



Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Alexander (Chair), Aspden, Fraser, Sue Galloway, Simpson-Laing, Sunderland and Wiseman (Vice-Chair)

Date: Wednesday, 20 January 2010

Time: 5.00 pm

Venue: The Guildhall, York

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Tuesday 19 January 2010**.
- 3. Update on Recommendations Arising from the Dementia Review (Access to Secondary Care)** (Pages 5 - 18)
This report presents Members with an update on progress made in relation to implementing the recommendations arising from the 'Dementia Review' (Accessing Secondary Care) undertaken by the Committee in 2008.

4. 'A Child's First 6 months: Their Expected Health Input both now and in the Future'

Gareth Whiles, Assistant Director Children, Maternity and Sexual Health for NHS North Yorkshire and York will make a presentation to the Committee 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. This links with their Universal Services 0–19 years Review.

The presentation is being given at the request of the Committee who considered a feasibility report on maternity matters at their meeting on 14 December 2009.

5. Annual Performance Assessment of Adult Social Services 2008/09 (Pages 19 - 32)

This report informs Members of the outcome of the annual performance rating, for 2008/09, by the Care Quality Commission (CQC) of adult social services in York.

6. Comments for the Care Quality Commission's New Registration Process (Pages 33 - 46)

This report is to update Members 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.

7. Work Plan (Pages 47 - 48)

To consider the Committee's Work Plan for 2009/10.

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Jill Pickering

Contact Details:

- Telephone – (01904) 552061
- Email – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
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Contact details are set out above

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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item I: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor Fraser	Governor of York Hospitals NHS Foundation Trust; Member of the retired section of Unison; Member of the retired section of UNITE the TGWU ACTS section Member of York Healthy City Board.
Councillor Simpson-Laing	Member of Unison An employee of Relate, working with residents of Askham Grange Works for the Disabilities Trust
Councillor Wiseman	Governor of York Hospitals NHS Foundation Trust; Member of York Healthy City Board.

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Health Overview & Scrutiny Committee

20 January 2010

Report of the Head of Civic, Legal & Democratic Services

Update on Recommendations Arising from the Dementia Review (Access to Secondary Care)

Summary

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

Background

2. Between July 2008 and November 2008 the Health Scrutiny Committee undertook a review of the experiences of older people with mental health problems (and their families/carers) who accessed general health services for secondary care in order to identify where improvements may be required.
3. Over a series of meetings, both formal and informal, the Committee heard evidence from a variety of sources to ensure that they built a comprehensive picture of experiences, barriers faced, and possible beneficial improvements to services. As a result of these inquiries the Committee formulated several recommendations.
4. Recommendation 7 of the final report of the Dementia Review requested that all service providers (City of York Council, NHS North Yorkshire & York, Yorkshire Ambulance Service and York Hospitals Trust) report back to the Committee in 6 months time to inform them of the progress made. The original recommendations, the 6 monthly update as of June 2009 and the current update (January 2010) are set out in the table contained within Annex A to this report

Consultation

5. Representatives from the following organisations were consulted and all provided updates and information for this report (Annex A refers):
 - 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

Options

6. Members should consider whether they wish to receive further updates on progress and if so at what intervals

Analysis

7. The information contained within Annex A to this report outlines progress made to date regarding implementing the recommendations arising from the Dementia Review. The information is by no means complete and Members may wish to consider asking for a further progress update in 6 months time.

Corporate Priorities

8. This report and the information set out within it are directly in line with the Corporate Strategy theme of being a Healthy City – ‘we want to be a city where residents enjoy long, healthy and independent lives.’

Implications

9. **Financial** – There are no known financial implications associated with the recommendations within this report. There may be some financial implications for all health service providers in terms of providing funding to develop the Psychiatric Liaison Service and training staff.
10. **Legal** – There are no known legal implications associated with the recommendations within this report.
11. There are no known Human Resources (HR), Equalities or other implications associated with the recommendations within this report.

Risk Management

12. There are no known risks associated with this report.

Recommendations

13. Members are asked to note the report and progress made on implementation of the recommendations arising from the Dementia Review. They are also asked to decide whether they wish for further updates and at what intervals.

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

Contact Details

Author:

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Scrutiny Services
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Chief Officer Responsible for the report:

Alison Lowton
Interim Head of Civic, Legal & Democratic
Services
Tel: 01904 551004

Report Approved

Date 06.01.2010

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Final Report of the Dementia Review

Annexes

Annex A Update on implementation of recommendations arising from the Dementia Review

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Progress Report on Implementation of the Recommendations Arising From the Dementia Review (Accessing Secondary Care)

Key:

HASS – Housing and Adult Social Services Directorate at City of York Council

PCT – NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)

YAS – Yorkshire Ambulance Service

YHFT – York Hospitals Foundation Trust

Updates & Progress on Implementation - June 2009 & January 2010		
Recommendation 1		
That the York Hospital Trust, in liaison with other appropriate service providers* be urged to develop and implement the Psychiatric Liaison Service. The development of this programme to be a benchmark for training and support for staff working with dementia patients who access secondary care.		
HASS/CYC	June 2009	January 2010
	Officers from HASS assisted in putting a business case for a psychiatric team at the hospital, which was presented to the Older People's Partnership Board. However the funding for such a service had not been agreed with the PCT and there were ongoing debates about the most effective model	Funding should be 'owned' by the PCT

PCT	June 2009 - The PCT has met with York Hospital and discussed the development of a liaison service. The PCT is assessing different models of service with a view to consulting with the relevant key stakeholders including service users and carers on the options available and draft service specification. A business case will then be drawn up for approval by the PCT's Integrated Commissioning Committee.	January 2010 – The York Dementia Working Group has been established to include all key stakeholders in the implementation of the National Dementia Strategy. This includes the provision of liaison services. A service specification will be circulated for comment by the end of January 2010.
YHFT	June 2009 - A proposal for a psychiatric liaison team for older people has been prepared and submitted to the commissioners in the PCT. They have responded by outlining that they are developing a service specification for this service and will issue this once it is complete.	January 2010 – The situation remains unchanged. The proposal for a liaison team has been shared with the York Dementia Working Group (LIAG) and is supported
YAS	YAS responses for June 2009 & January 2010 are set out at the end of this document	

