Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Wiseman (Vice-Chair), Boyce, Cuthbertson, Doughty, Fitzpatrick and Hodgson

Date: Wednesday, 21 September 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 - 16)
   To approve and sign the minutes of meetings of the Committee held on 20 June and 6 July 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 20 September 2011**.

4. **2011/12 First Quarter Financial Monitoring and Performance Monitoring Report - Adult Social Services** (Pages 17 - 22)
   This report analyses the latest performance for 2011/12 and forecasts the outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

5. Terms of Reference for Health and Well Being Board (Pages 23 - 36)

This paper sets out progress towards the establishment of a shadow Health and Wellbeing Board for York to meet the requirements of the White Paper *Equity and Excellence: Liberating the NHS,* and of the Health and Social Care Bill 2011 which is expected to achieve Royal Assent later this year. It outlines the proposed membership and constitution, which will formally be a Committee of the Council.

6. HealthWatch Procurement Monitoring Report (Pages 37 - 44)

To update the Health OSC on the progression from LINks (Local Involvement Networks) to Local HealthWatch by October 2012.

7. Update from Councillor Wiseman on the Regional Joint Scrutiny Committee Investigating the Proposed Changes to Children's Cardiac Services

The NHS is reviewing how it delivers congenital heart services to children in England and Wales. Children's Cardiac Services are currently delivered in 11 centres across England and the expected outcome from the review is to reduce the number of centres offering these procedures and create fewer but larger centres to deliver them. The proposals detail 4 options, with only one of these suggesting the retention of children's congenital heart surgery in Leeds, the other 3 citing Newcastle as the provider for this service for the North of England. A Regional Joint Scrutiny Committee (administered by Leeds City Council), comprising one representative from a large proportion of Local Authorities across the Yorkshire & Humber Region was set up to consider and comment upon the proposals. Councillor Wiseman is York's representative on this Committee and will give a verbal update on discussions and progress to date.

8. End of Life Care Review - Report and Topic Assessment Form (Pages 45 - 50)

This report presents the Committee with a Topic Assessment Form which briefly outlines the proposed scrutiny review on End of Life Care ('Do Not Resuscitate' (DNR) Forms – Their Use and Effectiveness').

9. Update from Yorkshire Ambulance Service on Article that Appeared in The Press on 1 September 2011 (Pages 51 - 52)

Representatives from the Yorkshire Ambulance Service will be in attendance at the meeting to discuss the attached article with the Committee.

10. Work Plan 2011/12 (Pages 53 - 54)

To consider the Committee's work plan for 2011/2012.

11. 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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Would you like to speak at this meeting?
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;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088

Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

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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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Holding the Cabinet to Account

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business from a published Cabinet (or Cabinet Member Decision Session) agenda. The Cabinet 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 Cabinet 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?

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

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 Mother in receipt of Care Services
Councillor Doughty	Volunteers for York and District Mind and partner also works for this charity.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital
Councillor Wiseman	Public Member of York Hospitals NHS Foundation Trust Member of the Adoption Panel and Consultation Meetings with looked after children “Show Me That I Matter”

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City of York Council Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	20 JUNE 2011
PRESENT	COUNCILLORS FUNNELL (CHAIR), WISEMAN (VICE-CHAIR), BOYCE, CUTHBERTSON, DOUGHTY, DOUGLAS AND HODGSON
IN ATTENDANCE	HELEN MACKMAN – YORK HOSPITALS NHS FOUNDATION TRUST LIBBY MCMANUS – NHS NORTH YORKSHIRE AND YORK PAT SLOSS – NHS NORTH YORKSHIRE AND YORK ANNIE THOMPSON – LINKS DEE BUSH – OLDER PEOPLE'S ASSEMBLY JOHN YATES – OLDER PEOPLE'S ASSEMBLY PETE DWYER - CYC KATHY CLARK - CYC

1. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda. Members requested the following amendments and additions to the standing interests already declared:

Councillor Boyce	Mother in receipt of Care Services
Councillor Doughty	Volunteers for Our Celebration and partner also works for this charity.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital

Councillor Wiseman	Member of the Health City Board – *remove from declarations as this body no longer exists.* Member of the Adoption Panel and Consultation Meetings with looked after children "Show Me That I Matter"

2. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 2 March 2011 be approved and signed by the Chair as a correct record.

3. PUBLIC PARTICIPATION

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

A representative of the Older People's Assembly (OPA) made reference to Agenda Item 5 and in particular to the City of York Commissioning Strategy for Older People which highlighted the need to consider all aspects of Older People's care. He referred to the Strategy's reference to the significant need for additional help in maintaining homes, making adaptations to keep homes safe and accessible to enable people to remain in their own homes for longer. In order to facilitate this Yorkshire Housing had provided a Home Improvement Service, which provided a hassle free service helping older and disabled customers organise repairs and improvements to their homes. Unfortunately this service had ceased in April 2011 as the City of York Council had withdrawn funding unlike North Yorkshire County Council. Following previous personal experience of this valuable service he requested Members to support its continuation.

4. ARRANGEMENTS FOR OVERVIEW AND SCRUTINY IN YORK

Consideration was given to a report, which highlighted the Council's current structure for the provision of the Overview and Scrutiny function and the resources available to support it.

The report also detailed the agreed terms of reference for the individual Overview and Scrutiny Committees.

Members commented on various aspects of the report and in particular questioned whether equality and sustainability ran through all the Committee's remits. The Scrutiny Officer confirmed that they did.

RESOLVED: That the reports contents be noted.

REASON: To inform Members of scrutiny arrangements.

5. PRESENTATION BY LEAD OFFICER AND ASSISTANT DIRECTOR ON ONGOING & FUTURE PLANNED WORK WITHIN THE DIRECTORATE

The Council's Corporate Strategy Manager was in attendance and presented the following key papers to Members:

- City of York Commissioning Strategy for Older People 2006-2021 (2010 Refresh)
- Commissioning Plan for Older People 2010-13
- The Vision for Older People's Health and Wellbeing in York 2010-15

The Strategy Manager confirmed that, although these key papers related mainly to older people, there were also a number of other customer groups however older people comprised the largest number, which would continue with known demographic changes.

She reported on ongoing and future planned work and demands within the Directorate including:

- There was an increase in the numbers of residents with complex Learning and Disability needs. More inclusion was required to improve lives.
- Clients with mental health needs and the crossover between physical and impairments.
- Changes around health commissioning.
- Additional role of Overview and Scrutiny to receive the Adult Social Care Annual Report.

She responded to the issue raised under Public Participation regarding the Home Improvement Service (HIS), it was confirmed that this was a Housing issue. The Director of Adults, Children and Education confirmed that he would respond directly to the speaker in relation to the HIS. Confirmation was also given that members of the public could now register their own scrutiny topics. [1.]

Members then went onto raise a number of points including:

- The last survey of older people had been carried out in 2008. Confirmation that this had been prepared with the assistance of the OPA and other bodies and that it was certainly planned to re run this exercise however at the present time there was no timeframe.
- Appropriate support was required for elderly residents in their own homes to take account of mental health needs/dementia when residents were no longer able to give their views or decide for themselves. Confirmation that where concerns were raised there were procedures in place to overcome this issue.
- Details of the CRILL (Capturing Regulatory Information at a Local Level) data provided by the Care Quality Commission and concerns regarding this data.
- The Strategy confirmed that there were no discrete community based health intermediate care services within the city and it was questioned whether this led to 'bed blocking'. Confirmation that joint working was underway to address the issue and gaps in services although there is a challenge to ensure that resources were in the correct place to provide care in the right place at the right time.

Members thanked Officers for the informative documents and discussion on the long term goals. They also requested Officers to continue to provide the Committee with update reports, as this was a rapidly changing area.

RESOLVED: That the updates be received and noted.

REASON: To provide Members with details of ongoing and future planned work with the Directorate.

Action Required

1. Contact speaker direct regarding Home Improvement Service issues raised at meeting. PD

6. WORK PLAN FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2011/2012

Consideration was given to a report, which presented the Committee's draft work plan for the forthcoming year. Members were asked to identify some broad topic areas to take forward to a future meeting between all scrutiny Members, Cabinet

Members and chief officers. They were also asked to consider holding an 'information sharing event'.

