

Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair),
S Barnes, Cannon, Craghill and Richardson

Date: Thursday, 10 September 2015

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

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 interests

which 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 21 July 2015.

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 **Wednesday 9 September 2015 at 5:00 pm.**

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4. 2014/15 Finance and Performance Year End Report - Health & Wellbeing (Pages 11 - 16)

This report analyses the financial outturn position and performance data for 2014/15 by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

5. 2015/16 First Quarter Finance and Performance Monitoring Report - Health & Wellbeing (Pages 17 - 22)

This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

6. Update from Vale of York Clinical Commissioning Group on Urgent Care Resilience Plans 2015-16 (Pages 23 - 30)

This report outlines the current and forthcoming plans around Urgent Care and whole System Resilience during 2015-16 and beyond.

7. Be Independent Year End Position and 1st Quarter Monitoring Report (Pages 31 - 38)

This quarterly monitoring and performance report allows Members to review the current performance against outcomes of the first year of operation of Be Independent.

8. Update Report on Changes to Direct Payments (Pages 39 - 54)

This report is to update Members in respect of concerns raised regarding the Direct Payments and Terms and Conditions raised by members of York Independent Living Network (YILN) and Lives Unlimited and following the verbal update given by the Director at the meeting, on 21 July 2015. They also requested an update of progress from Officers of addressing the concerns following meetings with YILN and Lives Unlimited.

9. Work Plan 2015-16 including proposed scrutiny reviews (Pages 55 - 58)

Members are asked to consider the Committee's work plan for the municipal year.

10. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Jill Pickering

Telephone – 01904 552061

E-mail- 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

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 (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

HEALTH OVERVIEW 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 Current patient at York Hospital and Member of Health and Wellbeing Board
- 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 Leeds Pain Unit and York Sleep Clinic.

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	21 July 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

8. 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.

Councillor Richardson declared a personal interest in the remit of the committee as he was undergoing treatment on his knee at York Hospital.

No other interests were declared.

9. Minutes

Resolved: That the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 10 June 2015 be signed and approved by the Chair as a correct record.

In reference to the Direct Payments Terms and Conditions item in the minutes, the Chair presented a paper produced by Councillor Stuart Barnes which suggested guidance, criteria and examples of practice which Members could use to decide which items are brought to scrutiny.

10. Public Participation

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

11. Attendance of the Executive Member for Health and Adult Social Care- Priorities and Challenges for 2015/16

The Executive Member for Health and Adult Social Care attended the meeting to present her priorities and challenges for the municipal year.

She informed Members that her priorities included;

- The promotion of local ward organisations
- Mental Health (particularly given that the Dementia Friendly City had been just launched)
- Safeguarding (given that York now had a statutory Safeguarding Adults Board)

She also wished to record her thanks to the Acting Director of Public Health, Julie Hotchkiss and the Director of Adult Social Care, Guy van Dichele for all their hard work, as it was noted they would be leaving post soon.

Discussion took place on social capital and ward funding. It was reported that Officers were in the process of preparing ward profiles for health issues.

Resolved: That the presentation be noted.

Reason: In order that the Committee is kept aware of the Executive Member's priorities.

12. Safeguarding Vulnerable Adults Annual Assurance

Members received a report which outlined the actions taken to further improve the arrangements in place to ensure that City of York Council was able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and wellbeing.

The Chair of the Safeguarding Adults Board, Kevin McAleese was also in attendance to present the Safeguarding Adults Board Annual Report 2014-15.

Members asked the following questions;

- Was safeguarding in day care investigated by the Board?
- Was there a trend in finance being a source of risk in adult safeguarding investigations and was this as a result of austerity?
- Could safeguarding training be made more available?

The Chair of the Board responded that there was no separate national data collection for day care safeguarding, which was why it had not been included within the report. In response to the question about financial risks, he gave an example where some younger family members had been regularly accessing their older relative's bank account without his knowledge.

It was reported that safeguarding training was co-ordinated via the Council's Workforce Development Unit and personalised training could be provided.

Members suggested that the Chair contact the Head of Civic and Democratic Services to request that they all take the Level 1 Safeguarding training.

The Chair of the Safeguarding Board highlighted that it was important to keep in mind capacity and consistency of practice across all partners that dealt with vulnerable people, in order to make sure that safeguarding was kept personal. For example he highlighted that there was not a protocol between the York Adults Safeguarding Board, Children's Safeguarding Board and Community Safeguarding Board.

One Member suggested that the second recommendation take into account the comments around capacity and protocol.

The Chair thanked the Chair of the Adults Safeguarding Board for attending the meeting and for answering Members questions.

Resolved: (i) That the report be noted and the Health and Adult Social Care Policy and Scrutiny Committee take assurance that arrangements for safeguarding adults and the improvements made over the year are satisfactory and effective.

- (ii) That the Health and Adult Social Care Policy Committee consider the further updates it requires regarding adult safeguarding and that these updates include the consideration of capacity and protocol.
- (iii) That a request be made to the Head of Civic and Democratic Services for Member Training in Safeguarding.

Reason: To keep the Committee assured of the arrangements for Adult Safeguarding within the city.

13. Healthwatch Report on Wheelchair Services

Members received a report from Healthwatch York to help them understand people's experiences of using wheelchair services in York. Attached as an annex to the report was a response from the provider and repair service company of the wheelchair service.

Siân Balsom, of Healthwatch York, and Robin Hull from Harrogate Foundation Trust, the service provider were in attendance to present the report and answer Members questions.

Robin Hull responded that the commissioners had welcomed the Healthwatch report. He accepted that better communication was needed with individual service users. It was reported that a new service company, Rosscare, had taken over responsibility for wheelchair repairs.

Following on from a query raised by the Chair as to whether the Committee should investigate the topic again, the Director of Adult Social Care reported that Vale of York Clinical Commissioning Group were also conducting a review on wheelchair services and it was noted that NHS England would be updating their guidance on wheelchairs.

Resolved: That the recommendations within the report be noted.

Reason: In order to understand the experiences of wheelchair service users in York.

14. Scoping Report on Public Health Grant Spending

Members considered a report which gave them a brief background to legal conditions relating to use of the Public Health Grant, and the actual expenditure of the Grant since transition of Public Health into the Council when it took on Public Health responsibilities.

Following discussions the Committee agreed to proceed with Option 2 of the report;

“To undertake / commission an in-depth scrutiny of expenditure on the Public Health Grant, with benchmarking against other local authorities”.

It was agreed that a Task Group be formed to undertake a scrutiny review into the expenditure of the Public Health Grant.

Resolved: (i) That the report be noted.

(ii) That Option 2 be approved

(iii) That a scrutiny task group be established to carry out the review comprising of;

- Councillor Cannon
- Councillor Craghill
- Councillor Cuthbertson
- Councillor Doughty

Reason: It is feasible and would provide very useful information to inform resource allocation decisions.

15. Verbal Update on Progress of Changes to Direct Payments

The Director of Adult Social Care gave a verbal update to the Committee on the progress of changes to Direct Payments.

Reference was made to an email that had been sent to Members of the Committee from York Independent Living Network following the meeting in June.

It was reported that a meeting had taken place between Officers and York Independent Living Network over revised Terms and Conditions.

