
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	20 December 2016
Present	Councillors Cannon (Substitute for Councillor S Barnes), Doughty (Chair), Cullwick (Vice-Chair), Derbyshire and Richardson
Apologies	Councillors S Barnes and Craghill

42. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests, not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have had in respect of business on the agenda. No additional interests were declared.

43. Minutes

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 30 November 2016 be signed and then approved by the Chair as a correct record.

44. Public Participation

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

45. Update on the Older Persons' Accommodation Programme

Members received and considered a report which provided them with an update on progress towards delivering the Older Persons' Accommodation Programme (OPAP) (the "Programme") including Programme delivery and risk. The report also reviewed the action being taken to close Willow House older persons' home and the findings of a recent Mazars Value for Money review of the Programme.

Officers were questioned on a number of issues from the report including;

- The rising costs to the Council of external residential care and how this risk would be mitigated.
- Extra Care
- Morale and retention of current staff.

In respect of the rising cost of external residential care it was noted that although this continued to be a relatively high risk element to the programme, Officers had negotiated guide rates for care prices which would help them to effectively buy into the market. In addition, if there were more residential care homes built in the city there would be more choice and better prices due to an increased supply of care.

Officers confirmed that if a couple had moved into older persons' accommodation but a partner had passed away and the other did not meet the criteria for the accommodation they would not be asked to move. Regarding morale and staff retention, Officers reported that current staff undertake training to achieve NVQ2 level. It is felt this will improve their morale and equip them for their next job within the council.

Resolved: (i) That the update on progress to deliver the Older Persons' Accommodation Programme continues to be reviewed.

(ii) That the positive comments made by the Mazars auditors in relation to Programme progress, management and oversight be noted.

(iii) That regular updates be requested and presented at future meetings.

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

46. Residential, Nursing & Homecare Services - Quality Standards

Members received a report which detailed the performance of York based Residential, Nursing and Homecare providers against Care Quality Commission (CQC) and the Council's Adult Commissioning Team's Quality Assessment Framework (QAF).

Officers informed Members that two providers had been ranked as inadequate, but that the management for one home had recently changed and that the CQC had an inspection planned. There were a set of issues in residential, nursing and homecare in the city which remained around leadership, management, inconsistent performance and the recruitment of staff.

Members were informed that collaborative commissioning was carried out with Harrogate Clinical Commissioning Group for Infection Prevention and Control, and further information could be sought on what contact the CCG had with residential, nursing and homecare providers in the city.

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

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

47. Be Independent-Contract Monitoring Information

Consideration was given to a report which updated Members on the performance of Be Independent for 2016/17. The report advised them on key performance areas, included within the Council's contract and highlighted areas where increased monitoring was required. It also advised them of areas where there were concerns.

Members supported the need for a revised business plan as people were staying in their own homes for longer. They also felt that greater public awareness was needed of the service offered by Be Independent.

They questioned what aspects of telecare Be Independent offered and also whether falling numbers of users meant that an adjustment to the contract price paid by the Council could be made.

It was noted that services offered by Be Independent included an anti bogus caller service. They also worked with partners to fix elements in houses such as frayed carpets that could lead falls. However, Members were informed that this was currently under review. In regards to the question about the contract between Be Independent and the Council, there was an inbuilt efficiency clause within the contract.

In regards to the concerns over the quality of data and holding a customer survey, it was felt that rather than conducting a survey on service quality, it would best to examine a quality assurance issue of the consistency of how existing records were kept and updated.

Resolved: That future reports include;

- (i) The reasons why alarms are activated.
- (ii) What the assessed outcome for the customer would be if the service was not offered (for example in the last quarter 6.9% of referrals would have likely to have remained in hospital if the service was not available)
- (iii) Further exploration and detail from Be Independent regarding why a customer has left a service.

Reason:

- (i) This will help to demonstrate how the service has contributed to a customer's independence.
- (ii) This would provide greater clarity regarding the benefits of this preventative service.
- (iii) This would reduce the proportion of reasons classified as "other".

48. Consultation on a new Joint Health and Wellbeing Strategy for York

Members received a report which presented with them with the draft of the new Joint Health and Wellbeing Strategy for York 2017-2022.

