



**Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee**

To: Councillors Doughty (Chair), S Barnes, Craghill
Cullwick (Vice-Chair), Derbyshire and Richardson

Date: Wednesday, 22 June 2016

Time: 5.30 pm

Venue: The Snow Room - Ground Floor, West Offices (G035)

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare:
 - any personal interests not included on the Register of Interests
 - any prejudicial interests or
 - any disclosable pecuniary interestswhich they may have in respect of business on this agenda.

- 2. Minutes** (Pages 3 - 10)
To approve and sign the minutes of the meeting held on 26 April 2016.

- 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 **5:00pm on Tuesday 21 June 2016**.

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4. Attendance of the Executive Member for Health and Adult Social Care - Priorities & Challenges for 2016/17 (Pages 11 - 14)

The Executive Member for Health and Adult Social Care will be in attendance to provide an update on her priorities and challenges for the 2016-17 municipal year.

5. Be Independent End of Year Position (Pages 15 - 22)
Members are asked to note the performance of Be Independent.

6. Verbal update on Bootham Park Hospital Scrutiny Review
Members will receive a verbal update on the ongoing review work following the closure of Bootham Park Hospital.

7. Work Plan 2016/17 (Pages 23 - 24)
Members are asked to consider the Committee's work plan for the municipal year.

8. Urgent Business
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts

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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

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

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Health and Adult Social Care Policy and Scrutiny Committee**Agenda item 1: Declarations of interest.**

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

- Councillor S Barnes Works for Leeds North Clinical Commissioning Group
- Councillor Cannon Member of Health and Wellbeing Board
Husband is a trustee of IDAS
- Councillor Craghill Member of Health and Wellbeing Board
- Councillor Doughty Member of York NHS Foundation Teaching Trust.
- Councillor Douglas (Substitute) Council appointee to Leeds and York NHS Partnership Trust.
- Councillor Richardson Niece is a district nurse.
Undergoing treatment at York Pain clinic and awaiting surgery for knee operation.

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	26 April 2016
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

84. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business on the agenda. None were declared.

85. Minutes

Resolved: That the minutes of meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 23 March 2016 were approved and then signed as a correct record by the Chair.

86. Public Participation

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme. Both spoke in relation to Agenda Item 6 (Hull Road Surgery Plans).

Laurie Pye was a current patient at Unity Health's Hull Road Surgery. He commented how many older people lived alone and that the GP surgery gave them a steady presence in their life. They had felt traded off for younger patients due to the move to land adjacent to the University campus. He pointed out that there was only one crossing on Hull Road near the surgery. He felt that the older patients would either have to hire a taxi to get to the new premises or have to depend on children or partners. He asked if there was the possibility for the CCG to maintain a medical facility at the Hull Road surgery.

Councillor Warters spoke as the Ward Member. He felt that the Vale of York Clinical Commissioning Group (CCG) and Unity Health did not wish to retain a surgery on the Hull Road site.

He asked what role the University had taken in the decision to move the practice. He wished for the decision to be referred back to the CCG and a contribution to be made from the University of York to the new facility and to the old surgery on Hull Road to maintain it for those patients who currently used it.

87. Update on York Wheelchair Services

Members received an update report on wheelchair services in the city. Robin Hull, General Manager and Samantha Lambert, Interim Wheelchair Lead from Harrogate and District NHS Foundation Trust presented the report.

They gave a short background to the report and informed the Committee that the wheelchair service was being tendered as a North Yorkshire wide service and pre qualifying questions had recently been submitted. The invitation to tender was due out next month. Discussion regarding Key Performance Indicators (KPIs) included a draft specification with longer hours and better access for service users.

During questions it was noted that a wheelchair user as a child would be a user for life and would need specialist seating to reflect their transition and growth into adulthood. In addition, the ownership of wheelchairs and the ability to buy equipment from the Trust was also discussed. It was noted this would mean that the purchaser would have to pay for maintenance of the equipment. Some Members asked about the ownership status of equipment in particular the tendering arrangements. It was noted that the Trust as the current provider owned the equipment.