Following discussion Members suggested the following broad topics:

1. Neurological Services (Primary, Secondary & Social Care) (Hospital, PCT, CYC)
   - Service Provision for vulnerable groups of people
   - How safe and effective is the current service provision
   - Quality of provision
   - Ways to improve

2. Safety & effectiveness of older people's services & personalisation agenda
   - Contract monitoring
   - Commissioning of services
   - Challenge around processes
   - Quality/Standard of provision
   - Quality of outcomes

3. Health impact of the recession on deprived areas in York
   - How do we target social and mental health services at or in the most deprived areas of the City
   - The growing/widening gap between the better off and disadvantaged
   - Do we have the right resources?
   - Are the resources targeted in the right way
   - Link between income levels and health

4. 'Social Capital' – The influence & importance of local self interest groups
   - Local interest groups/voluntary sector groups who work towards the well being of their members and the well being of the community
   - Effects of social networks/voluntary support in York - It was suggested that if all the voluntary organisations in the city stopped work for a month the City would be without many services, especially those for more vulnerable people.

5. The importance of physical activity
   - Opportunities when public health is transferred to local authorities
   - Provision of leisure facilities, cycling, swimming

Officers also confirmed that update reports on changes to the NHS and the terms of reference for the new Health and Wellbeing Board would also be brought to this Committee as and when details became available.

Following further discussion it was

RESOLVED: i) That the draft work plan for 2011/12 be received and noted.

ii) That the 5 topic areas set out above be put forward to a future meeting of Scrutiny Members, Cabinet Members and Chief Officers

iii) That arrangements be made for an 'information sharing event', to be held on Thursday 4 August 2011, late afternoon or early evening open to all Council members. [1.]

REASON: In order to provide the Committee with a work programme for future meetings.

Action Required
1. Arrange information sharing event. TW

CLLR C FUNNELL, Chair
[The meeting started at 5.00 pm and finished at 6.20 pm].

City of York Council	Committee Minutes
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	6 JULY 2011
PRESENT	COUNCILLORS FUNNELL (CHAIR), WISEMAN (VICE-CHAIR), BOYCE, CUTHBERTSON, DOUGHTY, HODGSON AND RICHES (SUB FOR CLLR FITZPATRICK)
IN ATTENDANCE	RACHEL JOHNS - NHS NORTH YORKSHIRE AND YORK LIBBY MCMANUS - NHS NORTH YORKSHIRE AND YORK ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST GEORGE WOOD – OLDER PEOPLE'S ASSEMBLY DEE BUSH – OLDER PEOPLE'S ASSEMBLY COUNCILLOR SIMPSON-LAING - CYC PAUL MURPHY – CYC KATHY CLARK - CYC
APOLOGIES	COUNCILLOR FITZPATRICK

7. DECLARATIONS OF INTEREST

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

Councillor Riches declared a personal interest as a public member of the Board of Governors of York Hospital Trust.

Councillor Doughty requested the following change to his declaration in the list of standing declarations attached to the agenda:

- Amendment of reference to 'Our Celebration' to York and District Mind.

8. PUBLIC PARTICIPATION

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

9. REPORT OF THE CABINET MEMBER FOR HEALTH, HOUSING AND ADULT SOCIAL SERVICES

Consideration was given to an extract from the Cabinet Member for Health, Housing and Adult Social Services written report to Council on 30 June, circulated with the agenda.

Councillor Simpson-Laing, the Cabinet Member, attended the meeting and reported on the year ahead. She also updated on the following points:

- Confirmed her attendance, earlier in the day, at a Local Involvement Network (LINks) - steering board meeting concerning the transition from Local Involvement Networks to Local Healthwatch organisations and their funding and commissioning.
- That she was shortly due to meet Patrick Crowley of the York Hospital NHS.

Members went onto question a number of points including:

- How many people were now using Telecare? Confirmation that between 1 January 2010 and 31 December 2010 1814 pieces of Telecare equipment had been provided and installed. As of March 2011 there were over 550 people using Telecare with 987 referrals for the 'Lifeline' and 'Pendant'.
- There was a need to enhance provision for dementia sufferers particularly around social interaction. Confirmed that best practice would be examined to tackle this area of social exclusion. Members were referred to the CYC online self-assessment survey tool which provided aids to daily living.

The Chair thanked the Cabinet Member for her attendance and informative update.

10. UPDATE FROM YORK HOSPITALS FOUNDATION TRUST AND NHS NORTH YORKSHIRE AND YORK IN RELATION TO TRANSFORMING COMMUNITY SERVICES

The Chief Nurse from York Teaching Hospital NHS Trust, the Associate Director of Public Health and Locality Director from NHS North Yorkshire and York and the Chair of York Hospitals NHS Foundation Trust attended the meeting to update the Committee in relation to the transformation of community services.

Confirmation was received that since April there had been two phases in relation to the transformation of community services, the first involving the transfer of the community element of the PCT and its integration with the Trust directly based on community services. Phase two had taken place 6 months post transfer and had related to the alignment of services including paediatrics involving both sets of staff to get the best fit. Mid July would then see the merger of the elderly and community directorate at which time the level of care both hospital and home based would be identified. It was confirmed that this Authority could assist with improvements to out reach work in community services, end of life care and in services to support those with Parkinson's disease, as there were large variations in provision.

Points raised following the update included:

- Need to examine cross system issues and engagement with as many bodies as possible for example in relation to Hospices.
- Multiple commissioners and cross local authority boundaries, which could cause issues for future priorities.
- End of life care to improve the dignity of patients and involvement of the community to ensure that informed choices could be made. Future involvement of schools in this area.
- Consistency of use and difficulties arising from the use of Do Not Resuscitate (DNR) forms.
- Difficulties with performance statistics/quality standards in different areas of work.
- Need for qualitive rather than quantitive monitoring of achievement.
- Social isolation information previously prepared by Age Concern and work carried out by LINks on end of life care.

Members congratulated those in attendance for the work carried out to date and for the update, which would inform their future work planning.

11. PROGRESS REPORT - NHS REFORMS AND THE WORK OF THE TRANSITION BOARD

The Committee considered a briefing paper on the Transition Board and NHS Reforms prepared by the Council's Corporate Strategy Manager. The paper detailed both national and local developments together with the roles for the Health Scrutiny and Overview Committee.

The Council's Corporate Strategy Manager detailed the main changes including:

- Confirmation that the key changes required further consideration.
- Clinical Commissioning Consortia would be established on the basis of boundaries that would cross local authority boundaries. However York was different but this would require justification. These views would be made known as the clinicians had requested that the consortia should continue using the current boundaries.
- There would be wider representation on the Boards and lay members would have additional roles.

Members went onto question a number of areas including:

- the need for consistency with the Nolan principles,
- education and training in relation to York
- the continuing role for the scrutiny overview function and
- the 'new duty' of the Health and Wellbeing Boards to involve users and the public.

RESOLVED: That the progress reported on the NHS reforms and the work of the Transition Board be received and noted.

REASON: To continue to keep the Committee updated on progress to date in these areas.

12. WORK PLAN 2011/2012

Consideration was given to the Committee's work plan for 2011/12.

The following issues were raised for further consideration:

- Possible work arising from the Scrutiny Work Planning Session on 25 July 2011.
- Palliative and End of Life Care, potentially in conjunction with LINks, including a possible workshop event.
- Terms of Reference of Health and Wellbeing Board for consideration at 21 September meeting.
- Future update reports from NHS bodies to be included in the agenda for information only if possible.

RESOLVED: i) That the Chair and Vice-Chair in consultation with the Scrutiny Officer be delegated authority to amend the Committee's work plan in line with comments made at the meeting and following the work planning session scheduled for 25 July 2011.

ii) That the updated work plan be emailed to members. [1.]

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

Action Required

1. Update work plan and email to Members TW

CLLR C FUNNELL, Chair

[The meeting started at 5.00 pm and finished at 6.45 pm].

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Health Overview & Scrutiny Committee **21 September 2011**

Report of the Director of Adults, Children & Education

2011/12 FIRST QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT – ADULT SOCIAL SERVICES

Summary

1 This report analyses the latest performance for 2011/12 and forecasts the outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children and Education.