Work was in progress and issues that had been identified regarding the four week float in the Cashplus accounts were currently being sorted. There were still some individuals using the old eight week float.

Resolved: That the update be noted.

Reason: To ensure that the Committee are kept aware of changes to Direct Payments.

16. Work Plan 2015-2016 including potential scrutiny reviews

Members considered the Committee's Draft Work Plan for the municipal year.

The Chair suggested that due to the amount of business on 16 September that another meeting be added in September. Thursday 10 September was proposed and agreed as the additional meeting date.

The following items would be considered at the original 16 September meeting;

- CQC Inspection Report- York Teaching Hospital NHS Foundation Trust
- Annual Report from the Chief Executive at York Teaching Hospital NHS Foundation Trust
- Annual Report from the Chief Executive of York Ambulance Service
- Tees, Esk and Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health and learning disability services from Leeds and York Partnership NHS Foundation Trust.

The remaining items listed on the work plan would be considered at the extra meeting on 10 September.

Councillor Richardson presented a potential scrutiny topic on pain management, in particular back pain injections. The Chair suggested that this be revisited by the Committee, another Member mentioned Healthwatch might look into the topic.

Siân Balsom, the Manager of Healthwatch York stated that there had been an historic issue about back pain injections and that she encouraged people to continue to talk to them. It was noted that during the Supporting Older People's Scrutiny Review it had been identified that the Clinical Commissioning Group had worked with the Pain Management Support Unit. Councillor Cannon requested that this information be circulated to Members.

A comment was made about a future topic into the possible consequences of the Care Cap, it was noted that this had now been delayed until April 2020. However, some Members felt it should still be considered.

Resolved: That the work plan be noted with the following amendments;

- An additional meeting on 10 September 2015.
- The circulation of information from the Supporting Older People's Scrutiny Review.
- A six month update from the Health and Wellbeing Board at the 20 October meeting.

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

Vote of Thanks

It was announced that this would be the final meeting for Guy van Dichele and Julie Hotchkiss. The Committee thanked them for all their hard work, and wished them well for the future.

Councillor Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.00 pm].

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Health and Adult Social Care Policy and Scrutiny Committee

10 September 2015

Report of the Director of Adult Social Care and the Interim Director of Public Health

2014/15 Finance and Performance Year End Report – Health & Wellbeing

Summary

- 1 This report analyses the financial outturn position and performance data for 2014/15 by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

- 2 A summary of the service plan variations is shown at table 1 below.

Table 1 – Health & Wellbeing Financial Summary 2014/15 – Outturn

	2014/15 Latest Approved Budget			Outturn Variation	
	Gross Expenditure £000	Income £000	Net Expenditure £000	£000	%
Adult Assessment & Safeguarding	40,487	13,788	26,699	-23	0.1%
Adult Commissioning, Provision & Modernisation	29,481	5,265	24,216	+377	1.6%
Directorate of Adult Social Care - General	3,823	3,327	496	-153	30.8%
Public Health	8,223	7,826	397	+100	25.2%
Total Health & Wellbeing	82,013	30,205	51,808	+301	0.6%

+ indicates increased expenditure or reduced income- indicates reduced expenditure or increased income

- 3 The first financial monitoring report for 2014/15 showed a projected overspend of £2,478k. Subsequent monthly reports have shown a steady improvement in the outturn projection, with a projected overspend of £715k last reported publicly at quarter 3.

The latest position at table 1 is now showing a net outturn overspend of £301k, an improvement of £414k since quarter 3 and £2,177k more favourable than at the time of the first monitoring report of the year. The following sections provide more details of the significant outturn variations and any mitigating actions that were taken.

Adult Assessment & Safeguarding (-£23k / 0.1%)

- 4 In common with councils across the country, there is a significant budget pressure in respect of meeting increased demographic demand for adult social care and the increasing complexity, and therefore cost, of care packages for the ageing population. The recently published ONS Population Projections show that the 65-69 year old population of the City of York expanded by 18.9% (1,738 people) between 2011-2013, while the over 90 year old population expanded by 14.3% (337 people) in the same 2 years. The on-going implications of the significant overspends in 2013/14 and the estimated increase in numbers for 2014/15 result in pressures across a number of budgets that are £342k in excess of the amount of growth and contingency funding that the council was able to allocate to the service over the two financial years.
- 5 Staffing costs have underspent by £120k due to a number of posts being kept vacant in the later part of the year. This has more than offset additional safeguarding staff hours that were required in the first half of the year to deal with a backlog of cases.
- 6 An additional pressure, that was not evident at the time the budget was set, is in relation to DOLS (Deprivation of Liberty Safeguards). All councils with adults responsibilities have been impacted by a recent court ruling that is dramatically increasing the number of formal applications that must be processed. At quarter 1 Cabinet agreed to allocate one-off contingency funding to cover the estimated net additional costs in 2014/15. However, due to delays in recruiting the extra staff needed to process the increased number of cases the financial position in 2014/15 is now £245k more favourable than expected.

Adult Commissioning, Provision & Modernisation (+£377k / 1.6%)

- 7 There has been a significant overspend of £1,021k within the Elderly Persons Homes budgets. The vast majority of this is due to overspends and pressures that were identified during 2013/14 but were not covered by the additional growth funding allocated to Adult Services as part of the 2014/15 budget process:

- Utilities, cleaning, catering and R&M. There has been a significant overspend in this area reflecting the actual increase in costs to 2013/14 for essential services at the residential homes, which continued into 2014/15. (+£325k)
 - Increased staffing ratios. The budgeted staffing ratios did not fully take into account either the impact of the move to the household model of provision in the two dementia care homes, nor the changing client mix within the remaining five homes. Both of these changes have increased the ratio of staff to residents and results in a continuing overspend in 2014/15. (+£237k)
 - Temporary staffing costs. The nature of the service provision has meant that the use of temporary staff has increased in recent years, for which there is no specific budget provision. (+£332k)
 - Undelivered 2013/14 budget saving following changes to the EPH reprovision project. (+£164k)
 - Net additional income. The residential homes receive income from beds commissioned by health partners and from charges to residents who do not have their care fully funded by the council. (-£37k)
- 8 To help offset the overspend on EPH budgets a net underspend of £259k has been delivered on Small Day Service budgets due mainly to staff savings from vacancies (-£130k), reduced fleet costs (-£44k) and savings in premises costs (-£81k).
- 9 Savings within Supported Living schemes have also helped mitigate some of the impact of the EPH pressures. There is a net underspend across the service of £224k arising from the final stage of the Strategic Review of Accommodation Options for People with Learning Disabilities, resulting in reductions in levels of support as new and innovative approaches and models of support were implemented, coupled with the increased use of telecare solutions.
- 10 Additional income to support the reablement service of £307k has been negotiated and received from the CCG, offset by an overspend of £80k on the reablement service contract.
- 11 Other variations within Contracted Services, SHECs, Home Care Nights Service and staffing budgets contribute to a net overspend of £66k.

Director of Adult Social Care (-£153k / 30.8%)

- 12 The net underspend of £153k is mainly due to savings on the directorate wide redundancy and early retirement budget.