Some Members suggested that they recommend to the CCG that the collection of equipment from users be included within one of the KPIs for the service.

Resolved: (i) That the report be noted.

- (ii) That the Committee suggest to the Vale of York Clinical Commissioning Group that the collection of equipment from users be included within the Key Performance Indicators (KPIs) for the wheelchair service.

Reason: So that the Committee are kept informed and so that delivery of key performance measures are demonstrated.

88. Update on the Older Persons' Accommodation Programme

Members received a report which provided them with an update on progress made towards delivering the Older Persons' Accommodation Programme.

Discussion took place on the impact of changes to housing benefit legislation in regards to the Older Persons Accommodation Programme. Officers reported that the possible changes would not have an affect on the funding for the Burnholme Health and Wellbeing Hub as this care is funded via social services, health or residents own funds and is not housing benefit eligible.

In regards to whether changes to Local Housing Allowance rates would affect low income residents detrimentally in homes such as Auden House, meaning that some would not be able to pay their tenancies, it was confirmed that this is a concern and will be kept under review.

It was also reported that the proposals for Haxby Hall were to look at a range of options before a decision on its future is made by Executive. Haxby Hall will be the last home to be considered for closure with a dependency linked to the Burnholme redevelopment.

Resolved: (i) That the update to deliver the Older Persons' Accomodation Programme be noted.

(ii) That regular updates are presented to future meetings.

Reason: So that Members are kept aware of progress towards delivery of the Older Persons' Accommodation Programme.

89. Hull Road Surgery Plans

Members received a report which presented information on plans by Unity Health to relocate services from Hull Road surgery in York.

Dr John Lethem and Louise Johnston, Managing Partner, from Unity Health gave a brief introduction to Members about the consultation that they had undertaken in respect of the relocation plans. They informed the Committee that many of Unity Health's current patients were from Osbaldwick but went to practices at Wenlock Terrace and the University to access other services. It was confirmed that the University had not been involved in the decision to move the services from Hull Road, and they were not expected to fund any of the healthcare costs.

Members were told that Unity Health were aware that some patients wanted to walk to the new premises but they realised that it was around a mile from the current surgery. They added that they were aware that the bus link from the Hull Road surgery to the new premises at Heslington East did not cover some of the same streets on the return journey.

It was noted that there were traffic lights near the Hull Road surgery and the nearest pharmacy was across the road. It was commented, that the partners themselves had not earmarked a pharmacy to be attached to their practice, developers had.

Some Members raised concerns that the proposals were detrimental to some residents, in regards to safety and access for residents crossing from the Osbaldwick side of Hull Road. Officers advised that in making the decision the CCG had to keep in mind the needs of all of the population. In addition, there was a need for GPs practices to offer a wider range of services, and the current building was restrictive. They suggested that it would be advantageous for Unity Health to work with the Council's Planning and Transport Departments to come up with a solution in regards to the pedestrian crossing and other issues that had identified. Some Members added that the bus operators could also be approached in regards to a change of routing.

Resolved: (i) That discussions between Council Officers and Unity Health Care be undertaken in respect of pedestrian access issues from the Osbaldwick side of Hull Road.

(ii) That First York be approached in respect of a possible alteration to the return journey route between the York Campus surgery and Hull Road surgery.

Reason: So that Members can satisfy themselves that no Hull Road Surgery patients are being disadvantaged.

90. Residential, Nursing and Homecare Services- Quality Standards

Members received a report which provided details of the performance of York based providers against Care Quality Commission (CQC) standards and the Adult Commissioning Team's Quality Assessment Framework.

It was noted that although one nursing home had received an inadequate rating from the CQC in January, the manager had been replaced and there was a mutual agreement in place for no new admissions. It was expected that one more home would get an inadequate rating from the CQC, Holgate House, which was in the stages of being taken over by a new provider. Members were also told that the standards of providers were not just judged on inspections from the Adult Commissioning Team or the CQC but also from the work of Healthwatch York and from comments from service users themselves.

