Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Boyce (Chair), Fraser, Holvey, Kirk, Simpson-Laing, Sunderland and Wiseman (Vice-Chair)

Date: Wednesday, 22 September 2010

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

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. **Minutes** (Pages 5 - 16)
   To approve and sign the minutes of meetings of the Committee held on 7 and 20 July 2010.

3. **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 21 September 2010.**

4. Six Monthly Update from Yorkshire Ambulance Service

The Director of Standards and Compliance, the Locality Manager for York and the Service and Quality Improvement Manager for North Yorkshire will be in attendance at the meeting to give a presentation on YAS's forthcoming priorities, challenges and successes. This will include an update on Accident & Emergency operations, an update on the Patient Transport Services and information on quality improvement (measuring patient safety, clinical effectiveness and patient experience).

5. Proposed Scrutiny Topic on Post Maternity Services (Pages 17 - 28)

This report asks Members to consider information requested at a previous meeting and to make a decision on whether to progress this topic to review.

6. 2010/11 First Quarter Monitoring Report - Finance and Performance in Adult Social Services (Pages 29 - 32)

This report analyses the latest performance for 2010/11 and forecasts the outturn position by reference to the service plan, the budget and the performance indicators for all of the relevant services falling under the responsibility of the Director of Adults Children and Education.

7. Final Report of the Childhood Obesity Task Group (Pages 33 - 58)

This report presents Members with the final report arising from the Childhood Obesity Scrutiny Review.

8. Consultation on the Government White Paper 'Equity and Excellence: Liberating the NHS' (Pages 59 - 80)

This report presents Members with an early draft report to the Executive in relation to the Government White Paper 'Equity and Excellence: Liberating the NHS'. The report also includes an early draft of the proposed Council response to the consultation.

9. Work Plan and Forward Plan Extracts (Pages 81 - 86)
Members are asked to review the Committee's work plan for 2010/11. Extracts from the Forward Plan are included for Members' information.

10. 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
- Copies of reports

Contact details are set out above

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Agenda Annex

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- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
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Further information about what's being discussed at this meeting
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The majority of councillors are not appointed to the Executive (40 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Decision Session) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

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
Councillor Holvey	Partner is a student nurse at the University of York and a professional member of the NHS
Councillor Kirk	Governor of York Hospitals NHS Foundation Trust
Councillor Simpson-Laing	Member of Unison An employee of Relate Works for the Disabilities Trust Member of York Healthy City Board
Councillor Wiseman	Member of York Healthy City Board Public Member of York Hospitals NHS Foundation Trust

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City of York Council	Committee Minutes
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	7 JULY 2010
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, HOLVEY, SIMPSON-LAING, SUNDERLAND AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	LIBBY MCMANUS – YORK HOSPITAL HELEN MACKMAN – YORK HOSPITAL JAMES PLAYER – AGE CONCERN JOHN YATES – OLDER PEOPLE'S ASSEMBLY KATHY CLARK – CITY OF YORK COUNCIL DEBBIE MITCHELL – CITY OF YORK COUNCIL
APOLOGIES	COUNCILLOR KIRK

1. 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. The following amendments and additions to the standing list were requested:

Councillor Fraser – No longer a member of the York Healthy City Board
Councillor Holvey – Partner was a student nurse at the University of York and a professional member of the NHS.
Councillor Kirk – Governor of York Hospitals Foundation Trust
Councillor Simpson-Laing – Member of York Healthy City Board
Councillor Wiseman – Public Member of York Hospitals Foundation Trust

2. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 29 March 2010 be approved and signed by the Chair as a correct record.

3. 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 on behalf of the Older People's Assembly. He stated that further to ongoing requests for better dialogue and improved public and patients information from health providers he questioned if local MP's received minutes of the Council. He referred to MP Julian Sturdy's recent comments in the House on the issue of spinal injections for back pain.

Officers confirmed that local Members of Parliament did not receive copies of the authorities minutes as a matter of course.

The Chair confirmed that she would personally email the local MP's to inform them of the Health Scrutiny Committee's work and the presence of the Committee's reports and minutes on the Council's website.

4. WORK PLAN 2010/11

The Committee considered a report, which presented the Committee's work plan for the forthcoming year. The report asked Members to consider any additions and/or amendments they wished to make to it.

The Scrutiny Officer confirmed that the Childhood Obesity Task Group were to meet shortly to draft recommendations for the final report. It was noted that receipt of this final report would require addition to the work plan.

The Chair referred to the Joint Vision for Older People's Health and Social Care in York report to be considered at a Decision Session on 27 July. She asked if it would be possible to consider this at the Committee's meeting on 20 July to allow any comments to be reported to the Decision Session.

The Chair also referred to a possible review topic in relation to carers, how they were supported by integrated services. The examination of support offered to carers would also include young carers. Members indicated that it might be useful to highlight any gaps in provision prior to examination.

Discussion was also undertaken on the frequency of updates from NHS North Yorkshire & York, The Hospitals Foundation Trust and the Yorkshire Ambulance Service. It was suggested that these could take place on a quarterly basis with the Ambulance Trust in September, Hospitals Trust in December and the PCT in March, subject to availability.

Members suggested that the Quality Accounts comments could be undertaken in regular updates and contact with the Trusts' rather than completed on a one off basis.

RESOLVED: That the draft work plan be approved subject to the additions/amendments detailed above. [1.]

REASON: To update the Committee on their work plan for the forthcoming year.

Action Required

1. Update Committee's work plan. TW

5. UPDATE ON DENTAL SERVICES IN YORK

Consideration was given to a report, which provided Members with an update on the provision of dental services in York.

Members were reminded that at their last meeting further information had been requested on comparative data and overall trend information in relation to the provision of dental services.

The Assistant Director – Primary Care was in attendance at the meeting and she went through the City of York Dentist Waiting List data for May 2010, attached at Annexes A and B of the report, showing those patients added, those assigned a dentist and those currently on the waiting list. As dental procurement and evaluation was ongoing she stated that it may be useful if a representative of the Committee acted as a 'lay person' on the Evaluation Committee.

In relation to the commissioning of new dentists she explained the methods by which areas were targeted for dental provision and pointed out that York and Selby were still priority areas.

Members stated that it may be more useful if the Committee's input related to the specification for dental provision to ensure that it reflected the city's needs.

RESOLVED: i) That updates on dental provision continue to be received on a six monthly basis with the next update scheduled on the work plan for March 2011, this to also include previous years figures for comparison. [1.]

ii) That no member nomination be made on the NHS North Yorkshire and York Evaluation Committee.

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

Action Required
1. Update work plan and request figures from NHS dental contact. TW

6. UPDATE REPORT - PROPOSED SCRUTINY TOPIC ON POST MATERNITY SERVICES

Members received a presentation from the Head of Joint Commissioning and Partnerships, NHS North Yorkshire and York on the 'Universal Services Review' that they were undertaking.

It was explained that this was a long term joint strategy to improve health outcomes for all children and young people It set out how Local Authorities

and the PCT could work together across children's services to build the quality of support for families at key stages in their children's lives.

The following were the main points raised in the presentation:
Drivers for the review

- National Child Health Strategy
- Healthy Child Programmes

How it would work in North Yorkshire and York

- Development of a countrywide service specification for 0-19 universal services based around the Healthy Child Programmes.
- Local flexibility to enable providers to agree on the model of delivery;

What it was hoped the review would do

- Identify gaps in current commissioned services and help shape future services;
- Focus on professional roles of health care professionals;
- Help identify expected outcomes and benefits

Present position

- Initiative within the 5 year strategic plan and key priority in the 2010/11 operational plan;
- Project plan developed;
- Engagement plans – Phase 1 April/May (clinical) and Phase 2 May/June/July (Wider stakeholders);
- Aim to have approach and service specification clearly outlined by end of October 2010.

Engagement Includes

- Clinicians
- Children's Trust Unit
- Children Centre Management and Health Groups
- Integrated Youth Support Leads
- Healthy Schools Groups
- Teenage pregnancy groups
- CANDI
- York Youth Council

Next Steps

- Consolidate information
- Over the summer develop draft service specification
- Discuss developments with current providers and stakeholders
- Produce a final version for October 2010.

Officers confirmed that Councillor Wiseman had registered this scrutiny topic in October 2009 and Members were asked to make a decision on whether to undertake a review on a proposed scrutiny topic on post maternity services.

Members questioned a number of points including:

- What services were at present in place for mothers and babies and details of any future proposals
- Health Visitor input
- Facilities already offered and take up
- Comparisons with other PCT's of services offered.

Members thanked the Head of Joint Commissioning for her presentation.

Following further discussion it was

RESOLVED: i) That the presentation and update on the Universal Services Review be received and noted;

ii) That the Scrutiny Officer prepare a list of questions in relation to Members discussions on the maternity review topic to forward to Jo Harding, General Manager – Children and Specialist Services North Yorkshire and York with an invitation for her to attend the Committees' September meeting to report back. [1.]

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

Action Required

1. Prepare list and extend invitation. TW

7. FINANCE AND PERFORMANCE IN ADULT SOCIAL SERVICES 2009/10 - UPDATE

The Committee considered the 2009/10 outturn position for both finance and performance in Adult Social Services, the main area covered by the Health Overview and Scrutiny Committee.

Officers reported that the outturn position for Adult Social Services was an overspend of £1.7m on a total net budget of £45m. It was confirmed that the demand for adult social care across the city was still the main reason for the overspend together with an increasing number of assessments.

In answer to Members questions Officers confirmed that there had been nothing to suggest that there would be any reductions in referrals in the near future.

Members made a number of comments in relation to the report including:

- That it would be helpful to receive a briefing on the various adult social care indicators;

- The Finance and Performance update in September 2010 would provide a better comparison and show if there were continuing trends;
- Would current investment and the More for York efficiency programme assist with current issues;
- A more inclusive reablement approach was required.

RESOLVED: That the report be noted.

REASON: To update the Committee in relation to the outturn position for finance and performance

8. LINKS (LOCAL INVOLVEMENT NETWORK) STATUTORY STAKEHOLDER GROUP

Consideration was given to a report which asked Members to note the contents of the draft terms of reference for the newly established York LINk Statutory Stakeholder Group, a copy of which was attached at Annex A to the report.

Members also considered an invitation to nominate two representatives to the Statutory Stakeholder Group. It had been suggested that for continuity one of these representatives should be the Scrutiny Officer and that the Vice Chair had expressed interest in being the other nominee.

RESOLVED:
i) That the Committee note the contents of the draft terms of reference for the Statutory Stakeholder Group;

ii) That the Scrutiny Officer and Councillor Wiseman, as current Vice-Chair of the Committee, be appointed to the Statutory Stakeholder Group.

REASON: To give the Committee a voice on the group and to promote partnership working.

CLLR B BOYCE, Chair
[The meeting started at 5.00 pm and finished at 7.00 pm].

City of York Council — Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	20 JULY 2010
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, HOLVEY, KIRK, SIMPSON-LAING, WISEMAN (VICE-CHAIR) AND ASPDEN (SUBSTITUTE FOR COUNCILLOR SUNDERLAND)
IN ATTENDANCE	SUE METCALFE – DEPUTY CHIEF EXECUTIVE (DIRECTOR OF LOCALITIES) NHS NORTH YORKSHIRE AND YORK ANNIE THOMPSON – LINKS PARTNERSHIP CO-ORDINTOR GEORGE WOOD – YORK OLDER PEOPLE'S ASSEMBLY JOHN YATES – YORK OLDER PEOPLE'S ASSEMBLY SALLY HUTCHINSON – AGE CONCERN JUDITH KNAPTON – NHS NORTH YORKSHIRE & YORK HELEN MACKMAN – YORK HOSPITAL KATHY CLARK – CYC KATE BOWERS - CYC
APOLOGIES	COUNCILLOR SUNDERLAND

9. DECLARATIONS OF INTEREST

Members were asked to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda. No interests were declared other than those recorded in the standard declarations for the committee.

10. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the council's Public Participation Scheme. George Wood, representative of York Older People's Assembly, spoke on item 5 of the agenda – "Transforming Community Services". He drew attention to the PCT's role in respect of the commissioning of new providers and made particular reference to GP Out of Hours services, Intermediate Care and Community equipment and wheelchair services. Mr Wood stated that there was an opportunity to engage with older people as to how services might be improved and, if there was a case for local change, this should be given due consideration and not be dependent on agreement on a county wide basis.

11. UPDATE ON RECOMMENDATIONS ARISING FROM THE DEMENTIA REVIEW (ACCESS TO SECONDARY CARE)

Members received a report that gave an update on progress made in relation to implementing the recommendations arising from the "Dementia Review" (Accessing Secondary Care). Members were asked to consider whether they wished to sign off any of the recommendations as complete or to receive further updates on progress.

Members noted that progress had been made in implementing the recommendations but that not all of the work had been completed. Members requested that statistical information be included where appropriate in order to evidence work, for example in respect of the take up of staff training. They also agreed that it would be useful for them to receive information that was circulated through the Dementia Network.

RESOLVED: (i) That the report and progress made on implementation of the recommendations arising from the Dementia Review be noted.

(ii) That a further update on the recommendations be presented to the committee at their meeting on 19 January 2011.

(iii) That information circulated via the Dementia Network be forwarded to members of the committee.[1]

REASON: In order for the committee to carry out its duty to promote the health needs of the people it represents.

Action Required

1. Circulate information to committee members TW

12. LINKS ANNUAL REPORT AND REPORTS ARISING FROM LINKS PUBLIC AWARENESS AND CONSULTATION EVENTS

Members received a report that presented a copy of the Local Involvement Networks (LINks) Annual Report, together with reports arising from two LINks public awareness and consultation events on the following topics:

- Dignity and Respect
- End of Life Care

A paper detailing how LINk had tried to involve people in York was tabled.

A presentation was given on the Annual Report. Attention was drawn to the following areas of work:

- Reports on neurological services and mental health services
- Development of a Health Passport for people with neurological conditions

- Training for Home Care staff.
- Involvement with services in York on issues including pharmacy provision and the wheelchair centre.

RESOLVED: That the reports at Annexes A, B and C of the report and the LINks work plan at Annex D of the report be noted.

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

13. TRANSFORMING COMMUNITY SERVICES

Members received a report that provided an opportunity to comment on a recent NHS North Yorkshire and York board paper, updating on how Transforming Community Services is being introduced in North Yorkshire and York.