Financial Analysis

2 The Adult Social Services budget is reporting early financial pressures of £1,017k (2.1% of the £48,411k net budget) where pressures that have been evident in previous years related to demand for care still remain. The main contributory factors are:

i) A greater number of referrals than anticipated in Independent Residential & Nursing Care (£577k) and a continued increase above forecast level in the number of customers taking up Direct Payments (£613k).

ii) In terms of Business Change, there have been delays on two workstreams. In Homecare, there have been delays in letting the reablement contract and reconsideration of other care services options (£666k) and in EPHs, implementation delays mean that the full saving is unlikely to be achieved (net £385k).

3 However, mitigating actions have already been identified to help reduce these pressures. A significant number of vacant posts are being held whilst the Business Change workstreams continue (£806k) and delays in two Supported Living schemes (£200k).

4 As well as the vacancy freeze outlined above, and a moratorium on non essential expenditure, the directorate is also assessing 2012/13 savings proposals that could be brought forward, as well as reviewing commissioning budgets and new customer/scheme developments with a view to identifying additional one-off savings for 2011/12.

Performance Analysis

5. Performance in Quarter 1 shows a positive picture with 7 of the 13 reported indicators meeting or exceeding the Q1 targets and a further 4 indicators, while falling short of Q1 targets, are within tolerance levels set. 2 indicators have fallen below tolerance and have been reported as red.

Code	Description of PI	11/12				
			Qtr 1	Qtr 2	Qtr 3	**Year End Target**
A&S1C (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	25.0%	29.0%	33.0%	**37.0%**
		Actual	25.7%			
A&S1G (NPI 145)	Adults with learning disabilities in settled accommodation	Target	16.8%	33.5%	50.3%	**67.0%**
		Actual	13.0%			
A&S1E (NPI 146)	Adults with learning disabilities in employment	Target	1.4%	2.9%	4.3%	**5.7%**
		Actual	2.1%			
Delayed Discharges 1	Average weekly number of CYC Acute delayed discharges	Target	7.90	7.90	7.90	**7.98**
		Actual	10.08			
A&SNPI 132	Timeliness of social care assessment	Target	70.0%	70.0%	70.0%	**70.0%**
		Actual	62.7%			
A&SNPI 133	Timeliness of social care packages	Target	90.0%	90.0%	90.0%	**90.0%**
		Actual	91.2%			
A&S NPI35	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Target	6.4%	12.8%	19.2%	**25.6%**
		Actual	8.1%			
A&S NPI36	People supported to live independently through social services (all ages)	Target	4292	4316	4340	**4364**
		Actual	4363			
A&SD39	Statement of Needs	Target	96.0%	96.0%	96.0%	**96.0%**
		Actual	95.2%			
A&SD40	All services Reviews	Target	32.5%	55.0%	77.5%	**90.0%**
		Actual	35.6%			
A&SD54a	Equipment - 7 days - Excluding Telecare	Target	96.0%	96.0%	96.0%	**96.0%**
		Actual	93.9%			
RAP A6	Assessments missing Ethnicity	Target	5.0%	5.0%	5.0%	**5.0%**
		Actual	8.5%			
RAP P4	Services missing Ethnicity	Target	5.0%	5.0%	5.0%	**5.0%**
		Actual	4.5%			

6. *A&S1C (the former NI 130)* which shows the delivery of personal budgets in year continues to rise steadily. The working definition of this indicator is being looked at and the end of year target of 37.0% represents a significant challenge if we continue to count service users ineligible for Managed Budgets or Direct Payments.

7. *A&S1G (former NPI 145) Adults with learning disabilities in settled accommodation*: is slightly under target, but represents a lower outturn than the same point last year due to a change in the way this is reported. Despite missing the target of 65% set last year, the decision has been made to increase our targets in 2011/12 to reflect known new services due in year; including the changes to JRT which will result in more people leaving Residential Care and moving into supported living, new autism services and a second Extra care scheme opening between October 2011 and January 2012 for a further 12-14 tenants which will drive progress in this area.

8. *Average weekly number of CYC Acute delayed discharges* continue at rates seen at the end of last year calculated as an average over a 12 week period. When looked at alongside the Total Bed Days Cost, this indicates a worsening position than at the same time in 2010-11.

9. *Timeliness of social care assessment (A&SNPI 132)* is at a lowest performance and continues a decline seen in 2010/11. Data indicates that there have been significant drop offs in performance during the period of smoke damage at 10-12 GHS.

10. *Timeliness of social care packages (A&SNPI 133)* continues to rise and has exceeded the 90.0% target. Here we have seen exceptional performance in the Telecare & Warden call teams with 100% of packages required in Q1 delivered on time and combined OT / OTA performance is now running at 94.08%.

11 *Assessments missing Ethnicity* (*RAP A6)* has exceeded the 5% expected level at Q1. Remedial action is being taken to bring the numbers back below 5%.

Options

12 As this report is for information only there are no options to consider.

Corporate Priorities

13. 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

14. 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

15 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 2011/12 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2011/12.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Richard Hartle Head of Finance *Tel No. 554225*	Peter Dwyer Director of Adults, Children and Education
Mike Richardson Performance & Improvement Manager *Tel No. 554355*	**Report Approved** √ **Date** *12 September 2011*

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers
First finance and performance monitor for 2011/12, Cabinet 6 September 2011

Annexes
None

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CITY OF YORK COUNCIL	
Health Overview and Scrutiny Committee	21 September 2011
Report of the Assistant Director, Integrated Commissioning	

Establishing York's Health and Wellbeing Board

Summary

1. This paper sets out progress towards the establishment of a shadow Health and Wellbeing Board (H&WB) for York to meet the requirements of the White Paper *Equity and Excellence: Liberating the NHS,* and of the Health and Social Care Bill 2011 which is expected to achieve Royal Assent later this year. It outlines the proposed membership and constitution for the H&WB, which will formally be a Committee of the Council.

Background

2. The Government's health reforms are far-reaching. GPs will in future be responsible for commissioning the majority of health services, resulting in the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities. Local authorities (LAs) will have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. LAs will also have responsibility for ensuring that the commissioning of health and social care is "joined up". Finally, the patient voice will be championed through a new "Healthwatch" body that will replace the Local Involvement Networks (Links).

3. Although 2013 is still some way away, as a pathfinder area, York will be expected to have many of the components of the new arrangements in place in "shadow" form from April 2012. Preparations for this have so far been overseen by a multi-agency Transition Board, jointly chaired by the Chief Executives of the Council and of the PCT.

4. A consistent theme running through all of the health reforms is the enhanced role for councils. This will be most obviously visible through the establishment of the Health and Wellbeing Board: a new statutory partnership set up, unusually, as a sub-Committee of

Full Council. This will give a key role for elected Members in helping to improve the health of the local population, complementing the responsibilities of the Health Overview and Scrutiny Committee.

5. The H&WB's key functions, as set out in the Bill, will be to:

- *encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner,*
- *provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services,*
- *encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board,*
- *encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.*

6. Another way of putting it is that the key function of the H&WB will be to oversee the production of the local Joint Strategic Needs Assessment (JSNA); to ensure that all relevant partners sign up to the JSNA and a strategy for improving health and wellbeing; to monitor progress towards its delivery (identifying key risks and challenges); and to ensure that we have the right local arrangements for integrated commissioning and delivery. Indeed, an exercise to refresh our existing JSNA has already been commissioned by the Transition Board, and staff from across the Partnership are working to enable this to be presented to an early meeting of the shadow H&WB, with a draft Health and Wellbeing strategy being put forward next Spring.

7. Each clinical commissioning consortium (CCG) will be required to consult with H&WBs when drawing up its annual plan "setting out how it proposes to exercise its functions in that year". Additionally the Bill says H&WBs may group together to discharge their functions. It is however perhaps important to make clear that the H&WB will not of itself be a commissioning body, except to the extent that functions may be delegated to it from Council. There will be an escalation process to the NHS Commissioning Board and the Secretary of State, who will retain ultimate accountability for NHS commissioning decisions.