In general it was noticed that the quality of leadership was one of the biggest issues in the city and there was a summit due to be held around recruitment and retention within residential care.

Some Members asked about the affordability of access to certain types of care, for example dementia and if there was a "squeezed middle" in Adult Social Care. Others asked if the Council was confident that safeguard were in place to avoid a situation like the ones that happened at Bootham Park Hospital.

Officers responded that it was a varied market and it was their job to manage the market to this but they had found no direct correlation between cost and safety. In response to the question about avoiding a Bootham type situation happening, new legislation was now in place around provider failure to avoid provider financial failure and there was enough reassurance. In addition, the Council's own Older People's Accommodation was not located in older buildings. Therefore they were confident to continue to invest in them.

Resolved: That the performance and standards of provision across care services in York be noted.

Reason: To update Members on the performance of York based care providers.

91. CCG Sustainability and Transformation Plan

Members considered an overview on Sustainable Transformation Plans (STP) and the current planning arrangements for Clinical Commissioning Groups (CCG), in particular the Vale of York CCG.

The Committee were informed that STPs were a mechanism to drive the NHS Five Year Forward View across the Vale of York CCGs area. The STP combined Coast, Humber and Vale and involved; Scarborough and Ryedale CCG, North Lincolnshire CCG, North East Lincolnshire CCG, East Riding CCG, Hull CCG and Vale of York CCG. It was noted although the geography was incongruous, some services already were undertaken across geographic boundaries such as NHS 111 and the Yorkshire Ambulance Service. It was noted that the governance of the STP was under consultation and would be headed by a Joint Collaborative Committee.

Questions and comments from Members related to how the STP would impact on York in relation to funding, how the STP seemed very medically oriented, its governance and what were the risks and opportunities.

Members were informed that as there was a central pot of funding in the STP, all CCGs would bid for the money.

It was incumbent upon the authors of the STP to take into account the broader view and look at the system overall, that healthcare was not just about emergency admissions but about mental health and also issues that were not apparent five years ago.

In response to one Member's query about governance and whether it was possible for one CCG to take a lead on an issue and extend collaboration, it was confirmed this had been done at a Systems Resilience Group level in some schemes. Scarborough and Ryedale CCG had undertaken a project that had impacted on other CCGs as had Vale of York.

It was reported that the biggest risk was that CCGs did not agree mainly due to the lack of common relationship, but that conversely there were opportunities to deal with this variation.

Resolved: That the report be noted.

Reason: To keep the Committee informed of current planning arrangements for Sustainable Transformation Plans in the Vale of York Clinical Commissioning area.

92. Better Care Fund

Members considered a report which updated them on the progress of the submission for the Better Care Fund (BCF) in 2016 and beyond.

It was confirmed that the submission date for the 2016/17 BCF to NHS England had been extended to the 15 May and there were still sticking points around finances with the CCG and the Council budget and the size of the BCF. The BCF had to be formulated without a surplus as the previous plan had not delivered in terms of efficiencies as promised. An Integration and Transformation Board had been established to look at the finances for the BCF and other schemes outside of the BCF, how to use the BCF differently and what were the breakthrough projects. This gave a medium term strategy for transformation outside of the BCF but it was felt nationally that wholesale transformation was needed in York.

Reference was made to discussion at the Health and Wellbeing Board in regards to a number of projects and schemes committed to in the BCF such as prevention of hospital admissions, prevention of Delayed Transfers of Care, the promotion of integrated working, early intervention, protection of adult social care it was reported that these services could not be easily closed down without having an immediate effect on the hospital. In addition these services were also contracted and provided in house. The Board also commented that the Integration and Transformation Board should include providers as well as commissioners on its membership.

It was also highlighted that the Director of Adult Social Care had made a number of representations to NHS England to widen the scope of funding in order to reduce the £2 million funding gap that York had, and there was recognition at the meeting that there was a significant risk that the CCG and Council may not agree to the plan for the BCF. Therefore it was decided that the Chair of the Health and Wellbeing Board had delegated authority on behalf of the Board and Chair of the CCG to explore arbitration to resolve the ongoing discussions between the Council and the CCG to sign off the BCF submission.