The Deputy Chief Executive (Director of Localities) from NHS North Yorkshire & York went through the key issues in the report. Attention was drawn to the services that could be provided/managed on a locality basis and those which could be managed on a pan NYY basis (with locality delivery). It was noted that the services that were to be provided on a North Yorkshire wide basis would initially be for a year. These services were those that were very small and hence it was not practical to split the management arrangements. Specifications would clearly set out expected outcomes in respect of quality of performance.

Details were given of the timetable for implementation of the changes, as detailed in Annex A of the report. Board agreement and sign off was due to take place on 26 October 2010. The mental health project would take longer to implement and would involve a formal tendering process.

Members were informed of the importance that had been placed on staff engagement with the process. Every effort was being made to provide continuity in the provision of services whilst staff were being transferred. Copies of staff engagement papers could be circulated to Members for information.

Concerns were expressed that there had not been sufficient consultation on the proposed changes. The Deputy Chief Executive explained that it was a requirement that the provider and commissioner be split. The proposed changes had taken into account the advice of health professionals, the required timescale for implementation, the quality of care and financial sustainability. The Strategic Health Authority had stated that it would not support arrangements such as social enterprise or Community Foundation Trust.

Members asked if the council had tendered for any of the services. Officers stated that it had not. It had been envisaged that the providers would be from NHS organisations. The Authority was also going through significant change and it was not thought an appropriate time to be taking on additional services.

Members agreed that the Government White Paper "Equity and Excellence: Liberating the NHS", would have significant implications and that it would be useful to receive a presentation on this issue.

RESOLVED: (i) That the report and updates be noted.

(ii) That the new service providers be invited to attend the meeting on 1 December 2010.

(iii) That copies of the staff engagement paper be circulated to committee members.

(iv) That, at a future meeting, a presentation be given on issues arising from the Government White Paper "Equity and Excellence: Liberating the NHS".

REASON: In order for the committee to carry out its duty to promote the health needs of the people it represents.

14. JOINT VISION FOR OLDER PEOPLE'S HEALTH AND SOCIAL CARE IN YORK

Members received a report that asked for their comments on the draft Joint Vision for Older People's Health and Well Being in York 2010-2015. The report was to be presented to the Executive Member for Health & Adult Social Services at a decision session on 27 July 2010.

Members endorsed the aspirations in the report but put forward the following comments:

- Details of financial costs had not been included.
- Some of the recommendations e.g. para 3.5 may not be realistic in view of staffing.
- Concerns were expressed at the wording of paragraph 8.6. There should be no expectation that family and friends should be responsible for the care. It was, however, acknowledged that some families would wish to take on this role and it was important that they should receive appropriate support to enable them to do so.

It was suggested that it may be useful for an action plan to be put in place to provide more detail as to how the vision would be implemented.

RESOLVED: (i) That the contents of the report and its associated annex be noted.

(ii) That the Executive Member be requested to take into consideration the committee's comments on Annex A to the report, as detailed above.

REASON: In order for the committee to carry out its duty to promote the health needs of the people it represents.

15. WORK PLAN

Consideration was given to the committee's work plan for 2010/11.

RESOLVED: That the work plan be approved subject to the addition of the following items:

- 1 December 2010 - new community service providers to be invited to attend the meeting.
- 1 December 2010 – presentation on community based orthopaedic services.
- 19 January 2011 – further update on recommendations arising from the Dementia Review.
- Presentation on issues arising from the Government White Paper "Equity and Excellence: Liberating the NHS" (date to be agreed)

REASON: In order to progress the work of the committee.

Action Required

1. Update committee's work plan TW

Councillor B Boyce, Chair

[The meeting started at 5.00 pm and finished at 6.50 pm].

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CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee **22nd September 2010**

Report of the Head of Civic, Legal & Democratic Services

Update Report – Proposed Scrutiny Topic on Post Maternity Services

Summary

1. This report asks Members to consider information requested at a previous meeting (Annexes A & B refer) and to make a decision on whether to progress this topic to review.

Background

2. In October 2009 Councillor Wiseman submitted a scrutiny topic regarding whether the way health visitors currently work in York allows them to offer a full and effective service to mothers and their babies from birth to six months.

3. At a meeting on 14th December 2009 the Committee considered a feasibility report which advised that because NHS North Yorkshire & York were currently undertaking a piece of work that would culminate in a revised universal services model for 0 to 19 year olds, it would be better to receive further information from them prior to making a decision on whether to proceed with the topic.

4. The review being undertaken by NHS North Yorkshire & York is being undertaken in order to develop a service specification for 0-19 universal health services (historically known as health visiting and school nursing services) based around the National Healthy Child Programmes. It will be a countywide specification outlining what services need to be delivered and what outcomes are expected. There will however be flexibility built in to enable providers to work with users and stakeholders to agree on the model of local delivery. The aim is to define a detailed service specification for these elements of health services by the end of October 2010. This will then enable the Primary Care Trust (PCT) to be clear how current services may differ from the Healthy Child Programme and what is required to move forward.

5. At a meeting on 20th January 2010 the Committee received a presentation from the Health Visiting Team Leader for Children's Services at NHS North Yorkshire & 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. It was confirmed that a new health strategy had been introduced in 2009, which required examination of the commissioning pathways.

6. On consideration of the information received in the original feasibility report and the above-mentioned presentation, Members confirmed that they generally supported progressing this topic to review as they wished to ensure that any new pathways/models would provide the correct level of services for all. However, Members agreed to wait for a further update from NHS North Yorkshire & York before committing to undertake a review on this topic.

7. This update was received and considered at a meeting held on 7th July 2010 when the Head of Children's & Young People's Commissioning from NHS North Yorkshire and York was in attendance. On consideration of the update Members agreed that the information provided so far only went some way to addressing the concerns raised within the original topic registration form. Members therefore agreed to prepare a list of specific questions they would like the answers to and these were circulated to NHS North Yorkshire and York for their response. Both questions and responses are attached at Annexes A & B to this report.

8. Representatives from NHS North Yorkshire & York will be in attendance at the meeting to present the information in the attached annexes and to answer any questions that the Committee might have.

Consultation

9. The following persons have been consulted in relation to this topic:

   - Executive Member for Children's Services
   - Director of Learning, Culture & Children's Services (Now Director of Adults, Children & Education)
   - Representatives of NHS North Yorkshire & York
   - Representatives of York Hospitals Foundation Trust
   - York LINk (Local Involvement Network)

Options

10. Members are asked to consider the following options:

    Option A Progress this topic to review indicating a clear focus for any piece of work to be undertaken

    Option B Do not progress this topic to review

Analysis

11. At earlier meetings of the Committee Members had indicated that they were minded to progress this topic to review. However, they are advised to carefully consider both the information received today (Annexes A & B refer) and that received on previous occasions. Annexes A & B of this report contain answers to the questions set by the Committee as a direct result of

their meeting on 7th July 2010. Members are now asked to receive this information and consider whether there is any need to progress this topic to review.

12. Since the Committee first considered this topic in December 2009, a wealth of information has been received from various sources on the concerns raised within the original topic registration form. Members are now asked to seriously consider whether any further information could be provided if this topic were to be progressed to review. They are also asked to consider what value could be added by progressing this topic to review. One way of assessing this would be for Members to consider whether the information they have received to date indicates that there are any gaps in service provision and if so what those gaps are. These could then be used as a basis for a remit for any review. Members should also consider that NHS North Yorkshire & York are currently undertaking a review of this service themselves.

13. However, Members should be advised that a review couldn't take place solely to gather information, as the Committee can already request information as and when it needs it. A review should have a clear direction and focus with the emphasis being on achievable outcomes and recommendations.

14. Should Members choose to proceed with a review on this topic then a draft remit, scope and timetable would be the first items that would need to be prepared. These should clearly define the aim and key objectives of the review. It is suggested, that should these be required, they be drafted by a small cross-party task group in conjunction with the Scrutiny Lead Officer, the Scrutiny Officer and relevant technical officers and presented to a future meeting of the Health Overview & Scrutiny Committee for formal approval.

Corporate Strategy 2009/2012

15. The contents of this report and the focus of any review that may be undertaken are directly linked to the 'Healthy City' theme of the Corporate Strategy.

Implications

16. **Financial** – There are no financial implications associated with the recommendations within this report however; should Members of the Committee choose to progress this topic to review implications may arise. There is a small amount of funding within the scrutiny budget to enable reviews to take place.

17. **Legal** – There are no known legal implications associated with the recommendations within this report however; should this topic be progressed to review implications may arise.

18. **Human Resources** – There are no known Human Resources implications associated with the recommendations within this report.

19. There are no known equalities, crime & disorder, information technology or property implications associated with the recommendations within this report.

Risk Management

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

Recommendations

21. Members of the Committee are advised to consider approving Option B and not progress this topic to review on the basis that work is already being undertaken by HNS North Yorkshire & York on this topic.

    Reason: To address the registered scrutiny topic

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis	Andrew Docherty
Scrutiny Officer	Head of Civic, Legal & Democratic Services
Scrutiny Services	Tel: 01904 551004
Tel: 01904 551714	**Report Approved** ✓ **Date** 13.09.2010

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Response from NHS North Yorkshire & York
Annex B Citywide Clinic Information

Annex A

1. **What services are new mothers and newborn children (0-6 months) provided with now?**

Health Visiting Team	Action
Ante Natal Service	**Universal Service -** Information is sent to all pregnant women with details of the Health Visiting Service and contact details for their specific Health Visiting team. **Targeted -** Health Visiting is a targeted service antenatally. Health Visiting teams work closely with community midwives to share relevant information. This would include information about antenatal clients with complex needs, vulnerable families particularly those with Child Protection concerns. These families would be visited at home; a holistic assessment would be carried out by a named Health Visitor followed by an agreed plan of care. Information regarding local Children Centre shared with family. For teenage parents – information will be shared about local Mum's 2 Be Group.
Newborn Hearing Screening Programme	All babies in North Yorkshire and York are offered the Newborn Hearing Screen, often on day 1 whilst still in hospital. If they are not seen in hospital they will be sent an outpatient appointment. For further information see www.nhsp.info.
Newborn Blood Spot Programme	All babies in North Yorkshire and York are offered screening for phenylketonuria, congenital hypothyroidism, sick cell disorders, and cystic fibrosis via the blood spot heel sample taken at day 5-8 by community midwives. For more information see: www.newbornscreening-bloodspot.org.uk/.
Initial Post Natal Visit (10-21 days)	**Universal Service –** New births identified electronically and followed up by a written handover from Community Midwives giving details of care provided and any concerns. Health Visitor makes contact with family at 10-14 days to arrange a home visit. Commencement of Child and Family Health Assessment process at this visit. All appropriate health promotion information given. **Targeted –** Babies in the Special Care Unit or with ongoing medical conditions liaison will be in place between the Health Visiting team and the relevant hospitals. A Health Visitor will attend relevant discharge planning meetings. Continuation of the Child and Family Health Assessment process to those clients who were targeted antenatally.
6-8 weeks old Universal	A one to one confidential contact made by a Health Visitor to continue the Child and Family Health Assessment. A formal Maternal Mood Assessment will be completed at this time. Further input to be negotiated and offered according to need.
6-8 week Medical Examination	Carried out by GP for both mother and child
3-4 months	Continuation of the Child and Family Health Assessment by Health Visitor if not completed at 6-8 weeks. If completed at 6-8 weeks and no extra needs identified, future contact may be a member of the Health Visiting Team. If extra needs are identified a plan will be agreed with the family.

Annex A

0-6 months	All families will be offered universal access to local Well Child Clinics run by the Health Visiting Service and signposted to local Children's Centres. All families will receive the above contacts. All targeted families will receive continuous assessment which will result in a care plan documenting ongoing support. This will include all members of the Health Visiting Team and may necessitate integrated care pathways.

At any point during this period, babies will be referred to the appropriate service if there are areas of concern.

2. Is the service that is currently provided an area for concern?

Service delivery of the commissioned programme in York is not currently an area for concern. Each service team leader provides a weekly situation report on staffing absence due to vacant posts, sick and annual or other leave together with an assessment of the impact on service provision. Additional resources have been allocated where risks have been identified but this has not been necessary in the York teams.

3. How will this service change under the 0-19 service review?

The 0-19 Review process is still ongoing and should be completed over the next 2-3 months. From this a new Commissioned Service Specification will emerge. At this stage, it is not envisaged that the Service Specification will expect services available to be any less than is currently available.

4. What input do health visitors currently have with mothers and their newborn children (0-6 months)? Does the current system offer a full and effective service to all mothers with children of this age, including those that were classed as 'hard to reach'?

The Commissioned Programme is clear that Specialist Practitioners will be working with hard to reach groups. Please refer to question 1 for a summary of service provision, which is detailed in the Commissioned Programme. The vulnerability checklist is used to identify families requiring additional support. A set of standards for health visiting are being developed across North Yorkshire and York which describe the type of service contact or intervention expected. This will enable the service to be audited against best practice.

5. What facilities are on offer in York, where are they and how often are they used?

The service provides universal access to a comprehensive network of well child clinics and integrated working with local Children's Centre groups. Multi Agency targeted groups are available. Please see attached list Citywide Clinic Information (Annex B refers) which is given to all new parents.

6. How do mothers with newborn children find out about the services on offer? Is there a need for further signposting to the services available?

The Health Visiting Team delivers a pack of information to all new families and transfers into the area. Children's Centres and Family Information Service also offer a wealth of information.

Annex A

The Red Book is given to new mothers before they leave hospital. The Red Book is a parent held child health record, a national document which forms the main record of a child's health, growth and development. The record is designed for the parent and other people who care for the child for example midwife Health visitor school nurse doctor and any health appointments. The Red Book includes information on the Healthy Child Programme, immunisations, screening and routine reviews, child's 'firsts' and growth charts. The parent may choose to show it to other carers for example child minder, playgroup leader and teacher

GP Practices have regular access to the Link Health Visitor.

7. Can you provide some statistical information i.e. how many people currently access services in York, which are the most popular centres or ways of accessing the services available?

We achieve100% reach to families with our initial postnatal contact and follow up contacts in early months. Thereafter access to service varies according to assessed level of need and parent choice.

Further information regarding uptake would be available from the Children's Centres.