8. Central guidance has prescribed a core minimum membership for each H&WB: at least one elected Member, a representative of the Clinical Commissioning Group, the Director of Public Health, the Director of Adult Social Services, the Director of Children's Services, a representative of local Healthwatch, and, where appropriate (probably on an ad hoc basis) the participation of the NHS Commissioning Board.

Consultation

9. Officers have consulted a range of partners over the summer on the provisional recommendations of the Transition Board. These are attached at **Annex A.** At the time of writing, responses to the consultation are still being received; these will be compiled and conveyed to the Cabinet on 4 October, together with any revised proposals from the Transition Board.

10. If the Health OSC has any comments on the draft proposals, these too will be conveyed orally to Cabinet.

Options and Analysis

11. In developing proposals for establishing the Board there are not really discrete options, but rather a series of principles to consider, which are outlined below.

12. One key principle is the *size of the Board*. Some LAs have gone for very broad, inclusive bodies of 20+ Members. Our recommendation is that the Board will function better if it is kept relatively small and strategic. We also feel it will have more credibility if it is not dominated by CYC representatives, and we have had in mind models such as the successful YorOK Board. A *quid pro quo* of such an approach is that representation will need to be at a senior level.

13. A further important issue is whether or not to include *provider representatives* on the Board. A number of LAs have deliberately not done so; however, we believe that the York H&WB's discussions will be greatly enhanced by having regard to the provider voice. Any conflicts of interest that may arise can be handled in the normal way through appropriate declarations, and by leaving the meeting if necessary.

14. We have also considered the H&WB's *strategic positioning*. No one wants to see an unnecessary proliferation of Boards and other

bodies, and our proposal is that the new H&WB replaces both the Healthy City Board and the YorOK Children's Trust, as a key overarching strategic body immediately underneath the Local Strategic Partnership, and alongside other bodies such as the new Education Partnership and the existing Economic Partnership.

15. We envisage that all these arrangements will start to take effect from April 2012 in shadow form. However, in the six months prior to that, we propose that the Board meets several times in less formal mode to work on its own development and ways of operating, and to lay the groundwork for some key early priorities, including:

- Communications and engagement with external stakeholders;
- Development of the key Sub-groups and relationships with other Partnership bodies;
- Preparation of a refreshed Joint Strategic Needs Assessment for York;
- Response to the financial review of NHS North Yorkshire;
- Oversight of the next stages of the other components of the reforms, including the transfer of public health and the commissioning of Healthwatch.

Corporate Priorities

16. This report is particularly relevant to the corporate priorities of building strong communities and protecting vulnerable people.

Implications

(a) **Financial** (Contact – Richard Hartle) Although some aspects of the health reforms, especially the transfer of public health, may have significant financial implications, the costs arising from the establishment of the H&WB are minimal and can be accommodated within existing budgets.

(b) **Human Resources (HR)** *None.*

(c) **Equalities** The new H&WB will be expected to promote equality of outcomes for all groups**,** especially those for whom there are at present demonstrably unequal health outcomes.

(d) **Legal** (Contact – Andy Docherty) *(The legal implications are still being compiled, and a full account will be included in the Cabinet paper later this month.)*

(e) **Crime and Disorder** None

(f) **Information Technology (IT)** None

(g) **Property** None arising from the establishment of the Board; the possibility of incorporating CCG staff in West Offices will be considered separately.

(h) **Other** None

Risk Management

17. The risks arising from the contents of this report are low. Failure to establish a credible Health and Wellbeing Board, in good time, would lead to significant reputational damage.

Recommendations

18. The Committee is invited to:

- Note the progress towards establishing a shadow Health and Wellbeing Board for York;
- Comment as appropriate on the draft membership and Terms of Reference.

The Committee may wish to request regular updates on this issue.

Reason: To keep the Committee up to date with establishing a shadow Health & Wellbeing Board.

Contact Details

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<tr><td>Report Approved</td><td>✓</td><td>Date</td><td>05-09-11</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="3">Wards Affected: List wards or tick box to indicate all</td><td>All</td><td>✓</td></tr>
<tr><td colspan="5">For further information please contact the author of the report</td></tr>
</table>

Background Papers:

There are many relevant documents on the Department of Health Website including in particular:

The NHS White Paper:
http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624

The Health and Social Care Bill:
http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm

Frequently Asked Questions on the Bill:
http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/DH_129797

The Government's response to the "strategic pause":
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444

Elsewhere, the "Marmot" review into health inequalities:
http://www.marmotreview.org/

Annexes

Annex A Consultation documents

Office of the Chief Executive
Guildhall, St. Helen's Square
York, Y01 9QN

To: York NHS Transition Board
North Yorkshire County Council and Districts
East Riding of Yorkshire Council
WOW Partnership Board

9th August 2011

Dear colleagues,

I would like to invite your views on the proposed governance arrangements and draft constitution for the shadow Health and Wellbeing Board York.

The York NHS Transition Board is an officer led Board, charged by our Councillors and approved by our partners, to ensure that the local implementation of the anticipated NHS reforms, as outlined in the Health and Social Care Bill, is managed effectively in York. The Board is comprised of very senior officers from City of York Council, NHS North Yorkshire and York, York Council for Voluntary Services, and York Teaching Hospital, and representatives from Vale of York Clinical Commissioning Group and York Local Involvement Network. This group has sponsored and reviewed the work to pull together a draft constitution for the shadow Health and Wellbeing Board York, which will be presented to our Cabinet for consideration and approval this autumn.

The shadow and subsequent, Health and Wellbeing Board York will be a democratic body, with councillor involvement. It will have a key leadership role to drive a collaborative approach to improve the health and wellbeing of residents, actively work to reduce health inequalities and improve the wider determinants of health. The Board will also have a role to promote more integrated provision for patients and care users.

Our draft constitution takes account of the statutory responsibilities proposed by the Government, and the required membership.

Our proposal is for a relatively streamlined Board, in order to keep its focus at a strategic level. At this stage what we are seeking to establish is agreement to the principle of a streamlined but balanced Board, and one that includes both commissioners and providers round the table.

Much of the day-to-day commissioning activity will be carried out by sub-groups which we expect to provide opportunities for wider stakeholder involvement; details of this supporting infrastructure have still to be devised and will be an early subject for the Board to discuss, once it is established in "shadow" form from this autumn.

Health and Wellbeing Boards present us with a unique opportunity to strengthen collaboration between health professionals, elected members, local residents and patients. To ensure that we start from a strong position in leading change and to deliver better health outcomes for all, I would like to encourage partners and stakeholders across the City to share their views on the draft constitution for the shadow Health and Wellbeing Board York.

I do hope you will engage in this debate.

A copy of the proposed Constitution is attached. Please direct all enquires and responses to health.reforms@york.gov.uk by Friday 2nd September 2011.

I look forward to your to receiving and reading your responses.

Yours Sincerely,

Kersten England

Chief Executive of City of York Council

Co Chair of York NHS Transition Board

Shadow Health and Wellbeing Board - York

Draft Constitution
July 2011

1. Name

1.1 The Board will be known as the York Shadow Health and Wellbeing Board ("the Board") until such time it fulfils its statutory duty to become the York Health and Wellbeing Board.

2. Membership

2.1 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. The Membership of the Board will consist of:

a) The Leader of the City of York Council ("the Council") or a Councillor nominated by him

b) The Chief Executive of NHS North Yorkshire and York or a nominated representative of the board until such time the organisation ceases to have accountability for delivery of health services

c) The Chief Executive of City of York Council

d) A representative of the Vale of York Clinical Commissioning Group

e) A representative of York Local Involvement Network until such time HealthWatch is established

f) The Director of Public Health

g) The Director of Adults, Children and Education

h) A representative of York Council for Voluntary Services

i) A representative of the York Teaching Hospital NHS Foundation Trust

k) A representative of Leeds Partnerships NHS Foundation Trust

l) A representative of the Independent Care Group

m) 1/2~~A~~ representatives of the NHS Commissioning Board where the Board is preparing its joint strategic needs assessment or joint health and wellbeing strategy *(pending statutory status)*

n) A representative of the NHS Commissioning Board where the Board is considering a matter that relates to the exercise or proposed exercise of the commissioning functions of the National Health Service Commissioning Board in relation to York and request representation from the National Health Service Commissioning Board *(pending statutory status)*

o) Other members appointed by the Board or the Leader of the Council after consultation with the Board

3. Legal Status

3.1 The Health and Wellbeing Board is a Committee of the Council and will adhere to the Constitution of the Council. *(pending statutory status)*

4. Quorum

4.1 The Quorum shall be 5 members including as a minimum a representative of the Council, a representative of Vale of York Clinical Commissioning Group and HealthWatch.

