



Notice of meeting of

Health Overview & Scrutiny Committee

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

Date: Wednesday, 1 December 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 - 12)
To approve and sign the minutes of the last meeting of the Committee held on 3 November 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 30 November 2010**.

- 4. Report and Attendance of the Executive Member for Health and Adult Social Services** (Pages 13 - 16)
To consider the report of the Executive Member for Health and Adult Social Services in relation to the budget and priorities in relation to his portfolio area. Detailed responses to questions put to the Executive Member by members of the Committee are also attached for information. The Executive Member will be in attendance to answer questions in relation to his report.
- 5. Six Monthly Update from York Teaching Hospital Foundation Trust**
The Chief Executive from York Teaching Hospital NHS Foundation Trust will give a verbal update on progress including information on emerging priorities and strategic challenges. This will include reference to the future of Scarborough services and the part the Foundation Trust may play in this.
- 6. Transforming Community Services** (Pages 17 - 28)
To receive a presentation by York Teaching Hospital NHS Foundation Trust on their role as a provider of community services to the York and Selby Community. A copy of the presentation is attached.
- 7. 2010/11 Second Quarter Monitoring Report - Finance and Performance in Adult Social Services** (Pages 29 - 32)
This report sets out the latest performance for 2010/11 and forecasts the outturn position by reference to the service plan, the budget and performance indicators for all the relevant services falling under the responsibility of the Director of Adults, Children and Education.
- 8. Carers Review - Remit, Scope and Timetable** (Pages 33 - 40)
This report asks Members to approve the remit, scope and timetable for the Carer's Review.
- 9. Work Plan** (Pages 41 - 42)
Members are asked to review the Committee's work plan for 2010/11.

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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Holding the Executive to Account

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

Who Gets Agenda and Reports for our Meetings?

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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 was 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	3 NOVEMBER 2010
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, HOLVEY, KIRK, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST HELEN MACKMAN – YORK HOSPITAL GOVERNOR JAYNE BROWN - NHS NORTH YORKSHIRE & YORK GRAHAM PURDY – NHS NORTH YORKSHIRE & YORK MELANIE BRADBURY – NHS NORTH YORKSHIRE & YORK ANNABEL JOHNSON – NHS NORTH YORKSHIRE & YORK GEORGE WOOD – YORK OLDER PEOPLE’S ASSEMBLY KATHRYN GALLON – NORTH YORKSHIRE AIDS ACTION COUNCILLOR FUNNELL COUNCILLOR MORLEY KATHY CLARK – CYC FRANCES PERRY - CYC
APOLOGIES	COUNCILLOR SUNDERLAND

25. 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. Other than the standing interests no further interests were declared.

26. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 22 September 2010 be approved and signed by the Chair as a correct record subject to the following amendment:

Minute 23 – Consultation on the Government White Paper ‘Equity and Excellence: Liberating the NHS’
Amendment of the preamble prior to the bullet points to read *‘Members confirmed their general support for the Healthy City Board’s consultation responses but also expressed a number of concerns including:’*

27. PUBLIC PARTICIPATION/OTHER SPEAKERS

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme. The Chair had also granted one request to speak received from a Council Member.

Representations were received from the Chief Executive of the York Council for Voluntary Services (CVS) in relation to Agenda item 4 (Short Term Measures in Response to Financial Pressures). She referred to the financial support given to the Service by the NHS for which they had a service level agreement of 3 months notice of any variation. She expressed dismay that they had only received 1 months notice of the removal of funding by NHS North Yorkshire and York which they felt was morally wrong and disrespectful to the CVS and their vulnerable clients. She pointed out that the CVS had contracts to meet and the loss, at such short notice, meant that staff could not be given adequate notice resulting in further expense they could ill afford. She went onto refer to longer term issues with the Governments agenda for a 'Big Society', which would give individuals and communities more control over their destinies but leaving the CVS now unable to deliver. The Service felt that negotiations to find savings, similar to that undertaken with NYCC and CYC, would have been a much more acceptable way forward.