In response to a question about how the STP would relate to the BCF it was felt that partners would have to work at a local and sub regional level, if the Integration and Transformation Board intended to use these networks. However, both the Council and CCG needed to be mindful of the risk of the potential to put more in than it got out.

Resolved: That the update be noted.

Reason: So that the Committee is kept informed of developments on progress for the submission of the Better Care Fund in 2016 and beyond.

93. Work Plan 2015-16

Consideration was given to the work plan.

Resolved: That the work plan be noted and the following amendments made;

- An update on the Better Care Fund.
- An update on the financial position of all external partners in Health and Adult Social Care.
- A progress report on the Sustainable Transformation Plan.
- A report on where the system is in terms of financial strategy.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 9.18 pm].

Priorities - Headlines Report to Health and Adult Social Care Policy and Scrutiny and Committee from Cllr Carol Runciman, Chair CYC Health and Well-being Board and Portfolio Holder for Adult Social Care and Health – June 2016

Review of Public Health - Permanent appointments have been made to the posts of Director of Public Health and Assistant Director of Public Health – a thorough review of the structure of the public health team and the delivery of public health is underway.

CYC Children's Health Team - Staff who have come over from NHS to CYC (school nurses and health visitors) have been welcomed and I contributed to their induction. I feel that they will be an effective team to deliver improvements to children's health from 0 to 19yrs. They will also contribute to community based provision in York as they will be based in the Children's Centres.

Mental Health Provision - I attended part of both consultation sessions run in York by TWEV at which the public were invited to discuss their plans for the delivery of Mental Health Services in the area. They were well attended with some enthusiastic participants who were very willing to give their views.

Mental Health, Young Adults - Both as the portfolio holder and as a member of the University Court, I have met with the Vice Chancellor (VC) of York University to discuss the report produced for him by specialist staff within the university on student mental ill health. The VC assured me that he would be taking forward both of the two top level recommendations; firstly to take immediate steps to improve University support for student mental health and secondly to ensure a coordinated approach to improve mental health services for students in York and North Yorkshire. The new drop in mental health service recently set up by York St John University and open to all is very welcome in this regard.

Older People's Accommodation - There has been good progress made with the Older People's Accommodation programme and plans for the Burnholme site are now well advanced and in the public domain.

Similar plans will soon be brought forward for provision on the Lowfields site. My recent visit to a new care facility at Garforth demonstrated what can be achieved when modern, up-to-date, high quality accommodation is established (Augustus Court Care Home provided by Meridian Care).

Adult Social Care Provision and commissioned services - I have visited both The Avenues and Sycamore House with the service manager to understand the provision they make and consider their future. I have also visited the services provided at the Union Terrace hostel by Arclight, who have merged with Changing Lives and I met the new Chief Executive, Eileen Ronan. I was also able to thank Jeremy Jones for his services to homeless people in York and wish him well in his new rural life in Italy.

Reductions in Delayed Transfers of Care - The progress made in managing delayed transfers of care continues. The daily numbers remain in single figures on most days; 4 at the last count could be attributed to CYC ASC. Despite a marginal increase on last year's overall figures, rates have not returned the high levels of previous years. Officers are to be congratulated on this achievement and I will be kept up to date on any changes in this figure.

Workforce Development - A multi- agency workforce conference has been held which was well attended and well received. It is clear from the discussions that the recruitment of workers in the care sector is less of a problem than expected but that their retention is a challenge which all agencies will be considering.

Better Care Fund - Work on the outcomes of the discussions about the Better Care Fund is continuing. The Chief Executive, the Director of ASC and myself alongside representatives from the Vale of York CCG visited the Department of Health to discuss a way forward and we have been given until the end of July to submit a plan. It is hope that this can be achieved with the cooperation of all parties. I have also had productive talks with Keith Ramsay, Chair of the CCG and hope he will soon become a member of the HWBB. Financial sustainability is a key issue for all agencies and progress is being made by the Integration and Transformation Board to look at bringing budgets together and to ensure services are planned and delivered cooperatively.