5. Chair

5.1 The Chair of the Board shall be [Leader of the Council or his or her nominated representative], [one of the Officers], [elected by the Board at its first meeting]

5.2 The Vice Chair of the Board shall be elected by the Board at its first meeting

5.3 If the Chair is not present at a meeting the meeting shall be chaired by the Vice Chair. In the absence of both the Chair and Vice Chair the Board shall elect a Chair for the meeting from those members present.

5.4 The Chair of the Health and Wellbeing Board will be required to hold a named delegate list for board representatives including deputies

6. Frequency of Meetings

6.1 The Board shall meet no less often than four times a year

7. Access to Meetings

7.1 The public shall have the same right of access to meetings, agendas, reports and background papers as apply to any other meeting of a Committee of the Council

7.2 The public shall have the same rights to address the meeting as apply at meetings of the Cabinet of the Council

8. Sub Groups

8.1 The Board may establish subgroups required to deliver the it's agenda and agree their membership and terms of reference

8.2 The Working Groups will report to the Board

8.3 The board may also establish working arrangements with other working groups

9. Functions of the Board

9.1 To advance the health and wellbeing of the patients and residents in York and to address health inequalities by fulfilling its public health duties

9.2 Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner

9.3 Where it considers it appropriate to do so to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together

9.4 Provide such assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in relation to the exercise of NHS functions or health related functions of the Council

9.5 To exercise the functions of a local authority and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 relating to joint strategic needs assessments and health and wellbeing strategy *(pending statutory status)*

9.6 To exercise any other functions of the Council which the Council has determined should be exercised by the Board on its behalf *(pending statutory status)*

9.7 Where it considers it appropriate to do so, or when so requested by the Council, to give the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act to have regard to the joint strategic needs assessment and joint health and well being strategy *(pending statutory status)*

9.8 Oversee the development of local commissioning plans and where necessary, will initiate discussions with the NHS Commissioning Board if an agreed concern exists

9.9 To will lead cultural and behavioural change to support a joint approach to meeting local need

9.10 To hold all partners to account for their role in the delivery of joint commissioning and overall stewardship of the health and wellbeing outcomes for patients and residents

9.11 To continue to work alongside local strategic partnership arrangements to ensure the coordination of city wide ambitions, all of which impact on the health and wellbeing of patients and residents

9.12 To periodically review the York Health and Wellbeing Board constitution

10. Conduct

10.1 The Board and its members will commit to respecting the principles of Standards in Public Life promulgated by the Nolan Committee.

10.2 The Board will declare interests at meetings in accordance with the rules applicable to Councillors declaring interests at meetings of the Council. No member will have a prejudicial interest in a matter as a result purely of the matter affecting the sector that they represent.

10.3 Board members will recognise their role as trustees of health and wellbeing and will act collectively in the best interests of the local population.

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Health Overview and Scrutiny Committee **21st September 2011**

Local HealthWatch York : Progress Update

Summary

1. To update the Health OSC on the progression from LINks (Local Involvement Networks) to Local HealthWatch by October 2012.

Background

2. Local Involvement Networks (LINks) were established through the Local Government and Public Involvement Act 2007. They are independent community-based networks of organisations and individuals committed to strengthening and widening the influence of patients and the public in the planning, provision and improvement of health and social care services.

3. LINk's main powers and responsibilities are to monitor services by entering and viewing, and to gather the views and experiences of the community about their local services - and make those views known to those responsible for commissioning, providing, managing or scrutinising those services.

4. Since its establishment in York in April 2008 the York LINk has supported the development of a proactive Steering Group which is made up of volunteer representatives from both individuals and local voluntary sector organisations which reflect the make-up of the local community as a whole.

5. Since April 2008 York LINk has promoted an identifiable local brand and implemented a creative approach to community engagement and participation, particularly through the use of LINk Ward Representatives who are responsible for promoting involvement at a ward level to ensure that the views of communities are firmly embedded in the design, delivery and review of services.

6. Over the last thee years York LINk has also produced a series of reports around issues such as End of Life Care, Dental Services

and Carer's Rights which gather together an analysis of key issues and the views of local people in order to make recommendations to health and social care commissioners.

Local HealthWatch

7. HealthWatch will be the new consumer champion for both health and social care. It will exist in two distinct forms - Local HealthWatch and, nationally, HealthWatch England.

8. Local HealthWatch will evolve from the existing Local Involvement Networks (LINks), continuing their work alongside some additional functions. This includes signposting people to useful information about health and social care services. From April 2013 Local HealthWatch will also signpost to, or directly provide, an advocacy service for people with complaints about NHS services.

9. The overarching intention of Local HealthWatch is to provide a single point of contact, by connecting people to the right NHS and social care advice and advocacy services, and by helping people to find information that will enable them to choose the services they need and require.

10. Local HealthWatch bodies will be independent organisations (e.g. Community Interest Companies; Industrial and Provident Societies, Charities, Companies Limited by Guarantee etc).

11. Local authorities will commission Local HealthWatch with the freedom to decide how to do this. From April 2013 local authorities will commission NHS complaints advocacy from any suitable provider, including local HealthWatch, and the service will be accessed through local HealthWatch.

12. Local HealthWatch will have a seat on the new Health and Wellbeing boards to ensure consumer voice is integral to health and social care decision making.

HealthWatch Pathfinder Status

13. City of York Council, in partnership with York LINk, recently submitted a successful bid to the Department of Health to become a HealthWatch Pathfinder for the 2011-2012 financial year.

14. Pathfinder status presents an opportunity for scoping and planning - to begin to test the some of the proposed new functions for Local HealthWatch and allow partners to move towards an agreed,

effective and appropriate model for the City. It also provides a small amount of funding for networking / dissemination with other HealthWatch Pathfinder areas.

15. Pathfinder status also allows an opportunity to review and evaluate the effectiveness of existing relationships between the LINk and key healthcare providers in the City, and to develop new models and mechanisms of engagement in the future.

16. It is important to note that HealthWatch involves far more than a change of brand or title and, whilst retaining the most successful elements of the current LINks function, will be different and distinct from LINks.

17. The existing LINks function will continue until Local HealthWatch is formally established in October 2012. A LINks workplan has been drawn up for the 2011-12 financial year. Key LINks priorities over the forthcoming year include producing reports and recommendations around access to food in hospital and service provision for older people in York.

Consultation

18. As part of York's HealthWatch Pathfinder a Stakeholder Event (to gauge initial interest in the concept of Local HealthWatch and discuss potential delivery models) was held in July. The event was attended by over 20 partner organisations in the City and the wider sub region. Early feedback has indicated a keen interest in Local HealthWatch and its potential impact.

19. During the feedback session it was clear that there was a consensus about many of the principles for a local HealthWatch, these were:
    - HealthWatch should have good knowledge and understanding of the needs and existing work and services in York.
    - Local expertise and knowledge should be preserved.
    - HealthWatch needs to be clearly independent of City of York Council and other statutory providers.
    - HealthWatch should be representative of all needs and support people through all clinical pathways.
    - HealthWatch needs to have clear lead ownership and accountability.
    - HealthWatch must be accessible to all.

20. Since the conference a group comprised of representatives from NYYPCT Public Health and PALS teams , CYC Neighbourhood Management Unit, Strategy and Development Team and Adult Social Care Commissioning Team have met to discuss the commissioning process for York HealthWatch.

21. The group has held discussions around a number of key issues and next steps that need to be taken as follows:

    - To adopt a formal procurement process to select an independent organisation(s) to deliver Local HealthWatch in York from October 2012 onwards.
    - To initiate the HealthWatch procurement process by November 2011.
    - To hold further consultation events, enabling Citywide partners to have input into the commissioning process and to comment on service specification design.

