



## Notice of meeting of

### Health Overview & Scrutiny Committee

**To:** Councillors Alexander (Chair), Aspden, Fraser, Sue Galloway, Simpson-Laing, Sunderland and Wiseman (Vice-Chair)

**Date:** Wednesday, 8 July 2009

**Time:** 5.00 pm

**Venue:** The Guildhall, York

## AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)  
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Minutes** (Pages 5 - 12)  
To approve and sign the minutes of the last meeting of the Health Scrutiny Committee held on 11 May 2009.
- 3. Public Participation**  
It is at this point in the meeting that members of the public who have registered their wish to speak can do so. The deadline for registering is by **5.00pm** on **Tuesday 7 July 2009**, the working day before the meeting. Members of the public can speak on agenda items or matters within the remit of the committee.

To register please contact the Democracy Officer for the meeting, on the details at the foot of this agenda.

- 4. New Arrangements for Overview and Scrutiny in York** (Pages 13 - 24)  
This report highlights the agreed changes to the Overview and Scrutiny function in York, detailing the terms of reference for the new committees and the resources available to support the function.
- 5. Corporate Strategy - Relevant Key Performance Indicators and Actions** (Pages 25 - 28)  
This report presents the Corporate Strategy key performance indicators and action relevant to the remit of this particular Overview and Scrutiny Committee.
- 6. 2008-09 Outturn Report from Health Scrutiny** (Pages 29 - 32)  
This report provides details of the 2008/09 outturn position for both finance and performance in Adult Social Services, the main area covered by the Health Overview and Scrutiny Committee.
- 7. Update on Recommendation Arising from the Dementia Review (Access to Secondary Care)** (Pages 33 - 42)  
This report presents Members with an update on progress made in relation to implementing the recommendations arising from the 'Dementia Review' (Accessing Secondary Care).
- 8. Feasibility Report - Adult Social Services Inspection Rating** (Pages 43 - 70)  
This report asks Members to consider a scrutiny topic registered by Councillor Simpson-Laing to investigate the Council's Adult Social Services Inspection Rating and the ongoing improvements recommended by the Inspector.
- 9. Work Plan 2009/10** (Pages 71 - 72)  
To consider the Committee's Work Plan for 2009/10.
- 10. Urgent Business**  
Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

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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

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- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than 5.00 pm** on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

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### Further information about what's being discussed at this meeting

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

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If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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## **Holding the Executive to Account**

The majority of councillors are not appointed to the Executive (38 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Decision Session) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

## **Scrutiny Committees**

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

## **Who Gets Agenda and Reports for our Meetings?**

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

## HEALTH OVERVIEW AND SCRUTINY COMMITTEE

### **Agenda item 1: Declarations of interest.**

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

Councillor Fraser	Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison; Member of York Healthy City Board.
Councillor Wiseman	Governor of York Hospitals NHS Foundation Trust; Member of York Healthy City Board.

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City of York Council

Committee Minutes

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MEETING HEALTH SCRUTINY COMMITTEE

DATE 11 MAY 2009

PRESENT COUNCILLORS FRASER (CHAIR), ALEXANDER, AYRE (VICE-CHAIR), KING, MORLEY AND SUNDERLAND

IN ATTENDANCE  
 GRAHAM PURDY – NHS NORTH YORKSHIRE AND YORK  
 LIBBY MCMANUS – YORK HOSPITALS NHS FOUNDATION TRUST  
 AMANDA BROWN – NHS NORTH YORKSHIRE AND YORK  
 ANNIE THOMPSON – LINKS CO-ORDINATOR  
 JOHN YATES – OLDER PEOPLE’S ASSEMBLY  
 CLLR MOORE - CYC

APOLOGIES COUNCILLOR WISEMAN

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#### 49. DECLARATIONS OF INTEREST

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

No additional interests other than those general personal interests attached to the agenda were declared.

#### 50. MINUTES

RESOLVED: That the minutes of the last meeting of the Committee held on 30 March 2009 be approved and signed by the Chair as a correct record.

#### 51. PUBLIC PARTICIPATION

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

#### 52. UPDATE ON DENTAL SERVICES

Consideration was given to a report, which provided Members with an update on the provision of NHS dental services in York.