Public Health (+£100k / 1.3%)

- 13 The former PCT budget for GU Activity was allocated on a population basis (25% to CYC and 75% to NYCC). However in practice the actual activity has been closer to 50:50, leading to a significant overspend on this budget in 2013/14 which continued into 2014/15 (+£593k). In addition there is a one-off backdated payment of £125k outstanding for 2013/14.

For 2014/15 a one-off budget virement of £489k has been made from other Public Health budgets to help offset the pressure. For future years, this contract has been retendered from July 2015 delivering a new service within the available budget.

- 14 More minor savings and variations within a number of other contracts contribute to a net underspend of £129k across all other Public Health budgets.

Performance Analysis

- 15 There was a significant revision in the way that adult social care performance indicators were collected and calculated nationally for 2014/15, and the national figures are not due to be released until October. More detailed benchmarking of York's position for 2014/15 will therefore not be available until late autumn. However, there are improvements across a number of the Adult Social Care Outcomes Framework (ASCOF) indicators, and at present we are anticipating an improved position in national rankings. We will therefore present the scorecard of ASCOF indicators when we have the national benchmarking data available.
- 16 However at this stage we can see a clear improvement in for example, the numbers of people with learning disabilities in employment, an area in which York has already shown strong performance, and in delayed transfers of care, which continues to be an area that is heavily affected by market conditions. There is strong customer satisfaction with the information available on adult social care, and the upgrading of the Connect to Support website has played a key role in this.
- 17 The latest national survey of adult social care, the Adult Social Care Survey (ASCS) for 2014/15 shows that satisfaction levels overall are holding steady, which is encouraging given the various pressures on the system as a whole.
- 18 The performance indicators appear to show that a comparatively low number of people are receiving reablement services; however this is due to the way the council records only those receiving a direct service from the local authority, and the way in which this information is recorded will be amended in the future.

Council Plan

- 19 The information included in this report is linked to the Protect Vulnerable People and Build Strong Communities elements of the Council Plan 2011-15.

Implications

- 20 The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

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

Reason: To update the Committee on the outturn financial and performance position for 2014/15.

Contact Details

Authors:

Richard Hartle
Finance Manager
Adults, Children & Education
Tel No. 554225

Helena Nowell
Strategic Support Manager
(Adults and Public Health)
Tel No. 551746

Chief Officers Responsible for the report:

Michael Melvin
Assistant Director of Adult Social Care

Sharon Stoltz
Interim Director of Public Health

**Report
Approved**

Date 28 August 2015

Specialist Implications Officer(s) None

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

All

For further information please contact the author of the report

Background Papers

2014/15 Draft Outturn, Executive 30 July 2015

Glossary of acronyms used in the report

ASCOF- Adult Social Care Outcomes Framework

ASCS- Adult Social Care Survey

CCG- Clinical Commissioning Group

CYC- City of York Council

DOLS- Deprivation of Liberty Safeguards

EPH- Elderly Persons Homes

GU- Genitourinary

NYCC- North Yorkshire County Council

ONS- Office for National Statistics

PCT- Primary Care Trust

SHEC- Sheltered Housing with Extra Care

Health and Adult Social Care Policy and Scrutiny Committee

10 September 2015

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2015/16 First Quarter Finance and Performance Monitoring Report – Health & Wellbeing

Summary

- 1 This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

- 2 A summary of the service plan variations is shown at table 1 below.

Table 1 – Health & Wellbeing Financial Summary 2015/16 – Quarter 1 – July

	2015/16 Latest Approved Budget			2015/16 Projected Outturn Variation	
	Gross Expenditure	Income	Net Expenditure	£000	%
	£000	£000	£000		
Adult Assessment & Safeguarding	43,029	15,326	27,703	-369	1.3%
Adult Commissioning, Provision & Modernisation	28,730	6,198	22,531	-82	0.4%
Director of Adult Social Care	4,425	4,752	-326	+274	84.0%
Public Health	9,035	8,690	345	-59	17.1%
Health & Wellbeing Total	85,218	34,966	50,253	-236	0.5%

+ indicates increased expenditure or reduced income- indicates reduced expenditure or increased income

The following sections provide more details of the significant potential outturn variations and any mitigating actions that are proposed.

Adult Assessment & Safeguarding (-£369k / 1.3%)

- 3 There is a net projected underspend of £66k on staffing budgets due mainly to some posts being held vacant pending a review of the service.
- 4 Residential and nursing care budgets are projected to underspend by £157k. This is due to a projected increase in Continuing Health Care income being secured of £391k, offset by the costs of a projected net additional placement requirement for 9 customers in excess of the number assumed when the budget was set.
- 5 Based on the number of Deprivation of Liberty Safeguards (DoLS) assessments carried out to date there is likely to be an underspend on this budget of £128k.

Adult Commissioning, Provision & Modernisation (+£82k / 0.4%)

- 6 There is a projected overspend of £132k within Older People's Home budgets. This is due to net additional staffing costs of £186k, mainly in respect of care assistant costs that have been maintained beyond the originally budgeted for dementia matters pilot period (+£74k) and additional service manager costs (+£49k). This is partly offset by net additional income of £50k due to higher than expected occupancy levels.
- 7 Small Day Service and Supported Employment budgets are projected to underspend by £141k due mainly to staffing savings resulting from a number of vacant posts across the service. In addition, based on current and projected placement numbers, there is expected to be a net underspend of £65k within the Supported Living Scheme budgets.

Director of Adult Social Care and Central Budgets (+£274k / 84.0%)

- 8 The directorate's budget for 2015/16 includes a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. To date savings of £1,064k have been identified leaving a budget pressure of £236k. Other pressures within the director's staffing budget and redundancy costs account for the remaining £38k projected overspend.

Public Health (-£59k / 17.1% or 0.7% of gross expenditure budget)

- 9 Within Public Health, the main projected underspends result from the redesign of services within the Substance Misuse budget (-£40k), and reviewing the pharmacy contraception service (-£28k). This does not take account of the proposed in year reduction in public health grant as government is still consulting on the method for apportioning this reduction. If taken as a straight 6.2% reduction across all councils this would be approximately £510k for York.

Performance Analysis

Adult Social Care

- 10 The majority of adult social care performance indicators are either cumulative throughout the year, or only measured annually, and at this stage we are awaiting the release of the national benchmarking data (due later this autumn) to provide contextual information on York's progress. Due to major changes in indicators for 15-16, it would not be valid to make year on year comparisons for ASCOF indicators for Q1. As the new indicator suite becomes more entrenched, we will be able to provide more detailed updates. At this point indications are that performance is continuing to show the same positive trends as at year end.

Public Health Indicators.