Options

22. This report is for information only report, there are no specific options for members to decide upon.

Analysis

23. Please see above.

Corporate Strategy 2009/2012

24. The establishment of Local HealthWatch in York will make a direct contribution to the following specific outcomes listed in the draft City of York Council Plan:

    - Improved volunteering infrastructure in place to support increasing numbers of residents to give up their time for the benefit of the community
    - Increased participation of the voluntary sector, mutuals and not-for-profit organisations in the delivery of service provision

Implications

- **Financial**

25. Local HealthWatch will be financed through three separate strands of funding as follows:

    - Existing government funding to Local Authorities to support the current LINks function will be rolled forward into HealthWatch.
    - Monies provided for the current 'signposting element' of PCT PALS teams will be transferred across to local authority budgets from October 2012.
    - Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.

26. It should be noted that while an indicative sum of money will be provided to City of York Council under each of the above headings, none of these monies will be ringfenced i.e. they will be paid to City of York Council as part of various Adult Social Care formula grants.

27. City of York Council has the discretion to allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.

Department of Health (DoH) Funding Consultation

28. The DoH is currently seeking views on options around the distribution of monies for the **signposting** and **complaints advocacy** elements of HealthWatch – principally whether to allocate funding to local authorities based upon their population size population or level of 'adult social care need'.

29. Through the current proposal CYC would receive around £90,000 per annum to commission HealthWatch signposting services if this were based upon population size, and only £70,000 per annum based on an adult social care need formula.

30. In the case of complaints advocacy, CYC would receive £56,000 per annum based on population size, and £44,000 based on adult social care need.

31. City of York Council and partners have recommended that the NHS Transition Board respond to the Government consultation, indicating their preference for the allocation of HealthWatch commissioning monies based upon population size.

32. This recommendation has been made on the basis that York has a high proportion of 'self-funders' i.e. individuals who are funders of their own care needs. As a preventative, signposting service the ethos of Local HealthWatch should be to support these individuals and users of adult social care services in equal measure.

- **Human Resources (HR)**

33. There are no human resource implications

- **Equalities**

34. Establishing a successful Local HealthWatch in York will enable the targeting of support towards activities which contribute towards all the equality outcomes set out in the draft Council Plan. It will be a requirement of the successful organisation(s) delivering Local HealthWatch to demonstrate and evidence their commitment to equal opportunities in the work of their organisations, in line with the Equalities Act 2010

- **Legal**

35. There are no legal implications

- **Crime and Disorder**

36. There are no crime and disorder implications

- **Information Technology (IT)**

37. There are no information technology implications

- **Property**

38. There are no property implications

- **Other**

39. There are no other implications

Risk Management

40. There are risks of challenge to the validity of City of York Council's procurement and commissioning process if a HealthWatch contract is let without full and proper consultation with City wide partners. The thorough consultation processes that will be followed through the HealthWatch Pathfinder process will mitigate this risk.

Recommendations

41. Members are asked to note the report and the latest progress towards establishing HealthWatch. A further update will be provided at the next Health OSC meeting.

    Reason: To keep the Committee informed of the progress towards establishing HealthWatch.

Contact Details

Author: **Adam Gray** Senior Partnership Support Officer (VCS) Neighbourhood Management Unit Directorate of Communities and Neighbourhoods Tel. 551053	**Chief Officer Responsible for the report:** **Sally Burns** Director of Communities and Neighbourhoods **Report Approved** √ **Date** *8 September 2011* **Kate Bowers** Head of Neighbourhood Management **Report Approved** ☐ **Date** *Insert Date*

Specialist Implications Officer(s) n/a

Wards Affected: **All** X

For further information please contact the author of the report

Background Papers: N/A

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Health Overview & Scrutiny Committee **21st September 2011**

Report of the Assistant Director Governance & ICT

Proposed Scrutiny Review – End of Life Care ('Do Not Resuscitate' (DNR) Forms – Their Use and Effectiveness')

Summary

1. This report presents the Committee with a Topic Assessment Form (one page strategy) which, to date, briefly outlines the proposed scrutiny review on End of Life Care ('Do Not Resuscitate' (DNR) Forms – Their Use and Effectiveness') – **Annex A refers**. The Committee is asked to complete the Annex in full to enable this review to proceed. They are also asked to choose how they would like to undertake the proposed review.

Background

2. At a meeting of the Health Overview & Scrutiny Committee in June 2011 Councillors were asked to identify some potential topics for review during this municipal year; the following broad topic areas were identified:

   - Neurological Services (Primary, Secondary & Social Care) (Hospital, PCT, CYC)
   - Safety & effectiveness of older people's services & personalisation agenda
   - Health impact of the recession on deprived areas in York
   - 'Social Capital' – The influence & importance of local self interest groups
   - The importance of physical activity

3. In addition to this, at their meeting in early July, a further potential topic was identified after discussions with York Teaching Hospital

NHS Foundation Trust and NHS North Yorkshire & York, around the broad theme of 'End of Life Care'.

4. These topics were presented at a recent scrutiny work planning event held on 25th July 2011, together with a whole range of other topics from other Overview & Scrutiny Committees. Members attending the event also had an opportunity to suggest additional topics as well as considering those that had already been put forward.

5. As a result of this event the broad topic area around 'End of Life Care' was agreed for the Health Overview & Scrutiny Committee for this municipal year. In addition to this it was also agreed that the Committee monitor the procurement of HealthWatch.

6. In order to narrow down the scope of the 'End of Life Care' topic a workshop was held on 31st August with Members of the Committee and key partners attending. This was a lively debate which resulted in the focus of the proposed topic being agreed as 'Do Not Resuscitate (DNR) Forms – Their Use and Effectiveness'.

Consultation

7. Consultation has taken place during all the meetings, events and workshops set out above. Both Members and key partners have had the opportunity to contribute to some or all of the various debates leading up to identifying this topic for review.

Options

8. Members have the option to:

   i. Complete the Topic Assessment Form at Annex A to this report in order to scope and timetable this review.

   ii. Consider whether the review should be undertaken by the whole Committee or by a small Task Group

Analysis

9. Members are asked to complete the Topic Assessment Form in its entirety. In considering the 'Ambitions for the Review' section of Annex A Members are advised that the ambitions set will, in effect, become the aim and specific key objectives for the review.

10. Members have the option of undertaking the review as a whole Committee or as a small Task Group reporting back to the main Committee. A small Task Group can often afford greater flexibility and are able to work in a speedier and more focussed way.

11. In relation to the HealthWatch Monitoring topic, arrangements have been put in place for regular reports to be submitted to the Health Overview & Scrutiny Committee, the first of these being presented at today's meeting.

Corporate Strategy 2009/2012

12. This report relates to the 'Healthy City' theme of the Corporate Strategy 2009/2012.

Implications

13. There are no known financial, human resources, legal or other implications associated with the recommendations in this report. However, implications may arise as the review progresses and these will be addressed at that stage.

Risk Management

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

Recommendations

15. Members are asked to:

    i. Complete the Topic Assessment Form at Annex A to this report in order to scope and timetable this review.

    ii. Consider whether the review should be undertaken by the whole Committee or by a small Task Group.

    Reason: In order to progress this topic to review.

Contact Details

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Chief Officer Responsible for the report:
Andrew Docherty
Assistant Director Governance & ICT
Tel: 01904 551004

Report Approved ✓ **Date** 08.09.2011

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Topic Assessment Form

Annex A

SCRUTINY TOPIC ASSESSMENT FORM FOR COUNCILLORS
'ONE PAGE STRATEGY'

What is the broad topic area?

End of Life Care

What is the specific topic area?
i.e. what should be included & excluded from the topic? what are the driver behind the topic?

Do Not Resuscitate (DNR) Forms – their use and effectiveness

Ambitions for the review:
i.e. what is the review trying to achieve & why e.g. financial / efficiency savings and/or performance improvements? what will be different as a result of the review?

To try and ensure that patient's wishes and instructions are acted upon by health professionals and carers at the end of life.