8. How many care centres in York offer postnatal services (for both mother and children aged 0-6 months)?

Health Visiting Teams and Children's Centres offer postnatal services in a variety of community settings including Community clinics, Children Centres and surgeries. The Maternal Mood Assessment, which takes place at 6-8 weeks, identifies mothers who may require further support or extra services.
There is a specific mother and baby unit at Bootham Park Hospital for women with post natal depression.

9. What are the specifications and baselines for the service?

North Yorkshire and York Community and Mental Health Services Health Visiting Commissioned Service Incorporating Universal and Targeted Services for Children, Young People and Their Families (February 2008).

10. What is the ratio of Health Visitors per head of population/families in York?

This will be included in the 0-19 Review. The current Health Visitor teams across York include 27 whole time equivalent Health Visitors supported by Child Development Workers and Admin support. The two York teams are led by 2 team leaders who are experienced health visitors. The service is managed by 2 Children Service Managers, who job share and are also both from a health visiting background.

11. How many people from outside of the local authority boundary access services in York?

This information is not available.

Annex A

12. Can you provide comparisons of the service available in York with other Primary Care Trusts?

This would require a specific piece of work, but in respect of Strategic Health Authority wide figures York numbers are at the lower end of the spectrum. The 0-19 Review is looking at this.

13. Can you provide clarity on the alignment of children's Centres and the Health Visitors staffing arrangements in relation to the City boundaries?

Following consultation with partner agencies when changing to a geographical model of working our boundaries were developed as far as possible to be coterminous boundary with the City of York.

Health Visitors in York are mainly based in Children's Centres.

14. What communication channels are in place between Health Visitors and:

a. GPs – HV Link Worker – This has recently been updated to a more robust framework.

b Paediatric care at York Hospitals NHS Foundation Trust

c. Midwives (both antenatal and postnatal)

a, b & c - There is a named Link Health Visitor for each GP Practice and local agreements are in place for regular contact. All Health Visiting clinicians have a mobile phone and numbers are available to all Primary Health Care Team and other Partner Agencies. All office bases have answerphone facilities.
c – There are regular liaison and information sharing meetings between local Health Visiting and Community Midwifery teams. Community Midwives provide a written handover of care postnatally.

Citywide Clinic Information

DAY	VENUE	TIME	DETAILS
Monday	Tang Hall (5th Avenue)	13:30 – 15:00	Self-Weigh and Appointment to see Health Visitor Tel: 01904 551760
	The Avenues, Children Centre, Sixth Avenue	9:30 – 11.00	Under 1's Drop-In. Child Development Worker Available. Tel: 551760
	Foxwood Community Centre, Children's Centre Drop-In (Cranfield Place) Term Time Only	9:30 – 11:00	All ages up to 5 years old. Member of the Health Visiting Team Available. Tel: 724756
	Haxby (Oaken Grove Community Centre (Oaken Grove) 68 Club, Monkton Road	12:30 – 13:30 12.30 – 13.30 13:30 – 14:30 09.30 – 11.30	Self-Weigh Health Visitor available Treasure Chest – Breast feeding support group Outreach Group & Drop-In Health Visitor present Health Visitor present first Monday in the month
Tuesday	Clifton Moor Babies (Clifton Moor Church & Community Hall – Rivelin Way)	12:45 – 14:30	'Under 1's' Drop-In Health Visitor Available Tel: 552322
	Stamford Bridge Surgery	13:45 – 15:00	Self-Weigh and Health Visitor Available Drop-In Tel: 551760
	Low Moor Community Centre (Bray Road, Fulford)	13:30 – 15:30	Drop-In, Health Visitor Available. Tel: 724457/721535
	Poppleton (Old Forge Surgery) Main Street, Upper Poppleton 2nd & 4th week	14:00 – 15:30	Stay and Play Health Visitor Available Tel: 724880

	Gateway Drop In (Gateway) Front St, Acomb Term Time Only	09:30 – 11:00	Any age drop in a member of the H/V team Available Tel: 724889
	Acomb Babies, Gateway, Front St, Acomb	1.30 – 14.30	Birth – crawling (6 months) member of the H/V team Available Tel: 724889
	Haxby Road Children's Centre	10:00 – 12:00	'Under 1's Member of Health Visiting Team available.
	Huntington Surgery Garth Road	13:45 – 15:00	Drop-in. Member of Health Visiting Team available.
Wednesday	Elvington Surgery	14:00 – 15:30	Drop-In, Health Visitor Available Tel: 01904 551760
	Carr Children's Centre, (Carr Junior School)	14:00 – 15:30	Child Health Clinic - Health Visitor Available Tel: 724889
	Lidgett Gems at Lidgett Grove Church	13:00 – 14:30	Lead worker Helen Tuckett 07909 934927
	New Earswick Children's Centre (New Earswick Primary School)	13.30 – 15.00	Drop-In. Self weigh. Health Visitor present
	Babes in Arms	15.00 – 16.30	Space 109 Walmgate Young Parents Group
Thursday	Clifton Children's Centre (Kingsway North)	09:00 – 11:00	Self Weigh Drop-in Health Visitor Available Tel: 552322
	Burton Green Primary School, Burton Green, Clifton	13:30 – 14:45	Burton Green "Family Point". Health Visitor Available Tel: 552322

	Haxby Health Centre	09.30 – 11.30	Baby and Toddler Zone Health Education Room. Member of Health Visiting Team available.
	Haxby Road Children's Centre	13:00 – 15:00	Drop-In - Health Visitor present
	Strensall Medical Centre (Southfields Road)	13:30 – 14.30	Drop-In. Self -Weigh – Health Visitor available
Thursday	Knavesmire Children's Centre (Campleshon Road)	12:00 – 13:30	Breast –Feeding Drop In, Health Visitor Available Tel: 01904 724889
	Knavesmire Children's Centre (Campleshon Road)	14:00 – 16:00 Every other week	Self-Weigh and Health Visitor available Tel: 01904 724457
Friday	Tang Hall Community Centre (5th Avenue)	13:00 – 15:00	Community stay and play Tel: 724362/724339

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Health Overview & Scrutiny Committee **22 September 2010**

Report of the Director of Adults, Children & Education

2010/11 FIRST QUARTER MONITORING REPORT – FINANCE & PERFORMANCE IN ADULT SOCIAL SERVICES

Summary

1 This report analyses the latest performance for 2010/11 and forecasts the outturn position by reference to the service plan, the budget and the performance indicators for all of the relevant services falling under the responsibility of the Director of Adults Children and Education.

Financial Analysis

2 The Adult Social Services budget is reporting early financial pressures of £1,349k where increasing demand, above the approved budget, continues to be an issue in 2010/11. The main contributory factors are:

i) More people have opted to take direct payments than anticipated and the numbers are likely to increase as personalisation of services is rolled out further, resulting in an increased take up in Direct Payments (£921k).

ii) A higher number of referrals than anticipated for Independent Residential & Nursing Care (£549k), due to greater throughput of cases from the Hospital Discharge Team and an increase in the speed referrals are dealt with, resulting in the subsequent placement of customers. The total number of customers in residential and nursing care is, however, still reducing as a percentage of the total customer base as the ambition to see more people assisted in the community is realised.

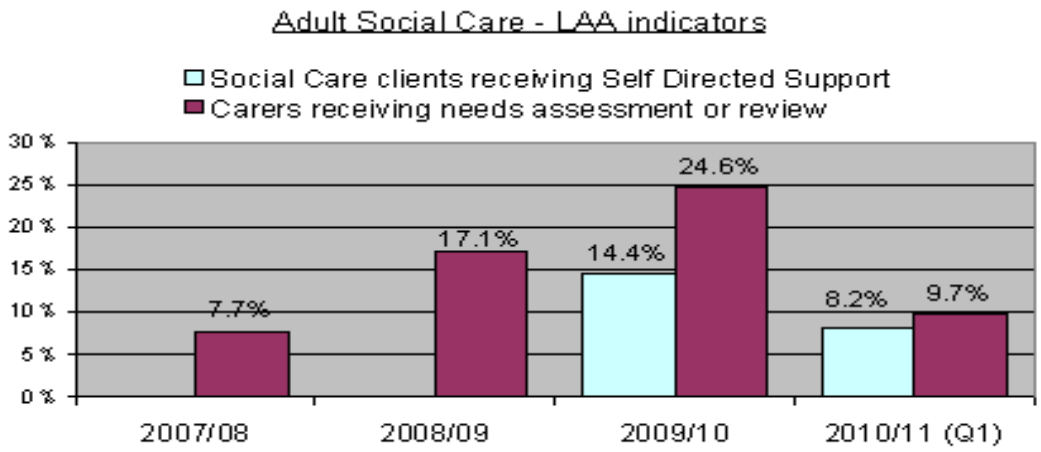
iii) The cost of using agency staff to cover staff sickness in Elderly Persons Homes (£246k).

Performance Indicators

3 Q1 data is available for 5 of the 7 adult social care indicators and performance is mixed, with 3 improving and achieving 2010-11 targets and 2 showing a decline in performance.

Indicator	2008-09	2009-10	2010-11 Q1	2010-11 target	Improving ?	Priority ?
NPI 130: Social Care clients receiving Self Directed Support	N/A	14.4%	8.2%	30.50%	**Yes**	LAA
NPI 132: Timeliness of social care assessment	67.1%	80.5%	73.8%	81.50%	**No**	Local
NPI 133: Timeliness of social care packages	90.3%	86.9%	80.6%	90%	**No**	Local
NPI 135: Carers receiving needs assessment or review	17.1%	24.6%	9.7%	25%	**Yes**	LAA
NPI 136: People supported to live independently through social services	3834	3980	3994	4,056	**Yes**	NPI Only

4 *NPIs 130, 135 & 136: Independent living (2 LAA indicators).* Performance continues to improve for the number of people the council is helping to live independently and is already close to the 2010-11 target. The % of social care clients receiving self directed support has already reached 8.2% after Q1 and is on track to exceed its 2010-11 LAA target and improve significantly on 2009-10 performance. Similarly, the number of Carers receiving needs assessment or review is also showing good improvement, standing at 9.7% for Q1. Performance for both these indicators is cumulative.



Adult Social Care - LAA indicators
Social Care clients receiving Self Directed Support
Carers receiving needs assessment or review
30 %
25 %
20 %
15 %
10 %
5 %
0 %
7.7%
17.1%
14.4%
24.6%
8.2%
9.7%
2007/08
2008/09
2009/10
2010/11 (Q1)

5 *NPIs 132 & 133 – timeliness of social care assessments and packages (Local LAA indicators).* Current performance levels are below target due to an increased number of referrals being received in the first 3 months of the year. This has increased the time taken to work through a number of assessments using the same resources. If this performance continues, York would remain in the third quartile for both these indicators. Work is currently being undertaken to look at referral trends, as these appear to be higher than the predicted demographic growth.

Corporate Priorities

6 The information included in this report demonstrates progress on achieving the council's corporate strategy (2009-12) and the priorities set out within it.

Implications

7 The financial implications are covered within the main body of the report. There are no significant human resources, equalities, legal, information technology, property or crime & disorder implications arising from this report.

Risk Management

8 The overall directorate budget is under significant pressure. This is particularly acute within Adult Social Services budgets. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2010/11 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

9 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest finance and performance position for 2010/11.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Richard Hartle Head of Finance *Tel No. 554225*	Peter Dwyer Director of Adults Children and Education
Mike Richardson Performance & Improvement Manager *Tel No. 554224*	**Report Approved** *Y* **Date** *14 September 2010*

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers
First finance and performance monitor for 2010/11, Executive 7 September 2010

Annexes
None

Health Overview & Scrutiny Committee **22nd September 2010**

Report of the Head of Civic, Legal & Democratic Services

Cover Report – Childhood Obesity Scrutiny Review Final Report

Summary

1. This report presents Members with the final report (Appendix 1 refers) arising from the Childhood Obesity Scrutiny Review.

Background

2. Between December 2009 and July 2010 a small cross-party task group gathered evidence in relation to the Childhood Obesity Scrutiny Review. This resulted in them making the following recommendation:

   i. That there should be a dedicated lead officer based within the City of York Council who is responsible for promoting and leading on the childhood obesity agenda. This officer should establish pathways of intervention throughout childhood, young adulthood and continuing into adulthood. Any lead officer, should also:

   - Promote clear pathways and long term planning of provisions/initiatives and identify resources for longer term provision of initiatives
   - Undertake a revision of what NHS North Yorkshire & York commission from school nurses to include more work on supporting families and childhood obesity programmes
   - Encourage schools to examine PE provision and make sure they maximise the time used for physical activity
   - Encourage all forms of physical exercise (both inside and outside of school hours)
   - Explore and learn from areas of good practice within other authorities
   - From data currently available undertake an impact assessment of work being undertaken at the present time and the likely impact of any additional measures put in place

   Reason: To address the concerns set out in the original topic registration form.

3. Further information on the background to this topic is contained within the final report at Appendix 1 to this report.

Consultation

4. During the course of gathering evidence for this review the Task Group consulted various officers in the Council, representatives of NHS North Yorkshire & York, the York Hospitals Foundation Trust, the Community Project Officer of the Altogether Better Programme, a private nursery provider and a former parent governor and representative of the Education Scrutiny Committee.

Options

5. Members have the following options:

   Option 1 Approve and endorse the final report and the recommendation arising from the review prior to it being presented to the Executive

   Option 2 Amend the final report and/or recommendation arising from the review prior to it being presented to the Executive

6. Members are also requested to consider making the following small amendment suggested by the Health Improvement Manager at NHS North Yorkshire & York:

   - In paragraph 89 of the final report to change the words 'eating the wrong foods' to 'eating too much energy'. It is the fact that people are eating too many calories rather than the wrong foods that should be the key point in this statement.

Analysis

7. A full analysis of the evidence received is set out within the body of the final report at Appendix 1 to this report.

8. Members are advised to consider the information contained within the implications section of the final report at Appendix 1 and initially, ask the Members of the Task Group whether they would be prepared to amend their recommendation in light of these comments. If so, then the Committee would be able to endorse these changes prior to the report being presented to the Executive. However, should the Task Group not wish to change the recommendation the Committee can, as a whole, suggest that they do so if they felt this was the most appropriate way forward.

9. In light of the comments provided by senior CYC officers and representatives of NHS North Yorkshire & York the Task Group and Committee are advised to seriously consider amending the recommendation arising from the review along the lines of the comments set out in the implications section of the final report.

Corporate Strategy 2009/2012

10. This report and the review being undertaken are directly linked to the 'Healthy City' theme of the Corporate Strategy 2009/2012.