Recommendation 2

That all service providers be urged to review their arrangements for staff training in relation to recognising and working with those with an underlying condition of dementia. Any such review should include:

- Promoting the use of Link nurses and investigating the possibility of nominating Link clinicians within defined staffing groups.
- Investigation of the larger gaps in training
- The utilisation of the variety of sources for training provision including the Alzheimer's Society and other voluntary sector organisations
- Investigation into the pooling of resources between service providers

HASS/CYC	June 2009 - Dementia training is part of the requirements for domiciliary staff and has been identified as a priority for care managers this year	January 2010 – Dementia training has been made available to care managers since Autumn 2009 through a training programme and interest group discussion
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PCT	<p>June 2009 - This is in line with objective 13 of the Dementia Strategy: An informed and effective workforce.</p> <p>Gaps in training will be considered by each locality as part of the assessment of localities against the strategy.</p> <p>Further use of the third sector, including the Alzheimer's Society, will be considered to provide training and education for both staff and people with dementia and their carers building on work already undertaken.</p> <p>The PCT will review the training requirements of staff for services it commissions to work with people who are at risk of dementia and their carers. This will be considered alongside Transforming Community Services</p>	<p>January 2010 – The PCT have included training requirements into its service specifications for provider services.</p> <p>The provision of training for all staff is being considered as part of the Dementia Working Group action plan</p>
YHFT	<p>June 2009 - In relation to the third bullet point of this recommendation – elderly services are piloting some training from the Alzheimer's Society on one of the wards and will review this.</p>	<p>January 2010 – Awareness raising training held for a group of staff within elderly medicine. External training opportunities also being identified and supported</p>
YAS	YAS responses for June 2009 & January 2010 are set out at the end of this document	

Recommendation 3		
That secondary care provider clinicians be urged to acknowledge the positive contributions that can be made by a patient's carer to that patient's ongoing programme of treatment (whilst recognising the issues surrounding patient confidentiality). Clinicians are also urged to take the following into consideration:		
<ul style="list-style-type: none"> ➤ Where it is recognised that there may be an underlying mental health condition to provide written details of any medication and/or treatment plans to the patient ➤ The issue of carers' information being logged on a patient's notes to be urged as good practice and an ongoing dialogue between medical practices and the York Carer's Forum to be maintained to allow for effective databases to be kept. 		
HASS/CYC	June 2009 – no update	January 2010 – The Carers' Strategy Group is sponsoring work between carers & York Hospital to develop a 'carer's passport' which will enable better communication and understanding of need.
PCT	June 2009 – no update	January 2010 – The York Dementia Working Group has highlighted Carers as a priority area. We are looking to provide training / education sessions for carers to help them with practical tips to support those they care for and support themselves. We will also work with the hospital to improve support for carers by sharing examples of good practice from other areas.
YHFT	June 2009 - Within elderly services a review is underway of written information given to all patients and carers to ensure it meets needs	January 2010 – Work continues. As policies and procedures and patient information leaflets are reviewed amendments are made to reflect the needs of the patients who have dementia (as well as the needs of their carers). This is especially relevant in relation to flexible visiting times & supporting patients at mealtimes.
YAS	YAS responses for June 2009 & January 2010 are set out at the end of this document	

Recommendation 4		
<p>a. That all service providers be urged to work with the relevant voluntary organisations (Alzheimer's Society, York & District branch of MIND, Age Concern, Older People's Assembly etc) to develop new initiatives and to promote the awareness of dementia (including the provision of an information leaflet for carers)</p> <p>b. That commissioner and service providers discuss the 'This is me' initiative further with the Alzheimer's Society with a view to adopting it within their individual organisations. The Committee wished it to be known that they were very impressed with this particular initiative</p>		
HASS/CYC	<p>June 2009 - We are not aware of any new information having been produced for carers specific to dementia</p>	<p>January 2010 – The Voluntary Sector are actively engaged in joint initiatives to develop services and a shared pathway of care for those with memory problems. Our own care homes are already working with the Alzheimer's Society to provide more personalised activities for residents. We will be asking the Independent Care Group to feature the 'This is Me' initiative in one of their newsletters to independent providers this year.</p>
PCT	<p>June 2009</p> <p>a. The PCT will encourage Providers to work with the voluntary sector through the inclusion of the voluntary sector in the development and implementation of care pathways for dementia/depression as well as the development of service specifications.</p> <p>b. The PCT would be happy to discuss the 'This is me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.</p>	<p>January 2010</p> <p>a. Third sector organisations are included in the York Dementia Working Group and are recognised as providing valuable support to those with dementia and their carers as part of the care pathway. The Map of Medicine for dementia will be piloted in the York/Selby area. This will describe the care pathway and include health, social care and voluntary sector input.</p> <p>b. The PCT would be happy to discuss the 'This is Me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.</p>

YHFT	<p>June 2009</p> <p>a. Elderly services have set up an older people's liaison group which meets 4 times a year and is well attended by the voluntary organisations. Dementia updates are a standing item on the agenda.</p> <p>b. A meeting has been arranged in early July to discuss the use of the leaflet.</p>	<p>January 2010</p> <p>'This is Me' leaflet pilot. YHFT have piloted the leaflet on a variety of wards. Information on progress is shared with the older people's liaison group as identified above.</p>
YAS	YAS responses for June 2009 & January 2010 are set out at the end of this document	

Recommendation 5		
That York Hospitals Trust, where possible, be urged to adopt a flexible approach during a dementia patient's stay in hospital, for example flexibility in hospital visiting hours and flexibility at mealtimes to allow carers to assist patients with eating.		
HASS/CYC	June 2009 – No update	January 2010 – No update
PCT	June 2009 – No update	January 2010 – No update
YHFT	<p>June 2009 - This has been discussed with all Ward Managers and Matrons in elderly services to ensure flexibility whenever possible and to allow carers to participate and help with meals. We are currently getting feedback from patients and carers on 2 wards with regard to experiences of their stay in Hospital in order to improve some of the processes and available information.</p>	<p>January 2010 – A new Care Pathway has been drafted for patients admitted to elderly wards. This includes involvement of carers wherever possible, especially at mealtimes.</p>
YAS	YAS responses for June 2009 & January 2010 are set out at the end of this document	