(For completion by the relevant Overview & Scrutiny Committee)

Does it have a potential impact on one or more sections of the population? **Yes** ☐ **No** ☐

Is it a corporate priority or concern to the council's partners? **Yes** ☐ **No** ☐

Will the review add value? and lead to effective outcomes? **Yes** ☐ **No** ☐

Will the review duplicate other work? **Yes** ☐ **No** ☐

Is it timely, and do we have the resources? **Yes** ☐ **No** ☐

If the answer is 'Yes' to all of the above questions, then the Committee may decide to proceed with the review. To decide how best to carry out the review, the Committee will need to agree the following:

1) Who and how shall we consult?
i.e. who do we need to consult and why? is there already any feedback from customers and/or other consultation groups that we need to take account of?

2) Do we need any experts/specialists? (internal/external)
i.e. is the review dependent on specific teams, departments or external bodies? What impact will the review have on the work of any of these?

3) What other help do we need? E.g. training/development/resources
i.e. does this review relate to any other ongoing projects or depend on them for anything?
what information do we need and who will provide it? what do we need to undertake this review e.g. specific resources, events, meetings etc?

4) How long should it take?
i.e. does the timings of completion of the review need to coincide with any other ongoing or planned work

THE PRESS 01/09/2011

...outside the Laura Ashley store in Davygate, Yo

Ambulance complaints increase

by RICHARD CATTON
Health reporter

COMPLAINTS against Yorkshire Ambulance Service have soared by more than 40 per cent in the past year, new figures have revealed.

Dissatisfaction with the service now accounts for 11.2 per cent of all NHS complaints in our region – equivalent to one in nine of all complaints. The national average is just 4.3 per cent, or one in 23.

The number of complaints in Yorkshire rose from 742 in 2009/10 to 1,058 in 2010/11 – a rise of 42.6 per cent.

The figures were revealed in a report by the NHS Information Centre, which shows the number of annual written gripes against hospitals, community services and GPs.

In April last year, the trust was given five months to improve its response times after it emerged they were the worst of any trust in England. The service improved and hit its target with two months to spare.

Over the past year however, there have been a number of complaints against the service, from both patients and staff.

In August last year, MS sufferer Michaela Dykes said she was left waiting more than five hours for an ambulance to take her home from a routine appointment at York Hospital.

The previous month, in separate incidents, two York boys were told they had to wait an hour for ambulances after each suffered broken wrists.

Then in September last year, the service apologised to the family of heart attack victim Donald Lawson, 73, who died two days after an ambulance defibrillator was found not to work as paramedics battled to save his life outside his Tang Hall home.

This year disgruntled ambulance staff have twice contacted The Press to raise concerns over a perceived lack of emergency cover for some areas of York.

Yorkshire Ambulance Service acknowledged the increase in the number of people contacting it about the quality of service provided.

A spokesperson for the service said: "Many of the 1,058 complaints and concerns received relate to our non-emergency patient transport service which made 1.1 million non-emergency patient journeys last year, and which operates alongside the A&E service which received 725,000 urgent and emergency calls during the same period."

She said the service also included verbal complaints in its figures, which not all trusts necessarily do. She said the trust also received compliments from patients.

Asked how YAS intended to reverse the rising trend, the spokesman said they would act upon any feedback received.

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Health Overview & Scrutiny Committee Work Plan 2011/2012

Meeting Date	Work Programme
21st September 2011	1. Quarterly Financial & Performance Monitoring Reports 2. Terms of Reference for Health & Well Being Board 3. Health Watch Procurement Monitoring Report 4. Update from Councillor Wiseman on the Regional Joint Scrutiny Committee Investigating the Proposed Changes to Children's Cardiac Services *(Verbal Update)* 5. End of Life Care' Review – Report & Topic Assessment Form 6. Update from Yorkshire Ambulance Service on Article that Appeared in the York Press on 1st September 2011 *(Verbal Update)* 7. Work Plan
30th November 2011	1. Update on the Implementation of the Recommendations Arising from the Carer's Review* 2. Six Monthly Report in Relation to the Indicators being Monitored in Relation to Carers* 3. Annual Update Report on the Carer's Strategy for York* 4. Quarterly Financial & Performance Monitoring Reports 5. Health Watch Procurement Monitoring Report 6. The Local Account for Adult Social Care 7. Work Plan
18th January 2012	1. Update on the Implementation of the Recommendations Arising from the Childhood Obesity Scrutiny Review 2. Health Watch Procurement Monitoring Report 3. Update on Dementia Strategy Action Plan 4. Work Plan
14th March 2012	1. Quarterly Financial & Performance Monitoring Reports 2. Health Watch Procurement Monitoring Report 3. Work Plan

***These may come to Committee as one report.**

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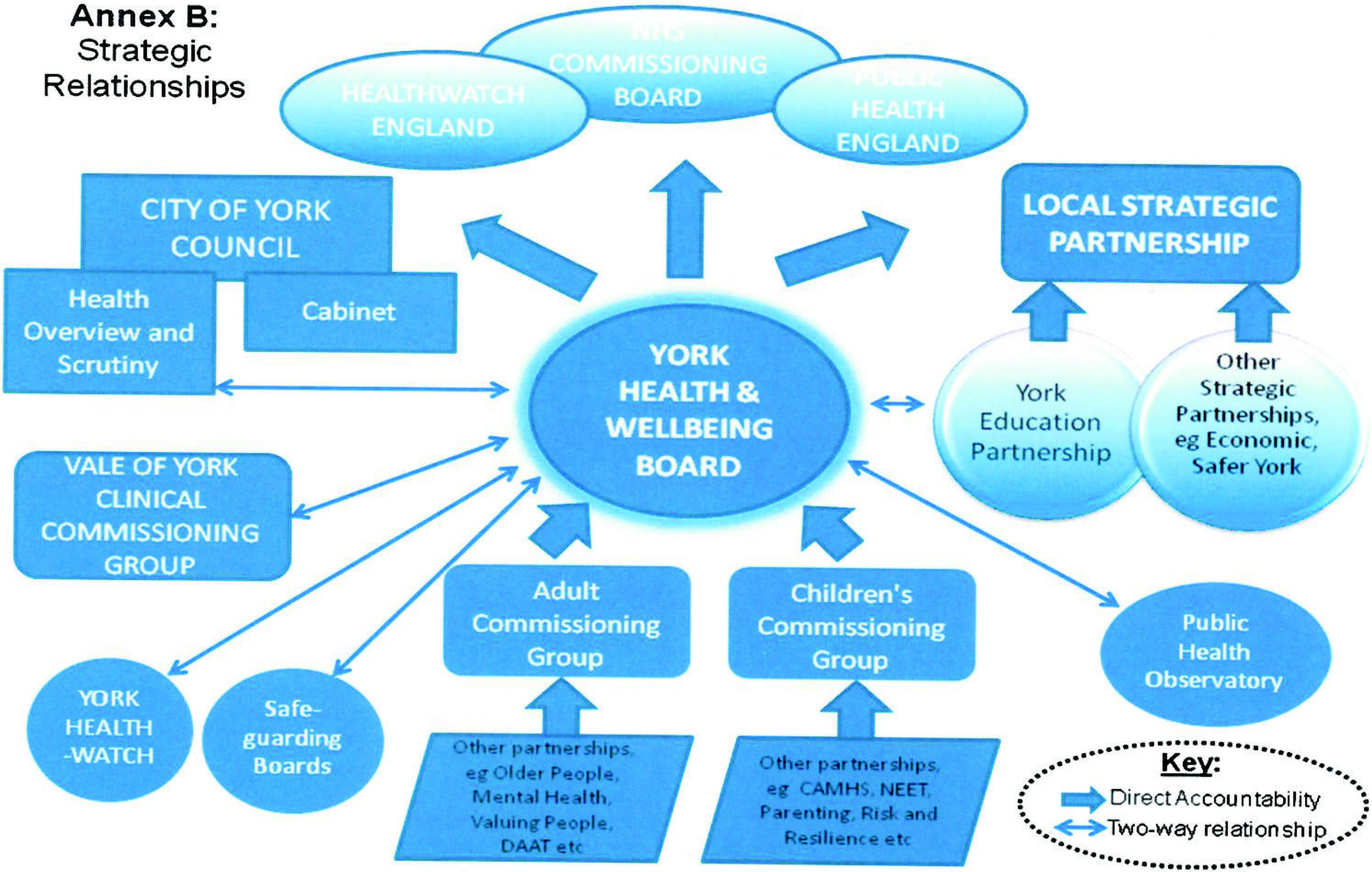
Annex B:
Strategic Relationships



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3 BACKGROUND

Under the Safe and Sustainable review the NHS is proposing to reduce the number of children's heart surgery units in the England from 11 to 6 – 7 specialist hubs undertaking 400 operations per year.