- 11 The **GP Health Check** data for 2014/15 shows that in York the same percentage of patients are offered checks compared with the national average, but take up is significantly lower in York (39% compared with 49% nationally).
- 12 The latest data on **sexual and reproductive health** shows that **under 18 conceptions** are continuing to fall in York. The current rate is 17.7 conceptions per thousand women aged 15-17 which is lower than regional (29.1) and national (23.9) averages. The rate of **under 18 abortions** was also lower in the Vale of York area compared with the regional and national average in 2014. The detection rate for **Chlamydia** is lower in York: a smaller % of the 15-24 population are tested in York (19.6%) compared with England (24.3%) and the % of people who test positive (7.8%) is slightly lower than the national (8.3%) and regional (9.2%) averages.
- 13 Data on the **seasonal flu vaccine uptake** for 2014/15 shows that York has a higher uptake for 65+ and pregnant patients compared with regional and national averages but a lower uptake for under 65's at risk. The uptake for under 65's at risk has now fallen for four consecutive years from 52.7% in 2010/11 to 43.9% in 2014/15 and is a cause for concern.
- 14 The 2014/15 figure for **smoking at the time of delivery** for the Vale of York CCG was 10.8%. This represents 349 known smokers out of 3,231 maternities. We are similar to the national average of 11.4% but significantly lower than the North Yorkshire and Humber average of 16.1%. The Vale of York CCG is currently meeting the national ambition of 11% by the end of 2015. Within the City of York however, we are not complacent and women who smoke during pregnancy will be one of the key target groups for Stop Smoking initiatives in 2016.

- 15 The **Child Health Profile** was updated in June 2015. York performed well on a range on indicators however breastfeeding initiation was below the national average. Work is taking place with partners across the city to promote and sustain breastfeeding in York. This has seen breastfeeding support groups being established which saw 89% of mothers consulted feeling more confident breastfeeding in public. This focus includes working towards UNICEF Baby Friendly Initiative accreditation for the city by 2020.
- 16 The **Local Alcohol Profiles for England (LAPE)** were issued in June 2015. Compared with the national average, York has significantly better outcomes on a number of indicators including lower mortality from chronic liver disease, fewer alcohol specific hospital admissions and fewer claimants of benefits due to alcoholism. When compared with similar local authorities, however, York has more alcohol specific hospital admissions and more admission episodes for alcohol related conditions. A full Alcohol Needs Assessment is being undertaken at the moment which will inform action planning to reduce alcohol-related harm.
- 17 The new **Tobacco Profile** for York was released in August 2015. There are some new indicators which suggest that smoking prevalence may be lower in York than previously thought. A new measure based on GP records shows adult prevalence to be **15.8%** in York compared with the 18.8% figure obtained from the Integrated Household Survey. The prevalence of regular smoking in 15 year olds based on a new survey is **5.3%** in York compared with the previous modelled estimate of 9.6%. The **cost per successful quitter** in York is **£312** which is higher than the national average of £283. **Smoking Attributable Admissions** in 2013/14 decreased very slightly.
- 18 The **Public Health Outcomes Framework** was updated in August 2015. York's outcomes against the England average are favourable, particularly for the wider determinants of health and health protection. When similar local authorities are used as the benchmark for York rather than the England average, fewer outcomes are rated better (12% v 29%) and more are rated worse (23% v 4%). Premature and preventable mortality and life expectancy (males) are highlighted as issues for York when similar local authorities are used as the benchmark.

Council Plan

- 19 The information included in this report is linked to the Protect Vulnerable People and Build Strong Communities elements of the Council Plan 2011-15.

Implications

- 20 The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

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

Reason: To update the committee on the outturn financial and performance position for 2015/16.

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Helena Nowell
Strategic Support Manager
(Adults and Public Health)
Tel No. 551746

Chief Officers Responsible for the report:

Michael Melvin
Assistant Director of Adult Social Care

Sharon Stoltz
Interim Director of Public Health

Report Approved **Date** 28 August 2015

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

2015/16 Finance & Performance Monitor 1, Executive 27 August 2015

Glossary of Acronyms Used in the Report

ASCOF- Adult Social Care Outcomes Framework

CCG- Clinical Commissioning Group

DOLS- Deprivation of Liberty Safeguards

GP- General Practitioner

LAPE- Local Alcohol Profile for England

UNICEF- United Nations International Children's Emergency Fund

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**Health & Adult Social Care Policy & Scrutiny
Committee****10 September 2015**

Report of the Urgent Care Lead,
Vale of York Clinical Commissioning Group.

Update on Urgent Care Resilience Plans 2015-16**Summary**

1. This report outlines the current and forthcoming plans around Urgent Care and whole System Resilience during 2015-16 and beyond.

Background

2. Up until this financial year, System Resilience funding ('Winter monies') had always been allocated at the start of the autumn; making it difficult to put schemes into place where staff were required to be employed rapidly and on short term contracts. Previous reports have however described to the Committee the actions that were possible with this funding and the impact these have had.

For the 2015-16 allocation, this funding was identified as part of the baseline provided to Vale of York CCG, with just over £2M allocated. We were aware of this from February 2015 which has meant that a number of schemes were continued from the previous financial year without a break in service. We have therefore been able to identify impact and maintain or decommission schemes on the evidence provided.

Consultation

3. No formal consultation has taken place around the schemes that are commissioned/decommissioned, but each bid for funding is taken to the Unplanned Care Working Group (UCWG) for discussion around value and impact, and following this the final decision around funding is made at the CCG weekly Senior Managers Team. Patient and staff views as to the changes/new services are two of the key KPI's for each scheme.

Options

4. There are no options; this paper is for information.

Analysis

5. An appraisal of all the schemes currently underway is below.

Scheme no.	Scheme title	Description/Evaluation
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Recommend to support for 2015-16 financial year

SRG01	Arclight, 'A bed ahead': homeless support worker provision	This scheme supports those who are homeless and may be struggling with comorbidities and addictions. When they present at ED the workers can be called, support them through physical treatment and then manage them overnight and onwards into accommodation. This scheme evaluated well. We continue to work with Arclight to understand how we can further support healthcare in this population.
SRG02	LYPFT, transitional waiting area: one member of staff to support those patients waiting between ED and Mental Health beds	This scheme provides room and a support worker to support those being admitted into an acute Mental Health bed; there is often delay in finding appropriate beds and this gives them space away from the busy ED and time to adjust to the admission process. This scheme has not been formally evaluated but public and staff feedback is positive. We intend to continue to provide this service with our new Mental Health provider.
SRG04	AgeUK, escorted transport service: same day transport for discharge home and support on arrival	This scheme provides support for patients being discharged from RATS/ED or the Wards as appropriate. Where patients are discharged without home support, they can ensure there is food and drink in the house; that the patient is settled for the night, with appropriate notes and medications, and even provide overnight support for the

		<p>first night as necessary. Further work around transport generally is ongoing, and AgeUK partners are involved in the current evaluation of the existing service and future planning.</p>
SRG05/08	<p>Fulford Nursing Home, block booked beds for rapid Reablement via RATS or the York Integrated Care Team</p>	<p>This scheme involves the provision of a number of block booked beds which can be used by a number of services to do rapid discharge and prompt reablement. OT support is provided by York Teaching Hospitals NHS Trust (YTHFT) and GP support is provided by the Integrated Care Team and Priory Medical Group. Evaluation has taken place to assess if this model can be rolled out further, and discussions with GP practices/Community Teams for direct admission are ongoing.</p>
SRG10	<p>VoY CCG, urgent care dashboard to show real time data and trends</p>	<p>There have been ongoing discussions with all partners at the Unplanned Care Working Group; and review of different systems available elsewhere. This scheme is proving difficult to progress with IT and information governance issues, but supports requirements from NHS England '8 High Impact Changes' so we are escalating this for further work.</p>
SRG11	<p>YTHFT, ambulatory care: provision of up to 19 national ambulatory care pathways for quicker treatment</p>	<p>This scheme was initially trialled in 2014-15; YTHFT have since implemented this on a substantive basis and are working to increase the number of pathways from 6 upwards; this has formed part of the 2015-16 CQUIN standards. A formal evaluation including feedback from GPs using the service has been completed.</p>