Recommendation 6 That all relevant parties be urged to resolve the ongoing issues surrounding the implementation of a universal 'Shared Care Record System'		
HASS/CYC	June 2009 - A person held records pilot has gone ahead but take-up has been limited. The Council has provided funding to the York Health Group to quicken progress on single assessment but this is focused on intermediate care rather than dementia.	January 2010 – Work on a shared pathway of care will include looking at how information can be better shared
PCT	June 2009 - The PCT are progressing the National IT Programme that will benefit patients and clinicians. Further information is available upon request	January 2010 – No update
YHFT	June 2009 – No update	January 2010 – YHFT is participating in discussions led through the LIAG
YAS	YAS responses for June 2009 & January 2010 are set out at the end of this document	

Recommendation 7 That all service providers (HASS/CYC, PCT, YAS & YHFT) report back to the Committee in 6 months time to inform them of the progress that has been made.
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Comments from YAS

June 2009

YAS has engaged with the Yorkshire and Humber Improvement Partnership to find ways that Primary Care, Social Services, the Police and Ambulance Service may improve partnership working in relation to mental health. This has manifested as three main work streams; conveyance under s 2 the Mental Health Act (1983), s 136 conveyance and assessment/treatment/transportation under the Mental Capacity Act (2005).

- Conveyance under s 2 MHA has been standardised across Yorkshire and the Humber using a template designed in collaboration with a multi-professional working group led by Humber Mental Health.
- Conveyance of patients detained by the Police under s 136 MHA is work in progress and various local protocols and facilities currently exist. However, in partnership with the Police it is hoped to develop a standard level of service to all patients in the region.
- Patients who are deemed to lack capacity are the greatest challenge to frontline ambulance staff and occasionally conflict arises between ambulance service personnel and other health and social care workers. To address this, YAS is undertaking a service-wide education programme, coupled with modification to the standard patient report form (PRF) to include mental capacity assessment. In addition, establishing partnership working through YHIP will ensure improved frontline multi-professional relations.

The latter work stream is of most relevance to the review of dementia in York as patients with dementia ought to be recognised as lacking capacity by our frontline crews and may be directed to alternative pathways of care as they are developed. In addition, there is an opportunity for YAS to ‘flag’ the addresses of patients with dementia but, as this may be a significant number, it is likely to be associated with a commissioning need.

January 2010

YAS has now implemented the changes detailed in the report from the last meeting in the summer i.e. ambulance clinicians now carry documentation to allow them to record assessment of mental capacity and a protocol has been developed for treating patients who lack capacity to make decisions for themselves. Work is ongoing with the Yorkshire & Humber Improvement Programme (YHIP) to develop robust multi-agency processes for treatment of patients detained under S136 of the Mental Health Act.

Additional Comments from YHFT (January 2010)

- YHFT will be participating in the RCP National Care Audit of Dementia

- YHFT have agreed terms of reference and membership of a Dementia Strategy Group which will be an internal group and meet quarterly
- Snapshot audit of numbers of patients in elderly beds in November 2009 with a diagnosis of 'dementia'/cognitive impairment – showed 50 patients (total bed base in elderly is 238)

Additional Comments from the PCT (June 2009)

Since the completion of the Dementia Review final report in November 2008 the National Dementia Strategy has been released (February 2009). NHS North Yorkshire & York is currently liaising with key stakeholders to assess the current care and treatment of people with dementia and their carers against the seventeen objectives outlined in the strategy. This will result in an action plan for each locality, including York.

Additional Comments from the PCT (January 2010)

The PCT has discussed the development of a North Yorkshire & York Dementia Network with representatives from both City of York Council and North Yorkshire County Council. This Network is aimed at operational staff, service users and carers, voluntary sector and independent sectors to share good practice and develop the standards of care we want to see for our population. One initial meeting has been held and the next is planned for 3rd February. If anyone would like further information on this or would like to be added to the network mailing list please contact Judith Knapton at NHS NYY (judith.knapton@nyypct.mhs.uk or 01423 859622)

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Health Overview and Scrutiny Committee

20th January 2010

Report of the Director of Housing and Adult Social Services

Annual Performance Assessment of Adult Social Services 2008/9

Summary

1. To inform members of the outcome of the annual performance rating by the Care Quality Commission (CQC) of adult social services in York.

Performance Rating

2. A Performance Assessment Notebook is compiled by CQC during the course of the year (in this case 2008/9). This consists of the performance information against key indicators but also the evidence of our progress against national and local priorities.
3. This evidence is then compared against national levels of performance characteristics for each of the seven outcomes for adults (to rate the performance in delivering outcomes for people):
 - Improved health and emotional well-being
 - Improved quality of life
 - Making a positive contribution
 - Increased choice and control
 - Freedom from Discrimination and Harassment
 - Economic well-being
 - Maintaining dignity and respect
4. In addition CQC look at two other important criteria which in previous years were used to form a judgement on the capacity to improve:
 - Leadership
 - Commissioning and Use of Resources

These no longer form part of the published rating of adult social care but are fed into the overall organisational rating of the council under the Comprehensive Area Assessment.

5. As the assessment of capacity has now been separated from the rating of performance on delivering outcomes CQC no longer provide a star rating for adult social care. Instead they publish a rating on performance that has 4 levels – Excellent, performing Well, Adequate and Poor.