A representative of Yorkshire MESMAC, a sexual health charity, also made representations in relation to Agenda item 4 and proposed funding cuts. He stated that the short term measures would decimate their service, which provided HIV prevention advice and a health agenda for the LGBT in York and North Yorkshire. He referred to the background to their services and to those services which would be affected including sexual health work in schools and youth projects, counselling, contact with hard to reach groups, reduction in promotional material and condom/lubricant distribution. He questioned which other group could deliver these services. He concluded by stating that their organisation felt that the way in which the funding was withdrawn and lack of consultation was unlawful.

Councillor Funnell also made representations in respect of this agenda item. She stated that she spoke as a previous employee of the NHS and as a Trustee of the CVS. She pointed out that negotiations should have been undertaken with the voluntary sector to discuss how these cuts could have been made as this funding was crucial to these bodies. The short notice given of the withdrawal of funding was she felt unfair and an explanation was required of how these patient groups, charities and voluntary bodies would be replaced.

28. SHORT TERM MEASURES IN RESPONSE TO FINANCIAL PRESSURES

The Committee received a verbal update from the Chief Executive at NHS North Yorkshire and York on the short term measures being implemented in response to ongoing financial pressures evident within the local health economy.

She thanked the Public Participation speakers for their comments and confirmed that she had only recently received copies of their concerns in writing and by email but that she would be replying shortly. She confirmed that she would also send copies of her replies to Scrutiny Committee members for their information and arrange to meet the various organisations.

She went onto explain the context of the pressures on the organisation with a budget of £1.6b and a potential shortfall of £29m they had had to take a range of measures to ensure the best discharge of resources, which they acknowledged, would affect some incredibly important services. There was £1.6m spent in the voluntary sector alone with contracts amounting to £150k but she acknowledged that the measures would have varying impacts on the bodies concerned. She went onto confirm that it was a matter of fact that they were in breach of the compact with these bodies but not in breach of contract. She explained that the decisions had not been taken lightly but that they had a statutory duty to break even by the end of the year. She pointed out that they received £1,400 per head of population and that they had been consistently overspent but they were fully aware of the impact these measures would have.

Members went onto express their serious concerns at the measures being taken and they questioned a number of points including:

- Had any savings been made within the NHS senior management? It was confirmed that £12m of savings had been made at this level with 60 compulsory redundancies.
- Details of previous debts requested. A debt of £45m had been eradicated two years ago but a further debt of £18m had now been accumulated which when rolled forward amounted to £36m.
- Following earlier recovery plans it now appeared that services were diminishing. Confirmation that the short term recurring measures how been reduced as much as possible and that it was now time to work with the authority to discuss possible further measures to prevent the Board being in a similar position next year.
- Concerns that these were false economies and that 'prevention was better than a cure'. Confirmation that front line services had not been considered and that it had been the infrastructure elements rather than direct care.
- Important that Equality Impact Assessments were carried out in relation to any changes to services, as they would have a varying impact on different communities. Confirmation that no EIA's would be carried out until any changes became permanent.
- Request for reassurances that any future changes in funding would not be made without adequate notice as there were costs to these bodies both in employment contracts and cuts in funding. Acceptance that the NHS were accountable and that if they had had more time different procedures would have been followed.

The Chief Executive confirmed that in their move forward there would be a more strategic review with major changes being made in how healthcare was provided. She stated that she had noted member's observations and

comments and confirmed that she would be happy to return to brief Members of the Committee as further progress was made.¹

RESOLVED: That the update on the short term measures being implemented in response to ongoing financial pressures within the local health economy be noted.

REASON: To update Members on current health related issues.

Action Required

1. Include update in Committee's work plan.

TW

29. TRANSFER OF MENTAL HEALTH, LEARNING DISABILITY AND SUBSTANCE MISUSE SERVICES

Consideration was given to a report from NHS North Yorkshire and York, which updated them on the transfer of Mental Health, Learning and Disability and Substance Misuse Services.

The Assistant Director – Vulnerable People at NHS North Yorkshire and York presented the report. She confirmed that a specification for the tendering of these services had been prepared and the tender process formally launched on 6 August 2010. Thirty-seven 'Expressions of Interest' had now been received in a procurement exercise which had been the largest carried out in the Yorkshire and Humber region. She pointed out that as these expressions were commercially sensitive she was unable to share the information with the Committee at this stage but that these would now be taken to the next stage and the bodies invited to tender. She referred to the challenging timetable outlined on page 13 of her report but confirmed that staff consultation was now well underway.

