Notice of meeting of

Health Overview & Scrutiny Committee

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

Date: Wednesday, 2 March 2011

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 - 18)
To approve and sign minutes of meetings of the Committee held on 19 and 24 January 2011.

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 1 March 2011.**

4. Six Monthly Update from NHS North Yorkshire and York

The Deputy Chief Executive of NHS North Yorkshire and York will be in attendance to talk about The Operating Framework for England in 2011/12 which sets out the requirements for the NHS in England in 2011/12. These requirements include the transition to new organisational structures and what needs to happen in 2011/12 to start to implement the challenges set out in the White Paper. The White Paper focuses on the development of the National Commissioning Board, the establishment of PCT cluster arrangements and the development of GP Commissioning Consortia.

An update on the PCT's financial situation will also be provided.

5. Draft Corporate Response to: Healthy Lives, Healthy People: Our Strategy for Public Health in England (Pages 19 - 22)

This report sets out the draft corporate response on the public health white paper Healthy Lives, Healthy People and associated documentation. The City of York Council will submit a corporate response to this consultation, which will be considered by Executive on 15 March and will therefore be finalised during the week commencing 28 February. This is a later timescale than was originally envisaged as the deadline for the consultation has been postponed to 31st March 2011.

The response available at the time of publication of the scrutiny papers is therefore incomplete, but a fuller response will be available at the meeting. Members are now invited to comment.

6. Third Quarter Monitoring Report - Finance and Performance in Adult Social Services (Pages 23 - 26)

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 Carer's Review Task Group
(Pages 27 - 46)
Members are asked to consider whether they would like to make any amendments to the final report of the Carer's Review Task Group prior to it being presented to the Executive in April 2011.

8. Work Plan 2011 (Pages 47 - 48)
Members are asked to review the Committee's work plan for 2011.

9. 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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If you would, you will need to:

- 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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Access Arrangements
We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the 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 Boyce	Employed by the Alzheimer's Society, York Trustee of York Carers' Centre
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	19 JANUARY 2011
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, KIRK, SIMPSON-LAING, SUNDERLAND AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	JOHN HANCOCK – NHS NORTH YORKSHIRE AND YORK NEIL WILSON – NHS NORTH YORKSHIRE AND YORK PADDY MCCLEARY – YORK HOSPITAL ANDREW BUCKLEE – NHS NORTH YORKSHIRE AND YORK ALISTAIR HOPKINSON – YORK HEALTH GROUP ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST GRAHAM PURDY – NHS NORTH YORKSHIRE AND YORK SUE BECKETT – YORK HOSPITAL JOHN YATES – YORK OLDER PEOPLE'S ASSEMBLY DEE BUSH – YORK OLDER PEOPLE'S ASSEMBLY KATHY CLARK - CYC COUNCILLOR GALVIN COUNCILLOR MORLEY
APOLOGIES	COUNCILLOR HOLVEY

41. 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.

42. PUBLIC PARTICIPATION

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

Representations were received from a resident in relation to Item 4 (Consultation on proposed changes to Vascular Services across Yorkshire and the Humber region). He questioned whether the consultation also applied to intracerebral procedures such as cerebral artery aneurysms and if York vascular surgeons were able to treat these conditions. He went on to refer to a personal experience of treatment some years ago and raised concerns that young people still died due to perhaps inadequate diagnosis or poor access to specialised treatment centres.

43. ATTENDANCE OF COUNCILLOR GALVIN, CHAIR OF THE SCRUTINY MANAGEMENT COMMITTEE

The Chair of the Scrutiny Management Committee attended the meeting to learn about the Scrutiny Committee's views on the effectiveness of scrutiny generally in York and in particular on the success of ongoing changes and improvements to current scrutiny practices. He explained that he was attending all Scrutiny Committee meetings to enable him to collate views for submission to the Scrutiny Management Committee on 28 February 2011.

Members outlined the following as their views on the effectiveness of scrutiny with some members confirming that they would forward their comments by email:

- The scrutiny process was far too complicated and bureaucratic in particular in relation to the registration of topics
- Scrutiny in York was not functioning well owing to it being totally under resourced with only 2 dedicated Scrutiny Officers
- An understanding of why an Executive may not want the scrutiny function to work effectively – but this should be seen as a weakness
- Too much obsession with looking at scrutiny as topic issues. Pointed out that this was only one role of scrutiny the other major function was to hold the Executive to account.
- Executive Members did not always attend Scrutiny meetings
- Other Members felt that the method of submitting topics was not over bureaucratic as there had to be a structure in place but agreement that holding the Executive to account did not work at all well
- Reference to the CPA Corporate Assessment in January 2008 which had targeted scrutiny in York as an area of concern but this made no difference to how issues were scrutinised
- Concerns that the number of topics scrutinised had diminished over the years
- Members and officers did not take scrutiny or the Scrutiny Management Committee seriously
- Appeared that recommendations from completed topics were not always taken forward and if scrutiny was to be taken seriously recommendations must be implemented
- One positive aspect was the relationship that the Health Scrutiny Committee had built and maintained with their partners and stakeholders
- Members were aware of a number of registered topics which had not been undertaken for a variety of reasons which included staffing issues
- Timing of meetings of Executive Member Decision Sessions and scrutiny meetings which caused difficulties in scrutinising issues
- Reference to scrutiny previously undertaken within the authority and to the placing of the scrutiny function in Democratic Services with the possible conflict of interest.

- Prescribed outcomes with the recommendations of scrutiny reviews having to fit a report format rather than the final report fitting the findings which is was felt would be of more value
- Concern that it sometimes appeared that scrutiny committees were used as a dumping ground for certain issues eg performance reports. Considered that these reports should be considered by the Executive
- Considered that there was a place for Health scrutiny as it was believed that a lot of work undertaken by the Committee was very useful in ensuring that the authority had an input into health services

The Chair of the Scrutiny Management Committee confirmed that he felt members should own scrutiny and that it was a failure of members to engage with scrutiny in York. He also raised concerns at the under spent current years' scrutiny budget.

RESOLVED: That member's' comments be incorporated into the SMC report.

REASON: To improve scrutiny in York.

44. CONSULTATION ON PROPOSED CHANGES TO VASCULAR SERVICES ACROSS YORKSHIRE AND THE HUMBER REGION

Members considered a report, which presented them with the consultation paper in relation to proposed changes to vascular services across the Yorkshire and Humber region.

The Scrutiny Officer asked whether members wished to take part in the consultation.

The Head of Specialist Services and Clinical Networks, NHS North Yorkshire and York and the Lead Clinician for Vascular Services for the York Trust explained that the changes were part of a national review of vascular services and he went on to describe the way in which vascular services were provided in the authorities area.

They made a number of points in relation to the service including:

- The changes were linked to a new ultrasound screening programme for men aged 65
- The changes were not about trying to save money.
- At present there were two local vascular centres at York and Hull Hospitals covering a large geographical area
- The numbers of vascular conditions were increasing in frequency
- There was a strong argument to retain the service in York
- The proposals were to increase the size of the existing unit in York with the employment of additional surgeons and radiologists which would ensure that the majority of complex work was carried out at York Hospital

- Assurances that standards would be constantly managed and monitored
- In answer to the question raised under Public Participation it was confirmed that York could diagnose cerebral issues but that patients may then be transferred to Hull for certain specialist treatments.

Members welcomed the proposals and confirmed that they were keen to see specialist services available at York Hospital. They went onto question a number of issues including the physical room for expansion of the unit, with an enlarged catchment area and funding for the new posts.