6. CQC wrote to the Director to confirm their assessment in the Autumn of 2009 but the judgment was embargoed until 2nd December 2009. This confirmed that the improvement in the council's performance had been recognised and that the overall rating had moved up to Performing Well.
7. The detailed rating for the seven outcomes are:

ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2008/09

Overall Grade Awarded for Delivery of Outcomes	WELL
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Delivering Outcomes	Grade Awarded
Improved health and well-being	Adequately
Improved quality of life	Adequately
Making a positive contribution	Well
Increased choice and control	Adequately
Freedom from discrimination or harassment	Well
Economic well-being	Well
Maintaining personal dignity and respect	Well

8. The Annual Performance Assessment (APA) report attached at Annex 1 sets out progress about areas of good performance, areas of improvement over the last year, areas which are priorities for improvement and, where appropriate, identifies any follow up action CQC will take.
9. This is clearly a gratifying outcome and reflects the positive progress on the improvement plan for adult social care as reported to the Executive Member in the Summer of 2009. It is particularly important to note that the rating on Outcome 7 - Maintaining personal dignity and respect - is primarily about Safeguarding Adults and recognises the fact that all the improvements asked for in the inspection of 2008 have now been put in place.
10. Now that the council has been rated again as Performing Well overall we need to move forward during 2009/10 on those areas which are still rated as Adequate and to move those rated as performing Well into the Excellent category if possible. A positive Business meeting has been held with CQC to agree which issues are still outstanding and need to form part of an ongoing improvement plan as well as the best way of presenting the information on progress made. These discussions will continue for the rest of the financial year and in the run up to the Annual Review Meeting in the Summer of 2010.
11. The Area Manager for CQC was invited to attend this meeting but is unable to do so.

Consultation

12. The report is primarily for information.

Options

13. The report is primarily for information.

Analysis

14. The evidence provided by CQC to support this finding is set out in the Performance Assessment Notebook. This is a detailed document that runs to 54 pages. The full document is available for members on request.

Corporate Priorities

15. This primarily relates to the priority to Improve the health and lifestyles of the people who live in York, in particular among groups whose levels of health are the poorest.

Implications

16. **Financial** - no implications arising directly from this report although members will note the reference made by CQC to the financial constraints within which the services are delivered and the potential risk that poses to sustained improvement.
17. **Other**
 - **Human Resources** – a workforce strategy was put in place for adult social care in 2008/9 and this has been further developed in partnership with the University of York during 2009/10 with particular emphasis on delivering transformational change and a more personalised service to customers.
 - **Equalities** – the progress on equalities work on adult social care is recognised in the APA report.
 - **Legal** – no implications arising directly from this report
 - **Crime and Disorder** - no implications arising directly from this report
 - **Information technology** - no implications arising directly from this report
 - **Property** – no implications arising directly from this report
 - **Other** – not applicable

Risk Management

18. A risk score of fewer than 16 has been assessed in terms of securing further improvements from the present position.

Recommendation

19. That members comment on the annual performance assessment of adult social care by the CQC.

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

Author:

Bill Hodson
Director
Housing and Adult Social
Services
Tel: 554000.

Chief Officer Responsible for the report:

Bill Hodson
Director, Housing & Adult Social Services

Report Approved

Date 7th January 2010

Bill Hodson
Director

Report Approved

Date 7th January 2010

Specialist Implications Officer(s)

None

Wards Affected: *List wards or tick box to indicate all*

All

For further information please contact the author of the report

Background Papers:

None

Annexes:

Annex 1 - Annual Performance Assessment Report 2008/2009, Care Quality
Commission

Annual Performance Assessment Report
2008/2009



Adult Social Care Services

CONFIDENTIAL: EMBARGOED UNTIL 2 DECEMBER 2009

Council Name: York

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently - overall delivering well above the minimum requirements for people

We also make a written assessment about

**Leadership and
Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall York council is performing:

WELL

Outcome 1:

[Improved health and wellbeing](#)

The council is performing: **Adequately**

Outcome 2:

[Improved quality of life](#)

The council is performing: **Adequately**

Outcome 3:

[Making a positive contribution](#)

The council is performing: **Well**

Outcome 4:

[Increased choice and control](#)

The council is performing: **Adequately**

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing: **Well**

Outcome 6:

[Economic wellbeing](#)

The council is performing: **Well**

Outcome 7:

[Maintaining personal dignity and respect](#)

The council is performing: **Well**

Assessment of Leadership and Commissioning and use of resources

Leadership

The council has demonstrated its capacity to achieve improvement during 2008-09. There has been improved performance during the assessment year especially in addressing the recommendations from the July 2008 Independence, Wellbeing and Choice service inspection. Housing and Adult Social Services has reviewed its own management structure and achieved stronger alignment of senior roles to the changes it needs to make to deliver improved quality of life and services, which promote independence and choice for the people of York. The council's corporate management team has supported this and ensured that health and social care issues continue to be prioritised across the council. There has also been corporate and political support in building safeguarding arrangements, which better protect people in vulnerable situations.

However, the council still faces a challenging agenda and recognises the need to continue to improve performance in areas where the delivery of improved outcomes is not in line with the performance of similar councils. There is also a great deal to do to ensure that transformation plans are comprehensive and that they link with those of partners. The council has demonstrated that in a number of areas the necessary structures, systems, revised policies and procedures are being put in place that provide the council with the potential to demonstrate improved outcomes for people during 2009-10

The council has continued to ensure that there is wide ranging engagement with people who use services, the wider community and other stakeholders to inform their plans and service development. Action has been taken to better define the council's vision for adult social care and ensure priorities are agreed and reflected in planned improvement with partners. The Joint Strategic Needs Assessment is in place and there is evidence that it is used to inform planning and priorities. Housing and Adult Social Services are working with the Institute for Public Care and health partners to define longer-term ambitions, strategic direction and priorities for joint working.

A workforce strategy is now in place and skills development and training are aligned to the council's planned service transformation. Work is being undertaken to develop a professional development pathway for staff within assessment and personalisation. The council acknowledges that this needs further development. Performance management has improved during 2008-09, delivering changes in areas where underperformance has proved challenging in the past. However it is recognised that this has to be underpinned by the implementation of planned structures and processes to support a continued trajectory of improvement.