The Committee were reminded that, at their meeting on 5 January 2009, they had requested the dental update to include the following:

- Information should relate to the Selby/York area only
- The number of dentists in the York area
- The number of new dentists in the York area
- The number of dentists providing NHS treatment in the York area
- Information on the number of residents who do not see a dentist at all
- To investigate the possibility of showing the information on 'waiting times for patients still on the list' as a mean average over a length of time rather than at a specific point in time.

At the Committee's meeting in February consideration had been given to a scrutiny topic on 'Access to Dental Services' submitted by Cllr Moore. Consideration on whether to progress the topic had been deferred pending receipt of additional information.

Confirmation had now been received that neither York LINK nor North Yorkshire County Council Scrutiny Committee would be examining dental provision at the present time.

Amanda Brown, Assistant Director of Commissioning and Service Development, was in attendance to answer Members questions in relation to the information supplied. Annex 1 of the report detailed the number of new patients seen, residents who do not see a dentist, new patients assigned to a dentist, waiting times and supply of primary dental services. It was confirmed that in Point 3, in the second paragraph, there was a need to add the word 'charges' following the word treatment in the fourth line.

The Chair confirmed that this information was now clearer and would assist the Committee in identifying trends.

Members requested clarification that there was no longer a need to register with a dentist, for further details of new patients assigned a dentist and access to emergency treatment out of hours.

Councillor Moore referred to inconsistent dental practices regarding reminders, emergency treatment and requirements for payment in advance. He pointed out that his scrutiny topic referred to whether patients could obtain treatment they required when they needed it.

Consideration was then given to the following options:

- Whether they wished to make any further amendments to the type of information included within the standard report writing template
- Whether they wished to continue receiving quarterly updates on dental services in York from NHS North Yorkshire & York.
- Whether they wished to go ahead with the 'Access to Dental Services' Review topic submitted to the Committee by

Councillor Moore and discussed at their meeting on 2<sup>nd</sup> February 2009.

Following further discussion it was

RESOLVED: That the Scrutiny Committee:

- (i) Note the report and the update from NHS North Yorkshire & York and agree to continue to monitor the provision of dental services on a quarterly basis;
- (ii) Make no change to the information included in the standard reporting template;
- (iii) Do not proceed with the scrutiny topic on 'Access to Dental Services' put forward by Councillor Moore and initially discussed at the Health Scrutiny meeting on 2<sup>nd</sup> February 2009.

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

### **53. UPDATE ON ALCOHOL REDUCTION STRATEGY**

Members considered a report, which provided them with an update on information related to the Alcohol Reduction Strategy.

The Committee were reminded that, at their meeting in February, they had been asked to consider a feasibility study registered by Cllr Sue Galloway on the performance and value for money of the North Yorkshire and York NHS's alcohol treatment services, particularly in relation to hospital admissions and the impact on NI (National Indicator) 39 of the Local Area Agreement.

At that time Members had deferred making a decision on progressing this topic until further information including a joint briefing report could be prepared by the trusts to include:

- Clarification as to the data that is currently collected
- Confirmation of targets and how these are reported (including the definition of an alcohol related hospital admission)
- Historical data
- Feedback from the pilot being carried out by Harrogate Accident and Emergency Department in respect of the electronic collection of data

This information was now provided in the Annexes to the report.

Libby McManus, Chief Nurse at York Hospitals NHS Foundation Trust, was in attendance and circulated details of alcohol related activity related to attendance in the Accident Emergency Department at York Hospital (copy attached to these minutes). She went onto explain the details of the data

provided. She stated that collection of data on alcohol-harm related admissions had started in June 2008 and the caveats involved in interpreting these figures.

The Chair thanked Libby McManus for attending and presenting this information. He stated that the Committee's original concern had been that this type of data was unavailable hence the request for the scrutiny topic.

- RESOLVED:
- i) That the Committee agree not to go ahead with the proposed scrutiny topic on the 'Alcohol Reduction Strategy' put forward by Councillor Sue Galloway;
  - ii) That the joint briefing note and annexes to this report be forwarded to the Gambling and Licensing Acts Committee and the Safer York Partnership for their information.<sup>1</sup>

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

Action Required

1. Forward information to the Gambling and Licensing Committee and Safer York Partnership for their information. TW

**54. ANNUAL HEALTH CHECK 2008/09 - UPDATE**

Consideration was given to an update report on further developments in relation to the Annual Health Check 2008/09.