Following further discussion it was

RESOLVED: i) That the comments of Councillor Wiseman, as set out at Annex B of the report, form the basis of the response with the addition of the following:

- The Committee welcomed the retention and expansion of the vascular unit in York .

ii) That the Scrutiny Officer circulates a copy of the proposed response to members for agreement before submitting to the Yorkshire and Humberside Specialised Commissioning Group. [1.]

REASON: In order that the Health Overview and Scrutiny Committee's voice can be heard in relation to the proposed service changes to vascular services across the region.

Action Required
1. Email copy of proposed response to members. TW

45. REPORT FROM THE YORK HEALTH GROUP - PROPOSED COMMUNITY ORTHOPAEDICS SERVICE FOR YORK/SELBY

Consideration was given to a report detailing proposals to deliver a single orthopaedic/musculoskeletal service for York and Selby.

The Senior Locality Commissioning Manger for NHS North Yorkshire and York together with the Chief Executive of York Health Group attended the meeting. They reported on the proposals for General Practitioners commissioning of this new community service which would enable patients to quickly obtain the most appropriate treatment or management they required. They reported that six tenders for the service had now been received but had not yet been opened or analysed. They confirmed that the service was expected to start in June 2011 with the proposals having been widely consulted on.

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

- Confirmation that patients would in future be able to access the new service through their GP or by self referral
- Patients would be seen within 4 weeks but hopefully less
- Reference to historic differences in the provision of these services
- Concerns at risk of self-referral of conditions which presented similar symptoms eg onset of a stoke. Confirmation that staff were well qualified to deal with such issues.

RESOLVED: That following the evaluation of tenders and agreement of a contract the York Health Group be requested to provide a written update on the proposed model of service provision. [1.]

REASON: To update the Committee on the provision of community based orthopaedic/musculoskeletal services in the York area.

Action Required
1. Circulate written update to the Committee once received. TW

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

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

The Scrutiny Officer confirmed that members were requested to note the report including progress on implementation of the recommendations and to sign off any they considered had been completed. She stated that any specific questions could be emailed to any of the bodies unable to be represented at the meeting.

The Directorate Manager for Elderly Medicine at York Hospital confirmed that much of this work was now carried out through the nationwide dementia network. She stated that a Liaison Mental Health Nurse appointment had now been made which would assist in their work with dementia patients. A national patient dementia audit sought to ascertain how hospitals dealt with suffers and from this audit the hospital would prepare an action plan for staff which would include care pathways.

The Council's Interim Assistant Director Commissioning and Partnerships pointed out that following the preparation of the dementia audit action plan any subsequent progress reports could be reported back to this Committee.

Following further discussion it was

RESOLVED: i) That the report and progress made on the implementation of the recommendations arising

from the Dementia Review, set out in Annex A to the report, be received and noted.

ii) That the Dementia Review be signed off in its entirety with progress reports on the dementia audit action plan being reported back to the Committee when available. [1.]

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

Action Required
1. Sign off review and schedule progress reports into work plan. TW

47. WORK PLAN

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

The Scrutiny Officer confirmed that a late addition to the plan had been the presentation regarding consultation on the White Paper 'Healthy Lives, Healthy People' for the additional meeting on 24 January 2011. Changes were highlighted in italics and included slippage of the Mental Health and Learning Disability Procurement from the 19 January meeting to the March meeting.

RESOLVED: That the amended work plan be approved. [1.]

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

Action Required
1. Update Committee's work plan. TW

CLLR B BOYCE, Chair
[The meeting started at 5.00 pm and finished at 6.25 pm].

City of York Council	Committee Minutes
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	24 JANUARY 2011
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, KIRK, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	RACHEL JOHNS – NHS NORTH YORKSHIRE AND YORK ANNIE THOMPSON - LINKS JOHN BURGESS – MENTAL HEALTH FORUM KAY GAMBLE - YORK HOSPITAL HELEN MACKMAN – YORK HOSPITAL GOVERNOR DEE BUSH – YORK OLDER PEOPLE'S ASSEMBLY JOHN YATES – YORK OLDER PEOPLE'S ASSEMBLY GEORGE WOOD – YORK OLDER PEOPLE'S ASSEMBLY MARK INMAN – YORKSHIRE AMBULANCE SERVICE PHIL BAINBRIDGE – YORKSHIRE AMBULANCE SERVICE COUNCILLORS MOORE (AND MARGARET MOORE), MORLEY, ORRELL, POTTER, RUNCIMAN AND WAUDBY
APOLOGIES	COUNCILLORS HOLVEY AND SUNDERLAND

48. 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 detailed in the agenda no further interests were declared.

49. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 21 December 2010 be approved and signed by the Chair as a correct record subject to the amendment of the third bullet point in Minute 35 (Report and Attendance of the Executive Member for Health and Adult Social Services) to read 'Lack of any consultation undertaken with the York Hospital Foundation Trust regarding the impact on hospital discharges'.

50. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

51. EXECUTIVE REFERRAL - JOINT STRATEGIC NEEDS ASSESSMENT

Members considered a report, which asked them to consider a referral made by the Executive via Scrutiny Management Committee (SMC) in relation to the Joint Strategic Needs Assessment (JSNA). All elected members had been invited to attend the meeting for consideration of this item.

The Interim Director of Public Health was in attendance and gave a presentation of the JSNA, a process to identify current and future health and wellbeing needs of the local population, which would produce priorities and targets to provide shared commissioning priorities (a copy of the full Assessment had been included as part of the online agenda). She stated that the JSNA confirmed that generally the health and well being of the residents of York remained very good in comparison with the rest of the country. However there were still inequalities in the determinants and outcomes of health for vulnerable groups and unhealthy lifestyles still impacted on a proportion of the population.

Members and Officers made a number of comments in relation to the presentation including:

- Confirmation received that the numbers drinking alcohol daily in the area was higher than the national average. Pointed out that recommended levels were developed in the context of one unit of wine being measured as one glass at a strength of 9% but many drinks now had a much greater % strength.
- Reported that physical activity levels were improving however this had been measured when free swimming had been available for the under 16's and over 60's age group.
- The changing attitudes of parents in relation to obesity.
- Clarification required of the figure of 36,000 reported people each year who will suffer from or may experience some mental health issues.
- Numbers of people living with dementia and those that went undiagnosed.
- Need to provide the right level of support and care for dementia suffers. Confirmation that this was part of the ongoing commissioning dialogue.
- Statistics for deprivation and reference to hidden pockets and to the isolation that could result if these people were overlooked
- Impact of government cuts in benefits and public sector jobs with subsequent pressure on incomes and reductions in disposable income. Questioned whether an assessment had been undertaken of the impact this was likely to have. Confirmation that the JSNA only referred to a point in time and therefore no assessment had been undertaken.

- The aim to ensure that no child lived in poverty, questioned whether any mapping had been undertaken to ensure the targeting of services.
- Confirmation from the Executive Member for Children and Young People's Services that the authority together with multi agency teams were aware of these areas of poverty and were concentrating their efforts on families rather than individuals which would continue.
- Continued concerns regarding resident's access to dentists.
- As from 1 April 2011 the Care Quality Commission would also cover dentists - reference to York LINks open session on 27 January in relation to dental issues and the availability of an online survey.

Members questioned the way forward as a number of issues contained within the Joint Strategic Needs Assessment fell into the remit of a number of different scrutiny committees with some issues appearing to require more in depth analysis. The Scrutiny Officer reminded members that SMC had acknowledged this fact when they had suggested that an invitation be extended to all elected members to attend for consideration of this report to enable them to question any issues of concern.

The Interim Director of Public Health confirmed that she could arrange for the assessment recommendations to be broken down into scrutiny areas, if required and following further discussion it was

RESOLVED: That the Scrutiny Management Committee recommend that each scrutiny committee add to their work plans for the new municipal year, the relevant issues from the JSNA that fell within each Committee's remit. [1.]