Commissioning and use of resources

The council continues to ensure that the views of citizens are taken into account and that people who use services and their carers influence planning, the delivery of services and commissioning priorities. The Joint Strategic Needs Assessment is in place and has informed both the emerging vision for health and social care and the development of joint commissioning activity with the PCT and other partners in 2008-09. There has been progress in some areas such as the jointly commissioned vision and strategy for mental health and the long-term commissioning of preventative services but much remains to be done to deliver joint commissioning arrangements, which achieve continuous improvement in outcomes for people. Work has been undertaken to consolidate the position and build

relationships, together with the structures and processes, which should facilitate improved joint commissioning and delivery in 2009-10.

The council has also continued to work with partners and independent providers to improve quality within the social care market and prepare services to provide more personalised care. Additional staff have been put in place to support market development and service change. Quality monitoring of commissioned services has been improved with more customer involvement and information is published to support customer choice. However these changes have not yet shown any significant impact on the quality of care commissioned for people within the city.

Housing and Adult Social Services plans for change and improvement are being progressed and delivered with continued low per capita spend on social care and in the context of continuing pressures to achieve savings. The council demonstrates commitment to transform local services but needs to consider how it is to achieve an appropriate balance between delivering the real change that people say they want within a finite budget whilst also managing all of the associated risks.

Summary of Performance

There has been improved performance during the assessment year especially in addressing the recommendations from the July 2008 Independence, Wellbeing and Choice service inspection. Housing and Adult Social Services has implemented its action plan to address identified shortfalls in performance and have also generally improved in the delivery of services to people. In some areas this means the council is now performing as well as similar councils but in other areas, though improved, it is still not performing as well. The council recognises the need to continue to improve performance in areas where the delivery of improved outcomes is not in line with the performance of similar councils.

With regard to **promoting health and wellbeing**, information and advice are available and campaigns to promote healthy lifestyles and reduce health inequalities are based on analysis of needs and targeted at groups and areas where need is greater. These campaigns are beginning to demonstrate some improved outcomes for people who use services. However the promotion of healthy lifestyles within the wider community is not as yet demonstrating any positive impact and in some areas, such as the promotion of physical activity, is falling back. The number of people whose hospital discharge is delayed due to social care not being available has continued to improve and is now lower than for similar councils. Performance on achieving independence for older people through rehabilitation and intermediate care is also improving but the numbers of older people admitted to permanent care home places continues to increase indicating that more needs to be done in this area. The council's own residential facilities provide meals which meet nutritional requirements for promoting health and special dietary requirements. This is not the position in services the council commissions within the independent sector, where the proportion of homes for older people meeting these standards is below the national average. This means that people's needs and preferences may not be met and the council need to ensure this improves in 2009-10. End of life care support is available both within residential settings and at home, but this is an area of practice which requires further development.

The council's contribution to promoting a good **quality of life** has improved in 2008-09. The council is working with health and other agencies to provide a range of preventative services across the city. Advice and support is available at an early stage to help people

maintain their quality of life and prevent loss of independence. A team of Community Facilitators is now in place to help develop more community services to support people and to help people in practical ways to access these services. People are being supported to maintain their independence but the council needs to do more to reduce the numbers of older people moving into residential care. The council provides appropriate technology to support independence but levels of provision need to increase so that more people can benefit. Equipment and minor adaptations to support people is delivered quickly but it still takes too long to complete major adaptations which will help people have a better quality of life at home. More people with learning disabilities are receiving services in the community and being helped to live in their own homes. People with more complex needs are also being helped to live independently and to choose which services will best support their individual needs. The council is helping more carers to improve their quality of life. More direct payments are being used by carers so that they can choose services and support which best suit their circumstances. The level of services provided by the council for carers has improved but remains low and the council needs to ensure that more carers benefit from support in 2009-10.

People who use services and their carers are being well supported to use local services within the community. Support plans are personalised and flexible and address social activity, leisure and learning. Mainstream local services are increasingly accessible and inclusive. However, more effort is needed to ensure that people in care homes have access to appropriate leisure and learning opportunities within the community.

The council has continued to encourage and enable people who use services to take part in community life and **make a positive contribution**. There are increasing opportunities and better support for people who use services to enable them to take part in community life. The development of a number of "Changing Places" where people can have their personal needs attended to in privacy and with dignity, has opened up a number of cultural and leisure opportunities across the city for people with more complex needs. The council encourages people who use services and carers to make their views known and uses this information to improve services. People can get support from advocates to help them make their views known where they want this. People are also supported to contribute to groups and meetings which are held by the council to help them plan and develop services. The council is less good at giving feedback to people about the difference their contribution has made to improving services and needs to think about ways in which it can do this. The council has continued to support voluntary groups, particularly in providing low level services to support people across the community, and people who use services and their carers are encouraged to join these.

With regard to promoting **choice and control**, advice and information about support are available and help people consider and make choices about their options. Trained advocates are available to support people to make decisions about their care. It is easier for people to contact the council including in emergencies or outside office hours. Assessments of need are available to all who want this but are not always completed quickly. The council is also not delivering as many support packages promptly after assessment as they did last year, which means more people have to wait longer to get the care they need. The council now does more reviews of peoples needs to make sure that the care and support they have is still suitable. People are benefiting from personalised support plans and services which look at people's wishes about what care they want and how it will be provided. More people are using individual budgets and direct payments to increase their choice and control about the services they receive and the council plans to make this available to more people in future. Levels of assessment and support to carers has improved in 2008-09 but is still below the levels provided by other councils and needs

to continue to improve. The council listens to peoples' complaints and takes action to make services better as a result of what people tell them.

The council continues to take a positive approach to promoting **freedom from discrimination and harassment**. There is fair access to care services. People are clear about what services the council will provide and are helped to find other services where they don't qualify for help from the council. The council also continues to ensure that people from different cultural groups have equal access to assessment and services and that adjustments are made to ensure any services provided meet peoples needs. The council has a positive focus on developing safer communities and crime reduction. The Safer York partnership monitors reported incidents of harassment. But the council needs to be clearer about what action it takes to support people and how it plans to reduce harassment.