Members were asked if they had any questions or points to raise in relation to the transfer of services:

- Concern that there should be no break in these vital services.
- Scrutiny Member input? Confirmation that any offers of assistance were welcomed. It was explained that the evaluation of the bids would be confidential, time consuming and require attendees to attend two days training.
- Surprise that the authority were not more involved in the process as there were existing partnership arrangements between the PCT and CYC in relation to Mental Health Services.
- When this exercise had first been discussed it had been confirmed that the status quo was a viable option for the services. Confirmation that from 1 April 2010 national guidance had stated that the PCT were no longer able to be a host provider of these services.
- Some services had already been allocated and merged by other providers e.g. the Joint Equipment Store and Wheelchair Centre. Questioned consultation with patients/users and how this was managed. Confirmation that full consultation had been undertaken

with service users the details of which would be emailed to Members.
1.

Officers confirmed that discussions would be required with the chosen provider. This was to ensure that the services would be robust but a report would be provided to the Executive Member for Adult Social Services, which could also be provided to the Scrutiny Committee, for their information. ².

The Chair thanked the Assistant Director for her update.

RESOLVED: That the update on the transfer of Mental Health, Learning Disability and Substance Misuse Services be noted.

REASON: To update the Committee on the transfer of these services.

Action Required

1. Obtain information and circulate to Committee members. JP
2. As this information becomes available forward to Scrutiny Committee members. KC

30. PROPOSED SCRUTINY TOPIC ON CARERS

The Committee considered a report, which asked them to consider whether they wished to undertake a scrutiny review in relation to carers.

The Scrutiny Officer reminded Members that the Committee Chair had suggested that a scrutiny review on carers could be a possible piece of work for the Committee. To aid debate and in conjunction with relevant Officers the new format topic registration form had been completed.

The Chair stated that the last census, had identified over 17,000 carers in the York area over ten years ago and she pointed out that this was likely to be an underestimate. She questioned how many more people had now undertaken this role. She referred to the ageing population and to the impact caring had on individuals who may also have full time jobs or attend school or college. She explained that she was hoping any review would be practical and its findings financially low impact on City of York Council but have a high impact for carers.

The Authority's Carer's Strategy Manager confirmed that caring had a profound impact on carers and that carers top priority was recognition and for the public to be carer aware. She pointed out that carers were a moving population which meant that that they were continually having to identify new carers.

Following further discussion it was

RESOLVED: i) That a cross party Task Group consisting of Councillors Boyce, Holvey and Wiseman be formed to undertake a scrutiny review in relation to carers;

- ii) That the first informal meeting of the Task Group be arranged for Thursday 11 November at 5.00pm preceding with a short presentation followed by scoping and timetabling the review. ^{1.}

REASON: To address the topic set out in Annex 1 to the report.

Action Required

1. Arrange meeting and schedule work into Committee's work plan.

JP, TW

31. WORK PLAN

Consideration was given to the Committee's work plan for 2010/11 together with relevant extracts from the Forward Plan.

The Scrutiny Officer updated Members in relation to changes required and additional work which required scheduling into the work plan including:

- Children's Cardiac Services in the region (1 December 2010) – the consultation on this service had been delayed so would need to be slipped to the January meeting.
- At the last Council meeting Cllr Galvin had asked to attend each of the December Scrutiny Committee meetings to raise the issues facing scrutiny – In view of items already on the work plan for the December meeting defer to January meeting.
- Consultation received on Vascular Services – January meeting
- Carers Review update – January meeting
- Carers Rights (PACE report from LiNKs) – January meeting
- Joint Strategic Needs Assessment reference from Executive – Presentation by the Associate Director of Public Health - January meeting.
- Older People's Strategy (scheduled for Health & Adult Services Decision Session, 21 December 2010) – Confirmation that the Committee would receive an emailed copy of this report. ^{1.}

The Chair of York Hospitals NHS Foundation Trust updated Members on the recent announcement that the Scarborough Health Board had invited York Hospital to enter into a partnership arrangement for the provision of services. He confirmed that no response had yet been made but that if this proceeded that it would have a significant affect on services in the city. He confirmed that he would provide the Committee with an update at their December meeting.