Implications

11. Implications are set out within paragraphs 95-99 of Appendix 1.

Risk Management

12. Risks associated with the recommendation arising from the review are at paragraph **100** of Appendix 1.

Recommendations

13. Members are asked to note the recommendation arising from the childhood obesity scrutiny review. They are recommended to consider the impact of the implications set out in paragraphs 95 to 99 of the final report (Appendix 1 refers) on the Task Group's recommendation relating to the creation of a new post that would, if created, be based within this Local Authority.

    Reason:

    i. To address the concerns set out within the original topic registration form

    ii. To address the comments made by the Primary Care Trust and senior officers within CYC on the recommendation arising from the review.

Contact Details

Author:
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Chief Officer Responsible for the report:
Andrew Docherty
Head of Civic, Legal & Democratic Services
01904 551004

Report Approved ✓ **Date** 13.09.2010

Specialist Implications Officer(s)
Human Resources & Financial
Richard Hartle – 01904 554225
Paul Murphy – 01904 554203

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes
Appendix 1 Final Report Arising from the Scrutiny Review on Childhood Obesity

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Appendix 1

CITY OF YORK COUNCIL

Childhood Obesity Task Group

22nd September 2010

Childhood Obesity – Final Report

Background

1. Councillor Susan Galloway originally registered this topic in July 2009 following concerns raised at a Committee meeting in relation to two of the National Performance Indicators (NPI); namely:

   - NPI55 – obesity among primary school age children in reception year
   - NPI56 – obesity among primary school age children in Year 6

2. A copy of the original topic registration form is attached at Annex A to this report.

3. A feasibility study and proposed remit were submitted to the Health Overview & Scrutiny Committee in September 2009 and after due consideration they decided to progress this topic to review. In doing so they recognised certain key objectives and the following remit was agreed:

Aim

4. To address whether current service provision is effectively reducing childhood obesity in the city.

Key Objectives

i. To look at statistical evidence collected by the School Health Team in relation to NPI55 and NPI56 to discover the extent of childhood obesity in the City
ii. To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity
iii. To explore external factors that may contribute to childhood obesity
iv. To learn more about the Altogether Better Programme and the Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity
v. To Look at the continuity of services into adulthood
vi. To explore how monies are spent on tackling obesity

Consultation

5. During the course of gathering evidence for this review the Task Group consulted various officers in the Council, representatives of NHS North

Yorkshire & York, the York Hospitals Foundation Trust, the Community Project Officer of the Altogether Better Programme, a private nursery provider and a former parent governor and representative of the Education Scrutiny Committee.

6. A list of all documentation received as part of this review is attached at Annex B to this report[1].

Information Received in Relation to this Review

7. During the course of this review, at informal sessions and public meetings the Task Group gathered and considered the following information:

First Key Objective

(i) To look at statistical evidence collected by the School Health Team in relation to NPI55 & NPI56 to discover the extent of childhood obesity in the city

Information Gathered

8. At a meeting of the Health Overview & Scrutiny Committee on 2nd December 2009 Members received a presentation on childhood obesity from four key partners namely:

- The Children's Trust Unit Manager
- The Associate Director of Public Health & Locality Director for York
- The Health Improvement Manager (obesity) – NHS North Yorkshire & York
- The Deputy Directorate Manager for Child Health – York Hospitals Foundation Trust

9. This presentation acted as an introduction to the review, offering background information on the topic, as well as providing Members with specific information on key objective (i) of the remit.

10. A summary of the information received in this presentation is attached at Annex C to this report. Figure 9 of Annex C (which was not included within the original presentation) sets out the most recent statistics available from the National Child Measurement Programme (NCMP)[2].

[1] All documentation received as part of the review is listed in Annex B to this report, however not all documentation is annexed to the final report

[2] Every year, as part of the National Child Measurement Programme (NCMP), children in Reception Year and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues

Appendix 1

11. At the meeting on 2nd December it was agreed that a cross-party Task Group[3] would undertake further information gathering for this review.

Committee & Task Group Comments

12. All parties present discussed the information received in the presentation and it was quickly established that when we think about obesity in children, what society determines as normal is actually likely to be a child who is heading towards becoming overweight.

13. Further discussion ensued and it was established that statistical information could not be presented for each individual school as the information would become too personal due to the small size of some schools (Figures 4 & 5 of Annex C refer).

14. The basis of some of the information contained within Figures 4 & 5 of Annex C was questioned by Members and it was later confirmed, via an e-mail from the Health Improvement Manager (obesity) at NHS North Yorkshire & York that the secondary schools (school clusters) used within the presentation (Figures 4 & 5 of Annex C refer) were linked to a number of feeder schools (primary schools). The data in Figures 4 & 5 of Annex C did not indicate that students at the feeder schools aligned under each of the secondary schools actually attended the secondary schools; it just indicated how they were grouped. Therefore, it would not be true to say that the Canon Lee school cluster had the highest level of overweight or obese students, but it does mean it can be said that the feeder schools aligned under the secondary school do have a higher prevalence of overweight/obese children than the other school clusters.

15. When asked about the source of the data in Figures 4 & 5 of Annex C the Health Improvement Manager (obesity) confirmed that the school cluster information had been provided by the School Sports Partnership Coordinator for the Ebor Partnership. This led to concerns from Members that the data was skewed and subsequent targeting could, therefore, be flawed. The Health Improvement Manager (obesity) confirmed that data was still analysed on an individual school basis and that it should not be too difficult to regroup the schools according to true primary feeders schools and associated secondary schools rather than as sports clusters.

16. Members also noted there was no data given from the independent schools in York.

17. At a later meeting held on 19th April a former parent governor who had been invited to join the discussions asked how the average parent would know whether their child was obese and how did obesity problems arise in children? In response the Health Improvement Manager (obesity) said that as part of the NCMP parents of Reception Year and Year 6 children were written to informing them of their child's weight (examples of these letters had been circulated to Members at their meeting on 2nd December). Parents were also issued with a

[3] The Task Group was comprised of Councillor Susan Galloway, Councillor Tracey Simpson-Laing & Councillor Siân Wiseman prior to May 2010; thereafter Councillor Sunderland replaced Councillor Susan Galloway.

'red book' when their children were born where data such as the weight of a child could be recorded.

18. He also said that problems often began pre-conception with parents being overweight/obese themselves; if parents were overweight it was more likely their children would be overweight. Many parents did not realise this and some GPs and medical staff did not have the skills to raise the issue and were often sensitive about their own weight.

Second Key Objective

(ii)To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity

Information Gathered from the PE & School Sport Consultant

19. Members received a presentation and information from the PE & School Sport Consultant who is also the Healthy Weight Active Lives Delivery Plan Lead Officer and the MEND (MIND, Exercise, Nutrition, Do it!) York Programme Manager[4] regarding the impact that initiatives such as PE (Physical Education) provision have on childhood obesity. This information is attached at Annex D to this report.

20. The PE & School Sport Consultant said there was little specific information available from schools on childhood obesity. Schools were reluctant to single out students because of their weight and most measures were aimed at all children rather than solely targeting those that were overweight. It was therefore, difficult to measure the impact that PE had on childhood obesity.

21. She also said that there was a successful school club links framework in place, which assisted recreational clubs and schools to link thereby encouraging younger people to undertake exercise outside of school PE lessons. The number of links between external clubs and schools had increased from 5 in 2006 to 13 per school at the present time.

22. The PE & School Sport Consultant informed the Committee that it was hoped that some of the additional activity hours outlined in the 5 hour offer (Paragraphs 3 & 4 of Annex D refer) could be provided at low cost (£1 or £2 per child per session) and may include such things as the schools having more football teams than at present. However, there were resource issues for schools who sometimes struggled to provide the staff for extracurricular activities.

23. In relation to swimming provision the PE & School Sport Consultant confirmed that there was no statutory requirement for secondary schools to provide swimming lessons and therefore swimming was predominantly linked with primary schools. Primary schools received approximately £30 per annum per child for swimming but this was not ring-fenced. Additionally, for those schools who had to travel any distance to their nearest pool further costs were incurred for coach hire. The expensive cost of hiring a coach to transport children to

[4] Information regarding the Healthy Weight, Active Lives initiative and MEND is detailed under Key Objective (iv) within this report

their nearest pool also made it difficult for some schools to provide swimming lessons for their students without asking for financial contributions from parents.

24. The PE & School Sport Consultant highlighted the following challenges in addressing the incidence of childhood obesity in York:

- There was no named individual lead for Childhood Obesity within City of York Council (CYC). The Healthy Weight Active Lives Strategic Implementation Group (discussed under key objective iv of this report) goes part way to 'joined up thinking'. However there are gaps in provision and missed opportunities for co-ordinated working.
- There were very few targeted initiatives that were about intervention most were about universal provision. Children who are an unhealthy weight rarely feature as a targeted group within these initiatives.
- Current provision/initiatives tended to be short term

25. She suggested that the following developments may help in addressing the incidences of childhood obesity within the city:

- Have a dedicated Lead Officer for Childhood Obesity within CYC who is responsible for leading the obesity agenda forward and establishing pathways of intervention throughout childhood, young adulthood and continuing into adulthood.
- There should be clear pathways and long term planning of provisions/initiatives and resources need to be identified for longer term provision.
- Some areas of City of York Council should undertake obesity prevention/intervention as part of their day to day work programmes.
- There should be a revision of what NHS North Yorkshire & York commission from school nurses to include more work on supporting families and childhood obesity programmes.

Task Group Comments

26. Discussions between the Task Group and the PE & School Sport Consultant ensued and the following points were raised:

- The percentage of children in the 5 to 16 year age bracket completing 2 hours of PE was satisfactory but the length of time exercising within the sessions was questionable. For example, the Task Group had anecdotal evidence that one school had a two hour swimming slot in their timetable but only 30 minutes of this was spent swimming, the rest was travelling and changing time. It was difficult to quantify how much of a PE lesson was spent undertaking actual physical exercise.

- Whilst the schools club links framework was successful both the PE & School Sport Consultant and the Task Group felt that more work needed to be done to increase the number of links.

- School PE is now a mix of traditional and non-traditional activities, which has encouraged more students to become involved. It can also encourage

further participation outside of the school curriculum. However, there was some concern from Members that continuity could be lost as students frequently only had the chance to do a particular sport for one term.

- Members of the Task Group believed the cost of many out of school sporting activities/lessons could be very expensive and may preclude some children from taking part.

- The PE & School Sport Consultant had told Members that there had been a positive uptake in under 16 free swimming passes (Annex D refers), especially among 11 and 12 year old children. Despite this, Members were concerned that the figures were only for registering for a pass and did not quantify how many had collected their passes and how many were actually using them. Currently the data for this was unavailable.

- It was noted by the Task Group that all primary schools bar one offered swimming as part of the curriculum but sometimes only for a few weeks in a year. Parents might also incur additional costs if coach hire had to be provided to transport children to and from swimming pools.

- Arising from the discussions on swimming Members of the Task Group commented that there was a shortage of useable pools both within school time and out of school time. The PE & School Sport Consultant confirmed there was ongoing work taking place to support private pools to bring their standards up to the level required for school use. Some schools currently use private pools for curriculum swimming, as the community pools are used by all York residents, which can lead to timetabling difficulties.

- The Task Group raised concerns that many children could still not swim by the time they went to Secondary School and anecdotal evidence indicated that in one Year 6 class only 4 children could swim a length.

Information gathered on the Healthy Schools Initiative

27. Members received information from the Healthy Schools & Risky Behaviour Consultant in relation to the Healthy Schools Initiative and this is attached at **Annex E** to this report.

28. The initiative had been ongoing for 10 years and had four themes namely;

- Personal, Social, Health & Economic (PSHE) education
- Healthy Eating
- Physical Activity
- Emotional Health & Well-being, including bullying

29. These four themes are explained further in Annex E but for the purpose of this review the Healthy Eating theme was the focus of discussions. The Health Schools & Risky Behaviour Consultant explained that there were 11 criteria within this theme that schools needed to fulfil in order to achieve National Healthy Schools Status namely;

i. Monitoring food in schools

Appendix 1

ii. Practical food education and training
iii. Whole school food policy
iv. Supporting food policy with wider school family
v. Eating environment
vi. Food standards for clubs & vending machines
vii. School lunch standards
viii. Menu & food choice monitoring
ix. Balanced diet training & planning
x. Free drinking water
xi. Consulting for food choices

30. There were 68 schools within the city[5] and 60 had been accredited with Healthy Schools Status. Twenty-five schools had attended the enhancement model training (21 primary schools and 4 secondary schools) and 2 schools (York High and Archbishop's Junior School) had identified obesity as their key priority. Both schools were looking at obesity through healthy eating initiatives.

Task Group Comments

31. Discussions ensued between the Task Group and the Healthy Schools & Risky Behaviour Consultant and the following points were raised:

- The eating environment in some schools was not conducive to encouraging healthy eating – some schools did not have a set canteen area and had to use any available space they had which made it more difficult for children to eat collectively and understand the importance of meal times
- It was very difficult to police the contents of pack ups and there was a need to re-educate parents on the contents of an 'ideal pack-up'
- More information on healthy eating needed to be available to parents; children were often better informed than their parents on healthy eating issues

Information Gathered on the School Meals Service[6]

32. Members received information from the Contracts Officer and the Assistant Director of Resources (Learning, Culture & Children's Services) on school meals and the possible impact these were having on childhood obesity. This information is attached at Annexes F, F1 & F2 to this report.

33. The Task Group requested further information in relation to take up of school meals at other local authorities, uptake of school meals in York secondary schools, school meal menus, popular food choices and information on schools that did not use North Yorkshire Catering as their service provider. Responses to these questions are at Annexes G and G1 to this report.