The council continues to contribute to **economic wellbeing** by ensuring that information and advice are widely available to help people to maximize their income and deal with debt. The council has also ensured that advice about fuel poverty and initiatives to improve energy efficiency and reduce cost are available. Training, preparing for work and support when doing the work are available to assist people who use services to obtain and maintain employment. Some choice is available through sheltered schemes but more needs to be done to help people access to mainstream employment Carers are assisted to maximizing their income and support is available and flexible to meet employment and family needs and preferences.

In relation to **promoting dignity and respect**, the council has addressed all the shortfalls identified in the Independence, Wellbeing and Choice service inspection in July 2008. There are now structures, policies and procedures in place which are fit to promote the protection of people in vulnerable situations. York has now set up its own Safeguarding Adults Board and partner agencies are working with the council to support this. The council monitors the amount and quality of the work it does in safeguarding people and plans to use this information to continue to improve the service. Monitoring and evaluation systems and processes are in place at the case work and strategic levels. There has been an increase in referrals of incidents which is evidence that the public are more aware of how to act when they have concerns. And the council deals with these reported incidents quickly to help keep people safe. Training for council staff is increasing, but the training that is made available to staff in the independent sector needs to increase so that the council can be more sure that people using those services are safe. (The work the council has done has establishes a sound base to keep people safe but it is not possible to be sure that these improved levels of protection or the learning that has taken place improved outcomes for people who accessed the safeguarding system in 2008-09.) The council has ensured that people using its services are treated with dignity and respect but it needs to do more to ensure that the services it commissions for people from the independent sector also meet these standards. The council has worked effectively to implement the Deprivation of Liberty safeguards to ensure that peoples' rights are protected.

Outcome 1: Improved health and wellbeing

The council is performing: **Adequately**

What the council does well.

- The council provides a wide range of helpful information and advice on healthy lifestyles
- The council uses information to target health campaigns to those with greater health and social care needs
- The council reviews people's needs to ensure the services they receive are still appropriate
- The council promotes independence for older people through rehabilitation and intermediate care services

What the council needs to improve.

- The council needs to increase levels of physical activity within the general population to promote healthier lifestyles
- The council needs to streamline pathways for intermediate care arrangements with health partners and improve its monitoring of the impact and outcomes of these services for people
- The council should continue to reduce delayed discharges from hospital
- The council needs to reduce the numbers of older people being permanently admitted to residential placements
- The council needs to improve its work to promote healthy eating and ensure that nutritional needs are met within the services it commissions in the independent sector
- The council should continue to improve palliative care arrangements to ensure people have real choice from a range of quality options to meet their end of life care needs

Outcome 2: Improved quality of life

The council is performing: **Adequately**

What the council does well.

- The council provides Community Facilitators to help develop low level services within the community and help people access these services
- The council provides support to help people live independently
- The council delivers equipment and minor adaptations quickly to help people maintain their independence and quality of life at home
- The council is providing more direct payments to carers to enable them to access personalised support that best meets their circumstances

What the council needs to improve.

- The council needs to continue to increase the availability of low level grant funded and universal services to meet people's needs
- The council needs to reduce the numbers of older people in permanent residential care placements
- The council needs to Increase the levels of provision of telecare so that more people can benefit from this support
- The council needs to continue to reduce the time it takes to complete major adaptations which people need to support their quality of life and independence at home
- The council needs to continue to improve the level of services for carers and to identify more carers who may need support
- The council needs to ensure that people living in residential care have opportunities to access local leisure and learning facilities

Outcome 3: Making a positive contribution

The council is performing: **Well**

What the council does well.

- The council has a commitment to developing "Changing Places", which is opening up the city and cultural and leisure opportunities to people with more complex needs
- The council is supporting the growth of citizen advocacy in learning disability services and encouraging people with learning disabilities to participate and represent others in the development of plans and services.
- The council is working with the local LINKS to develop opportunities for people who have experienced a safeguarding referral to give feedback about their experience and how it could be improved

What the council needs to improve.

- The council needs to develop more opportunities for people to assess their own needs
- The council needs to find ways to provide feedback to people about the way their views are used to improve services

Outcome 4: Increased choice and control

The council is performing: **Adequately**

What the council does well.

- People have access to assessment of their needs when they want it
- The council is reviewing more peoples' needs to make sure that the care they receive is still suitable for them.
- The council has made sure that advocates are available to help people make decisions

- The council provide a full range of support that people need to live independently
- The council is making personal budgets and direct payments available to more people and carers have benefited from this in 2008-09

What the council needs to improve.

- The council needs to complete more assessments of peoples needs more quickly and deliver services to support people promptly
- The council needs to continue to increase the levels of assessments and services for carers
- The council needs to continue to make personal budgets available so that all people can benefit from them

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

What the council does well.

- The council ensures that its eligibility criteria are clear and that people who don't qualify for support are helped to find the services they need
- People across all groups have equal access to assessment and services

What the council needs to improve.

- The council needs to continue to work towards meeting the new equalities framework
- The council should monitor progress against its targets to reduce discrimination and harassment and use this information to improve future planning

Outcome 6: Economic well - being

The council is performing: **Well**

What the council does well.

- The council provides benefits checks to help people who use services and their carers maximize their income
- The council has increased its focus on fuel poverty and the action people can take to use energy more efficiently and reduce their costs
- The council has contributed to multi agency project work in deprived areas to help improve economic wellbeing and employment opportunities
- The council uses personalised support plans to help people who use services achieve their preferences in learning and employment

What the council needs to improve.

- The council should collect better evidence of impact and outcomes for people of the projects such as HOTSPOTS
- The council should help more people who use services into employment
- The council should set an example to other employers in supporting the employment of people with a disability and carers, innovating and demonstrating best practice

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

What the council does well.

- The council has worked effectively to improve its safeguarding arrangements and addressing the shortfalls identified by the Independence, Wellbeing and Choice service inspection in July 2008
- Referrals of safeguarding incidents have increased indicating better public awareness
- Safeguarding standards are met within the councils own residential provision
- Dignity and privacy standards are within the councils own services and in the home care services it commissions

What the council needs to improve.