The Scrutiny Officer reported details of the decisions taken at the Executive meeting the previous day on the Childhood Obesity Scrutiny Review Final Report.

In view of the Committee's workload over the next few months it was agreed to schedule into the plan an additional Scrutiny Committee meeting in January 2011.^{2.}

RESOLVED: That the work plan be approved subject to the above changes and additions and that copies of the amended plan be emailed to Members for their information.³

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

Action Required

1. When available, email Health Scrutiny members copy of Strategy report. KC
2. Arrange additional January 2011 meeting in consultation with members. TW, JP
3. Amend Committee's work plan and email updated copy to members. TW

CLLR B BOYCE, Chair

[The meeting started at 5.00 pm and finished at 6.40 pm].

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Report from the Executive Member for Health & Adult Social Services

Last year, I was unable to report to the Committee the improvement in performance for 2008/9 of Adult Social Services in York due to the Care Quality Commission (CQC) embargo, placed on their report. I am pleased that the timing of this meeting means that I can report the outcome of the CQC assessment for the year 2009/10.

As members will know, this is the last time the CQC will be carrying out an assessment of Council performance and along with the move away from prescriptive performance indicators, this gives us greater freedom to set our own goals and to reflect the priorities of our own community in shaping our health and social care agenda. I would hope that we can agree those goals, so that the Overview and Scrutiny Committee can concentrate on holding the Executive to account on their achievement.

I expect we can certainly agree on some of the pressures, which will be facing us in trying to achieve our objectives. On the one hand, growing demand especially from the increase in the proportion of older people in the population. On the other, a 4-year spending review which will see reductions in funding to local government generally and, inevitably, placing pressure on budgets for adult social care. I think it is important that we try and understand these pressures.

As far as the demand for services is concerned, the trend towards higher than expected demand continues this year. Last year the Committee was asked to consider the demand for home care packages that was 25% above that predicted in the Review of elderly persons services. The council is unusual in setting its eligibility criteria at "moderate" rather than "substantial" or "critical". The rationale for this is that early intervention means less people reach the "substantial" and "critical" or do so less quickly. On this basis, we should expect to see a lower increase in demand rather than a higher one.

In response to such trends but more importantly to deliver what our residents are asking for, it is important that we do all we can to assist people to live independently for as long as possible. An increasingly important tool will be reablement, which may not be a very elegant name but makes a great deal of sense in practice, by encouraging people to recover or rediscover the skills they need to live independently. Investing in such services can see a real reduction in ongoing residential and home care costs.

In other areas, such as those on which the CQC has recently reported progress, an improvement in the service we offer means increasing pressure on budgets. Progress on personalisation, safeguarding and the timely completion of assessments have all led to an increased demand on resources. These trends will no doubt continue as further progress is made in these areas.

As far as budget pressures are concerned, I appreciate that in this Council, Scrutiny Committees do not have the involvement in the budget process that they do in some other Councils, or indeed as the previous Executive Member Advisory Panels did. However, I believe that the Committee would be right to recognise the effect of budgetary constraints in deciding how to exercise its scrutiny function. In particular, I would hope that this Committee can use its links with our partners in the Statutory and Voluntary sectors to encourage imaginative working which will make the most of the limited resources available in these sectors. For example, as well as scrutinising decisions about the withdrawal of funding, the Committee may be able to share in the challenge of seeing how resources may be maximised by the involvement of the voluntary sector. I believe a proposed topic on carers could demonstrate the value of such partnerships.

In the area of health inequalities, this Committee will have an important role in ensuring that inequalities which exist in health outcomes across the city are addressed. Again, not all the factors that can make a difference require the input of significant resources. When Professor Sir Michael Marmot introduced his report on Health Inequalities, I was struck by his comment to this effect, the example he gave being parents reading bed time stories to their children. It is this wider view of health that makes the proposed reforms to the Health Service both challenging and exciting. With the proposed transfer of Public Health functions to the local authority and the greater involvement of GPs in the commissioning of health services, there is a great opportunity to see the Health Service continuing the trend away from a concentration on purely medical outcomes to becoming a health service in the true sense of the title.