[5] This does not include independent schools
[6] Since this review began and since the information on school meals was received there have been some contractual changes agreed – as from September 2010 the contract for the school meals service will be ISS Facility Services - Education

Appendix 1

Task Group Comments

34. Members of the Task Group discussed the information received and made the following observations:

- Whilst nutrition was a key part of school meals, the biggest perceived issue in York was around cost

- From the information provided it appeared that the nutritional content of the meals was well balanced. However the Task Group had concerns that the protein and non-starch polysaccharide (NSP) content were high and were interested to know whether this had any impact on childhood obesity. The Assistant Director of Resources (LCCS) and the Health Improvement Manager (obesity) from NHS North Yorkshire & York were asked to look at this and after consultation with the Contracts Officer for School Meals received the following response from North Yorkshire County Caterers:

'*…protein levels are higher than they need to be (as the British diet is in general) because whilst we have reduced quantities of meat a little; parents and children judge value for money on the size of the meat portion i.e. 1 large fish finger or 1 sausage is not seen as good value. Without sufficient meat and/or wholegrain products and pulses it would be impossible to meet the stringent standards for iron and zinc.*

NSP levels are high because we use a lot of pulses in the vegetarian option and in order to ensure sufficient levels of zinc we add wholemeal flour, oats and seeds…'

- Discussion suggested that different schools had different rules in relation to serving second portions and the Task Group felt that this needed to be more controlled. An e-mail received at a later date contained the following response from North Yorkshire County Caterers:

'Normally cooks would serve any left over food as seconds as there are always some children who need feeding and will eat anything. The problem arises with those children who should not be having seconds but it is for individual schools to decide what they wish us to do on this and advise.'

35. The Task Group were concerned about the low take up of school meals and believed that schools and parents should encourage further take up of school meals. They believed that school meals were healthier and more balanced nutritionally than pack ups, which often contained chocolate and crisps. However, where children did have packed lunches it was suggested that competitions such as 'Who has the healthiest lunch box?' could encourage healthier pack ups.

36. They also thought that take up of free school meals may well increase if the claim form to receive them were easier to complete.

Third Key Objective

(iii)To explore external factors that may contribute to childhood obesity

37. In a scoping report dated 2nd December 2010 the Health Overview & Scrutiny Committee identified certain information they would like to receive as part of this key objective. This is detailed in the paragraphs below along with the Task Group's comments.

Information Gathered from the Health Improvement Manager (Obesity)

38. The Health Improvement Manager (obesity) gave a short presentation in relation to this key objective, which used a scientific evidence base drawn from a wide range of disciplines in order to identify the most important factors that influence obesity. Slides from the presentation are attached at Annex H to this report. He also informed the Task Group that people in the UK today do not have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers. Society, however, had radically altered over the past five decades with major changes in work patterns, transport, food production and food sales. These changes had exposed an underlying biological tendency, possessed by many people, to both put on weight and retain it.

39. He also informed the Task Group that there were many and complex reasons influencing childhood obesity including food consumption, food production, societal influences, individual psychology, biology, individual activity and activity environment, difference in socio-economic factors, lifestyles, children being driven to school and poor bus services in rural areas leading to more car journeys (the first slide in Annex H illustrates this). A system map showing all 108 indicators that influence obesity is attached at Annex I.

Information Gathered from the School Travel Plan Co-ordinator

40. The School Travel Plan Co-ordinator confirmed that childhood obesity had become a major health issue nationally. Combined with this is the fact that many children do not have the opportunity to take regular exercise. Travelling actively to school (walking, cycling & mini scooter) provided an opportunity for children to take some of the 60 minutes activity a day that they needed to stay healthy.

41. School travel plans provide a framework, within which is set out a series of practical steps for reducing car use, increasing the opportunity for children to travel actively to school and improving children's safety on their journey to school. The whole school community is consulted on what should be in the travel plan.

42. The presentation received by the Task Group (Annex J refers) gave further detail on what a travel plan was, what kind of measures a travel plan can include and how a school can promote its travel plan. It also looked at the role the School Travel Plan Co-ordinator played in developing travel plans with schools and promoting active travel activities.

43. It was confirmed that there was a government target for local authorities to deliver travel plans in 100% of schools in the city by March 2010, however there was no obligation on the school to produce travel plans.[7]

Task Group Comments

44. Members of the Task Group discussed the presentation given by the School Travel Plan Co-ordinator and made the following observations:

- Many parents drove their children to school, dropping them en route to work. There were understandably difficulties in re-educating parents in relation to the benefits of walking and cycling. The Task Group also felt that school staff needed to be encouraged to promote walking and cycling to school as healthy alternatives to being driven.

- Children living outside the ring road may have to cross the outer ring road to reach school and there were few safe ways to do this. The Task Group did not believe that many parents would allow their children to walk or cycle this route. The geographic make up of the city and the positioning of the ring road meant that some children were always driven to school no matter what their age.

- The idea of making walking and/or cycling part of the school day was discussed. With willing volunteers (either parents or school staff) activities such as nature trails could be organised to demonstrate that walking can be interesting and that there are plenty of discoveries to make on the way, especially for younger children.

- Walking buses were good but there were difficulties in sustaining these, as there were very few volunteers to assist with them.

- Some children were taken and picked up from school by childminders. At the moment the School Travel Plan Co-ordinators only consulted with schools and parents and not with childminders. Members felt that there was an opening to include childminders as consultees in school travel plan reviews and to encourage them to either walk or cycle with the children they looked after.

Information Gathered from the Early Years Childcare Manager

45. The Early Years Childcare Manager provided a briefing note for consideration by the Task Group in relation to healthy food and exercise in the day nurseries in York; this is attached at Annex K to this report.

46. The Chair of the National Day Nurseries Association in York also addressed the Task Group and confirmed that until 2003 all nurseries were required to have a proper kitchen and to provide home cooked meals on site; this was no longer the case.

[7] A separate scrutiny review regarding School Travel Plans and Safe Access to Schools is due to commence shortly.

Appendix 1

Task Group Comments

47. The Task Group welcomed the information received and was very pleased to learn that healthy meals were being served in the day nurseries in York. However, they acknowledged that not all children in the city attended day nurseries.

48. The Task Group felt that the day nurseries in York were providing good healthy meals and plenty of exercise for the children in attendance. They also welcomed the fact that children sat at a table for proper meals.

49. Discussions ensued and the Chair of the local National Day Nurseries Association Network confirmed that he believed an integral part of a good nursery was its kitchen. Many nursery kitchens in the city were 100% organic with many not keeping deep fat fryers. 'Five A Day' had been nursery policy for many years.

50. The Task Group believed that the evidence presented in Annex K to this report suggested that parents of children attending day nurseries were kept fully informed of what their children were eating, the Task Group had not yet seen evidence that this continued when the children started Primary School. This led to discussions that further work may need to take place to promote the continuation of healthy eating habits into Primary Schools. The Task Group felt that once children reached 6 or 7 years of age it was likely to be more difficult to change their eating habits.

51. This led to a discussion on pack ups and the fact that these were given to children more widely when they started Primary School, sometimes due to a cost factor rather than through choice. However, it was felt that if very young children were given pack ups then they needed adequate time and supervision to eat them.

Information Gathered from the Youth Service

52. In the context of work going on within Young People's Services the Task Group received a presentation on how our changing way of life contributes to an unhealthy lifestyle and potential obesity problems for young people today this covered the following points:

- Driving to school
- Fear of going out
- Fast food generation
- Parental shortcuts
- Targeted by the advertising industry
- Body image
- Cyber bullying

53. A summary of this presentation is attached at Annex L to this report.

Appendix 1

Task Group Comments

54. Members of the Task Group discussed the presentation with the representative of the Youth Service. The following observations were made:

- It was not unusual for both parents to be out at work all day, work long hours and commute. This led to less time being perceived to be available for cooking meals, thus more ready prepared food was eaten, which tended to be less healthy often having high fat and salt content.

- Those young people who were perceived as less able were more likely to take comfort in 'less healthy' foods resulting in weight problems. It was also acknowledged that due to societal changes many young people tended to 'hide away and play computer games' and this resulted in many younger people being less active than they ever had been before.

- Parents were concerned about their children's safety leading to some being reluctant to let the children play outside without supervision.

Information Gathered from the Council's Food & Safety Unit

55. As part of this key objective the Task Group requested information regarding supermarket labelling. A representative of the Food Standards Agency (FSA) had been invited to the meeting but was unable to attend; however they did provide the following information:

'Front of pack nutrition labelling is a voluntary initiative that is used on composite processed products to highlight the amount of fat, saturated fat, sugar and salt in them and is applied to family foods'.[8]

56. In lieu of the attendance of the FSA, officers from the Council's Food & Safety Unit gave a short presentation to the Task Group about the legal requirements of the nutritional labelling of food, consumer focussed initiatives such as the Food Standards Agency's traffic light labelling scheme and an overview of the work the team in York undertakes to tackle childhood obesity. A summary of the key points of the presentation is attached at Annex M to this report.

Task Group Comments

57. The Task Group made the following observations regarding the presentation given by the Council's Food & Safety Unit:

- Supermarkets didn't all use the same labelling scheme which can be confusing for consumers

[8] The FSA have provided the following clarification of 'family foods' – by 'family foods' it is meant foods that are not targeted at particular groups of people. That is not to say that front of pack labelling on all other products would be prohibited. They would, however, ask companies to consider the needs of their customer base before deciding whether or not front of pack labelling is appropriate for their product. Information on front of pack labelling is based on the requirements of the general population and so it would be inappropriate to provide it to those with particular needs (e.g. infants or people on weight-loss diets)

- Visual images were useful in getting the message about food content to audiences

Other Comments from the Task Group

58. As a result of the information received in relation to key objective (iii) of the remit, it was acknowledged by the Task Group that there had been significant changes in lifestyles in the past 60 years and there had been a significant increase in the number of people who were either overweight or obese.

Fourth Key Objective

(iv)To learn more about the Altogether Better Programme and the Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity

Information Healthy Weight, Active Lives

59. The PE and School Sport Consultant successfully applied for Local Strategic Partnership funding to set up the Healthy Weight, Active Lives Delivery Plan (HWALDP). The HWALDP is a partnership between Sport & Active Leisure (the lead partner), Altogether Better, CYC Food Safety Unit and York City Knights Rugby Club. The HWALDP reports to the Local Strategic Partnership and to the Healthy Weight, Active Lives Strategic Implementation Group.

60. As mentioned previously there is no named lead for obesity in the city this has led to many of the partner organisations doing their own small pieces of work that are not always linked together. The Healthy Weight, Active Lives Strategic Implementation Group has gone part way to 'joined up thinking' however the PE and School Sport Consultant suggested that some partners might be reluctant to work outside of their remit.

61. The Heath Improvement Manager (obesity) at NHS North Yorkshire & York informed the Committee that the Healthy Weight, Active Lives Strategic Implementation Group was a sub-committee of the YorOK Board. Its main focus was to oversee the development of and monitor the delivery of partnership action plans. It shared good practice and was able to identify gaps in service provision and build on proposals for service developments. It was also able to secure funding for projects, ensure public involvement and ensure proposals and action plans were evidence based.

MEND

62. The MEND programme (Mind, Exercise, Nutrition, Do it!) is led by the PE Consultant from Sport & Active Leisure and is a targeted self-referral programme. It is a community and family based programme for overweight and obese children aged between 7 and 13 and their families. The programme places emphasis on (M)ind, (E)xercise and (N)utrition, (D)o it! It combines all the elements known to be vital in treating and preventing obesity in children, including family involvement, practical education in nutrition and diet, increasing physical activity and behavioural change.

63. MEND was chosen as a viable programme due to its clinical success and national profile. It is a relatively cost effective and straightforward programme to set up and run. It does, however, require intensive resources to deliver. Each place on the programme is valued at £400 and the course is delivered free to referring families.

64. MEND has so far run two successful programmes supporting and re-educating children and their families to become happier, healthier and fitter. The first programmes were located as close as possible to identified NHS hotspots for childhood obesity in York. All children that have taken part so far have had successful outcomes. For example, the average cm waist measurement reduced by 5cm during the first programme.

65. At a recent Ofsted review of the York programme the inspector reported to MEND staff that this type of early intervention was successful due to the relationships that develop between the delivery staff and the families attending. The third programme started in January 2010 and 11 families were expected to take part.

66. Funding for the programme finishes in December 2010 but 4 more sessions have been funded. There is also a MEND programme for 2 to 4 year olds and for 5 to 7 year olds.

67. The greatest challenge for MEND is recruiting families to 'self refer' to the programme and so far none of the programmes have been full. It is known that 40% of the families who sign up to the programme then decide not to attend with the most common reason for non-attendance being, 'the child does not want to attend' or 'the child is too upset to attend'. However families that do attend report significant changes in their child and in their family's behaviour leading to an overall improvement in health.

York City Knights Foundation 'Get Active' Programme

68. The York City Knights Foundation 'Get Active' programme has also been running an educational assembly for Year Six children in all local primary schools to highlight the importance of a healthy lifestyle. Each class will be able to take part in a series of exercise sessions to promote the benefits of regular exercise.

Altogether Better Programme

69. The Altogether Better Programme tends to work with adults rather than children, although not in isolation. It also works with families and communities as well. It is a Big Lottery funded project that helps individuals and communities to eat more healthily, be more physically active and improve their mental well-being.

70. The project works in specific areas of disadvantage to improve the health of identified groups with the intention of empowering local people to take the lead in improving their own health and well-being and that of their families and local communities. The project contributes to the reduction of health inequalities in the City.

71. In York the project is managed by NHS North Yorkshire & York working in partnership with the City Council, the voluntary sector and local community groups. It started in September 2008 and is funded until June 2011 to work in the following Wards within the city:

    - Westfield (Foxwood)
    - Clifton
    - Guildhall
    - Heworth/Hull Road (Tang Hall)

72. The four Wards above were characterised by multiple deprivation, including health inequalities. In each of the Wards above the target groups are families with children, lone parents, teenage parents, care leavers and homeless young people.

73. The aim of the project is to provide supported and accessible community health education to community members from the target groups and areas. It also helps to develop the skills and knowledge of community members and frontline workers/volunteers to make healthy changes to their lives as part of their involvement with their own families, communities or client groups.

74. So far the Altogether Better Programme has run 'Understanding Health Improvement' courses for frontline workers and volunteers (4 courses a year) and developed and delivered a 'Food for Thought Course' for parents living in the target areas, which was focussed on healthy eating, physical activity and mental well-being.

75. The Community Project Officer for the Altogether Better Programme said that their work to date had shown a need for fresh produce to be available both locally and cheaply. She suggested that the Task Group may like to consider formulating a recommendation around community initiatives such as food co-ops; obtaining fresh, good quality food was not easy if you had to travel 2 miles to your nearest supermarket.

Task Group Comments on the Various Initiatives

76. Discussions around the various initiatives, in particular the Altogether Better Programme, showed that health inequalities in York were not above the national average.