The Committee were informed of the intention for the strategy to be a slim high level document with clear priorities for the Health and Wellbeing Board laid out inside. Most of the detailed consultation on the strategy would be conducted online. It was noted that a recent public consultation event on the new Joint Health and Wellbeing Strategy had taken place at York CVS. It had been well attended and produced positive feedback.

Discussion took place on Suicide Safer City. It was explained that work had been undertaken over the past year through a task group. It was noted that Suicide Safer City accreditation was World Health Organisation (WHO) conferred. The council was developing a training programme with a quality action framework which used the nine pillars, of the Suicide Safer City, for its mental health provision. It would then submit this to the WHO. Further information from all Members was requested.

In response to a question around deaths due to alcohol, it was noted that there were different strands of work which were ongoing.

This included; an alcohol prevention strategy with Safer York Partnership which would be published in January, and around £2.5m of the Public Health grant, which included as part of its substance misuse budget, alcohol treatment.

Members were informed that to assess levels of alcohol misuse, alcohol related admissions into A&E was used as an indicator. However, this data was unreliable as it depended on how the admission was coded. In order to gain reliable data ongoing work was being undertaken to collate real time health data with the Ambulance Service. It was also felt that greater promotion of the alcohol treatment service amongst GPs was to be encouraged given that within the suicide audit, 62 deaths had revealed very high alcohol levels but these people had not sought help from an alcohol treatment service.

Resolved: That the new Joint Health and Wellbeing Strategy for York 2017-2022 be received and noted.

Reason: To keep Members of the Committee up to date with progress against producing a new Strategy.

49. Healthwatch Six Monthly Performance Update Report

Consideration was given to a report into the performance of Healthwatch over the past six months.

The Manager of Healthwatch York outlined a few highlights from the report and updated Members by saying that;

- That they had been commissioned by NHS Vale of York Clinical Commissioning Group to hold Community Equipment & Wheelchair Services Forum meetings on a monthly basis.
- That York Teaching Hospital NHS Foundation Trust had now reinstated face to face ante and postnatal classes following a Healthwatch report
- Current issues that Healthwatch were investigating were changes to sharps bins, Sustainability and Transformation Plans, changes to cytology provision, changes to surgery provision for smokers and obese patients.
- The consultation on the change to online appointments for Unity Healthcare practice received over 700 responses

It was reported that those patients of Unity Healthcare who were not online could still contact the surgery by telephone and be guided through the form over the phone or have the GP decide an appointment time for them. The opening times for the appointment system would be extended to allow for more people to use it.

Members asked whether Healthwatch had any unannounced visits planned where they would use their enter and review powers and what actions they had recently taken over Sustainability and Transformation Plans (STP).

It was noted that although Healthwatch had the authority to use enter and review powers, providers also had the authority to refuse a visit. As Healthwatch reported to the Care Quality Commission (CQC), if the CQC do not have the resources to conduct a visit they could ask Healthwatch to do so, if it was felt appropriate to do so.

Regarding STP, it was reported that there had been a number of public events about the plan, and a talk at the Voluntary Sector Forum is to be repeated twice as there is still a lack of public knowledge about STP.

The Chair thanked the manager of Healthwatch York for her attendance at the meeting.

Resolved: That the report be received and noted.

Reason: So that Members are kept up to date with the performance of Healthwatch.

50. Work Plan

Consideration was given to the Committee's work plan for the municipal year 2016-17.

The Scrutiny Officer reported that he had heard nothing from Yorkshire Ambulance Service or the Care Quality Commission in regards to the item for January's committee on the Ambulance Service Inspection.

Discussion took place on a Health Protection Report which was due to be received by the Health and Wellbeing Board. It was suggested that some services, which were commissioned by NHS England and Public Health England, such as immunisation and screening might be worth investigating by Members. Further liaison with NHS England was needed and the Director of Public Health would work with the Scrutiny Officer on a timetable for the report.

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

- That the report on the Ambulance Service CQC Inspection be deferred to a later date following further information.
- That a report on services commissioned by NHS England and Public Health England be considered and received by the Committee at a future date.

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 7.40 pm].