I have concentrated in this report on the areas in which I believe this Committee could have a particularly strong contribution to make. Of course, the Committee will make its own decisions on its priorities. I recognise the importance of the Committee's independence in this role, and, indeed, I endorse its comments, in response to the recent White Paper on Liberating the Health Service, on the importance of an independent scrutiny role in any new arrangements for the Health Service. I understand that we are likely to hear that the government has taken such comments on board and will be including a continuing role for Health Scrutiny in future proposals.

Jonathan Morley

Executive Member's response to questions

Question 1 - Has the Executive Member yet spoken/written to the relevant Minister with regard to the 'Two Week promise to see a cancer Specialist' as introduced under Labour and if he has not will he do so with some urgency and copy me into his correspondence?

'Following the revision of the NHS Operating Framework in June 2010, there was some concern that this involved the abolition of the Two-week promise to see a cancer specialist. On the 15th July, a spokesperson for the Department of Health confirmed that the cancer waiting time targets, including the time to see a cancer specialist, were clinically justified and had been retained. However, the previously announced Review of the Cancer Reform Strategy will no doubt be reviewing these targets with the wider aim of achieving better outcomes for cancer treatment and is due to report this winter. I believe that that would be the appropriate time to make representations, in the light of the report.'

Question 2 - Can the Executive Member explain how he sees the Council and himself working with the proposed GP Funder Groups when the Primary Care Trusts are dissolved?

'Although the legislation to implement the proposals in the White Paper "Liberating the NHS" has not yet been published, it is clearly crucial that we continue to work with representatives of both the PCT and the GPs to achieve a seamless transfer of responsibilities, which we also expect to include the transfer of responsibility for Public Health to local authorities, and to ensure that we have a joint and integrated approach to changes both in health and social care. The Executive has already approved the establishment of a local transition board under the oversight of the Chief Executive and the Executive meeting of the 14 December will be looking at the draft terms of reference of that new board. I am aware that the Board of the PCT share our commitment to ensure an orderly and well planned transition of not only GP led commissioning but also public health responsibilities to the local authority. The PCT Board are also considering the draft terms of reference at their December meeting. I am confident that the transition board will seek to ensure that, as we move to a new Health and Wellbeing Board for the city, systems and representation are in place to ensure new commissioning arrangements are both integrated and localised in tackling the specific health needs of our residents. I believe we start from a strong position in York and that all partners are keen to achieve the maximum benefit for the residents of York from the proposed changes.'

Question 3 - What understanding does the Executive Member have of the workings of and the value to York's older residents of the 'Older Persons Assembly' and can he explain if he sees their work as a core activity of Adult Social Services?

'York Older People's Assembly (YOPA) offer a useful point of access to the voice of older people in the city, not just for social care, but for all aspects of

older citizens lives, and as such is consulted by a number of bodies in York. I was pleased to be able to acknowledge this contribution when I was invited to speak to the Assembly earlier this year and to confirm that as a Council we wished this to be reflected in a service level agreement, which was subsequently concluded. The Assembly publishes a quarterly newsletter, which reaches over 4,000 people. It holds an annual 50+ Fair, offering information and celebrating the active lives of older people, and meetings throughout the year on a wide range of topics and issues of interest to older people.

In respect of social care, YOPA are active members of the Older People's Partnership Board, which meets bi monthly. The Board considers both health and social care matters, and has representatives from the Council and health partners (commissioners and providers), as well as from the voluntary sector and the carers' forum. YOPA, alongside other third sector partners have helped adult social care services identify priorities and supported the design for service improvement. They are a valued element in a strong third sector within the health and social care community in York, and the views of the older people they represent have helped shape the future development of older people's services in York. I believe that one of the values of organisations such as the Assembly is that they are not, and are not seen to be, part of the Council and I would therefore be reluctant to describe their work as part of the core activity of the Council's Adult Social Services, though making a much appreciated contribution to them.'



Transforming Community Services

Patrick Crowley
Chief Executive

York Teaching Hospital
NHS Foundation Trust





What is changing?