77. The Task Group discussed the information received and felt that there had been significant publicity of the MEND programme through newspaper articles, radio interviews and the Theatre Royal brochure. It was suggested that more identification and encouragement to participate through schools and GPs might help to increase take-up.

78. Further discussion between the PE & School Sport Consultant and the Task Group raised the following points:

    - Both believed there was an assumption that average weight equals a healthy weight; this was not necessarily the case.

- Due to the temporary nature of funding arrangements there was little chance that MEND or similar initiatives would extend into adulthood.

- Educating parents about healthy eating and physical exercise was key to preventing childhood obesity and the initiatives detailed above helped to do this

79. The Task Group recognised that the initiatives discussed, as part of this key objective did not solely concentrate on healthy eating. Physical exercise, mental well-being and education were also strong themes and were also key to the prevention of both childhood obesity and obesity in adulthood.

Fifth Key Objective

(v) To look at the continuity of services into adulthood

80. The Task Group received some estimated (synthetic) data relating to adult obesity and this is attached at Annex N to this report. The data suggests that in 2007 around 24% of the national population was obese. It was estimated that in 2007 23.4% of York's population was obese. Data for other areas within North Yorkshire is included in the annex for comparison.

81. The Sport and Active Leisure Team were currently the key driver of the physical activity message in York, with the 'Just 30' campaign which contributes to the following Performance Indicators:

- We will increase by 1% per annum the number of adults participating in 5 x 30 minutes of moderate intensity physical activity per week (1,661 new participants per year)

- We will increase by 1% per annum the number of adults participating in 3 x 30 minutes of sport per week (1,661 new participants per year)

82. Both of these indicators have obvious health benefits for adults and families. They will contribute to the overall health improvement of the city, and in turn be part of the universal provision for making York a healthier place to live, work and play.

83. In addition to this the Task Group learned that Energise, a local sports centre, were developing a pilot programme for adults to assist them in managing a healthier weight, through exercise sessions and nutrition and goal setting sessions.

84. The Task Group also received information from the Nutrition & Dietetic Service Manager at York Hospital in relation to the services available for adult obesity. This is attached at Annex O to this report.

Task Group Comments

85. Discussions in relation to Annex O of the report raised the following points and questions:

- The Task Group understood that the role of the Hospital was to treat rather than prevent. NICE[9] Guidance was clear that prevention was a primary care focus.

- What would happen if the threshold for bariatric surgery were lowered to include people with a BMI of less than 50? The Nutrition & Dietetic Service Manager at York Hospital indicated that this could lead to a lot more bariatric surgery taking place. This process was expensive and had to be delivered in accordance with NICE Guidelines. It also included a two year post - operation monitoring period.

- In answer to a question in relation to bariatric surgery for children the Nutrition & Dietetic Service Manager at York Hospital was not aware of any that had taken place.

- The age of patients presenting for bariatric treatment was getting lower.

- 156 bariatric operations (with associated care) had been carried out in York over the past 12 months.

- Did the hospital keep data on how many people were overweight? In response, the hospital representative said that they did not keep data on those that were overweight or obese per se however, clinical pathways for individual symptoms or co-morbidities i.e. diabetes would indicate whether a patient was overweight or obese.

- Patients were rarely referred to the hospital with the symptomless problem of being overweight or obese; they tended to have a clinical problem (i.e. diabetes) and were referred to the hospital for treatment.

Sixth Key Objective

(vi) To explore how monies are spent on tackling obesity

86. Information regarding how monies are spent tackling childhood obesity in York is at Annex P to this report.

87. Members were concerned about the £124,274 set out in Annex P in relation to the Altogether Better Programme and asked for clarity in relation to how much of this was spent on children. The Community Project Officer for the programme said that in short, the answer was none, as the programme was not specifically aimed at children. However, one of the programme's target groups was families with children, but its main focus was on adults. Although the information and practical skills the programme offers is specifically targeted at adults, children could be classed as indirect beneficiaries.

Task Group Comments

88. The Task Group were concerned that the funding amount for the Altogether Better Programme had been included within Annex P as there did not seem to be any way of disaggregating how much of this money was spent on children

[9] National Institute for Health & Clinical Excellence

rather than adults. They were also concerned that this funding stream was only available until 2011 and therefore could not be relied on in the future.

Analysis & Key findings

89. During the course of the review the Task Group received a wealth of information and on consideration of this came to the conclusion that there were two simple and fundamental reasons for the increase in childhood obesity namely eating the wrong foods and a lack of exercise. However; the Task Group were aware that this was a very simplistic view and there were many other factors such as societal influences, individual psychology and activity environment that could also effect a child's weight.

90. They identified several areas where they felt there was particular cause for concern namely:

- The length of time children undertook physical exercise within PE lessons
- The cost and availability of 'physical activities' outside of school hours
- Eating arrangements within schools (school meals versus pack ups, standard of eating areas)
- The need to re-educate parents in relation to providing a healthy diet and the importance of physical activity
- Funding streams for the various initiatives (i.e. MEND and the Altogether Better Programme)
- The need for a revision of what was commissioned from school nurses, to include more on supporting families and tackling childhood obesity
- The lack of 'joined up thinking' between the different agencies and/or initiatives

91. Further information in relation to all of the above points is set out in more detail within this report and its associated annexes.

92. Having taken all the evidence received into consideration the Task Group realised that whilst current service provision went some way to reducing childhood obesity it was not always effective. It needed one individual to link everything together and encourage and promote further initiatives. This individual, alongside encouraging and promoting initiatives such as the MEND programme should also liaise with appropriate persons to encourage and promote such things as take up of school meals, better PE provision, out of school physical activities and parental awareness of the merits of exercise and a healthy diet.

93. During discussions the Task Group also suggested, that should any post be created to undertake the above, it should be based within CYC. However, consideration should be given to whether there was any merit in this being a jointly funded post between CYC and NHS North Yorkshire & York.

Corporate Strategy 2009/2012

94. This report and the review being undertaken are directly linked to the 'Healthy City' theme of the Corporate Strategy 2009/2012.

Appendix 1

Implications

Financial & Human Resources

95. The Finance Officer at the City of York Council has estimated the annual cost of the recommended lead officer post, based on an assumed Grade 10, to be £41,020 in the first full year (including recruitment costs) rising to a £46,690 maximum annual cost. There are no budgets currently available to fund these additional costs within the Adults, Children & Education (ACE) directorate.

96. In view of this, and given the thrust of the Council's organisational review to reduce the number of posts at Grade 10 and above, the Assistant Director (Partnerships & Early Intervention) has advised that officers would want to explore other ways of addressing the Task Group's recommendations rather than necessarily creating a dedicated lead officer. Whilst Officers accept that there is a gap in service in the sense that a number of work streams could be better coordinated there are other ways of addressing this rather than creating a new post. It would, for example, be possible to build the recommendations in this report into the Service Plans (as appropriate) of the Education and the Integrated Commissioning Teams within the Adults, Children and Education Directorate. Other possibilities may emerge in the medium term as the Council takes on responsibility for health improvement.

97. The Primary Care Trust (PCT) already have an officer in post that takes on some of the responsibilities listed and additions to existing roles (whether PCT or CYC led) would be preferable to creating an additional post in the current economic climate.

98. The Council would always prefer to have a dual funding stream for any post that straddles the responsibility of the two organisations. However, at the moment, neither organisation has the funds to create such a post. In the medium term CYC will be picking up responsibility for the improving health agenda, so any funding that exists for such a post would be wholly within our control.

99. In terms of implications for NHS North Yorkshire & York the Interim Director of Public Health has provided the following response:

'The recommendations focus on one individual with responsibility for childhood obesity in York and while we can understand the principle we need to keep it in the context of ongoing public sector changes. Currently the Primary Care Trust (PCT), like City of York Council, is undergoing a management cost reduction process, which means that there will certainly not be new investment available from the NHS at this point. However it should be noted that the Health Improvement Manager at the PCT has a lead for childhood obesity across York and North Yorkshire and makes a significant contribution to this agenda. There may well be changes in light of the current and forthcoming white papers for the NHS and public health but at this point we are unable to clarify the implications of these.

I would suggest that many of the functions outlined in the report are already covered within a team of individuals working across the sectors (e.g. in Sport & active Leisure). The Health Improvement Manager would be happy to be involved in taking forward the recommendations whether or not they fall under the remit of one individual.'

Risk Management

100. The main risk of taking no action at all is that activities continue to take place in an uncoordinated fashion and become subject to short term funding pressures. This in turn may will lead to the risk of a rise in childhood obesity, with long-term consequences for health and social care budgets.

Recommendations

101. In light of the above report the Task Group have agreed the following recommendation:

i. That there should be a dedicated lead officer based within the City of York Council who is responsible for promoting and leading on the childhood obesity agenda. This officer should establish pathways of intervention throughout childhood, young adulthood and continuing into adulthood. Any lead officer, should also:

- Promote clear pathways and long term planning of provisions/initiatives and identify resources for longer term provision of initiatives
- Undertake a revision of what NHS North Yorkshire & York commission from school nurses to include more work on supporting families and childhood obesity programmes
- Encourage schools to examine PE provision and make sure they maximise the time used for physical activity
- Encourage all forms of physical exercise (both inside and outside of school hours)
- Explore and learn from areas of good practice within other authorities
- From data currently available undertake an impact assessment of work being undertaken at the present time and the likely impact of any additional measures put in place

Reason: To address the concerns set out in the original topic registration form.

Contact Details

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Chief Officer Responsible for the report:
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Appendix 1

Final Draft Report Approved	✓	**Date**	11.06.2010

Specialist Implications Officer(s)

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Detailed in the Annexes

Annexes

Please note that the annexes are available on line. Paper copies can be provided on request

Annex A	Topic Registration Form
Annex B	List of documents/information received throughout the review
Annex C	Information received in relation to Key Objective (i) of the review
Annex D	Information on PE Provision - Key Objective (ii)
Annex E	Information on the Healthy Schools Initiative – Key Objective (ii)
Annex F	Information on School Meals - Key Objective (ii)
Annex F1	Tables A to C – School Meals – Key Objective (ii)
Annex F2	Nutritional Analysis of School Meals - Key Objective (ii)
Annex G	Responses to Task Group's Questions Regarding School Meals – Key Objective (ii)
Annex G1	Statistical Comparison of School Meals Take-up - Key Objective (ii)
Annex H	Presentation from the Health Improvement Manager (obesity) – Key Objective (iii)
Annex I	The Full Obesity System Map Showing all 108 Indicators – Key Objective (iii)
Annex J	Summary of Presentation Received on School Travel Plans – Key Objective (iii)
Annex K	Briefing Paper – Eating in Nurseries - Key Objective (iii)
Annex L	Summary of Presentation Received from the Youth Service – Key Objective (iii)
Annex M	Summary of Presentation Received from the Food & Safety Unit – Key Objective (iii)
Annex N	Adult Obesity Synthetic Data
Annex O	Adult Services for Obesity
Annex P	Funding

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Health Overview & Scrutiny Committee **22nd September 2010**

Report of the Head of Civic, Legal & Democratic Services

Consultation on Government White Paper 'Equity & Excellence: Liberating the NHS'

Summary

1. This report presents Members with an early draft report to the Executive (dated 5th October 2010) (Annex A refers) in relation to the Government Health White Paper 'Equity & Excellence: Liberating the NHS'. The report also includes an early draft of the proposed Council response to the consultation (Annex B refers).

2. The draft report and response are due to be considered by Council Management Team (CMT) on Wednesday 15th September 2010. Changes may be made to the draft report attached at this meeting and any updates will be reported to the Committee at today's meeting.

Background

3. The Government launched its White Paper 'Equity & Excellence: Liberating the NHS' on 12th July 2010. A summary of the main proposals is set out in paragraph 2 of Annex A**.**

4. Alongside the White Paper four consultation have been launched:

- On the outcomes framework
- On the commissioning arrangements
- On local democratic legitimacy in health
- On provider regulation

5. The Healthy City Board will be considering the consultation documents at their meeting on 14th September 2010. A paper will be taken to the Executive on 5th October to agree whether there will be any formal response from the Council on any of the consultation documents. The closing date for responding to the consultation in 11th October 2010.

6. Prior to today's meeting a briefing note was e-mailed to the Committee asking for any initial comments that they might have. These, where possible, have been incorporated into the Council's response to the consultation papers.

Consultation

7. Members of the Health Overview & Scrutiny Committee, the Healthy City Board and the Executive will all be consulted on the consultation prior to a response being made.

Options

8. Members are asked to:

   i. Note and comment on the attached annexes.

   ii. Agree a collective response from the Committee to accompany the Council's official response and any response from the Healthy City Board

Analysis

9. Detailed analysis is included within the report to the Executive at Annex A to this report.

10. Members are asked to agree a collective response from the Health Overview & Scrutiny Committee to go alongside the official response from the Council and any response from the Healthy City Board.

Corporate Strategy 2009/2012

11. This report and its associated annexes are linked to the 'Healthy City' theme of the Corporate Strategy 2009/12.

Implications

12. Implications are set out within paragraphs 60 to 66 of the draft report to the Executive (Annex A refers).

Risk Management

13. There is a risk of the Health Overview & Scrutiny Committee's voice not being heard if Members do not comment on the consultation. This could lead to a potential consequential effect that new legislation may be introduced, which could impact on the ability of any Health Scrutiny Committee to independently scrutinise health services.

Recommendations

14. Members are asked to:

   i. Note and comment on the report and response at Annexes A & B to this report

   Reason: To give voice to the Health Overview & Scrutiny Committee's views on the White Paper and associated consultation documents.

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Report Approved ✓ **Date** 13.09.2010

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Draft Report to the Executive (5th October 2010)
Annex B Draft Response

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Annex A

DRAFT

Executive **5 October 2010**

Director of Adults, Children and Education

Liberating the NHS

Summary

1. This paper informs Executive of the proposals within the White Paper Liberating the NHS, in particular, those that have most impact for the Local Authority. It seeks agreement to the proposed response to the Government's consultations on the White Paper.