Joint Strategic Needs Assessment (JSNA) – work on the new JSNA is well underway, the new steering group has been established and consultation has begun with different groups on the priorities. Concern has been expressed about the resources available to develop the JSNA. The steering group are working on a business case with a number of different options for what the new JSNA might look like and a proposal will be considered by the Health and Wellbeing Board in due course. In the meantime work has started to review the information on the website and a consultation has started on a Student Health Needs Assessment which it is anticipated will be completed by the Autumn.

Carol Runciman

June 2016

Abbreviations:

CCG – Clinical Commissioning Group

CYC – City of York Council

HWBB – Health and Wellbeing Board

JSNA - Joint Strategic Needs Assessment

NHS – National Health Service

TWEV – Tees, Esk and Wear Valley NHS

VC - Vice Chancellor

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**Health & Adult Social Care Policy and
Scrutiny Committee**

22 June 2016

Report of the Head of Commissioning, Adult Social Care

Be Independent – Be Independent End of Year Position

Background

1. Members will recall that the City of York Council previously provided a community alarm and telecare provision alongside an equipment service. A proposal was submitted by the service to “spin out” and become an independent Social Enterprise.
2. In April 2014 this proposal was implemented with staff transferred through TUPE arrangements to the new organisation Be Independent. Due to the significant levels of requirements in setting up a business that needed to be up and running for 2600 customers from day one a number of support services (finance, legal, HR etc) were provided through the council. In April 2015 a further step was taken with finance and legal services no longer being provided by the council and an additional member of staff transferred across to Be Independent. In addition Be Independent no longer use the Adult Social Care database system (Frameworki) with all customers recorded through their own database and all referrals made direct to Be Independent rather than through the councils front door.

Be Independent Monitoring Information

3. As this and York Explore were the first council services to be “spun out” a decision was made to audit the monitoring processes in place to ensure these were sufficiently robust. The outcome of the audit carried out by Veritau in October 2014 demonstrated that effective processes were in place for Be Independent with the exception that monitoring data should be reported to a higher level. As a result it was agreed that high level monitoring would be reported to the ASC Performance Clinic and the Health & Adult Social Care Policy & Scrutiny Committee.

4. Monitoring data to be submitted to ASC Performance Clinic and the Health & Adult Social Care Policy & Scrutiny Committee:

- Satisfaction with service received
- Enhanced quality of life
- Increased independence
- Improvement in feeling safe
- Improved wellbeing
- Telephone calls answered promptly -
% calls responded to in under 30 seconds
- Telephone calls answered promptly -
Total number of telephone calls received
- Total number of community alarm customers (across all tiers)
- Total number of self funding community alarm customers
(across all tiers)
- Total number of community alarm eligible customers
(across all tiers)
- % of eligible customers
- Number of Loan Equipment Deliveries
- Priority 2D (Within 5 working days) Loan Equipment Deliveries -
% Deliveries completed on time

5. The first 5 monitoring indicators were assessed as a baseline before the service was spun out and derived from the National Adult Survey. In January 2015 a further survey was carried out with all customers receiving a community alarm service (2800) contacted and a response rate of 45%. This demonstrated an increase in customer satisfaction in most areas since the service was spun out however a comparison to the National Survey came out less favourably.