- Primary Care Trusts are disappearing.
- Their provider function (community nursing, health visiting, community hospitals etc.) is being taken over by 4 existing secondary care organisations
- York Hospital FT will take over local services and community hospitals in the York and Selby localities



The Vision

Transform health care to deliver clinically and financially sustainable services

Principally by:

Reducing the reliance of local people on the acute hospital for urgent and planned care through greater integration



Key Milestones

- Agreement of service transfers
- Successful transfer of staff (technical, hearts and minds)
- Pathway redesign
- Reduced acute hospital bed base
- Improved outcomes for patients
- Patch-wide financial stability



Measuring Success

- Financial position of all organisations (balance or surplus)
- Performance indicators (outcome rather than process)
- Rebalancing workforce between acute and community sector



General Benefits

- A partnership based on:
 - Alignment of vision, values and goals
 - Shared commitment to local people and local service
 - Respect for the identity and capability CMHS has developed



Benefits for patients

- Preserve what works well now
- Help them spend as little time as possible in hospital
- Closing the gaps between services – improving their experience of care
- Developing more local services for the Selby population



Benefits for existing community staff....

- Joining a stable organisation
- Devolved management structure
- Maintaining a community identity
- Personal and professional development



Benefits for partner organisations

- Preserve what currently works well
- Protect and further develop integrated working arrangements
- Accelerate progress towards tailored care closer to home



Benefits for York FT

- We can forge better partnerships with primary, community and social care
- Brings an enhanced focus to our understanding of patients needs and their journeys through health and social care
- Helps us deliver our goal of more effective use of secondary care



In summary

- There will soon be a new hospital in Selby to be proud of
- However, fundamentally, the quality of services are reliant on people not buildings
- A new, better organisation will emerge following the union of secondary and community care
- Patient care will improve



Questions?



Health Overview & Scrutiny Committee**01 December 2010**

Report of the Director of Adults, Children & Education

2010/11 SECOND 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 (ACE).

Financial Analysis

- 2 The Adult Social Services budget is reporting financial pressures of £1,021k (2% of the £50,286k net budget) where increased demand, above the approved budget, continues to be an issue in 2010/11. This is though an improvement of £328k on the position reported at quarter 1. 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 (£1,077k).
 - ii) A higher number of referrals than anticipated for Independent Residential & Nursing Care (£252k), 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 (£255k).

Performance Indicators

- 3 Q2 data is available for 7 adult social care indicators and Q1 data now available for a further 2 indicators. Performance is generally positive, with 7 showing improvements from previous years data and 2 showing a decline in performance. Of the three LAA indicators reported 2 are currently on track to meet or exceed targets for 2010/11.

Indicator	2008-09	2009-10	2010-11 Q2	2010-11 target	Improving ?	Priority ?
NPI 130: Social Care clients receiving Self Directed Support	N/A	14.4%	13.3%	30.50%	Yes	LAA
NPI 132: Timeliness of social care assessment	67.1%	80.5%	73.5%	81.50%	No	Local
NPI 133: Timeliness of social care packages	90.3%	86.9%	83.6%	90%	No	Local
NPI 135: Carers receiving needs assessment or review	17.1%	24.6%	16.7%	25%	Yes	LAA
NPI 136: People supported to live independently through social services	3834	3980	3997	4,056	Yes	NPI Only
NPI 145: Adults with Learning Disabilities in settled accommodation	76.2%	57.1%	45.7%	65.0%	Yes	NPI Only
NPI 146: Adults with learning Disabilities in employment	5.8%	4.3%	5.7%	5.5%	Yes	NPI Only
NPI 141: Number of vulnerable people achieving independent living (%)	70.0%	69.4%	71.1% (Q1)	72.0%	Yes	LAA
NPI 142: Number of vulnerable people who are supported to maintain independent living (%)	98.4%	98.8%	98.4% (Q1)	98.6%	Yes	NPI only

- 4 The number of social care clients helped to live independently as a result of receiving a personal budget or self directed support (NPI 130) has increased significantly over the first 6 months of this year, with 875 (13.3%) now receiving self directed support payments compared to 553 (8.54%) for the same period last year. As a result, ACE expect to significantly exceed last year's performance of 14.4% and are on target to hit the 2010-11 target of 30.5%. This could also have a positive affect on the overall number of people in York who are supported to live independently.
5. NPI 132 & NPI 133 – Timeliness of social care assessment – performance is below target at the end of Q2. This is in part due to an issue with managing the waiting lists, the difficulty is in maintaining appropriate assessment times for all clients when as time is spent managing the people on a waiting list for care and dealing with crises. In addition capacity which was added temporarily to the Initial Assessment and Safeguarding Team (IAST) ceased at the beginning of September.