REASON: To address the Executive referral in relation to the Joint Strategic Needs Assessment.

Action Required
1. Refer recommendation to SMC. TW

52. WHITE PAPER 'HEALTHY LIVES, HEALTHY PEOPLE' CONSULTATION

The Committee received a presentation from the Interim Director of Public Health in which she summarised the key points of the recently published White Paper 'Healthy Lives, Healthy People' on public health and supplementary guidance on commissioning and outcomes. She explained how the new system for public health in England would operate with the government's philosophy for health improvement and health protection. She confirmed that the Health and Social Care Bill had been introduced to Parliament on 26 January 2011.

Members questioned a number of points in relation to the presentation and highlighted some of their concerns for the future proposals for public health:

- Confirmation that public consultation would run until March allowing the Committee to feed into the corporate response.
- The 'Giving every child the best start in life' reference, concern that changes in benefits etc would have a knock on effect on families.
- Concerns regarding the proposal of 'working collaboratively with business and the voluntary sector'. Certain members felt that this was a finance issue rather than a holistic approach.
- Reductions in funding from the PCT for the voluntary sector eg services for young people may result in further pressure on local authorities.
- Conflict with other government policies coming through required joined up thinking to alleviate any problems.
- Regional overview of GP providers required.
- Accountability concerns and responsibility to hold the commissioners to account.
- Concerns that consortia may have differing outcomes in each area.
- Importance of the Health and Wellbeing Board and Scrutiny arrangements in scrutinising the provision of services and the providers.

Following further discussion the Chair thanked the Interim Director for her informative presentation and it was

RESOLVED: That the following issues be recommended for inclusion in the Council's corporate response to Public Health England at the Department of Health on the White Paper:

- Felt that the intentions of the Health and Wellbeing Board were correct but the Committee would like the opportunity to examine its workings in more detail at a later date.
- Committee welcomed the clarity around accountability but required more detail when further information became available
- All public health funding would require scrutiny.
- Consistency required in each area and how local commissioners would be held to account
- If there was disagreement who would arbitrate and how would any conflict be managed.

REASON: In order that the Committee's response to the governments White Paper can be included in the City of York corporate response.

Action Required

1. Ensure item included on the work plan. TW

53. CHILDREN'S CARDIAC SURGERY SERVICES - NATIONAL REVIEW

Consideration was given to a report, which sought the Committee's view on the potential significance of any proposals/recommendations arising from the national review of Children's Cardiac Services. Further information had been presented at Annexes A, B and C with the online agenda.

The Scrutiny Officer confirmed that the proposal was to reduce the number of centres, which delivered congenital heart services with the final review document being due for publication in February. It was reported that currently Leeds Teaching Hospitals NHS Trust was the only provider of these services in the Yorkshire and Humber region. Reference was made to the regulations, which allowed two or more local authorities to appoint joint committees to exercise the scrutiny function to consider any substantial service variation or development. Members were therefore advised to take part in any joint scrutiny that may be undertaken in order that their views could be heard.

Members confirmed their wish to take part in any regional joint scrutiny of this important service. As this was presently provided in a centre of excellence in Leeds any substantial changes in service would have an impact in York.

RESOLVED: i) That the Committee confirm with the consultees that they would wish to take part in any regional joint scrutiny that may take place in relation to Children's Cardiac Surgery services.

ii) That Councillors Fraser and Wiseman be nominated to represent the City of York Council on any regional joint health committee that should subsequently be arranged. [1.]

REASON: In order that the Committee's voice is heard in relation to the national consultation on Children's Cardiac Surgery.

Action Required
1. Confirm wish to take part in any future joint scrutiny together with details of nominated representatives. TW

54. CARER'S REVIEW - INTERIM REPORT

The Committee considered the Carer's Review interim report which set out work to date undertaken by the Carer's Task Group.

The Scrutiny Officer reported on the recent public event and the number of carer and care workers questionnaires which had been returned to further inform the Task Groups work.

Certain members referred to the planned changes in the way in which home care services were delivered. They stated that it was important that any changes to the service did not have a detrimental affect on carers and that an examination should be made of the impact of any changes. Officers confirmed that they were unaware of the details of the changes to services but it was confirmed that the scope of this review did not include an examination of paid professional carers.

RESOLVED: That the contents of the interim report and work undertaken to date on the Carer's Review by the Task Group be received and noted.

REASON: To progress this review.

55. YORKSHIRE AMBULANCE SERVICE PRIORITY INDICATORS FOR QUALITY ACCOUNTS

Members considered a report which asked them to rate the potential indicators that they believed should appear in the Yorkshire Ambulance Service's (YAS) Quality Accounts. As a framework for discussion YAS had selected a number of different indicators to report in their Quality accounts based on the judgement of what would be most valuable to patients, partners and stakeholders.

It was reported that the Committee Chair had completed (in draft) the document, attached as Annex A to the report, and members were asked to approve and/or make any amendments they felt appropriate.

Member questioned representatives of the Yorkshire Ambulance Service, who were in attendance at the meeting, on the suggested ratings given for each potential indicator. The YAS representatives confirmed that the maintenance of the 8 minutes standard was still a key measure and that the Committee's suggested indicators for inclusion would be useful to rate the quality of care delivered by the service.

RESOLVED: That the suggested ratings for the potential indicators to be included in the next issue of the Quality Accounts be agreed, noted and forwarded to YAS for consideration.

REASON: To make Yorkshire Ambulance Service aware of the Committee's views in relation to the service.

Action Required

1. Forward suggested ratings to YAS. TW

56. WORK PLAN

Consideration was given to the Committee's work plan for 2010/11 which set out suggested changes in italics.

The LINks representative referred to a report on dental issues they were preparing for the Care Quality Commission. The report was due for completion at the end of February and she confirmed that this could be brought to the Committee for their information.

RESOLVED: That the updated work plan be approved and noted subject to the addition of the LINks dental report together with the update on dental services in York from NHS North Yorkshire and York being added to the 6 July 2011 (provisional) meeting. [1.]

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

Action Required

1. Updates Committee's work plan. TW

CLLR B BOYCE, Chair

[The meeting started at 5.00 pm and finished at 7.15 pm].

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Health Overview & Scrutiny Committee – 2nd March 2011

Draft Corporate response to: Healthy Lives, Healthy People: Our strategy for public health in England

At the Health Overview and Scrutiny Committee on 24 January members discussed the consultation on the public health white paper Healthy Lives, Healthy People and associated documentation. City of York Council will submit a corporate response to this consultation, which will be considered by Executive on 15 March and will therefore be finalised during the week commencing 28 February. This is a later timescale than was originally envisaged as the deadline for the consultation has been postponed to 31st March.

Consequently the response available at the time of publication of scrutiny papers is incomplete, but a fuller response will be available by the time of the meeting on 2nd March. Members are invited to comment.

Summary points:

It has been agreed that the CYC response will focus on those areas which directly relate to current and future local government arrangements for public health. This particularly relates to the paper on funding and commissioning.

Generally CYC welcomes the opportunity presented in the white paper for public health to become much more integrated into local government structures. This reflects the important role that the council currently fulfils in influencing the wider determinants of health, its experience in developing care services and its active approach to partnership.

Consultation Questions on Funding and Commissioning

Question 1: Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?

Response:

Yes but this will need clear accountability and a shared understanding of responsibility for delivery. CYC welcome the clarity around separate and reinforced scrutiny of health and wellbeing across the whole system.