Background

2. The Government launched its White Paper, Equity and Excellence: Liberating the NHS, on 12 July. The proposals within the White Paper in summary are:
    - To offer more choice and control to patients over who provides treatment, and what the treatment should be, in the vast majority of NHS funded service.
    - To provide advocacy and support to help people access and make service choices, and to make a complaint, through HealthWatch England, a new independent consumer champion within the Care Quality Commission, which will take over responsibilities from the Local Involvement Networks (LINks)
    - Performance will be measured through new Outcomes Frameworks. These will set the direction for the NHS, public health and social care. They will be supported by quality standards, to be developed by NICE
    - Local authorities will become responsible for delivering national objectives for improving population health outcomes. This can include local authorities commissioning from providers of NHS care to deliver the outcomes.
    - Council's will become responsible for a ring fenced public health budget. Local Directors of Public Health will be appointed jointly by the local authority and a new national Public Health service.
    - Health and well-being boards will be established by local authorities or within existing strategic partnerships – to take on the function of joining up the commissioning of local NHS services, social care and health improvement. These boards will replace the current statutory functions of the Heath Overview and Scrutiny committess. They will allow local authorities to take a strategic approach and promote integration across health, adult social care and children's services, including safeguarding, as well as the wider local authority agenda. It is not intended that the Local Authority will be involved in day-to-day interventions in NHS servcies
    - An autonomous statutory NHS Commissioning Board will be established. The Board will assess NHS commissioners and hold GP consortia to

account. The Board will be responsible for allocation of resources, and will commission some services including dentistry, community pharmacy, primary ophthalmic services and maternity services.

- Most of the commissioning currently undertaken by Primary Care Trusts (PCTs) will transfer to local consortia of GPs. This will not be voluntary for GPs, and powers and duties will be set out in primary and secondary legislation. Consortia size is not specified, but there is a requirement that they will need to have a sufficient geographic focus to be able to take responsibility for agreeing and monitoring contracts for locality-based services (such as urgent care services), to have responsibility for commissioning services for people who are not registered with a GP practice, and to commission services jointly with local authorities. Consortia can choose to buy in support for their commissionign activities, such as demographic analysis, contract negotiation, performance monitoring and aspects of financial management. This could be from local authorities, as well as from other public, private and voluntary sector bodies.
- GP consortia will have a duty to promote equalities and to work in partnership with local authorities, for instance in relation to health and adult social care, early years services, public health, safeguarding, and the wellbeing of local populations.
- All NHS Trusts will be expected to become Foundation Trusts within three years, and so will be regulated by Monitor, the current Foundation Trust regulator.
- There will be no barriers for new suppliers of community health services; employees will be able to transform trusts to an employee led social enterprise, and the cap on the income that foundation trusts can earn from other sources will be abolished.

3. Alongside the White Paper four consultations have been launched.
    - On the outcomes framework
    - On the commissioning arrangements
    - On local democratic legitimacy in health
    - On provider regulation.

4. NHS commissioning in York is currently provided by the Primary Care Trust, NHS North Yorkshire and York, overseen by the Strategic Health Authority. The proposals would see both of these bodies ending by 2013. Commissioning would in future be undertaken locally by a new GP consortium or consortia, which may or may not be based on the current York Health Group consortium. York Health Group covers practices in York, Tadcaster and Easingwold.

Consultation

5. The Government has called for responses to the four consultation papers by 11 October 2010.

6. Both the Healthy City Board and Health Overview and Scrutiny have considered the proposals within the White Paper, and the questions asked within the consultation documents. Both bodies have focussed on the first three papers listed in paragraph 3.

7. Healthy City Board will consider the proposals on 14 September, and Health Overview and Scrutiny on 22 September, and this paper may be updated in response to any views agreed at these meetings.

Options

8. To confirm the proposed response to be sent on behalf of the Council, as outlined in Annex 1, in response to selected questions from the consultation papers.

9. Or to seek changes to this response and agree that the Leader approve a final response.

Analysis.

Key Issues for consideration

10. The proposals contained within the White Paper are significant and wide ranging. To help focus a response on key areas it is suggested that there are five issues that the Council will have a direct interest in:
    a. How the locality for GP commissioning will be defined, and what this may mean for York
    b. The implications for the increased role if LINks become HealthWatch and what this will mean for patient and citizen engagement and involvement
    c. How the Local Authority will exercise the proposed responsibilities for promoting integration
    d. The proposed role of the Health and Wellbeing Boards and what this may mean for the Council's scrutiny role
    e. The implications of public health responsibilities transferring to local authorities

a) GP commissioning and locality definition

11. The consultation on Commissioning for Patients deals with the planned arrangements for the role and functioning of local health commissioning.

12. There is no indication of what a sensible size for a GP consortium would be, or how the geography will be decided, only that there will be local flexibility, with GPs given the opportunity to identify who they wish to join with to form a consortium. The new national Commissioning Body will need to ensure that all GPs are within a consortium. Consortia boundaries will leave no gaps across the country. Locally, there are several options still to be decided upon by our GP partners.

13. One option could be for one or more consortia which are co- terminus with City of York boundaries, although given the nature of patient registrations, it is highly unlikely that our citizens will ever be completely matched by GP surgery patient lists.

14. Another option would be to reflect patients' treatment pathways as the basis for the consortium, and this might suggest a local hospital catchment area could define the locality. In York's case this could mean one or more consortia extending beyond the Council's boundaries and into North Yorkshire, based on the admissions to York Hospital Foundation Trust.

15. In York we have experience of the complexities that result from not having co-terminosity with our health commissioner. Joint commissioning has been slow to be progressed, in spite of good intentions on both sides. Better progress has been made more recently, with a York Adult Commissioning Group leading plans to develop a joint commissioning team and work plan. This has been possible because of a locality focus, based on the City of York boundaries, agreed by NHS North Yorkshire and York (NHSNYY).

16. Working to a wider catchment area in future would mean that NHS commissioners would continue to have to address two JSNAs, and need to work in partnership with two Health and Wellbeing Boards. Governance arrangements are likely to be more complex and opportunities for joint commissioning more complicated to deliver.

17. Discussions are underway to explore these issues with our local GPs and the current Practice Based Commissioning Consortium. We will continue our discussions and seek to help local GPs understand the benefit of being co-terminus with the local authority, whilst ensuring that our partnership work will be protected whatever the final shape of the consortia arrangements

18. However, Members may wish to make representations within the consultation response to urge that GP commissioning Consortia areas be linked more closely to the JSNA and Local Authority boundaries.

19. The following questions within the consultation paper on Commissioning for Patients would offer the opportunity to do this, and a proposed submission is include in Annnex 1:

- How far should GP consortia have flexibility to include some practices that are not part of a geographically discrete area?

- Should there be a minimum and/or maximum population size for GP consortia?

- How can GP consortia best be supported in developing their own capacity and capability in commissioning?

- How can GP consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?

- How can we build on and strengthen existing systems of engagement such as Local HealthWatch and GP practices' Patient Participation Groups?

- How can GP practices begin to make stronger links with local authorities and identify how best to prepare to work together on the issues identified above?

b) Patient and citizen engagement and involvement

20. The consultation on Democratic Legitimacy in Health addresses these issues.

21. Currently LINks promote public and patient involvement and seek views on health and social care services, to feed back to local commissioners. LINks also have an interest in ensuring local commissioners take account of the NHS constitution.

22. LINks are community organisations made up of a variety of individuals and organisations, and are supported by a 'Host', who is commissioned by the local authority. They do not currently provide an advocacy service or support with individual complaints. At present patients access such support this through a range of local advocacy organisations.

23. Local authorities would receive additional funding to commission the additional services. If local authorities are to be able to commission this enhanced service successfully it will be essential that adequate funding is provided.

24. There would not appear to be any reason to oppose the proposals to extend the role of the LINks. The LINKs organisation in York is considered to have made a good start, although it is still a relatively new body. However elsewhere in the country, concerns have been raised about the effectiveness of LINks.

25. Providing a single point of contact for patients and customers needing support in dealing with health and social care organisations would appear to be in line with our own ambitions to simplify contact and access arrangements.

26. Taking on the additional responsibilities for advocacy and complaints could provide the organisation with a broader access to views on services, however these will, by definition, primarily be from those who have experienced a difficulty. Clear expectations about the separation of responsibilities might help to avoid the engagement and participation element of the work being overly influenced by the complaints and advocacy.

27. Taking on an advocacy role could also impact on other local advocacy organisations, and could put at risk some of the more specialist support that is available to more vulnerable groups and those with special communication needs. A requirement to work in collaboration with other advocacy groups might be helpful therefore.

28. Annex 1 contains a proposed response to the following questions:

    Q1 Should local HealthWatch have a formal role in seeking patients' views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution?

    Q2 Should local HealthWatch take on the wider role outlined, with responsibility for complaints advocacy and supporting individuals to exercise choice and control?

    Q3 What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

    <u>c) Promoting integration</u>

29. The consultation on Democratic Legitimacy in Health addresses the proposed role of local government in promoting integration and joint working.

30. The current arrangements under Section 75 of the NHS Act set out optional partnership arrangements for service led collaboration between health bodies and the local authority. Currently there is only limited use of these partnership arrangements, both nationally and locally.

31. In York there is a Section 75 agreement and pooled budget for Drugs and Alcohol commissioning. We have a partnership agreement, but no pooled budget for the provision of mental health services for working age adults, and the Children's Trust provides some joined up commissioning.

32. In July 2010 the Executive Member for Health and Adult Social Services agreed a joint vision for older people's services, developed with these two health partners, as a foundation for future joint commissioning.

33. Work is now under way to develop joint commissioning arrangements with NHS North Yorkshire and York (NHSNYY) and the York Health Group (YHG), for adults service. Whilst the White paper will mean plans will need to be reviewed, it is anticipated that this development will continue. This could put York in a good position to consider any opportunity to be an early adopter of any changes, should our health partners wish to consider this option.

34. Locally in York we already have a positive model of the Healthy City Board. It mirrors the proposals for the health and well being board, bringing council members and officers, the Primary Care Trust, Practice Based Commissioners LINk and other partners together. The Board addresses both adults and Children's issues, and has worked alongside the Children's Trust (the YorOK Board). We have positive relationship with our Primary Care Trust and GP Commissioning Consortium

35. It has to be recognised that this has not, to date, led to extended integration of services.

36. The Government is asking whether giving local authorities a statutory role to support joint working on health and well being will encourage more integration, and whether it should therefore be a requirement to have a Health and Wellbeing Board.

37. Statutory powers to support joint working would emphasise the importance of partnership work, but partnership working requires commitment from all partners, and cannot be driven by just one organisation.

38. Of the nine strategic partnerships within the city two currently have statutory powers. These are the Safer York Partnership and the Children's Trust. There is no evidence that the statutory nature of these two partnerships makes it any easier to ensure integration, and although it does give a focus to the potential to pool funding it does not guarantee that this will happen.

39. The barriers to further integration in York include the impact of the financial risks of pooled budgets, with both the health and social care economies not in balance, and the complexities in governance due to the lack of co-terminus boundaries. Our current work to develop more joined up commissioning includes a commitment to understand the total budget for key areas of service in York, a commitment to develop a single work plan which addresses our shared

objectives, and the continuation of the Adult Commissioning Group as a forum for managing the various governance arrangements of all partners.

40. It is suggested that Members may wish to respond to the consultation that greater integration is unlikely to be achieved without:

- mechanisms within pooled budget arrangements to better manage risk,
- toolkits to help show benefit attribution across the whole system
- co terminous boundaries which will support more joined up governance arrangements

41. Annex 1 contains proposed responses to the following questions within the consultation on democratic legitimacy :

Q4 What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?

Q5 What further freedoms and flexibilities would support and incentivise integrated working?

Q6 Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

Q7 Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements?

d) Establishment of Health and Wellbeing Boards

42. The consultation on Democratic Legitimacy in Health also addresses the proposals for health and wellbeing boards.

43. The proposed functions of the health and well being boards are:

- To assess the needs of the local population and lead the joint strategic needs assessment.
- Promote integration and partnership including joined up commissioning plans
- To support joint commissioning and pooled budgets where all parties agree this makes sense
- To undertake a scrutiny role in relation to major service redesign

44. Membership is proposed to include: The local authority Leader or Directly Elected Mayor, representatives from social care and NHS commissioners (both GPs and the new NHS Board) and champions from local government and patient voice. Representatives from the new HealthWatch and from the new local Authority led public health service would be included in this. The elected members of the local authority would decide who chairs the Board

45. In effect the proposals are to bring together the current responsibilities of the Local Strategic Partnership (our Health City Board) and the Overview and Scrutiny Committee. The proposals would therefore impact on both the current Strategic Partnership arrangements and the governance arrangements for the Council.

46. The expectation is that by developing a partnership approach there would be an opportunity for the local authority to influence the GP consortia commissioning plans, and for the GP consortia to influence the public health plans of the local authority.

47. Under the new proposals GP consortia will be required to work in partnership with local authorities, but will also be able to choose from where they receive any support, that they may need in their commissioning activity, and will be able to use private services. The documents make it very clear that the local authority will not be involved in day to day work with NHS, although it also makes reference to joint commissioning between GP consortia and local authorities.

48. The proposed health and well being board is not therefore proposed as a joint commissioning body but as a strategic partnership board. A question that has been raised by others is whether the model of strategic partnership working will be effective, if key investment decisions are still taken elsewhere in partner organisations.

49. Questions have also been raised about changing the authority of scrutiny committees and the potential for confusion between the roles of the Health and Wellbeing Board and scrutiny committees. Whilst a really strong partnership should be able to challenge the constituent partners, the independence and separation of powers of a scrutiny committee would be lost. This raises questions as to the accountability of the Board and, if the local authority representation is at an Executive Member level, it also raises the issue of what influence other members can have on the health agenda.

50. Annex 1 contains a proposed submission in relation to the following questions relating to the Health and Well being Board:

    Q8 Do you agree that the proposed health and wellbeing board should have the main functions described ?

    Q9 Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking joint strategic needs assessments?

    Q10 If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through children's trusts?

    Q12 Do you agree with our proposals for membership requirements set out in paragraph 38 - 41?

    Q13 What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise?

    Q14 Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the health and wellbeing board (if boards are created)?

    Q15 How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

Q16 What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

Q17 What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients, the public and, where appropriate, staff?

e)Transfer of Public Health responsibilities to local authorities

51. There is only currently only outline on the proposals for local authorites to take on public health responsibilities and a separate White Paper is due in December which will provide more detail.

52. Public health services currently take responsibility for health improvement, health promotion and health protection. Health protection may become the responsibility of a national public health body.

53. The local authority already plays a significant role in health improvement, and promotion with housing, education and access to sport and leisure being key determinants of good health and well being. The Council is already jointly responsible for the production of the JSNA, with Public Health.