- The council need to continue the identified development work to secure the performance of the new safeguarding board
- The council should Implement arrangement with LINKs to capture the experience of people who have been in vulnerable situations to inform safeguarding arrangements
- The council needs to provide more training opportunities for staff in the independent sector
- The council needs to continue to improve the proportion of commissioned services meeting safeguarding standards
- The council needs to improve the proportion of commissioned residential services meeting privacy and dignity standards

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Health Overview & Scrutiny Committee

20th January 2010

Report of the Head of Civic, Legal & Democratic Services

Comments for the Care Quality Commissions New Registration Process

Summary

1. This report is to update Members 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.

Background

2. For the past few years the Health Overview & Scrutiny Committee have been providing commentaries on the local NHS Trusts' declarations as part of the Annual Health Check. The last of these was for the year 2008/09 and the Committee's comments were published in an agenda dated 11 May 2009.
3. The regulation of health and adult social care services has undergone changes and new registration standards have been introduced that will apply to NHS Trusts for the first time. All NHS Trusts (including Primary Care Trusts as providers) must be registered with the Care Quality Commission from 1st April 2010.
4. In 2010, all NHS Trusts, NHS Foundation Trusts and Primary Care Trust providers will be included in the new system of registration that replaces assessment of performance against the core standards set out in 'Standards for Better Health'. The Care Quality Commission will invite Trusts to apply to be registered and ask them to make a declaration of their compliance with the new registration requirements in January 2010. The applications will then be assessed and further enquiries made, including some inspections, in order that Trusts are registered at 1 April 2010.
5. The Care Quality Commission has now invited those groups who submitted third party commentaries last year to send them evidence about aspects of Trusts' performance separately from Trusts' declarations. These groups include Local Involvement Networks (LINKs) and Overview & Scrutiny Committees amongst others.
6. The evidence provided will be used to help inform the Care Quality Commission's decisions about the registration of providers from April 2010. The evidence will be used, where relevant, to inform core standards

assessments and commissioning assessments. Thereafter, evidence submitted will be used to inform monitoring of the ongoing compliance of providers on a continual basis.

7. Representatives from the Care Quality Commission attended the Centre for Public Scrutiny's (CfPS) networking events for health, care and wellbeing Overview & Scrutiny Committees (OSCs) in autumn 2009. A northern event was held on 24th November 2009 in Leeds. The Scrutiny Officer and three members of the Committee attended.
8. At their meeting on 23rd September 2009 Members of the Committee delegated the task of completing a commentary in relation to the registration process to the three Members who attended the event in Autumn 2009 (in conjunction with the scrutiny officer). This task group was then asked to report their findings back to the Committee.
9. The findings have now been submitted via an online form to the Care Quality Commission. The task group found the collation of these awkward due to the nature of the form, which they felt was predominantly targeted at representatives such as LINKs, the voluntary sector, carer and users.
10. However the task group did mention that all of City of York Council meetings, along with those of NHS North Yorkshire & York and the York Hospitals Foundation Trust were public meetings at which members of the public could register to speak.
11. A copy of the form and the task group's response is attached at Annex A to this report.

Consultation

12. The Care Quality Commission sends monthly bulletins and attends various information events to keep both officers and Members aware of developments.

Options

13. Members are asked to note the contents of this report.

Analysis

14. This is a new process and Members of the delegated task group did not feel that the online form asked questions that were relevant to overview and scrutiny committees. They did however, realise the importance of such a mechanism being in place for other groups to comment via.

Corporate Strategy 2009/2012

15. This relates to the Healthy City theme of the recently refreshed Corporate Strategy.

Implications

16. **Financial** – There are no financial implications associated with the recommendations in this report.
17. **Human Resources** – There are no Human Resources implications associated with the recommendations in this report.
18. **Legal** – There are no legal implications associated with the recommendations within this report.
19. There are no other known implications associated with the recommendations in this report.

Risk Management

20. In compliance with the Council's risk management strategy there are no known risks associated with the recommendations in this report.

Recommendations

- i. Members are asked to note the information provided.

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

Contact Details

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Report Approved

Date 08.01.2010

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Monthly updates for NHS Trusts published by the Care Quality Commission Reviews in 2009/10 – Assessing and rating health and adult social care organisations (available on the Care Quality Commission's website).

Annexes

Annex A – Task Group's response

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Representative group feedback form

Copy for Information and Printing

This is a copy of the form for representative groups. It is for information and printing purposes only.

Please return to the online form in order to submit information about local views and experiences to the Care Quality Commission.

Tell us about your group

Name of the group: Health Overview & Scrutiny Committee

Address of the group: Health Scrutiny Committee, C/O Scrutiny Services, The Guildhall, York, YO1 9QN.

Tell us about you

Your name.....

Your role or job title.....

Your address.....

.....

.....

Your Email address.....

What type of group are you? E.g. *LINK Host, LINK work group, overview and scrutiny committee, foundation trust board of governors, learning disability partners board, local safeguarding children's board, patient- service user or carers group, community group, other*

.....

Which geographical area does your group cover?

Local Authority Area: City of York Council

End of Section 1

I would like to provide evidence about local views on a health or social care organisation.

You can fill in as many of the sections below as you want or you can send us information under 'any other information' at the end of the form.

Scroll down the page and you see the sections that apply to the organisation you have chosen to tell us about.

What type of organisation are you telling us about

Please give us the name of the organisation

Organisation Name

Organisation Type (please select one) *PCT, Adult social care homes, Local authorities who commission adult services, Acute hospitals, Mental health or other learning disability services, Ambulance trust, Prison health services, Independent healthcare provider ie hospice or private hospital, Not sure*

.....

PLEASE NOTE – SOME AREAS ARE ONLY RELEVANT TO PARTICULAR TYPES OF ORGANISATION. WE HAVE LISTED ALL FOR YOUR INFORMATION.

Please give us the name of the organisation

Post code

What time period does this information cover?

For example April 2009 - December 2009

Please tell us about this organisation

Involvement and information

How are people involved in their care?