CYC would welcome more information about democratic input to these processes and about how conflict will be managed and arbitrated. The relationship with the NHS Commissioning Board will be very important to ensure that

Some members are concerned that some of the policies set out in the white paper could be undermined by policies and decisions made in other sectors. The Health and Wellbeing Board will need to consider these external influences to maximise health gain.

Question 2: How can local authorities best be encouraged and supported to commission on an any willing provider/ competitive tender basis? How can securing a wide range of providers best be achieved?

Response:

Local Authorities already have systems in place to challenge service delivery on best value. Councils' Financial Regulations encourage and require competition, where there is a market available. Councils will need to be able to ensure sufficient capacity within existing commissioning and procurement teams, and as part of this to maximise the opportunities for joint commissioning.

A framework for evaluating and benchmarking current providers of services would be useful, to help commissioners work with current and potential providers.

Market development is already an emerging area of good practice in other commissioning areas within the local authority, and it should be possible to draw on this work. Regional and sub regional working will also help to encourage new providers understand the opportunities that exist, based on local Joint Health and Wellbeing Strategies.

Question 4: Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be done?

Response:

Local authorities will wish to influence the commissioning of services through the main GP contract and will need to be able to develop local enhanced services as appropriate. This will require a relationship through Public Health England to the NHS Commissioning Board.

Responsibilities

Question 6: Do you agree Public Health England and local authorities should be responsible for funding functions and services in the areas listed in Table A?

Question 7: Do you consider the proposed primary routes for commissioning of public health funded activity (column 3) to be the best way to:

- *Ensure the best possible outcomes for the population as a whole; and*
- *Reduce avoidable inequalities in health between population groups and communities?*

Response to Q6 and Q7:

CYC supports the approach to transfer as much responsibility as possible to local authorities and would question why some areas remain with Public Health England, such as children's public health for the under 5s.

Funding to local authorities

Question 9: Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

Question 10: Which approaches to developing an allocation formula should we ask ACRA to consider?

Question 11: Which approach should we take to pace-of-change?

Question 12: Who should be represented in the group developing the formula?

Response to Q9-Q12:

It is critical that local authorities receive appropriate funding to meet the public health duties transferred in April 2013. This should cover all of the areas set out as local authority responsibilities (lead and support), not just those determined as mandatory. CYC would expect that existing spend on these areas would be transferred in the first instance.

The allocation formula should not be based on historic patterns of spend as these are not necessarily an accurate indication of need and may in fact be counter productive. Instead a combination of population health needs (including age and deprivation) and potential to benefit would seem appropriate.

The pace-of-change between the current spend and a target allocation should be as rapid as possible with the intention of each local authority receiving its target allocation within 3 years.

Health Premium

Question 13: Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

Question 14: How should we design the health premium to ensure that it incentivises reductions in inequalities?

Question 15: Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?

Question 16: What are the key issues the group developing the formula will need to consider?

Response to Q13- Q16:

CYC welcomes the use of public health outcomes to measure current and future success. If the outcomes are used to influence funding it is important that they are timely, accurate and robust over time. They need to be specific to the area in question ie there is a direct relationship between action and outcome and should not skew activity to those areas where the measurement of the outcome is easiest (eg measuring overall smoking prevalence rather than smoking cessation activity).

It will also be important to use outcomes in a proportionate way, considering the impact (size of affected population and resulting change), the balance (across different parts of the community) and the relative challenge (eg an incremental change may get harder the better the baseline).

Rachel Johns – Interim Director of Public Health
Sally Burns – Director of Communities & Neighbourhoods

Health Overview & Scrutiny Committee **02 March 2011**

Report of the Director of Adults, Children & Education

2010/11 THIRD 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 financial pressures of £751k (1.5% of the £50,528k net budget) where increased demand, above the approved budget, continues to be an issue in 2010/11. This is though an improvement of £270k on the position reported at quarter 2. 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 (£1,126k).

ii) A higher number of referrals than anticipated for Independent Residential & Nursing Care (£261k), 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 (£222k).

iv) A number of vacancies are being held across Small Day Services budgets resulting in a £217k projected underspend. In addition there has been increased income from the PCT for their use of Pine Trees.

v) Additional resources of £205k have now been identified within the Social Care Reform Grant that can be used to offset some of the above overspends. This is due to a higher than anticipated carry forward of uncommitted grant from 2009/10. In addition further government funding will now be available via the PCT for the remainder of the financial year to support joint initiatives to mitigate the cost pressures arising from the continued rise in the adult care population.

Performance Indicators

3 Q3 data is available for 8 adult social care indicators and Q2 data is available for the remaining 1 indicator. Performance is generally positive, with 6 showing improvements from previous years data and 3 showing a decline in performance when compared to the same period in 2009/10.

Indicator	2008-09	2009-10	2010-11 Q2	2010-11 target	Improving? (vs last year)
RAP SD-1 (formerly NPI 130): Social Care clients receiving Self Directed Support	N/A	14.4%	21.7%	30.50%	**Yes**
RAP A7 (former NPI 132): Timeliness of social care assessment	67.1%	80.5%	67.5%	81.50%	**No**
RAP A8 (former NPI 133): Timeliness of social care packages	90.3%	86.9%	84.0%	90%	**No**
RAP C1 (former NPI 135): Carers receiving needs assessment or review	17.1%	24.6%	22.3%	25%	**No**
RAP P2 (former NPI 136): People supported to live independently through social services	3834	3980	4386	4,056	**Yes**
ASC-CAR L2 (former NPI 145): Adults with Learning Disabilities in settled accommodation	76.2%	57.1%	52.8%	65.0%	**Yes**
ASC-CAR L3 (former NPI 146): Adults with Learning Disabilities in employment	5.8%	4.3%	7.9%	5.5%	**Yes**
Supporting People 1 (NPI 141): Number of vulnerable people achieving independent living (%)	70.0%	69.4%	76.0%	72.0%	**Yes**
Supporting People 2 (NPI 142): Number of vulnerable people who are supported to maintain independent living (%)	98.4%	98.8%	98.6% (Q2)	98.6%	**Yes**

4 The number of social care clients helped to live independently as a result of receiving a personal budget or self directed support (RAP SD1 NPI 130) continues to increase steadily during 2010/11 with 21.7% (1425) of clients now receiving self directed support payment compared to 11.9% for the same period last year. The indicator is specifically about the implementation of self directed support. Self-directed support is vital in the transformation and personalisation of services, as the individual is able to self-direct exactly what support they need to improve their lives in their own personal social context.

5. RAP A7 (former NPI 132) Timeliness of social care assessment – performance remains below target at the end of Q3. Performance has been impacted by a combination of new processes and training on new tools, both of which are designed to promote better performance and better service delivery in the long term. The new clinic service went live on the 5th January and so it is too early to determine the effect of the new processes on this indicator, however training on new online tools during November and December has impacted on the figures. In RAP A8 (former NPI 133) despite a slight increase in performance the forecast remains below target. A recent agreement for 300 hours of additional care is expected to take another 4 weeks to come on stream, at which point a further improvement is forecast.

