The Health Visitor role is entrenched in public health with a key focus on tackling inequalities, social exclusion and promoting the health of children, families and communities. (CPHVA/Unite the Union April 2009)

The Health Visiting Teams are integral in the establishment of Children's Centres as a place where health, social care and education can come together to achieve the best for local people. (Department of Health October 2009)



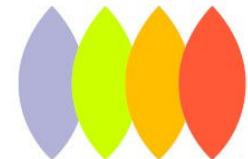


North Yorkshire and York  
Community and Mental Health Services



*North Yorkshire and York*

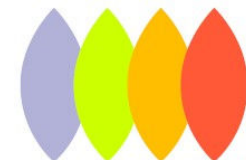
# Review Of Universal Services For 0-19 Year Olds





# Review of Universal services for 0-19 year olds

- NHS Child Health Strategy
- Healthy Child Programme for 0 – 5 year olds
- After birth, by 14 days, between 6 -8 weeks, at 8 weeks, at 3 months, at 4 months, by 1year etc
- Develop new commissioned pathway to ensure needs outlined in the strategy are met
- Work with stakeholders – local GPs, providers, council services
- We will seek input from users, including groups such as York MSLC and children centres etc
- October 2010



This page is intentionally left blank

## Health Overview & Scrutiny Committee Work Plan 2010

Meeting Date	Work Programme
20 January 2010	<ol style="list-style-type: none"> <li>1. Update on the Dementia Review</li> <li>2. Annual Assessment of Adult Social Care – Update Report.</li> <li>3. Presentation from NHS North Yorkshire &amp; York on a Universal Services Review (post maternity)</li> <li>4. Response to CQC on the registration process</li> </ol>
3 March 2010	<ol style="list-style-type: none"> <li>1. Third Quarter Monitoring Report</li> <li>2. Quarterly Update from the Primary Care Trust on Dental Provision in York</li> <li>3. LINKs Public Awareness &amp; Consultation (PACE) report – neurological services – update on recommendation to Committee</li> </ol>
29 March 2010	<ol style="list-style-type: none"> <li>1. Interim Report on the Childhood Obesity Scrutiny Review</li> <li>2. Presentation/further update on Mental Health Transfer</li> <li>3. LINKs Public Awareness &amp; Consultation (PACE) report – end of life care</li> </ol>
30 June 2010	<ol style="list-style-type: none"> <li>1. Presentation from LINKs regarding their Annual Report</li> <li>2. Attendance &amp; report of Executive Member for Housing &amp; Adult Social Services</li> <li>3. Annual Report from relevant Local Strategic Partners</li> <li>4. Presentation on Joint Strategic Needs Assessment (JSNA)</li> <li>5. Update on NHS North Yorkshire &amp; York’s Universal Services Review (post maternity)</li> </ol>

This page is intentionally left blank