This check was the system used to assess the performance of all NHS trusts and a few other types of organisation in the NHS in England. In 2008/2009 it would be assessing:

- Acute Trusts (including Foundation Trusts)
- Ambulance Trusts
- Mental Health Trusts (including Foundation Trusts)
- Learning Disability Trusts
- Primary Care Trusts (both as providers and commissioners of care)
- Care Trusts
- The Health Protection Agency
- NHS Direct
- NHS Blood & Transplant

At the Committee's meeting in January 2009 Members of the Committee had delegated the Chair, Vice Chair and Conservative Party representative, the responsibility of creating commentaries on the declarations produced by the three NHS Trusts. These commentaries had now been prepared and forwarded to the relevant trusts and had been attached to the report as;

Annex A – Yorkshire Ambulance Trust  
Annex B - York Hospitals Foundation Trust  
Annex C - NHS North Yorkshire and York

It was reported that the Trusts would include the relevant commentary from the Committee in their declarations word for word. The results of the Annual Health Check would then be published in October 2009.

The Chair thanked the Scrutiny Officer for all her work in presenting the information in a concise, readable form and Cllrs Ayre and Wiseman for all their assistance.

RESOLVED: That the Annual Health Check report be noted.

REASON: To enable the Health Scrutiny Committee to carry out their duty to promote the health needs of the people they represent.

## 55. HEALTH SCRUTINY NETWORKING

Consideration was given to a report, which informed the Committee of recent events attended, by both Members and Officers outside the formal meeting cycle of the Health Scrutiny Committee.

Details of the following events and meetings were reported:

- Informal meeting with LINKs (13.01.09)
- Regional Health Scrutiny Officers' Network (22.01.09)
- Meeting with Hospital Governors (11.03.09)
- Councillor Call for Action (CcfA) (16.03.09)
- LINKs Annual General Meeting (AGM) (26.03.09)
- Meeting with Chief Executive of NHS North Yorkshire & York (09.04.09)

RESOLVED: That the update report be noted.

REASON: To keep Members informed of events attended that are relevant to Health Scrutiny.

## 56. WORKPLAN

Consideration was given to the Health Scrutiny Committees' Work Plan. The Chair confirmed that it was important that this was carried over into the new scrutiny structure.

Following discussion it was agreed to add the PCT mental health services commissioning to the Work Plan. Graham Purdy confirmed that community services were also involved in this issue and that he would like the opportunity to speak to the Committee on this issue in the future.<sup>1</sup>