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

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Mike Richardson Performance & Improvement Manager *Tel No. 554224*	**Report Approved** ✓ **Date** *18 February 2011*

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
Third finance and performance monitor for 2010/11, Executive 15 February 2011
Annexes
None

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CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee **2nd March 2011**

Report of the Assistant Director Governance & ICT

Cover Report – Carer's Review

Summary

1. This report presents Members with the final report (Appendix 1 refers) arising from the Carer's Scrutiny Review.

2. The Task Group recognised certain key objectives and the following remit was agreed:

Aim

3. 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

Background

4. Between November 2010 and February 2011 a small cross-party Task Group gathered information for the carer's review which led to the following recommendations being made:

<u>Key Objective (i)</u>

a. That health commissioners and providers ensure that there is greater consistency around how carers are identified and once identified their needs addressed. This would need to include:

- Training in carer awareness for all health professionals and allied staff
- That the hospital looks at extending the innovative approaches they have been piloting and embedding these into standard practices for all admissions and discharges

- That a written report be provided to the Health Overview & Scrutiny Committee on a six monthly basis in relation to quality indicators that are being monitored in respect of carers.

b. That the Multi-Agency Carer's Strategy Group identifies where it would be helpful to provide public information about what it means to be a carer and how to access support to enable carers to identify themselves earlier

- Where places are identified carer awareness training should be made available for key workers

c. That City of York Council reviews its Equalities Framework to ensure that carers become an integral part of all equality and inclusion work and this to include

- Inviting a carer representative to become a member of the Equalities Advisory Group

Key Objective (ii)

d. That health commissioners ensure that all care pathways provide guidance on the information and advice carers will need regarding specific medical conditions as well as sign-posting them to support and advice. This will need to address what the impact might be on:

- The carer
- The family as a whole
- The cared for person

e. That Adult Social Care Services develop a clear pathway, which provides an integrated approach to assessment for the whole family whilst recognising the individual needs within the family and the impact of caring on the carer.

f. To continue to promote carer awareness an annual update on the Carers Strategy for York be presented to the Health Overview & Scrutiny Committee and thereafter to the Executive Member for Health & Adult Social Services

5. In addition to the above recommendations and if monies were to become available the Task Group hoped that consideration could be given to funding respite care in order that carers could take breaks (paragraph 51 of Appendix 1 refers)

Consultation

6. This is detailed at paragraph 3 of the final report at Appendix 1 to this report.

Options

7. Members have the following options:

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

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

Analysis

8. A full analysis is set out in the body of the final report at Appendix 1 to this report

Corporate Priorities

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

Implications

10. Implications are set out within paragraphs 53-55 of Appendix 1.

Risk Management

11. The risks associated with the recommendations arising from the review are at paragraph 56 and 57 of Appendix 1.

Recommendations

12. Members are asked to consider whether they would like to make any amendments to the final report. They are then asked to approve and endorse the final report and the recommendations arising from the review prior to it being presented to the Executive in April 2011.

Reason: To complete this scrutiny review

Contact Details

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Report Approved ✓ **Date** 23.02.2011

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Appendix 1 Final Report of the Carers Scrutiny Review

Appendix 1

CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee **2 March 2011**

Report of the Assistant Director Governance & ICT

Carer's Review – Final Report

Background

1. The Chair of the Health Overview & Scrutiny Committee originally suggested this review topic and it was subsequently agreed that a small cross-party Task Group be set up to undertake the work. The Task Group recognised certain key objectives and the following remit was agreed:

Aim

2. 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

Consultation

3. Consultation took place between the Task Group and relevant Council Officers. A public event was held on 7th January 2011 and was attended by approximately 20 people, including carers, care workers and key partners.

4. Questionnaires were also completed and 34 of these were received back.

Information Gathered

National & Local Policy Context

5. The Government's recently refreshed Carer's Strategy 'Recognised, Valued and Supported: Next steps for the Carer's Strategy'[1] was published on 25th November 2010. The key messages relevant to this review are contained within section 1 of the document 'Identification and Recognition' where Priority Area 1 is outlined as:

[1] 'Recognised, Valued and Supported: Next Steps for the Carers Strategy' – published 25th November 2010:

Appendix 1

'Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of the contribution and involving them from the outset both in designing local care provision and in planning individual care packages.'

6. The key messages contained within the refreshed national policy do not significantly change the priorities within the current York Strategy for carers, however this will be refreshed over the next 12 months.

7. A briefing note provided by the Local Government Information Unit is attached at **Annex A**. This gives an outline and overview of the national strategy.

Profile of Caring Nationally and Locally

8. Carers are of all ages and come from all walks of life. Three in five people will become carers at some point in their lives and women have a fifty-fifty chance of becoming a carer before they reach the age of 59.[2] 52% of carers will care for their parents or in-laws, 18% for their spouse and 8% for a child.[3] In 2009/10 City of York Council completed assessments or reviews for 1473 carers and York Carers Centre had 1959 carers registered on its database.

9. It is estimated that 37% of the caring population start caring and a similar proportion cease caring every year in the UK, which means over 6,000 new carers in York annually. In a survey undertaken by Carers UK for a report in 2006, 65% of carers did not identify themselves as a carer in the first year of caring. The report that detailed the outcomes of this survey recommended that information strategies target carers in the first year of caring.[4] The Health and Social Care Information Centre recently published a survey of Carers in Households 2009/10. The Executive Summary of this is attached at **Annex B** and briefly outlines the prevalence of caring, profile of carers, the impact of caring upon carers, support and services for carers and the profile of the people being cared for in England.

10. Most adult carers of children and adults with severe and long-term disabilities or illnesses will be identified through provision of health and social care services. Carers of people with enduring mental health problems may also be identified when the person they care for accesses treatment. This means that carers in significant need may well be identified at the point at which the person they care for accesses health or social care services. Many carers are sustained in their role through natural support from their communities and networks.

11. The 2001 census figures record 17,009 carers in York and 342 young carers aged 8 to 17. Since then the population of York has risen and gives rise to an estimate in carer numbers of 18, 676 in 2010. York's older population is likely to increase by 32.7% within the next 20 years.[5] The rise in the ageing

[2] Information from Carers UK
[3] General Household Study 2000
[4] The importance of information for Carers, Carers UK 2006
[5] Older People Profile Version 1, City of York Council

population will mean a rise in the number of carers and a rise in the number of older carers.

12. Various services exist to support carers in York; both the City of York Council and third sector organisations provide these. A multi-agency Carers Strategy Group meets on a quarterly basis, there is an agreed 'York Strategy for Carers 2009-2011' (extended to 2012) and a Carers Strategy Action Plan as well as the York Carers Centre which is commissioned to provide a range of support for carers in York.

13. Further information regarding carer identification, carer awareness raising and information provision and good practice examples as well as details of the current practice in York is at **Annex C** to this report. A copy of the York Strategy for Carers can be found at **Annex D**; this also includes action plans for implementing the strategy.

Performance, Funding & Economic Importance of Carers

14. In 2007 Leeds University published 'Valuing Carers – Calculating the Value of Unpaid Carers' which stated that:

15. *'The true value of the care and support provided by carers cannot be quantified, as caring is also an expression of love, respect, duty and affection for another person. However it is important to recognise the true scale of carers' support provided to frail, disabled and ill people. Our estimates here seek to highlight the importance of the contribution carers make, unpaid, in relation to the amount of money spent annually on health and social services'.*

16. The report indicates that unpaid carers in York alone are saving local health and social care systems approximately £223 million per annum (**Annex E refers)**.

17. Funding for carers support is currently provided primarily through the Carers Grant which has traditionally been paid to the local authority as part of the Area Based Grant, but which will, from next year, form part of the overall grant settlement.

18. Currently City of York Council is performing against its targets; however it is struggling to keep pace with the demand for assessments and there are currently waiting lists for new carer assessments.

19. The Task Group also learned that although Government had indicated that Primary Care Trusts (PCT) had been given additional funding to support more carer breaks, the funding was part of their base budget. Like many other areas it was understood that NHS North Yorkshire and York had not been able to release funding from base budget to increase services for carers. The multi-agency Carer's Strategy Group for York were advised in October 2010 that there was no specific funding allocated in NHS North Yorkshire & York's budget for 2010/11 for carer's breaks.