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:

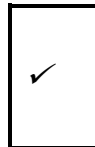
Richard Hartle
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Chief Officer Responsible for the report:

Peter Dwyer
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Mike Richardson
Performance & Improvement
Manager
Tel No. 554224

**Report
Approved**



Date 19 November 2010

Specialist Implications Officer(s) None

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

All

For further information please contact the author of the report

Background Papers

Second finance and performance monitor for 2010/11, Executive 16 November 2010

Annexes

None

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Health Overview & Scrutiny Committee

1st December 2010

Report of the Assistant Director – Legal, Governance & ITT

Carer's Review – Remit, Scope & Timetable

Summary

1. This report asks Members to approve the remit, scope and timetable for the Carer's Review (Paragraph 3 and Annex A of this report refer).

Background

2. At a meeting of the Health Overview & Scrutiny Committee in November 2010 Members were presented with a report that asked them to consider whether to undertake a review in relation to carers. The Committee were presented with an outline approach for the proposed scrutiny review and on consideration of this information decided to progress the topic to review.
3. It was agreed that a small cross-party task group would undertake the bulk of the work involved. At the first meeting of the task group they set the following remit to work to:

Aim

To promote the valuable work done by carers and to improve the way City of York Council and its key partners identify carers and ensure they have access to information and the support available.

Key Objectives

- i. To raise awareness of carers
- ii. To improve access to information for carers
4. In addition to the above remit the task group scoped and timetabled the review and this is attached at Annex A to this report.

Consultation

5. To date consultation has taken place between the Task Group and the relevant Council officers. The scope and timetable at Annex A to this report suggests that others are consulted as part of the review. This will include relevant officers, members of the public and the voluntary sector.

Options

6. Members have the following options:
 - i. Approve and or amend the remit suggested by the task group (paragraph 3 of this report refers)
 - ii. Approve and or amend the scope and timetable at Annex A to this report

Analysis

7. At an informal meeting held on 11th November the task group, with support from the relevant Council officers, decided upon the above remit and attached scope and timetable. The task group received a short presentation from the Carer's Strategy Manager, which gave them background information and enabled them to set the context for the review.
8. The task group quickly realised that the subject of carers was vast and decided to narrow the review and focus on improving ways of identifying carers along with the provision of and access to information for them.

Corporate Priorities

9. The proposed topic is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012.

Implications

10. **Financial** – There are no financial implications associated with the recommendations in this report however implications may arise as the review progresses and these will be addressed accordingly. There is a small budget of £500 allocated to any scrutiny review that is undertaken.
11. **Human Resources** – There are no Human Resources implications associated with the recommendation within this report, however implications may arise as the review progresses.
12. **Legal** – There are no known legal implications associated with the recommendations within this report however, implications may arise as the review progresses.
13. There are no known implications associated with the recommendations within this report.

Risk Management

14. There are currently no risks associated with the review and none associated with the recommendations within this report.

Recommendations

15. Members are asked to approve the remit (paragraph 3 refers) and the scope and timetable at Annex A to this report.

Reason: In order to progress this review topic.

Contact Details

Author:

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Scrutiny Services
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Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Legal, Governance & ITT

Report Approved



Date 19.11.2010

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

Report to Health Overview & Scrutiny Committee – 03.11.2010

Annexes

Annex A Scope & timetable for the review

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Scoping & Timetable Document