Support: evaluation ongoing

SRG03	Yorkshire Housing, handyman service to support falls prevention and discharge from hospital	The handyman works with YTHFT Occupational Therapists for discharge and the Integrated Care team for support of vulnerable and high risk patients. Evaluation has now been completed and discussions with City of York Council have commenced to further integrate this service with their existing housing team.
SRG06	YTHFT, RATS/social care extension to provide rapid assessment of ED patients into the evenings and weekends	This scheme was evaluated after a trial in 2014-15 and substantive provision was put in place for this year. The team is now well established and links with a number of other resilience schemes, improving the relationships with other partners. Further discussions around the level of Social Care support are ongoing.
SRG09	Priory Medical Group – outreach team; additional health support for a period of up to 5 days post-discharge to prevent problems	This scheme provides additional discharge support for 3-5 days post discharge; this helps to ensure people can return home even with packages of care that might need to be reviewed, to improve their mobility and confidence after a hospital stay and try to prevent re-admissions. This has evaluated well.

No evidence of impact received:

SRG07	YTHFT, GP in ED; primary care clinicians working in the ED alongside Consultants	This scheme was targeted at managing the large number of people who come through ED with potentially Primary Care type diagnoses; to see if GPs could support the ED team and free them up for more seriously injured incoming patients, and to improve relationships between primary and secondary care.
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		At present the team have been well received but it is proving very difficult to assess activity and impact.
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Please note there is also a trial scheme for Community Pharmacy provision of advice and support of minor illness prescribing within Vale of York CCG. This scheme was funded via 2014-15 System Resilience Funding; however the impact will be seen in 2015-16. Wider roll-out may be considered if evaluating the scheme clearly shows benefit.

'Contingency' funding has been put aside for the true winter period where locum and bank staff may be required by a number of services.

Council Plan

6. All proposals relate to management of the wider Health and Social Care system which correlates with the desire to manage people in the best place for their requirements, to continue to support flow through the system as people become more or less well able to manage their own needs and to provide integrated services where appropriate.

Implications

7. **Financial** (Contact – Director of Resources): financial responsibility lies with the Vale of York CCG Director of Finance.
 - **Human Resources (HR)**: All HR implications are the responsibility of the providing organisation or team.
 - **Equalities** (Contact – Equalities Officer): All bids are tested for equality adherence and where small pilots are put in place to test information, it is usual to provide a range of target demographics.
 - **Legal** (Contact – Head of Legal and Democratic Services): Contracts for the different schemes have been drawn up and reviewed by the various providers. This gives assurance around standard governance requirements as well as providing teams with a notice period of any change.
 - **Crime and Disorder** (Contact - Senior Partnerships Support Officer, Community Planning & Partnerships) : no impact

- **Information Technology (IT)** (Contact – Head of IT): no direct impact; discussions are ongoing around shared records in some areas of integrated teams.
- **Property** (Contact – Property): no impact
- **Other**: no impact

Risk Management

8. The main risk noted for all these projects is for the temporary and variable nature of this funding to cause difficulties in staff recruitment and retention which then may be problematic for delivery of the predicted outcomes.

One specific area of risk to note is the provision of the GP in ED service; currently evaluation data is not good enough to give an accurate report of effectiveness. York Teaching Hospitals NHS Trust provide this service and have been formally notified that unless the data is available for evaluation we cannot continue to support this project indefinitely. It is unclear at present if this is a system limitation or other issue.

Recommendations

9. There are no recommendations; this paper is for information only.

Contact Details

Andrew Phillips; CCG Clinical Lead for Urgent Care

Becky Case; CCG Senior Improvement & Innovation Lead

Author's name

Rachel Potts
Chief Officer, Vale of York CCG
01904 555787

Co-Author's Name

Becky Case
Senior Improvement & Innovation Manager,
Vale of York CCG
01904 554129

Report Approved **Date** 28/8/2015

Abbreviations

CQUIN – Commissioning for Quality Innovation

ED – Emergency Department

GP – General Practitioner

KPI – Key Performance Indicator

LYPFT – Leeds & York Partnership Foundation Trust

OT – Occupational Therapist

ICWG – Unplanned Care Working Group

VoY CCG – Vale of York Clinical Commissioning Group

YTHFT – York Teaching Hospital Foundation Trust.

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Health & Adult Social Care Policy and Scrutiny Committee**10th September 2015**

Report of the Head of Commissioning, Adult Social Care

Be Independent Year End Position Statement and 1st Qtr Monitoring Report**Background**

1. The Be Independent Service is a social enterprise that was established in April 2014 following the “spinning out” of the existing service which was previously provided within Adult Social Care. The service became an independent social enterprise in 2014 and provides a Community Alarm, Telecare and Community Equipment Service under contract to Adult Services.
2. As part of the arrangements existing staff were transferred through TUPE arrangements to the new organisation and as a result of Be Independent having to provide a continuous level of service from the initial date of transfer support services such as HR and Finance continued to be provided through the Council.
3. This position changed in April 2015 with the organisation taking responsibility for its own support services 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 Council.
4. At the same stage York Explore (Library Services) also became an independent social enterprise. During the initial year of operations, officers from Adult Services worked closely with Be Independent to ensure a smooth transition and during the latter part of 2015 following discussions with Veritau, it was agreed that regular reports

on the performance of the organisation would be taken to the Health & Adult Social care Policy & Scrutiny Committee.

5. It was agreed that Members would receive quarterly monitoring and performance reports commencing in September 2015 which would also allow Members to review current performance against the outcomes of the first year of Be Independent providing the service.

Be Independent Monitoring Information

6. The Commissioning team in Adult Social Care compile monitoring information for the service on a quarterly basis and performance within this reports covers the period April – June 2015 (Quarter 1). Where possible we have provided the monitoring information for the 2014-15 financial year for the organisation and Members will note that in some areas for example Customer Satisfaction which is an annual survey, we have provided details of the survey recently undertaken and details of the outcomes for the survey undertaken for 2013-14 which was the final year of the service being provided internally by the Council.
7. Whilst a vast range of monitoring information is collected, the following key indicators are included within this report;
 - 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 (%age deliveries completed on time)
8. The initial five indicators outlined above are monitored through an annual customer satisfaction surveys and as a result we have included the outcomes of the survey undertaken in January 2014 when the service was provided by the Council. As part of the annual service monitoring a further survey was carried out in January 2015 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”.

Indicator	Baseline Values (pre-Contract) Survey Point Jan 2014	2015 Indicator Value Survey Point Jan 2015
Satisfaction with service received	90.5%	91.3%
Enhanced quality of life	79.6%	82.0%
Increased independence	72.3%	74.4%
Improvement in feeling safe	62.8%	66.1%
Improved wellbeing	48.2%	47.0%

9. The questions asked within the consultation align with the National Adult Social Care Survey. This will enable comparisons to be made against care services if required. Going forward, a customer consultation will be carried out annually with a 10% customer sample for future monitoring.
10. Improved wellbeing is the only indicator that reduced 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 specifically to them. Care Act guidance (SCIE) states that

wellbeing should be defined in each case and will therefore do so in future customer consultations (was previously not possible to do so as this was part of the National Adult Social Care Survey).