- How do people understand about the care they are getting?
- How do people receive the information they need about their care?
- How do people give their informed consent to treatment and care?
- How are people involved in monitoring services?
- How are people's views taken into account?

Personalised care, treatment and support

How are people given the individual care and welfare they need?

- How do people receive the food and nutrition they need?
- How do service providers cooperate with other services to meet people's needs?

Safeguarding and safety

How are vulnerable people who use services looked after safely?

- How are medicines given at the right time and in the right way?
- How are medical devices used and managed properly?
- How suitable and safe are premises?
- How safe do people feel?
- How available, safe and suitable is equipment for individuals' needs?

Suitability of staffing

How do people get the right care from the right staff?

- How do services choose staff with the skills to match people's needs?
- How do services make sure that there are enough staff to do the work?
- How do services make sure staff are properly trained?

Quality and management

How do people know they are getting the best and safest services?

- How are services being made better?
- How are people supported to say how they feel?
- How are checks done to make sure that staff do their job properly?

Suitability of management

How are people's care and treatment being met?

- Are staff registered with their professional bodies if they need to be?
- Are staff supported to do their job well?
- How do staff use what they are told to make services better?

Improved health and wellbeing

Is people's health and their wellbeing improving?

Do people in the area have good physical and mental health?

Are they leading healthier and safer lifestyles that lower their risk of illness, accidents, and long-term conditions?

Do fewer people need care or treatment in hospitals and care homes?

Are people who have long-term needs and their carers supported to live as independently as they choose, and have well timed, well-coordinated treatment and support?

Improved quality of life

Do people in the area have an improved quality of life?

Is support given at an early stage, to help people to stay independent?

Are families supported so that children do not have to take on inappropriate caring roles?

Can carers balance caring with a life of their own?

Do people feel safe when they are supported at home, in care homes, and in the neighbourhood?

Are people able to have a social life and to use leisure, learning and other local services?

Improved quality of life

Are people able to make a positive contribution to services and to take part in community life?

Can people contribute their views on services and help to shape improvements?

Are voluntary organisations thriving and accessible?

Are organisations for people who use services and carers well supported?

Members of the public can comment at meetings under the public participation scheme. Members of the public can also be involved in scrutiny reviews.

Do people have choice and control over their care and support?

Are people who use services and their carers helped to have control over their personal support?

Can people choose from a wide range of local support?

Freedom from discrimination and harassment

Are people free from discrimination and harassment?

Do people who use services and their carers have fair access to services?

Do people get the services they are entitled to?

Are people free from discrimination or harassment in the areas where they live?

Economic wellbeing

Are people able to cope financially?

Do people who use services and their carers have the income to meet their living and support costs?

Are they supported in finding or maintaining employment?

Maintaining personal dignity

Do people experience dignity and respect?

Are people who use services and their carers kept safe from all forms of abuse?
Does people's personal care respect their human rights, preserves their dignity and respect, help them to be comfortable, and supports family and social life?

Leadership

Are services well managed?

Are people from all communities involved in planning with councillors and senior managers?
Do councillors and senior managers have a clear vision for social care?
Do they take a lead to change services to achieve better care?
Do they agree priorities with their partners, find the funding they need and train their staff to

The Health Overview & Scrutiny Committee is a public meeting which is advertised and fully accessible to members of the public. There is a public participation scheme, which allows members of the public to register to speak at meetings.

Commissioning and use of resources

Is money well spent on the services that local people need?

Can people who use services and their carers get the support they need?
Do service commissioners involve people who use services, carers, partners and service providers?
Do they make sure the services being provided are the right ones for people, using their funds in

There are many carers and patient groups offering a variety of support.

Joined up services

How do health and social care services join up to meet people's needs in the area?

How is information about peoples care shared between different services?

All Trusts (PCT, Hospital Foundation Trust) in the area have regular public meetings at which the public can register to speak.

If you have any further information about local views on the health or social care organisation please add them here.

It is very difficult for the Health Overview & Scrutiny Committee to address some of the questions set out in this form. It is hard to comment unless it is an area that the Committee has scrutinised.

Sending us supporting evidence

Using this form you may submit up to 3 files - to submit more files please send by email to involvement@cqc.org.uk

Report 1 title

Report date

Subject & report summary

Please list the names of any health or social care services described in the reports:

.....
.....

Has your group reported any of the information you have given us in this form to anyone else?

YES

NO

If Yes please tell us who

We are continually trying to improve this form. Please tell us if you have any problems or suggestions.

This form is primarily designed for LINKs, carers, users and the voluntary sector. There are not many questions here for overview & scrutiny committees in their 'overview' capacity. It is important, however, that a mechanism like this exists for other groups.

END OF FORM.

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Health Overview & Scrutiny Committee Work Plan 2009-10

Meeting Date	Work Programme
14 December 2009	<ol style="list-style-type: none"> 1. Second Quarter Monitoring Report 2. Referral Report from Executive – overspends in Adult Social Services 3. Update report on the proposed Scrutiny Topic (Outreach Workers) 4. Feasibility Study for proposed new review – ‘Maternity Matters’
13 January 2010	<ol style="list-style-type: none"> 1. Report regarding HASS overspends
20 January 2010	<ol style="list-style-type: none"> 1. Update on the Dementia Review 2. Annual Assessment of Adult Social Care – Update Report. 3. Presentation from NHS North Yorkshire & York on a Universal Services Review (post maternity) 4. Response to CQC on the registration process
3 March 2010	<ol style="list-style-type: none"> 1. Third Quarter Monitoring Report 2. Annual Report from relevant Local Strategic Partners 3. Further update on Mental Health Transfer 4. LINKs Public Awareness & Consultation (PACE) report – end of life care 5. Quarterly Update from the Primary Care Trust on Dental Provision in York 6. LINKs Public Awareness & Consultation (PACE) report – neurological services – update on recommendation to Committee
30 June 2010	<ol style="list-style-type: none"> 1. Presentation from LINKs regarding their Annual Report 2. Attendance & report of Executive Member for Housing & Adult Social Services

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