Annex A

Date	Time	Formal or Informal	Where	What will happen/What documents will be considered	Who will be there
11.11.2010	5pm	Informal meeting of Task Group	Guildhall	<ol style="list-style-type: none"> 1. Receive presentation from the Carer's Strategy Manager 2. Scope & Timetable the Review 	Task Group Scrutiny Officer Relevant Technical Officers
01.12.2010	5pm	Formal meeting of Health OSC	Guildhall	Task Group will present scope & timetable to the Health OSC for approval	Task Group Scrutiny Officer Relevant Technical Officers
14.12.2010	4.30pm	Formal meeting of Task Group	Guildhall	<ol style="list-style-type: none"> 1. To look at good practice examples re carer identification, carer awareness raising and information provision in other areas 2. To look at current practice in York, in particular the York Strategy for Carers document 3. To receive a briefing note in relation to key partners 	Task Group Scrutiny Officer Relevant Technical Officers Representative of or information from the Princess Royal Trust for Carers (provisional), and the Regional Strategic Partnership Group on Carers. Information from the 'Higher York Policy Network'
17.12.2010	3pm	Informal meeting of the Task Group	Kathy Clark's office	1. To put together a questionnaire for carers, carers forums, and carer specialist workers, about personal experiences of identification/recognition as a carer; what has worked well and what could be improved re provision of information and support, and joined up working, to use at the forthcoming public	Task Group Scrutiny Officer Relevant Technical Officers

Scoping & Timetable Document

Annex A

Date	Time	Formal or Informal	Where	What will happen/What documents will be considered	Who will be there
				event To clarify how this will be distributed, and returned. Plan for collation/ evaluation of resultant evidence.	
06.01.2011	2pm – 6.30pm	Public Event to be held by the Task Group	Monk Bar Hotel or Central Library	To take the form of a drop in session where people can come along and talk to the Task Group about their experiences and/or complete the questionnaire	All relevant Voluntary Groups, Carers Forums etc, relevant representatives from the hospital & the PCT
10.01.2011	5pm	Informal meeting of the Task Group	Guildhall	To discuss the public event, completed questionnaires and look at any gaps that may be emerging	Task Group Scrutiny Officer Relevant Technical Officers
19.01.2011	5pm	Formal meeting of Health OSC	Guildhall	Update Report from the Task Group to the Health Overview & Scrutiny Committee	Task Group Scrutiny Officer Relevant Technical Officers
02.02.2011	5pm	Formal meeting of the Task Group	Guildhall	To discuss the information received to date with a view to formulating the recommendations arising from the review	Task Group Scrutiny Officer Relevant Technical Officers
02.03.2011	5pm	Formal meeting of the Health OSC	Guildhall	Task Group to present their final report & recommendations to the Health OSC for approval	Task Group Scrutiny Officer Relevant Technical Officers

Scoping & Timetable Document

Annex A

Date	Time	Formal or Informal	Where	What will happen/What documents will be considered	Who will be there
26.04.2011	2pm	Formal meeting of the Executive	Guildhall	Final report arising from the review to be presented to the Executive	Task Group Chair and/or Health OSC Chair Scrutiny Officer

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Health Overview & Scrutiny Committee Work Plan 2010/11

Meeting Date	Work Programme
1 st December 2010	<ol style="list-style-type: none"> 1. Report and/or Attendance of the Executive Member for Health & Adult Social Services 2. Six-Monthly Update from York Hospitals Foundation Trust 3. Presentation/Introduction from the New Providers of Community Services (Outcome of Transforming Community Services) 4. Quarter 2 Monitoring Report 5. Carer's Topic – Scope & Timetable
19 th January 2011	<ol style="list-style-type: none"> 1. Attendance of Councillor Galvin; Chair of Scrutiny Management Committee 2. Presentation/Report from York Health Group – Proposed Community Orthopaedics Service for Selby/York 3. Update on Recommendations Arising from the Dementia Review 4. Consultation on Vascular Services
24th January 2011	<ol style="list-style-type: none"> 1. Children's Cardiac Services in the region – proposed service changes 2. Presentation on Joint Strategic Needs Assessment (JSNA) (Executive Referral) 3. PACE Report from LINK – Carer's Rights (provisional) 4. Interim Report of the Carer's Review Task Group
February (Date TBC)	<ol style="list-style-type: none"> 1. Quality Accounts Informal Event
2nd March 2011	<ol style="list-style-type: none"> 1. Quarter 3 Monitoring Report 2. Six – Monthly update from NHS North Yorkshire & York 3. Final Report of Carer's Review Task Group 4. Six –Monthly Update from Yorkshire Ambulance Service

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