Appendix 1

Identification of Carers by York Hospital

20. The Chair of the Task Group had written to York Teaching Hospital NHS Foundation Trust asking them what their procedures were for identifying carers who may be supporting patients at the Hospital. The following response was received from the Assistant Chief Nurse:

'We are piloting a health passport in neurology and this would be a useful way to identify carers formally and ensure robust communication with them. The Learning Disability Liaison Nurse works with all patients with learning disabilities who attend the hospital and she routinely identifies and involves carers as part of her role. Her input includes asking carers for feedback on their experience. In more general terms when a patient is admitted to hospital our routine information gathering is expected to identify who is a carer. In some instances this would be to ensure that there is not a 'cared for' person at home who requires urgent input as a consequence of an emergency admission of their carer for example and the converse to ensure we know who to communicate with if the 'cared for' person is admitted to hospital. Carers needs are considered in discharge planning, more specifically for complex discharges rather than routine hospital discharge and their needs are taken into consideration or indeed carers would be invited to a discharge planning meeting.'

Information Received at the Public Event & via Completed Questionnaires

21. The Task Group was particularly interested in hearing first hand from carers and care workers and held a public event on 7th January 2011 at the Monk Bar Hotel, York. This took the form of a drop in session and ran from 2pm until 6.30pm with approximately 20 people attending to give their views to the Task Group.

22. In addition to this two questionnaires were devised and these were e-mailed to carer's organisations, condition groups, voluntary sector organisations, care workers and key partners. One questionnaire was targeted at carers and another at care workers. In total 34 of these were completed and returned.

23. Both the information received at the public event and that contained within the questionnaires was subsequently collated and is set out in **Annexes F**[6], **G, H & I** to this report.

Analysis of Information Received

24. On consideration of all the information received the Task Group identified the following:

25. **The importance of early identification of carers** – The NHS is undergoing significant change with new legislation passing the responsibility of Public Health to local authorities and commissioning to newly formed GP Consortia. It

[6] One questionnaire was completed by a group of 6 young carers aged between 12 & 15 and their responses are set out separately but still within Annex F.

was therefore vitally important that key professionals, especially GPs were aware of carers from an early stage and identified them as soon as possible. GPs were often the first point of contact for carers who frequently accompanied the person they cared for to GP appointments.

26. There had been an incident reported in one of the returned questionnaires where a GP had refused to talk to a carer and not wanted them present with the patient for their appointment. Overall, the responses in the returned questionnaires and those given at the public event in relation to how carer aware GPs were were mixed. There were strong indications that the way GPs behave in relation to carers was variable. Other comments suggested that the GP would be the best person to hand out information to carers in the first instance and care workers at the public event believed that GPs should keep a register of carers. However, it was also noted that some GPs had been highly praised for their attitude towards carers and the help and support they had given.

27. Having considered the information received to date and noted its variability the Task Group decided to ask York Health Group and NHS North Yorkshire and York the following questions:

    i. What is being done by NHS North Yorkshire & York and York Health Group to raise General Practitioners' awareness of carers and the role that carers undertake?

    ii. Are NHS North Yorkshire & York and York Health Group currently undertaking any work to close the 'gaps in service' indicated by the variable comments received?

28. The following response was received from York Health Group (YHG):

    YHG is very aware of the needs of carers and would like to raise their profile. There is not a specific plan to do this at present but it is an aspiration to be handed on to the new GP commissioning consortium (GPCC), which should be running in a shadow form from April 2011. GP practices are encouraged to hold a carer list, and identify patients who are carers and offer them support and contact with York carer centre. Practices are also encouraged to check their lists against carer centre lists, and any carers not known to carer centres are contacted to ask if they wish to be put in touch.
    YHG is in the process of commissioning a memory advisor whose role will include provision of information, guidance and support for carers. It is hoped that funding will also be available to commission a part time coordinator to provide direct support and respite for carers of those with dementia.

    Not directly linked to YHG but of interest to the committee - Hull and York Medical School (HYMS) medical students are taught in many practices in York and one of their recent clinical sessions was to meet a patient and their informal carer. Much of the teaching session was around the role of carers.

29. The following response was received from NHS North Yorkshire & York (the Primary Care Trust (PCT)):

Question (i) *- The PCT chairs the York Carers Health Group that has an action plan with the aim of improving the health and well being of carers. This includes the promotion of a self-assessment tool for carers to complete and then discuss with their GPs. This has been piloted and shown to be an effective tool in raising the issues of carers with the GPs. The PCT also commission the Carers Centre in York to promote carers issues with practices, including how to identify carers and how to provide them with the relevant support.*

Opportunities are also taken to raise Carers issues when discussing specific conditions and care pathways to ensure the carer perspective is not forgotten. For example a prompt for GPs has been added to the dementia map of medicine pathway to refer carers for carers assessment and raise the issue of the Emergency Carers Card.

Question (ii) *- As part of the Quality and Outcomes Framework (QOF), GP practices are expected to have a protocol in place to identify carers and a mechanism for referral to social services for assessment. There are no further requirements as part of their contract to do any more than this. However, many GP practices have carer registers and some are more proactive than others in supporting carers. When the QOF visits are undertaken the LAY assessor routinely asks about carers. They ask to see a copy of the practice Carers' Protocol, view posters/leaflets in waiting rooms - ask how they are kept up to date / up to date contact details, telephone numbers etc. They also ask how Carers are identified - and what "flags" are put on the system to identify them - and how young carers are identified and any specific contact details for young carers. Some practices receive updated lists from local carers centres which they cross check against their registered list to make sure they tally.*

I have had feedback from some carers who feel they are not listened to when trying to discuss the cared for person. Confidentiality is an issue in relation to this but the message needs to be given that listening to a carer doesn't breach confidentiality but can help give a more rounded picture of a person's circumstances - this of course needs to be treated with caution as not all carers have the cared for person's best interests at heart. So along with generic carers services it's important we don't forget advocacy services also.

30. The Task Group felt that there was a willingness within NHS North Yorkshire & York and York Health Group to address issues around carer identification. However it was unclear how the quality checks detailed in the responses received would lead to a clear action plan and a clearer understanding by GPs of the impact caring can have on a carer's health. On balance and having taken all the evidence into consideration, the Task Group believe this is an area where there is room for ongoing improvement. There is further scope for some GPs and GP practices to be more carer aware and a need to establish consistent practice across all GP surgeries, which ensures all GPs, and practice staff are able to identify carers and offer appropriate support and services. GPs also needed to work more proactively to recognise a carer's own needs as well as the needs of the person they are caring for. Recent changes to the NHS and the introduction of GP Consortia meant that this was the prime time to encourage GPs to undertake some work in this area.

31. However the Task Group did not want the positive relationships that some GPs have with carers to go unrecorded.

32. In addition to this the Task Group were encouraged by the new ways of working to identify carers detailed by York Teaching Hospital NHS Foundation Trust (**paragraph 20 refers**). They felt that they wanted to encourage the Trust to embed these approaches into all hospital admissions and both simple and complex hospital discharges.

33. **Recognising you are a carer** – Responses to the questionnaires and at the public event indicated that most people did not immediately recognise themselves as a carer with many feeling that they were 'just looking after my mother/child/spouse' or 'just doing my duty'. From the comments received recognising that you were a carer was often a gradual process, however it often became very clear at a point of crisis, such as a hospital admission or diagnosis of a particular condition. In some cases it was friends or health professionals that were the first people to recognise that someone was a carer. The Task Group felt that steps needed to be taken to encourage early carer self-identification so that the right information could be provided at the right time. The multi-agency Carer's Strategy Group could undertake work to identify the key places where information can be made available, so that people can be encouraged to identify themselves as a carer at an early stage.