54. It would appear therefore to make good sense to transfer public health responsibilities to the local authority. Such an arrangement should enhance our ability to understand the health and wellbeing needs of our community as we gain the skills and data available to our public health colleagues. It would also provide closer access to clinical and professional guidance on best practice to deliver health improvements, and will enhance the authority with which the Council works to promote joint and integrated working with GP consortia to ensure the right service are commissioned to provide cost effective interventions.

55. Given that Public Health budgets are often small, it is not yet clear what resources will actually transfer to Councils, alongside the new responsibilities

56. It is worth noting that within the consultation on the proposed outcome framework for the NHS it is planned that a separate framework will be developed for both public health and social care. Details of these frameworks is not yet available, but it is anticipated that the principles will be the same as for the NHS.

57. One concern that has been raised is that although there is a commitment to joint responsibility for outcomes across the system separate frameworks will work against an joined up approach to performance management and delivery of outcomes.

58. There are no specific questions within the consultation regarding the proposed transfer of public health, but there is an opportunity to make any other comments and Members may wish to highlight budget issues

Corporate Objectives

59. The White Paper will impact on the Council's objectives in respect of:

A Healthy City – we want to be a city where residents enjoy long healthy and independent lives. For this to happen we will make sure people are supported to

make healthy lifestyle choices and that health and social care services are quick to respond to those that need them

Implications

Financial

60. There are no financial implications for the Council at this stage

Human Resources (HR)

61. There are no immediate HR implications for the Council within the consultations, but if the proposals are accepted there will be issues related to the transfer of Public Health staff.

Equalities

62. The Government has undertaken its own Equality Impact assessment on these proposals

Legal

63. There are no legal implications flowing directly from the consultations and this report. However, the implementation of the Government proposals will have a range of implications particularly relating to staffing and governance issues.

Crime and Disorder

64. There are no crime and disorder implications

Information Technology (IT)

65. There are no immediate IT implications at this stage

Property

66. There are no property implications at this stage

Risk Management

67. There are no risks that require registration in the council's risk register in relation to the proposed submission to the Government's consultations.

Recommendations

68. It is recommended that Executive approves the responses in Annex A, and that further reports are provided on the detailed implications and opportunities as they become known.

Reason: To ensure that York's views are made known, and to enable the authority to review the implications of major change in more detail.

Annex A

Contact Details

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Adults, Children and Education

01904 554003

Chief Officer Responsible for the report:
Pete Dwyer

Director Adults, Children and Education

Report Approved ☐ **Date**

Wards Affected: **All** ✔

For further information please contact the author of the report

Annex

Annex 1 Draft response to consultations of Liberating the NHS White paper

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Annex B

ANNEX 1
Draft response to the Government's consultations on Liberating the NHS

The Executive of City of York Council has considered the White Paper and the consultation documents. In formulating the responses to the questions posed in the consultation advice and views were sought from both the Healthy City Board (our LSP Board for health) and the Health Overview and Scrutiny Committee.

The Executive has selected the questions of most relevance and concern to the authority, and has not sought to answer every question posed in all papers. We therefore have set out beneath headings for each consultation the questions that have been considered, followed by our response.

Commissioning for patients

- How far should GP consortia have flexibility to include some practices that are not part of a geographically discrete area?

- Should there be a minimum and/or maximum population size for GP consortia?

- How can GP consortia best be supported in developing their own capacity and capability in commissioning?

- How can GP consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?

- How can we build on and strengthen existing systems of engagement such as Local HealthWatch and GP practices' Patient Participation Groups?

- How can GP practices begin to make stronger links with local authorities and identify how best to prepare to work together on the issues identified above?

We believe that all of these issues can be addressed by the close alignment of GP commissioning consortia boundaries to tier 1 local authority boundaries.

This will mean that GP consortia are only having to work to one JSNA, which will reflect the public voice and local priorities. Community partners are already likely to be aligned to local authority boundaries, and the local HealthWatch will be commissioned on local authority boundaries.

Annex B

We have experience in York of working with a PCT that is not co-terminus with our boundaries, and although every effort has been made on both parties behalf, our experience is that the complications of having to align two local authorities has in many cases slowed down progress on joint working in service development and change.

We believe that commissioning should be based on the identifiable needs of the community. We recognise a pull to organise consortia based on patient pathways, but have concerns that this will mean that commissioning is shaped by the current provider landscape and not by communities. There is no reason why more than one consortium cannot contract with a health provider, and we could envisage some opportunities for collaborative commissioning across consortia and local authorities on particular aspects of health and social care provision

Such an approach would clearly help to strengthen the links between GP practices and local authorities, and would offer GPs a clear opportunity to work with the local authority to develop capacity and capabilities in commissioning. This will help facilitate the integrated working the Government is seeking.

Democratic Legitimacy in Health
Patient and citizen engagement and involvement

Q1 Should local HealthWatch have a formal role in seeking patients' views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution?

Q2 Should local HealthWatch take on the wider role outlined, with responsibility for complaints advocacy and supporting individuals to exercise choice and control?

Q3 What needs to be done to enable local authorities to be the most effective commissioners of local HealthWatch?

We think there is value in continuing the role of LINks and extending it to include offering a single point of contact for support and advocacy in respect of health and social care services, provided the funding for the provision of the enhanced service is sufficient and adequate to provide a quality offer.

However we would want to see clear separation between the two elements of the function, so that the wider engagement and involvement agenda is not overshadowed by any complaints and issues that the public might have.

We would also welcome, as potential commissioners of the service, an explicit requirement that any advocacy is undertaken in collaboration with other advocacy services within an area.

Promoting integration

Q4 What more, if anything, could and should the Department do to free up the use of flexibilities to support integrated working?

Q5 What further freedoms and flexibilities would support and incentivise integrated working?

Q6 Should the responsibility for local authorities to support joint working on health and wellbeing be underpinned by statutory powers?

Q7 Do you agree with the proposal to create a statutory health and wellbeing board or should it be left to local authorities to decide how to take forward joint working arrangements?

We think it is important for all partners to be required to work in partnership, and welcome the opportunity for the local authority to lead on supporting partnership working. Wwe do not consider that this alone will generate more opportunities for joined up working. We believe that giving local authorities statutory powers will not guarantee trust and shared purpose, which are needed to underpin any partnership working.

In York we believe that one of the barriers to more integrated working is the financial risk that organisations run by pooling budgets, particularly at a time when budgets are reducing and, in York, where economies are under significant pressure. A national framework for risk sharing , and toolkits for benefit attribution would help with this, but ultimately a recognisably fair allocation of funding to meet the needs of the community will be essential.

A second barrier is the complexities of governance arrangements for organisations that are not co- terminus. We have already expressed our views on the benefits of GP consortia boundaries being co – terminus with local authorities, but repeat it here as well. Such an approach would facilitate shared understanding of needs- based on the JSNA, and would help in the identification of the total budget available If decisions are being taken for the same population it will be more achievable to develop joint governance arrangements for the commissioning of services. Our experience in York is that a PCT that has to relate to more than one local authority finds it hard to move quickly, and cannot always ring fence funding and approaches to one part of the area.

Annex B

- Health and Wellbeing Board

Q8 Do you agree that the proposed health and wellbeing board should have the main functions described ?

Q9 Is there a need for further support to the proposed health and wellbeing boards in carrying out aspects of these functions, for example information on best practice in undertaking joint strategic needs assessments?

Q10 If a health and wellbeing board was created, how do you see the proposals fitting with the current duty to cooperate through children's trusts?

Q12 Do you agree with our proposals for membership requirements set out in paragraph 38 - 41?

Q13 What support might commissioners and local authorities need to empower them to resolve disputes locally, when they arise?

Q14 Do you agree that the scrutiny and referral function of the current health OSC should be subsumed within the health and wellbeing board (if boards are created)?

Q15 How best can we ensure that arrangements for scrutiny and referral maximise local resolution of disputes and minimise escalation to the national level?

Q16 What arrangements should the local authority put in place to ensure that there is effective scrutiny of the health and wellbeing board's functions? To what extent should this be prescribed?

We have no concerns about the delivery of a JSNA, particularly with the proposed transfer of public health resources.

We do have some concerns about the combination of the partnership role proposed for the Health and Well Being Boards, and the scrutiny role. We believe both roles are required, but that combining them will be confusing, and will make it more difficult to achieve both functions. Although strong partnership working requires the ability to challenge partners, this challenge is not the same as a scrutiny role.

The separation of powers, which the current scrutiny arrangements offer, gives a clearer focus on objectivity and democratic challenge. Continuing this separation would allow the Health and Wellbeing Board to focus on dealing with any disagreements or disputes, using the wider local strategic partnership arrangements to address any issues that need escalation to achieve resolution.

Annex B

Any other comments

We would welcome the transfer of public health responsibilities to the local authority, and see significant benefits for both the commissioning of services and the delivery of health improvement services. However, as with many of the other proposals this will be dependent on a satisfactory level of resources and funding being transferred to local authorities.

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Health Overview & Scrutiny Committee Work Plan 2010/11

Meeting Date	Work Programme
20th July 2010	1. Update on Recommendations Arising from the Dementia Review 2. Presentation on Transforming Community Services 3. Presentation from LINks regarding their Annual Report & work plan for the forthcoming year (2010/11) 4. LINks Public Awareness & Consultation (PACE) reports on End of Life Care and Dignity & Respect
22nd September 2010	1. Quarter 1 Monitoring Report 2. Final Report of the Childhood Obesity Task Group 3. Six-Monthly Update from Yorkshire Ambulance Service 4. Proposed Scrutiny Topic – Care for Mothers & Their Children (0-6 Months) 5. Consultation on Government White Paper
3rd November 2010	1. Transforming Community Services: Transfer of Mental Health & Learning Disability Services in York 2. Children's Cardiac Services in the region – proposed service changes
1st December 2010	1. Report and/or Attendance of the Executive Member for Health & Adult Social Services 2. Quarter 2 Monitoring Report 3. Six-Monthly Update from York Hospitals Foundation Trust 4. Presentation/Report from York Health Group – Proposed Community Orthopaedics Service for Selby/York 5. Presentation/Introduction from the New Providers of Community Services (Outcome of Transforming Community Services)
19th January 2011	1. Update on Recommendations Arising from the Dementia Review
2 March 2011	1. Quarter 3 Monitoring Report 2. Six – Monthly update from NHS North Yorkshire & York

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FORWARD PLAN ITEM

Meeting: Executive

Meeting Date: 21/09/10 **Keyword:** Health;

Item Type: Executive Decision - of 'Normal' Importance

Title of Report: Joint Strategic Needs Assessment for York

Description: Purpose of report: This report provides an update of health and well-being needs, following the original JSNA in 2008. It will include recommendations for the council, primary care trust and for other partners including GP commissioners. The report will also be taken to the NHS North Yorkshire

Members are asked to: Accept the recommendations where they relate to council business; and to consider the recommendations for other agencies, particularly those which are likely to become council responsibilities in due course.

Wards Affected: All Wards;

Report Writer: Rachel Johns, Pete Dwyer **Deadline for Report:** 09/09/10

Lead Member:
Lead Director:
Contact Details:

Implications C&C

Level of Risk: 04-08 Regular monitoring required **Reason Key:**

Making Representations: Contact Report Author.

Process: There has been wide consultation on the report, covering statutory, voluntary and independent sector organisations and individuals with an interest in health and well-being.

Consultees: N/A

Background Documents: Committee Report for Joint Strategic Needs Assessment for York

Call-In

If this item is called-in either pre or post decision, it will be considered by Scrutiny Management Committee on: 27/09/10

Internal Clearance Process

Pre-Decision
By Chief Officers at *on:*

FORWARD PLAN ITEM

Meeting: Executive

Meeting Date: 05/10/10 **Keyword:** Health;

Item Type: Executive Decision - of 'Normal' Importance

Title of Report: Liberating the NHS

Description: Purpose of report: To advise Executive of the proposals within the White Paper Liberating the NHS, consider any response to the consultations on the proposals, including any opportunity for York to be an Early Adopter. The proposals could impact on Local Authority responsibilities in respect of health and well being, and governance arrangements for overview and scrutiny of health issues. It could offer opportunities for new shared commissioning arrangements. Consultation deadline is 11 October 2010. Implementation of NHS changes is planned for 2012-13

Members are asked to: Consider and agree any response to be made by the Council to the Government's Consultations

Wards Affected: All Wards;

Report Writer: Kathy Clark **Deadline for Report:** 23/09/10
Lead Member:
Lead Director:
Contact Details:

Implications Legal

Level of Risk: 09-15 Constant monitoring required **Reason Key:**

Making Representations: Contact Report Author

Process: Healthy City Board and Health Overview and Scrutiny Committee will be invited to consider the White Paper and Consultations in September.

Consultees: Healthy City Board; Health Overview and Scrutiny Committee

Background Documents: Committee Report for Liberating the NHS

Call-In
If this item is called-in either pre or post decision, it will be considered by Scrutiny Management Committee on: 11/10/10

Internal Clearance Process

Pre-Decision
By Chief Officers at *on:*

FORWARD PLAN ITEM

Meeting: Executive

Meeting Date: 02/11/10 **Keyword:** Health, well-being and care;

Item Type: Executive Decision - of 'Normal' Importance

Title of Report: Childhood Obesity Scrutiny Review Final Report

Description: Purpose of report: To present the Executive with the final report arising from the Childhood Obesity Scrutiny Review

Members are asked to: Approve the recommendations arising from the review

Wards Affected: All Wards;

Report Writer: Tracy Wallis **Deadline for Report:** 21/10/10
Lead Member: Councillor Jonathan Morley
Lead Director: Director of Adults, Children & Education
Contact Details: Tracy Wallis
Tel: 01904 552062
tracy.wallis@york.gov.uk

Implications Financial

Level of Risk: 01-03 Acceptable **Reason Key:**

Making Representations: Contact report author.

Process:

Consultees:

Background Documents: Committee Report for Childhood Obesity Scrutiny Review Final Report

Call-In
If this item is called-in either pre or post decision, it will be considered by Scrutiny Management Committee on: 08/11/10

Internal Clearance Process

Pre-Decision
By Chief Officers at *on:*

By Political Group Leaders on:

By Strategic Policy Panel (if required) on:

Post-Decision
By Strategic Policy Panel (if Required) on:

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