The recommendations for change were agreed by a Joint Committee of Primary Care Trusts JCPCT which comprises the chair of each specialized Commissioning Groups in England and the Director of National Specialised Commissioning.

The recommendation for the concentration of medical and nursing expertise in centres is based on evidence which showed that the more frequent a surgeon performed procedure the better the outcomes in both morbidity and mortality. Smaller centres with two or three surgeons are unable to operate safe surgical rotas which guarantee care at all times, able to see a variety of conditions to maintain their skills and overcome the significant strain on them as surgeons. The proposed Safe and Sustainable standards recommend that congenital heart surgery units are staffed by a minimum of four consultant cardiac surgeons.

The Review has published 4 re-configuration options for consultation with Leeds only featuring in one Option D. If any of the other options are favoured then the Leeds Unit would close leaving a huge gap in provision from Leicester or Birmingham in the south to Newcastle in the north and Liverpool to the west. This would mean children from Yorkshire, North Derbyshire and North Lincolnshire having to travel long distances for treatment and parents being put to significant expense to visit.

The choice facing the Review Team will be to retain Leeds or Newcastle to serve the north.

The advantages Leeds has, is that Leeds has the capacity to expand and the Unit is accessible to nearly 14 million people within a two hour's travel time of which 5.5 million are in Yorkshire and Humber. This is one of the highest population coverage's of all the Units in England compared with Newcastle which has accessibility to only 2.8 million within the two hour travel time window.

Leeds is centrally within the North to accommodate patients from outside the current catchment area via some of the UK's major transport links. Leeds performs between 300 – 350 heart surgery operations per year compared to Newcastle's 250 operations.

Leeds hospital has centralized the whole of its children's services operation on one site. This is a huge asset and meets the requirements of the Department of Health's Critical Interdependencies report. Newcastle in contrast offer Children's services on a split site between the Royal Victoria and Freeman Hospital - 3 miles apart. A leading support organisation stated on 18th February "For these services at each centre to remain sustainable in the long term, co-location of key clinical services on one site is essential" Given that Leeds is one of only two centres in the UK (the other being Southampton) which has co-location of children's services it is therefore essential that the Unit remains open.

The British Congenital Cardiac Association has stated that paediatric services cannot be considered in isolation and that numerous inter-dependencies between clinical services must reflect in the final decision. For example over 300 "blue neonatal" admissions were admitted to Leeds for a range of tests including cardiac examinations whereas Newcastle nor Liverpool have a Neonatal Unit and are at present unable to offer this service.

The Yorkshire region has a significant higher birth rate than that of the North East meaning the demand for services at Leeds will rise more than Newcastle.

Inconsistencies in the application of some of the principals – Liverpool and Birmingham are all in the options because of their density of population and access for patients – but this did not apply in the options that favoured Newcastle over Leeds.

Ian Kennedy's report clearly documents that the way Leeds has set up a network in hospitals around the region is far better for patients and staff than Newcastle Leeds has developed 17 outreach clinics covering Yorkshire as yet NEWCASTLE do not have any. However all centres got the same scores.

Report from the Joint Health Overview & Scrutiny Committee (Yorkshire & The Humber)

I attended a meeting of the Joint HOSC in Leeds on 2nd September. The Committee is made up from representatives of 15 Councils in Yorkshire and Humber.

The JHOSC forms a statutory overview and scrutiny body to consider and respond to the proposed reconfiguration of Children's Congenital Heart Services in England – taking into account the potential impact on children and families across the region.

In considering the proposals set out in the Safe and Sustainable Consultation Document: *A new vision for Children's Congenital Heart services in England (March 2011)* members of the JHOSC have sought to consider a wide range of evidence and engage with key stakeholders.

As part of the public consultation on the future of the service in England HOSC's have been given until 5th October 2011 to respond to the proposals.

In preparation for this meeting direct input was sought from the Joint Committee of Primary Care Trusts as the appropriate decision making body, to attend this meeting. However the invitation to attend the meeting was declined.

As a result of this meeting the Joint HOSC resolved to provide a series of questions to the JCPCT for a written response.

Representatives from the JCPCT have again been invited to attend the next meeting (Thursday 22nd September) to present the response to the questions and address any further questions identified by the members of the Joint HOSC.

This Committee have expressed concerns by the Joint HOSC to the Secretary of State for Health. In addition Members of Parliament representing Yorkshire and The Humber have been provided with copies of all relevant correspondence and invited to make a submission to the Joint HOSC.

The main questions posed to the Joint Committee of Primary Care Trusts

1. Why was the Leeds unit not included in all four options on the grounds of population density in the Yorkshire and the Humber region, on the same basis of those which feature in all four options.

2. Why isn't the genuine co-location of paediatric services provided at Leeds Children's Hospital, alongside maternity services and other co-located services on the same site, given greater weighting. Such service configurations have been described as the "gold standard" for future service provision, yet it appears not to have been given sufficient weighting in the case for Leeds.

3. Why isn't the "exemplar" cardiac network which has operated in the Yorkshire & Humber since 2005 given greater weighting in the drawing up of the four options.

4. Why isn't travel and access to the Leeds unit given a higher weighting given the excellent transport links. Almost 14 million people are within a two hour travelling distance of the Leeds unit.

5. How has the potential impact of the proposed reconfiguration of the surgical centres on families, including additional stress, costs and travelling times, been taken into account.

6. Why have congenital cardiac services for Adults been excluded from the review when in some cases the same surgeons undertake the surgical procedure. Children with congenital cardiac conditions are surviving into adulthood which suggests an overall increase in surgical procedures.

7. The impact on other interdependent services and their potential future sustainability.

8. How have the ambulance services been engaged with in the review process.

9. How has the impact on training future surgeons, cardiologists and other medical/nursing staff been factored into the review.

10. Why have services provided in Scotland been excluded from the scope of the review when they may have an impact for children and families across the North of England and potentially Northern Ireland.

The Joint HOSC will receive a reply to these question at their meeting on Thursday when it is hoped a representative from the JCPCT will be present.

The HOSC was also disappointed that there has not been available to the Committee a report from Price Waterhouse Coopers (an independent review body) who are undertaking a study into patient flows which could have a very large impact on the way the HOSC reports back to the JCPCT.

We were expecting a copy of this report to the last meeting but have been told that it might not be available until the last week of September.

The Joint HOSC's response has to be submitted by 5th October.

It was felt that this whole process was very unsatisfactory and the Committee members frustrated by the responses from the JCPCT to date.

The four options that the public will be consulted on are:

Option A

Seven surgical centres at:

- o Freeman Hospital, Newcastle
- o Alder Hey Children"s Hospital, Liverpool
- o Glenfield Hospital, Leicester
- o Birmingham Children's Hospital
- o Bristol Royal Hospital for Children
- o 2 centres in London

Option B

Seven surgical centres at:

- o Freeman Hospital, Newcastle
- o Alder Hey Children"s Hospital, Liverpool
- o Birmingham Children's Hospital
- o Bristol Royal Hospital for Children
- o Southampton General Hospital
- o 2 centres in London

Option C

Six surgical centres at:

- o Freeman Hospital, Newcastle
- o Alder Hey Children"s Hospital, Liverpool
- o Birmingham Children's Hospital
- o Bristol Royal Hospital for Children
- o 2 centres in London

Option D

Six surgical centres at:

- o Leeds General Infirmary
- o Alder Hey Children"s Hospital, Liverpool
- o Birmingham Children's Hospital
- o Bristol Royal Hospital for Children
- o 2 centres in London

London

The preferred two London centres in the four options are:

- □ Evelina Children"s Hospital
- □ Great Ormond Street Hospital for Children

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