34. **Provision of Information** – It soon became apparent from responses received that not all carers would need or want the same level of support as others. Information needed to be proportionate to the needs of each individual carer. Some carers said that they preferred written information whilst others would prefer to talk with someone face to face. It was also important who gave information to carers, as they needed to be able to have confidence and respect for the person or organisation providing it. In the first instance the Task Group identified, through the comments received as part of this review, that this was about providing the right advice on the cared for person's medical condition. It was important that a carer was able to understand the impact a particular condition would have on both the cared for person and the carer. In the second place it was important to have clear and up to date information and advice on rights for both the cared for and the carer and the support available to them. All Health professionals needed to think about the information they were giving and the impact it might have on the carer.

35. **A Carer's own needs** – some comments received identified that often more emphasis was placed on the needs of the cared for than on the needs of the carer. This meant that the carer's health often suffered as a consequence. Carers didn't always get enough time to spend on their own needs, especially if they were caring for more than one person. One person said directly that *'the impact caring has on carers' lives is not always recognised'*. However, other people commented on this point in different ways such as identifying the need for day care, respite care and help with non–personal matters such as organising housing or utility repairs. There was also a comment regarding employers – where it was felt that a carer was not always afforded the same consideration as a parent for example.

36. In addition to this the Task Group were aware of a recent case reported in the national media. This highlighted a disabled child's parent's situation where they were considering putting their daughter into care because they were at 'breaking point'. They highlighted a lack of respite care as one of the reasons for them considering this option. In a recent BBC news article the mother of the child was quoted as saying:

    'Caring for my daughter is relentless. She needs someone 24 hours a day. Caring takes over your whole life. Carers across the country are struggling the same way. It's not a new thing. It's been going on for years'

37. One concern raised by several people through the consultation and questionnaires was that carers do not feel they receive a holistic or integrated assessment. The Task Group's discussions with officers informed them that, in York, a carer's needs should be identified through the carer assessment process, however it was understood that this did not always happen in tandem with the assessment of the cared for. It was also noted that if the carer's needs had not been appropriately identified then the care package in place should be checked to ensure that it was providing the relevant help. In light of this the Task Group decided to seek further information and asked the following two questions of the Assistant Director, Assessment and Personalisation (Adults) at the City of York Council:

    a. How are carer and 'cared for' assessments currently undertaken, and are there any plans to change this? Do you think there are any ways the assessments could be undertaken in a more holistic/integrated way?

    b. Are there any reasons why both assessments could not take place at the same time/in parallel to each other?

38. The following response was received:

    a. *Assessments for the 'Cared for Person' start with the Social Care Assessment' following a referral to Adult services. The Care Manager undertaking the assessment would ask the 'Carer' if they also wanted to undertake a 'Carer's Assessment' - This is usually followed up with an Assessment from a Carers Care Manager.*
    Also when there is a need to look at longer term support for the 'Cared for Person' a Personal Needs Assessment Questionnaire is undertake to establish a level of funding for a 'Personal Budget' - This questionnaire also looks at the level of support that a 'Carer' can continue to support/ and is willing to continue to support in the future. There is also a follow up check again to see if a 'Carer' has already had a Carers Assessment, or would want one.

    b. *There are pros and cons for this approach. There is no reason why an assessment could not take place at the same time / or in parallel. The difficulty for the 'Carer' might be that they might not feel able to express their needs easily in front of the 'Cared for Person'. The urgency and identification of this will be a judgement call by the Care Manager undertaking the initial Assessment.*

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From a Personal Budget perspective there are advantages to looking at both at the same time as this is clearly looking at the interdependency between the Carer' and the 'Cared for Person' There are differences for different customer groups too that need to be considered - for a person with a Learning Disability where we are starting a process at a much younger age, some carers are wanting to relinquish their caring role much sooner and conversely some young people with a Learning Disability may make the choice to move away from the family caring role. This can inevitably cause some differing views about the best way forward.
For an Older person - they can sometimes underestimate their needs as a 'Cared for Person' and as a 'Carer' - again the Care Manager will have to support the family in making positive choices, that do not diminish their independence, but support them to lead a life that has the right level of support. This can of course change suddenly for a person at any time and a reassessment and revisit of offering a Carers Assessment will need to be undertaken in these circumstances.

39. Many of the challenges facing carers and their families are clearly understood by Care Management but the Task Group were not confident from the response given above that there was an agreed way forward that would address the needs of a family as a whole as well as the needs of each individual within that family.

40. Apart from the obvious benefits to both carer and cared for of having an appropriate care package in place where both persons' needs are recognised, there are also economic benefits that need to be acknowledged. In the long term it will be economically beneficial to support carers as much as possible, especially as in York alone they save the health and social care system approximately £223 million per annum. If carers are not fully supported they will be more likely to give up their caring role and the responsibility for and cost of care would most likely need to be borne by the public sector.

41. **Carer Awareness Raising & The Cheshire Carers Link Model** – The Task Group were impressed with the idea of the 'Cheshire Carers Link Model' which was developed through a multi-agency strategy group identifying 'carer link workers' or 'champions' across health and social care teams. The carer link workers take on additional responsibilities and are a pivotal point of contact to provide advice, information and support to colleagues. Workers are provided with training and a toolkit to help them in their role.

42. Whilst the Task Group did not look at the model itself, only the brief information above, they very quickly recognised that it shouldn't be at all difficult or expensive to build a carers element into the already existing Equalities Champion roles at City of York Council. To ensure that any recommendation that they might make about this would be feasible they asked the following questions of the Corporate Equality & Inclusion Manager at City of York Council:

i. What framework is in place in York for the Equalities Champion role[7], and does it already have any expectations with regards to carers?

ii. If the Task Group were minded to suggest (as a recommendation arising from this review) that the role of 'Carer's Champion' be incorporated into the Equalities Champion role would there be any reasons why this would not be feasible?

43. The following response was received and is her professional view:

'I think that issues like this should be championed by the Executive Portfolio Holder for inclusion rather than by separate champions. This is because older people, children, disabled people and other groups that are in need of champions are being faced with poor outcomes mainly because they are excluded (intentionally or not) from accessing what they need. Having separate champions dilutes the real issues and compartmentalises them in a way that may lead to greater inequality whereby the group with the loudest or most powerful champion gets preferential treatment'.

44. The Corporate Equality & Inclusion Manager also suggested that it would be timely to consider amending the membership of the Equality Advisory Group (EAG) [formerly the Social Inclusion Working Group] to include a carer representative.

45. In addition to this the Scrutiny Officer has found the following information:

Member Level

There is no formally constituted Member Equalities' Champion. However the portfolio holder for Leisure, Culture & Social Inclusion has the responsibility to promote issues relating to equalities, social inclusion and cohesion in the Council and with all partners.

City of York Council's Constitution sets out the following generic role and function for formally constituted Member Champions:

'To Act as a positive focus for the local community at elected member level in respect of the relevant section of the community or range of activities designated by the Council so as to ensure that full consideration is given to the impact of Council activities and decisions upon the section of the community or range of activities'.

The Constitution also sets out the generic key responsibilities and tasks associated with the Member Champion Role.

Officer Level

The Director of Communities & Neighbourhoods is the most senior officer advocate for Equalities within the Council.

[7] Both Officer and Member Champion Roles

There are various officer groups within the Council which directly deal with Equalities issues; these are detailed below:

The Equalities Leadership Group is a cross-directorate group of Directors, Assistant Directors and managers and has responsibility for overseeing equalities work in the council. The group:

- *Promotes and communicates the importance of diversity, equality of opportunity, inclusion and cohesion in the culture of the organisation;*
- *Oversees the implementation of the corporate Fairness and Inclusion Strategy and Scheme and directorate schemes;*
- *Ensures linkages between the Fairness and Inclusion Strategy and Scheme and other corporate strategies or plans and directorate equality schemes and directorate service planning and delivery*
- *Ensures City of York Council progresses through the Equality Framework for Local Government levels.*

There are also Directorate Equality Leads whose role is to ensure that each Directorate successfully progresses Equality related work/projects in order to meet their legal responsibilities. They work closely with the Corporate Inclusion and Equalities Manager.