Indicator	Baseline Values (pre-Contract) <i>Survey Point 2014</i>	2015 Local Survey	2015 National Survey
Satisfaction with service received	90.5%	91.3%	87%
Enhanced quality of life	79.6%	82.0%	74%
Increased independence	72.3%	74.4%	68%
Improvement in feeling safe	62.8%	66.1%	62%
Improved wellbeing	48.2%	47.0%	40%

6. As this service is now external the customers are no longer covered within the National Adult Social Care Survey and there will therefore not be any results for 2016. However going forward, a service specific customer consultation will be carried out annually with a 10% customer sample for future monitoring. The 2016 survey is scheduled for late Summer/Autumn.
7. Improved wellbeing is the only indicator that reduced across both surveys and more than half of the customers could not see this service contributing to their wellbeing. Wellbeing has a wide holistic definition within the Care Act and customers may struggle to determine what this question means to them. Care Act guidance (Social Care Institute for Excellence) states that wellbeing should be defined in each case and this approach will be taken in future customer consultations (please note - was previously not possible to do so as this was part of the National Adult Social Care Survey). There are specific wellbeing outcomes from the Care Act 2014 which can be used where appropriate to assess customer feedback.

Telephone calls

8. The service provides a 24 hour call and response service depending on the package of service they receive. Receiving calls in a timely manner is therefore an essential requirement to providing a good quality service:

Indicator		Indicator Value 2015/16			
		Q1	Q2	Q3	Q4
Telephone calls answered promptly	14/15				
% calls responded to in under 30 seconds	94.7%	96.0%	96.2%	95.0%	96.2%
	Target: 90%	Target: 90%	Target: 90%	Target: 90%	Target: 90%
Total number of telephone calls received	Average per quarter = 39,434	33,296	33,620	37,779	36,184

9. The results demonstrate that there is sufficient staffing and telephone lines to provide a responsive service and that there has been improvement in response times since the service was “spun out”. However the quantity of calls have reduced from an average of 39,434 a quarter in 2014-15 to 35,220 (10% reduction in calls). The increase in calls over Q3 and Q4 will predominantly be due to the floods that took place at the end of December 2015.

Community alarm customers

10. One of the potential benefits for “spinning” the service out was through a greater emphasis on developing the private market place and therefore creating economy of scale with eligible customers funded by City of York Council.

Lifelines Connections	14/15 at year end	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4
Total number of lifelines customers (across all tiers)	2,769	2,675	2,774	2,649	2,575
Total number of self funding customers (across all tiers)	1,435	1,363	1,439	1,366	1,363
Total number of eligible customers (across all tiers)	1,334	1,312	1,335	1,283	1,212
% of eligible lifelines customers	48.2%	49.0%	48.1%	48.4%	47.1%

11. However despite provider advertising through various methods: leaflet drops; events; advertising on buses, stands in garden centres and supermarkets, marketing initiative with Tunstall etc there has been a reduction (7%) rather than an anticipated increase (projected at 3%) in provision. This also against the changing demographics of increase in older people in York.
12. The decrease in customers is across the board, although slightly less for self-payers, so this would suggest that the cost, that was increased just before the service was spun out, is not the main factor. With customer satisfaction levels being high then it also suggests the quality of service is not affecting demand. It would be reasonable to state that Warden Call as an internal service had ongoing difficulties in capturing customer data and closing customers that have left the service on the system. This was picked up again more recently with the floods in December where customers were contacted by the Council on behalf of Be Independent to ensure they were safe.
13. As a result of this an audit of a sample of past & current customers will be carried out to try to obtain greater intelligence both on whether their customer base is accurate and up to date and why customers are leaving the service.

Number of Loan Equipment Deliveries

Deliveries	14/15	Q1	Q2	Q3	Q4
Number of Deliveries	<i>Average per quarter = 4337</i>	3,406	3,142	3,208	3,859
Priority 2D (Within 5 working days) - % Deliveries completed on time	93.7%	92.2%	95.4%	93.6%	97.1%
		Target: 90%	Target: 90%	Target: 90%	Target: 90%

14. The average of deliveries is increasing on a quarter by quarter basis but is still lower than the 2014/15 data. Deliveries completed within 5 working days are performing well.

Summary

15. Reporting information generally indicates that the quality of service delivery remained good since it was spun out in April 2014. However the main concern is the consistent drop in quantity of community alarm customers without any clear indication why. Additional quality assurance processes will be implemented to understand in particular why customers are leaving the service as significant effort has been made to attract new customers.
16. The Adult Commissioning Team is continuing to engage regularly with Be Independent to develop understanding of the performance of different aspects of the service provision.