In this case wellbeing may be reduced anxiety and piece of mind. It is possible that those receiving telecare in addition to a standard pendant/pull cord may be likely to identify more with the relevance of this question. Previous evidence from the Community Alarm service showed that customers experienced “peace of mind” due to the availability of community alarm equipment. As a result people responding may differentiate between “peace of mind” and “wellbeing”.

The next set of monitoring information is in relation to Telephone Calls. The service provides a 24 hour call and response service depending on

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

the package of service people receive. Receiving calls in a timely manner is therefore an essential requirement to providing a good quality service.

11. The results show an improvement on performance in response times to calls during Quarter 1 and this builds on the continuous improvement demonstrated by the service to date. The statistics for phone calls were discussed at a recent review meeting and in relation to the drop in total numbers of calls in Q1, Be Independent believe this is a seasonal variation which was evidenced in the last year with the highest call volumes experienced in January – March.
12. Community Alarm customers – one of the potential benefits for “spinning the service out” was a greater emphasis on developing the private market place and therefore creating economies of scale with eligible customers funded by City of York Council.

Indicator – number of customers	14/15 at year end	15/16 Q1
Total number of customers (across all tiers)	2,769	2,675
Total number of self funding customers (across all tiers)	1,435	1,363
Total number of eligible customers (across all tiers)	1,334	1,312
% of eligible customers	48.2%	49.0%

13. Previous data showed that, despite an increase in customer charges in April 2014, there was an increase in customer numbers last year to 2,769 at March 2015. However, first quarter monitoring at the end of the June 2015 showed a small decrease in customer numbers affecting both self-paying and eligible customers (72 customers or 5.0% net decrease in self-paying customers and 22 customers or 1.6% net decrease in eligible customers).
14. Be Independent is currently working with the equipment provider, Tunstall, to market the service directly to the public through distribution of publicity to settings such as GP surgeries, direct mail shots and staffed information stands in settings such as supermarkets and garden centres.
15. Be Independent report positive response and increased numbers of referrals during the second quarter (July to September 2015). It can be anticipated that direct marketing to the public will be effective in targeting self-paying customers as well as eligible customers. In addition, Be Independent continues to work with the council's adult social care staff to increase the number of telecare referrals from social work practitioners.
16. Community loan equipment – The response rate for deliveries completed on time has consistently been over the target of 90%. However there was no statistical information available for when the service was internal to create a baseline to determine whether the quality of service or amount of deliveries has changed and indeed whether there are seasonal changes.

17. The quantity of deliveries shows a significant drop, even with any potential seasonal changes, we are therefore following this up with the provider to determine the reasons for this.

	<i>14/15 at year end</i>	15/16 Q1
Number of Deliveries	<i>Average per quarter = 4,337</i>	3,406
Priority 2D (Within 5 working days) - % Deliveries completed on time	93.7 %	92.2 % Target: 90%

Summary

18. The monitoring of the service generally indicates that the quality of service delivery has improved since it was “spun out” in April 2014. However there is a recent drop in quantity of community alarm customers which will need to be monitored to ensure the service can continue to be of a high standard while at the same time delivering the efficiencies envisaged.
19. The provider is responding proactively to the reduction in customer numbers and early indications are that that the approaches identified above are showing to be effective.
20. As mentioned above in paragraph 5 of this report, it was agreed that reports be submitted on a quarterly basis. Members are asked to consider if they wish to review receiving reports on a quarterly basis or to move to six monthly reports. This would allow issues that are identified to be addressed and evaluated.

Implications

Financial

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

Equalities

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

Other

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

Risk Management

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

Recommendations

Members are asked to note the performance of Be Independent and advise if they wish to receive reports as initially planned on a quarterly basis or amend to six monthly as discussed in paragraph 21 of this report.

Reason: To advise the Committee on the performance of Be Independent.

Contact Details

Author:

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

Gary Brittain
Head of Commissioning
Adult Commissioning Team
01904 554099

Chief Officer Responsible for the report:

Martin Farran
Director
Adults Social Care

Michael Melvin
Assistant Director – (Operations)
Adults Social Care

Report
Approved ✓

24th August 2015
All ✓

Wards Affected:

For further information please contact the author of the report

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Health & Adult Social Care Policy & Scrutiny Committee**10th September 2015**

Report of Group Manager Assessment and Safeguarding Adults

Update Report on Changes to Direct Payments**Summary**

1. This report is to update Members in respect of concerns raised regarding the Direct Payments and Terms and Conditions raised by members of York Independent Living Network (YILN) and Lives Unlimited and following the verbal update given by the Director at the meeting, on 21 July 2015. Members requested an update of progress from Officers of addressing the concerns following meetings with YILN and Lives Unlimited.

Background

2. Members asked at previous Health & Adult Social Care Police & Scrutiny Committee meeting for an update on progress in addressing the issues raised by YILN and Lives Unlimited and meetings with Officers to be reported to this meeting.

Consultation

3. The Group Manager Health and Wellbeing - Adults has met with members of YILN and Lives Unlimited for advice and support on two occasions to look at the issues that have been raised, and to revisit the Direct Payments Policy and Terms and Conditions, to address these concerns. There were plans to meet four times before this Committee meeting but diaries have meant that this has not been possible. However, significant progress has been made and the key points of concern have been agreed and those concerns resolved in a way that meets the needs of the Council and its customers. The key issues addressed were:-

- Acceptable terminology, taking into account an acceptable approach and clarification in the Terms and Conditions and Guidance Notes.
 - Management of Budgets during hospital admissions.
 - Health and joint funded Direct Payments.
 - Choice available of using own Bank Account as option to the Cashplus accounts.
 - Where payments for Redundancy, Sickness and Maternity Pay are held.
 - The amount held within the Customers Direct Payment Account being up to 8 weeks with agreement with customer for holding funds, and customers' responsibility in advising of amounts exceeding this agreement.
 - The recovery of funds over the agreed limit by the Council agreed with the customer, only being reclaimed when this agreement has taken place.
 - Understanding Reviews of budgets and linking this to holistic review process
 - Clarification of exceptional circumstances where a family carer can be paid.
 - Issues relating to Power of Attorney.
 - Safeguarding issues and management of budgets
4. Members of YILN and Lives Unlimited have also requested a revisit of the Guidance Notes for Direct Payments and that some key notes are added into our existing Guidance Notes. This will need to take place to be consistent with the rewritten Policy and Procedures. This will be done in the next 4 weeks.
5. YILN have also asked for this to be shared in Draft with wider members of YILN and Lives Unlimited, and they would expect to have this done by the end of October 2015. A Draft of the Policy to date is attached at Annex A.

Council Plan

6. The proposal supports the protect vulnerable people element of the Council Plan.

Implications

7. **Financial** - Direct payments are a high risk area in terms of the financial integrity of the systems and processes in place to manage them. This has been highlighted through recent audit reports and continues to be monitored.