### Action Required

1. Add to Work Plan.

TW

Cllr S Fraser, Chair

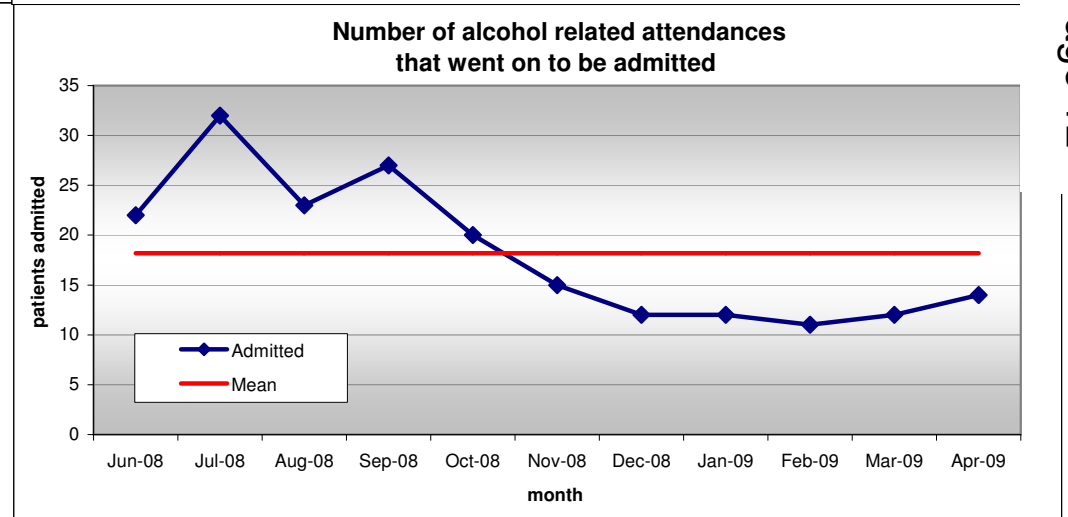
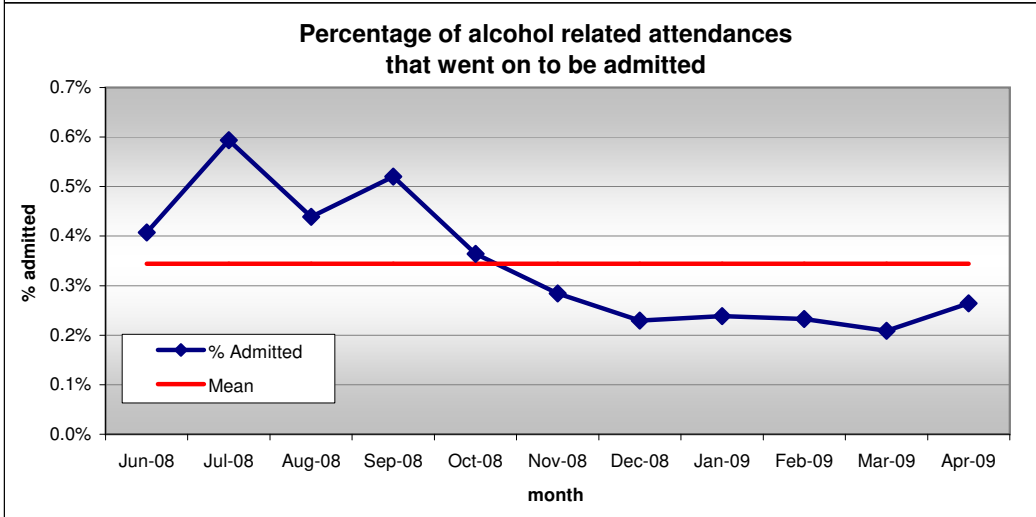
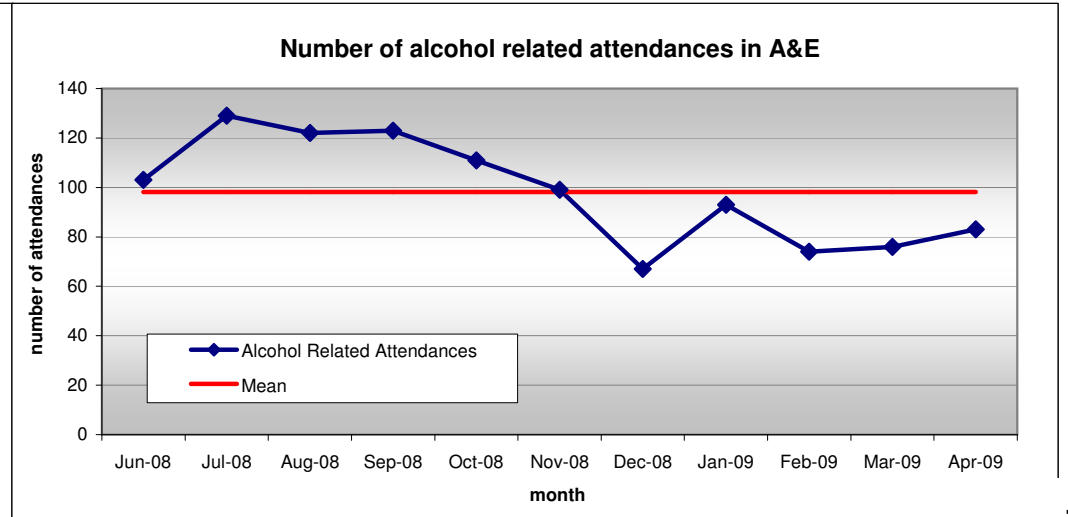
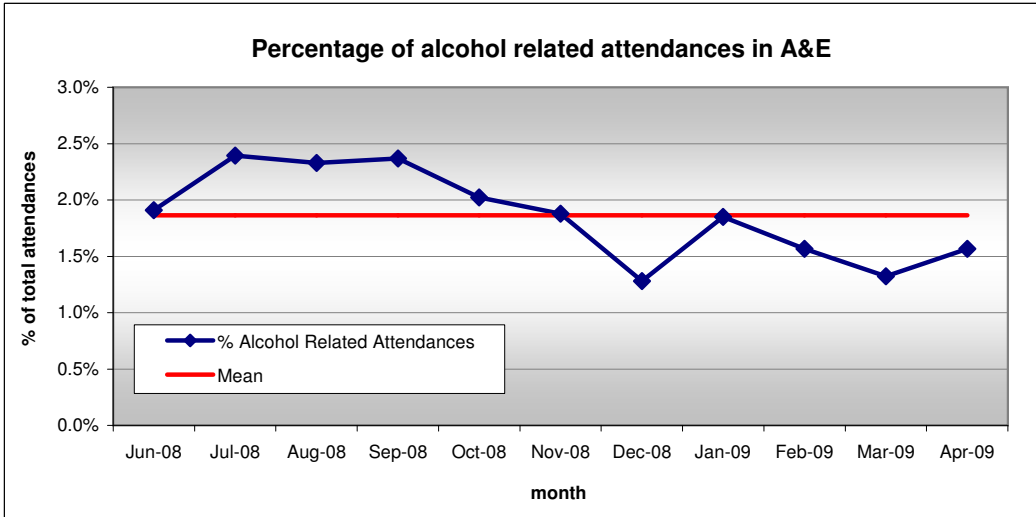
[The meeting started at 5.00 pm and finished at 6.13 pm].