Implications

Financial

17. There are no financial implications associated with this report.

Equalities

18. There are no direct equality issues associated with this report

Other

19. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

20. There are at present no risks identified with issues within this report.

Recommendations

21. Members are asked to note the performance of Be Independent.

Reason: To inform members of the work of Be Independent

Contact Details

Author:

Carl Wain,
Commissioning Manager,
Adults Commissioning
Team,
01904-554595

Chief Officer Responsible for the report:

Martin Farran
Director
Adults Social Care

**Report
Approved**

✓ **Date 3rd June 2016**

Specialist Implications Officer(s)

Wards Affected:

All ✓

For further information please contact the author of the report

Abbreviations

ASC - Adult Social Care

Q - Quarter

TUPE - Transfer of Undertakings (Protection of Employment)

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Health & Adult Social Care Policy & Scrutiny Committee Work Plan 2016-17

Meeting Date	Work Programme
Wednesday 22 June 2016 @ 5.30pm	<ol style="list-style-type: none"> 1. Attendance of Executive Member for Health and Adult Social Care to explain her challenges and priorities for the municipal year 2. Be Independent End of Year Position 3. Verbal update on Bootham Park Hospital Scrutiny Review 4. Work Plan 2016/17
Tues 19 July @ 4pm	<ol style="list-style-type: none"> 1. End of Year Finance & Performance Monitoring Report 2. Safeguarding Vulnerable Adults Annual Assurance report 3. TEWV report on consultation for proposed new mental health hospital for York. 4. Practice Mergers, Beech Grove & Front Street, Acomb. 5. Update report on Healthy Child Service Board 6. Work Plan 2016/17
Wed 28 Sept @ 5.30pm	<ol style="list-style-type: none"> 1. Health & Wellbeing Board six-monthly update report 2. Annual Report of the Chief Executive of York Teaching Hospitals NHS Foundation Trust. 3. Further update on actions against York Hospital Action Plan 4. Update Report on roll out of the re-procurement of North Yorkshire Community Equipment and Wheelchair Services (tbc) 5. 1st Quarter Finance & Performance Monitoring Report 6. Work Plan 2016/17
Tues 18 Oct @ 5.30pm	<ol style="list-style-type: none"> 1. Annual Report of the Chief Executive of Yorkshire Ambulance Service. 2. Tees, Esk and Wear NHS Foundation Trust – One Year On in York 3. Update Report on CCG turnaround plans (tbc) 4. Update report on Winter Pressures Monies (tbc) 5. Work Plan 2016/17

Wed 30 Nov @ 5.30pm	<ol style="list-style-type: none"> 1. Healthwatch six-monthly Performance Update report 2. 2nd Quarter Finance & Performance Monitoring Report 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Update Report on Elderly Persons' Homes 5. Work Plan 2016/17
Tues 20 Dec @ 5.30pm	<ol style="list-style-type: none"> 1. Work Plan 2016/17
Mon 30 Jan 2017 @ 5.30pm	<ol style="list-style-type: none"> 1. Safeguarding Vulnerable Adults Six-Monthly Assurance Report 2. Be Independent six-monthly update report 3. Work Plan 2016/17
Mon 27 Feb 2017 @ 5.30pm	<ol style="list-style-type: none"> 1. 3rd Quarter Finance & Performance Monitoring Report 2. Annual Carers Strategy Update report 3. Work Plan 2016/17
Wed 29 March 2017 @ 5.30pm	<ol style="list-style-type: none"> 1. Annual report of Health & Wellbeing Board 2. Work Plan 2016/17
Wed 19 April 2017 @ 5.30pm	<ol style="list-style-type: none"> 1. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Work Plan 2016/17
Wed 31 May 2017 @ 5.30pm	<ol style="list-style-type: none"> 1. Healthwatch six-monthly Performance Update report 2. Work Plan 2016/17