Human Resources (HR) - There are no implications

Equalities - Offers greater choice and control and supports the equalities agenda. There is a need to undertake an updated Impact Assessment when new Terms and Conditions and Guidance have been agreed.

Legal – To be in compliance with the Care Act 2014

Crime and Disorder – There are no implications

Information Technology (IT) – There are no Implications

Property – There are no implications

Risk Management

8. The annual audit reports for Personalisation, Direct Payments and Individual Budgets have raised concerns about the effective monitoring of direct payments. The last report stated there was 'no effective monitoring of the use of direct payments'. The introduction of the Cash Plus solution raised the audit opinion to 'limited assurance' with an improved direction of travel. The customer should be provided with a choice, however there needs to be a balance between the financial integrity of the process, the Council's limited resource and the ability to support all direct payment requests. This risk remains high and will require adequate controls and monitoring to be in place.

Recommendations

9. Members to note the progress made of consultation with YILN and Lives Unlimited, and agreement to receive final Terms and Conditions and Guidance notes.

Reason: To inform the Committee on the changes to Direct Payments

Author:

Ralph Edwards
Group Manager
Assessment and
Safeguarding Adults
Tel 01904 554105

Chief Officer Responsible for the report:

Ralph Edwards
Group Manager Assessment and
Safeguarding Adults

**Report
Approved**

Date 19/08/2015

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A – Draft Terms and Conditions for Direct Payments

– DP – Terms and Conditions (Annex - A)

Direct Payments Agreement - Standard

This agreement sets out the responsibilities and obligations of:

City of York Council (the Council) **and**

Name: _____ (the Direct Payment Recipient)

Address: _____

I consent to receive Direct Payments and confirm that I understand and will comply with the conditions contained in the attached agreement.

Signature of Direct Payment Recipient:
.....

Name of Direct Payment Recipient (please print):
.....

Date:

Signature of witness:
.....

Name of witness: (please print):
.....

Date:

Agreed on behalf of City of York Council:

Name and position of officer (please print):
.....

.....
Date:

– DP – Terms and Conditions (Annex - A)

Introduction

The Council has carried out an assessment of needs and determined that the Direct Payment Recipient's needs as identified in the attached Support Plan should be met.

The Council and the Direct Payment Recipient have agreed that the Direct Payment Recipient should take direct responsibility for the provision of the services required to meet the Direct Payment Recipient's needs.

The Direct Payment Recipient has agreed to make all necessary arrangements to ensure the said services are provided, with support if required.

The Council has agreed to make the arrangements to fund the provision of the said services as set out in this agreement.

Reference in this agreement to the use of the Direct Payment by the Direct Payment Recipient shall include the Direct Payment Recipient's assessed financial contribution.

Responsibilities of the Council:

The Council Agrees:

1. To make Direct Payments into the Direct Payment Recipient's bank account in accordance with the details listed in the Direct Payments Schedule, in order to meet the assessed eligible needs outlined in the Support Plan.
2. To make Direct Payments at the agreed frequency.
3. To make payments with a maximum 8 week float.
4. To provide information in relation to the use of Direct Payments.
5. To review the Direct Payment Recipient's situation within 6 weeks, to decide whether the service is meeting the assessed needs.
6. To reassess the needs of the Direct Payment Recipient and the operation of this agreement annually, or more frequently, to determine whether the assessed needs have changed, how arrangements for the provision of the services are being managed, whether the Direct

– DP – Terms and Conditions (Annex - A)

Payment Recipient remains willing to receive Direct Payments, and whether the Direct Payment Recipient remains able to manage the Direct Payments.

7. To increase or decrease the amount of Direct Payments paid at any time following a reassessment of needs which results in the revision of the Support Plan, and to give appropriate notice of any changes. (at least 2 week's notice in writing stating the reasons)

8. To review the amount of the Direct Payment on 1 April each year in respect of contracted rates for respite/domiciliary care.

DRAFT

– DP – Terms and Conditions (Annex - A)

9. To meet the agreed priority needs of the Direct Payment Recipient as set out in the Support Plan if the arrangements made by the Direct Payment Recipient break down for any reason.

10. To ensure that regular checks are undertaken on the management of Direct Payments and provide advice and support or take corrective action where issues are identified.

11. To undertake a financial audit annually or more regularly if the Council deems it appropriate and take appropriate action for the recovery of any money due as a result of ending the Direct Payments.

12. In the event of the Direct Payment Recipient's death, the Council will consider what contractual responsibilities existed at the time of death when determining what sum is to be repaid to the Council. Any monies held in the Direct Payment Recipient's Direct Payments account will not form part of the Direct Payment Recipient's estate. If expected monies are unpaid the Council may make a claim against the Direct Payment Recipient's estate.

The Council will not:

➤ Have any liability for the service arranged by the Direct Payment Recipient other than providing Direct Payments.

Responsibilities of the Direct Payment Recipient:

The Direct Payment Recipient agrees:

12. To open a separate bank account for the sole purpose of securing services that meet the care needs identified in the Support Plan. This account may only be used for monies relating to Direct Payments (including the Direct Payment Recipient's assessed financial contributions), Independent Living Fund or Supporting People Fund.

13. To use any interest earned from Direct Payments towards the cost of services to meet the assessed needs.

14. The Direct Payment recipient or holder of the account will report back to the Council any funds that are over the 8 week float, so that arrangements can be made to reclaim the excess amounts held in the account.

– DP – Terms and Conditions (Annex - A)

15. To be liable for any bank charges which arise as a result of mismanagement of Direct Payments.
16. To use the Direct Payment for the purchase of all services that meet the assessed needs identified in the Support Plan.
17. To pay, into the bank account, any financial contribution towards the cost of the services assessed in accordance with the Council's customer contribution policy..
18. To adjust any financial contribution towards the cost of the services assessed in line with annual changes in state benefits following the April review.
19. To secure services and comply with all safety and legal requirements that may arise in making such arrangements.
20. To pay all invoices and costs relating to the purchasing of services using the Direct Payment on time, including employee costs, any services purchased from an agency or organisation and any managed bank account or payroll services.
21. To ensure that all the legal obligations and requirements which relate to the purchase of services and employment of people are met and kept up to date.

This may include:
Appropriate recruitment procedures,
Disclosure & Barring Service checks,
Purchase of Public and Employer's Liability Insurance,
Arrangement of relevant training, to provide employees with a safe working environment.
22. To have a contingency plan that can be implemented if the arrangements for the provision of service that meet the assessed care needs break down.
23. To keep for a period of 6 years (plus the current years) and make available to the Council on request, documents relating to the Direct Payment in order for financial audits to be carried out on expenditure.
Documents include:

– DP – Terms and Conditions (Annex - A)

Completed timesheets, holiday and sickness records – if relevant
PAYE, National Insurance and any other payroll records, as applicable
Bank Statements relating to the Direct Payment account
A record of all payments (cheque number, payee, amount)
Related invoices
Related receipts
Items purchased as specified in the support plan
Items purchased using funds from the Direct Payment Account
Insurance documents

24. To manage any changes with agencies, organisations or employees from which services are obtained, following an increase or decrease in Direct Payments.