This role does not champion individual equality strand groups but as part of this more general officer role issues relating to carers should be picked up when Equality Impact Assessments (EIA) are undertaken. As part of the Equalities Act 2010 carers should be added to the list of people that EIAs consider. The Corporate Inclusion and Equalities Manager has indicated that she would support this.

Underneath this is the Staff Equality Reference Group (SERG) whose purpose is to promote equality, diversity and fairness in employment practices and service delivery, especially where it affects employment practice, within City of York Council. This group particularly encourages involvement from staff that can represent the six equality strands and also working carers.

46. The Task Group would like to encourage the Corporate Equalities agenda to support the changes brought in by the Equalities Act 2010, which gives carers greater recognition. They would also support a carer representative being part of the Equality Advisory Group as mentioned in **paragraph 44** of this report.

Conclusion/Key Findings

47. The Task Group felt that reviewing this topic was a significant milestone in itself towards raising the profile of carers within the city. The review demonstrated the Council's ongoing interest in this subject and the Task Group felt it was important for the momentum to continue in this regard.

48. The review highlighted many positive aspects of the services available, in particular the 'Caring & Coping' course run by the Alzheimer's Society. Many

people who completed the questionnaires as part of this review and attended the public event found this course invaluable. In addition the Task Group also recognised that several professional individuals had been named during the review in relation to the outstanding care and services they had provided to carers.

49. On consideration of all the information received during the review the Task Group identified several key points to base their recommendations on. These are listed below but have all been mentioned in more detail in earlier paragraphs of this report:

- The variable reports in relation to the carer/GP relationship and the need to close the gap between these
- The need for assessments for the cared for and the carer to be undertaken at the same time so that both parties' needs are recognised
- The need for City of York Council to champion the role of carers
- Access to information on specific conditions (i.e. Alzheimer's disease, multiple sclerosis)
- In order not to forget carer and to continually promote awareness of them - An annual update on the Carers Strategy for York to be presented to the Health Overview & Scrutiny Committee and thereafter to the Executive Member for Health & Adult Social Services

50. The Task Group also wished to acknowledge the valuable and unpaid work undertaken by carers. Carers saved the local economy a substantial sum every annum and in the hope they would continue to do this it was important that, whenever and wherever possible they could receive support and assistance. A little bit of help from City of York Council would go a long way to help keeping health and social care costs down.

51. In addition to this the Task Group appreciated that in the current time of financial restraint there was a need to obtain the best results for the budget we currently had. They felt that it was important to build on existing services and acknowledge and where possible enhance what already worked well. However, if any additional monies were to become available the Task Group hoped that consideration could be given to fund respite care in order that carers could take some well-earned breaks.

Corporate Strategy 2009/2012

52. This topic is linked to the 'Healthy City' aspect of the Corporate Strategy 2009/2012.

Implications

53. **All Implications: Financial & Human Resources** – It is believed that much can be achieved without significant additional expenditure or change to job requirements or structure.

54. There would be some staff costs associated with any awareness raising, primarily in respect of releasing staff. Quantifying this will only be possible by our partner agencies identifying the numbers of staff who will need training. Learning resources already exist, with an E-learning tool for 'Level 1' awareness available to all partners. Carers are also willing to be involved in training.

55. Other implications would need to be explored in detail as the proposals are developed.

Risk Management

56. There is a general risk for the health and social care economy that if the Council, the voluntary sector and key partners do not continue to identify and support carers then costs will rise. Carers provide an enormous amount of unpaid care, which would otherwise fall to health and social care agencies to provide. The recommendations within this report would help to reduce this risk.

57. There are no other risks associated with the recommendations in this report, which would need to be registered on the Council's risk register.

Recommendations

58. The Task Group make the following recommendations:

Key Objective (i)

a. That health commissioners and providers ensure that there is greater consistency around how carers are identified and once identified their needs addressed. This would need to include:

- Training in carer awareness for all health professionals and allied staff

- That the hospital looks at extending the innovative approaches they have been piloting and embedding these into standard practices for all admissions and discharges

- That a written report be provided to the Health Overview & Scrutiny Committee on a six monthly basis in relation to quality indicators that are being monitored in respect of carers.

b. That the Multi-Agency Carer's Strategy Group identifies where it would be helpful to provide public information about what it means to be a carer and how to access support to enable carers to identify themselves earlier

- Where places are identified carer awareness training should be made available for key workers

c. That City of York Council reviews its Equalities Framework to ensure that carers become an integral part of all equality and inclusion work and this to include

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- Inviting a carer representative to become a member of the Equalities advisory Group

Key Objective (ii)

d. That health commissioners ensure that all care pathways provide guidance on the information and advice carers will need regarding specific medical conditions as well as sign-posting them to support and advice. This will need to address what the impact might be on:

   - The carer
   - The family as a whole
   - The cared for person

e. That Adult Social Care Services develop a clear pathway, which provides an integrated approach to assessment for the whole family whilst recognising the individual needs within the family and the impact of caring on the carer.

f. To continue to promote carer awareness an annual update on the Carers Strategy for York be presented to the Health Overview & Scrutiny Committee and thereafter to the Executive Member for Health & Adult Social Services

59. In addition to the above recommendations and if monies were to become available the Task Group hoped that consideration could be given to funding respite care in order that carers could take breaks (**paragraph 51 refers)**

Reason: To complete this scrutiny review

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Final Draft Report Approved ✓ **Date** 23.02.2011

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report

Appendix 1

Background Papers:

See footnotes

Annexes (on line only)

Annex A	Local Government Information Unit Briefing Note in relation to the recently refreshed national carers' strategy
Annex B	Survey of Carers in Households 2009/10 – Executive Summary
Annex C	Information on carer identification, carer awareness raising and information provision and good practice examples as well as details of the current practice in York
Annex D	York Strategy for Carers & Implementation Action Plans
Annex E	Valuing Carers
Annex F	Summary of Responses from Carers
Annex G	Summary of Responses from Care Workers
Annex H	About the Carers and Care Workers
Annex I	Issues Arising at the Public event

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Health Overview & Scrutiny Committee Work Plan 2011

Meeting Date	Work Programme
24th January 2011	1. Presentation on JSNA (Executive Referral) 2. Public Health White Paper 3. Children's Cardiac Services in the region – proposed service changes 4. Interim Report of the Carer's Review Task Group 5. Priority Indicators for Quality Accounts
2nd March 2011	1. Quarter 3 Monitoring Report 2. Six – Monthly update from NHS North Yorkshire & York 3. Final Report of Carer's Review Task Group 4. Corporate Response to the Public Health White Paper
6th July 2011 (provisional)	1. Six –Monthly Update from Yorkshire Ambulance Service 2. Update from York Hospitals Foundation Trust in relation to Transforming Community Services 3. Annual Performance Account for Adult Social Care 4. Dental Report (LINKS) 5. Update from NHS North Yorkshire & York regarding Dental Services in York 6. Progress Report – Developing a Shadow Health & Well Being Board 7. PACE Report from LINk – Carer's Rights (provisional) 8. PACE Report from LINk – Hospital Discharge (provisional)

Other Possible Reports to Add

Update on Dementia Strategy Action Plan – no date for update as of yet
Relevant parts of the Joint Strategic Needs Assessment (JSNA) to consider in order to see whether there are any areas that could be reviewed

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