25. To notify, and /or advise next of kin/executor that, the Council must be informed at the earliest opportunity of any changes in circumstances which would affect your assessed needs or entitlement to Direct Payments. This will include any changes in capacity to consent or ability to manage Direct Payments or in the event of the death of the Direct Payment Recipient.

26. To notify or advise next of kin/executor that in the event of death the Direct Payment account and any funds contained in it will not be regarded as an asset of the estate.

– DP – Terms and Conditions (Annex - A)

27. Following the ending of Direct Payments to provide, or arrange for the next of kin/executor to provide, documents relating to Direct Payments in order for a final financial audit to be undertaken and recovery of any money due. If the expected amount is not available to be returned from the Direct Payment account the Council may claim the amount from the estate.

28. To repay the Council Direct Payment funds or any part of it should a request be made to do so in the manner agreed (See Guidance Notes) with the Council. Options may include deducting an agreed amount over a specified period or the Direct Payment Recipient making a repayment to the Council, or suspension of payments for a limited period. This may be due to any of the following reasons:

- The Direct Payment or any part of it has not been used to secure the provision of services, or some part of the services that meet the assessed needs.
- There has been an over payment
- The conditions of this agreement have not been met.
- Payment has been received by the Direct Payment Recipient from a third party for the same services to meet the same needs.
- Money has been misspent from the Direct Payment bank account.

The Direct Payment Recipient will not:

- Make cash payment from the Direct Payments account, except in circumstances that have been agreed as part of the Support Plan, and detailed records of cash payments kept of what this has been spent on.
- Use the Direct Payment to secure services from a partner, a close relative or anyone else that lives in the Direct Payment Recipient's household unless otherwise agreed by the Council in writing.
- Use the Direct Payment to buy health services, long term residential care, to pay household bills, to buy food or other personal expenses.
- Use the Direct Payment to pay any other charges owed to the Council.

– DP – Terms and Conditions (Annex - A)

Joint Agreement

The Council and the Direct Payment Recipient agree that:

28. If, in the opinion of the Council, the person or organisation appointed by the Direct Payment Recipient is either not able to provide an adequate service or is unfit to provide a service, the Council has the right to require a change to the person or organisation who is providing the service.

29. The Direct Payment Recipient has the right to complain under the City of York Council's Adult Social Care complaints procedure about the operation of this agreement.

Suspension and termination of the Direct Payment Agreement

30. The Council may suspend payment of the Direct Payment temporarily if the Direct Payment Recipient is admitted to hospital or are otherwise temporarily unable to receive services. Any decision to suspend payment will take account of any reasonable existing liabilities including periods of notice relating to the Direct Payment Recipient's service arrangements.

31. The Council has the right to suspend or stop the Direct Payment if it is decided that the arrangements made for purchasing services are not adequate to meet the needs and outcomes of the Support Plan.

32. The Council has the right to suspend or stop the Direct Payment if any of the terms and conditions of this agreement have not been met.

33. The Council will terminate this agreement with immediate effect if any part of the Direct Payment is used for the following purposes:

- Anything illegal
- Gambling
- Investment

34. The Council will consider the Direct Payment Recipient's contractual and statutory responsibilities when determining the balance of the Direct Payment to be repaid to the Council in the event of the Direct Payment Recipient suddenly becoming permanently unable to manage Direct Payments.

– DP – Terms and Conditions (Annex - A)

35. The Council will stop the Direct Payment when the entitlement to Direct Payments has ended or Direct Payments are no longer required.

36. The Council will consider the Direct Payment Recipient's contractual and statutory responsibilities when determining the balance of the Direct Payment to be repaid to the Council in the event of the death of the Direct Payment Recipient.

37. Subject to the Council's right to terminate the agreement with immediate effect under paragraph 33 above, either party may terminate this agreement by giving to the other party 4 week's notice in writing. The period of four weeks will commence on receipt of the written notice.

Attachments:

- ❖ Support Plan
- ❖ Schedule of Direct Payments
- ❖ Adult Social Care Direct Payments Guide

– DP – Terms and Conditions (Annex - A)

Schedule of Payments

Name of Direct Payment Recipient:

Date of Agreement:

The City of York Council agreed on ----/----/---- to make a direct payment to you.

Assessed Financial Contribution	
City of York Council will pay	
Total Direct Payment will be	

Reason for Payment <i>(Please insert details)</i> <i>(Receipts should be provided where appropriate)</i>	Frequency <i>One off/Annual</i> <i>4-weekly/Other</i>	Amount
<p>Provide a clear breakdown of the total package of funding</p> <p>Assessed Financial Contribution – this will be the amount you will pay towards your direct payment following your financial assessment</p>		

– DP – Terms and Conditions (Annex - A)

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Payment:

Net weekly payment to be made
£.....per week

One off Payment £.....

Payment Arrangements (for ongoing services):

Payments to be made 4 weekly in advance

Start Date for Payments ; (When the Finance Team receive a copy of the first provider invoice or Personal Assistant time sheet)

Agreed Account Surplus

Calculated as (insert number of weeks).....x the week payment plus contingency amount.

(Normally equivalent to one weeks payment).

£

– DP – Terms and Conditions (Annex - A)

You will be advised in writing if you are requested to repay any surplus above you agreed maximum holding

Note: At no time should funds accrued in the DP bank account exceed the equivalent of 8 weeks direct payments, other than funds accrued for legitimate purposes as agreed by the Council.

DRAFT

Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	<ol style="list-style-type: none"> 1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	<ol style="list-style-type: none"> 1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	<ol style="list-style-type: none"> 1. End of year Finance & Performance Monitoring Report 2. 1st Quarter Finance and Performance Monitoring Report. 3. CCG update report on health systems resilience 4. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 5. Update report on changes to direct payments 6. Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	<ol style="list-style-type: none"> 1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust. 2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust (not available until October).

	<ol style="list-style-type: none"> 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	<ol style="list-style-type: none"> 1. Report on GP health checks for people with learning disabilities (Slipped from September, Helena Nowell / Mike Wimmer) 2. Health and Wellbeing six-monthly update report (slipped from September) 3. Update report on re-procurement of Musculoskeletal Services 4. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. (Gary Brittain) 5. Annual Carers' Strategy Report (Frances Perry, slipped from September). 6. Update report on Elderly People's Homes. 7. Work Plan 2015-16
24 November 2015	<ol style="list-style-type: none"> 1. Be Independent 2nd Qtr Monitoring Report 2. Healthwatch six-monthly Performance update report 3. 2nd Quarter Finance and Performance Monitoring Report 4. Work Plan 2015-16
22 December 2015	<ol style="list-style-type: none"> 1. Work Plan 2015-16
26 January 2016	<ol style="list-style-type: none"> 1. Safeguarding Vulnerable Adults Six-monthly Assurance Report 2. Work Plan 2015-16
23 February 2016	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan 2015-16

23 March 2016	<ol style="list-style-type: none"> 1. Health and Wellbeing six-monthly Update Report 2. Be Independent 3rd Qtr Monitoring Report 3. Update report on York Wheelchair Services. 4. Work Plan 2015-16
26 April 2016	<ol style="list-style-type: none"> 1. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 2. Healthwatch six-monthly performance update report 3. Work Plan 2015-16

June 2016: Be Independent End of Year Position

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