City of York Council - Health Scrutiny Committee

York Hospitals NHS Foundation Trust  
Alcohol Related Activity

Month	Total Attendances	Alcohol Related		Mean		% Alcohol Related		% Admitted		Mean	
		Attendances	Mean	Admitted	Mean	Attendances	Mean	Admitted	Mean		
Jun-08	5397	103	98.2	22	18.2	1.9%	1.9%	0.4%	0.3%		
Jul-08	5391	129	98.2	32	18.2	2.4%	1.9%	0.6%	0.3%		
Aug-08	5236	122	98.2	23	18.2	2.3%	1.9%	0.4%	0.3%		
Sep-08	5193	123	98.2	27	18.2	2.4%	1.9%	0.5%	0.3%		
Oct-08	5487	111	98.2	20	18.2	2.0%	1.9%	0.4%	0.3%		
Nov-08	5272	99	98.2	15	18.2	1.9%	1.9%	0.3%	0.3%		
Dec-08	5229	67	98.2	12	18.2	1.3%	1.9%	0.2%	0.3%		
Jan-09	5025	93	98.2	12	18.2	1.9%	1.9%	0.2%	0.3%		
Feb-09	4725	74	98.2	11	18.2	1.6%	1.9%	0.2%	0.3%		
Mar-09	5749	76	98.2	12	18.2	1.3%	1.9%	0.2%	0.3%		
Apr-09	5294	83	98.2	14	18.2	1.6%	1.9%	0.3%	0.3%		

City of York Council - Health Scrutiny Committee  
 York Hospitals NHS Foundation Trust  
 Alcohol Related Activity







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## Health Overview and Scrutiny Committee

8 July 2009

Report of the Democratic Services Manager

### New Arrangements for Overview and Scrutiny in York

#### Summary

1. This report highlights the agreed changes to the Overview and Scrutiny function in York, detailing the terms of reference for the new committees and the resources available to support the function.

#### Background

2. At Full Council in November 2008 it was agreed to remove Executive Member Advisory Panels (EMAPs) from the decision making structure and replace the existing Scrutiny Committees with an increased No. of alternative Scrutiny Committees.
3. At Full Council in April 2009 Members agreed to retain the Scrutiny Management Committee and to the formation of the following five Overview & Scrutiny Committees, to come into effect as from Annual Council in May 2009:
  - Effective Organisation
  - Economic & City Development
  - Learning & Culture
  - Community Safety
  - Health

#### Consultation

4. The decision to revise the Overview & Scrutiny function in York followed an extensive consultation process involving Members and senior officers, involving careful consideration of working structures and best practice at other Councils.

#### Terms of Reference & Common Functions

##### Scrutiny Management Committee (SMC)

5. This Committee oversees and co-ordinates the overview & scrutiny function, including:

- allocating responsibility for issues which fall between more than one Overview & Scrutiny Committee
- periodically reviewing the overview and scrutiny procedures to ensure that the function is operating effectively and recommending any constitutional changes, to Council
- providing an annual report to Full Council
- recommending to the Executive a budget for scrutiny and thereafter exercising overall responsibility for the finance made available to scrutiny.

6. In Addition, SMC:

- advises the Executive on the development of the Sustainable Corporate Strategy and monitoring its overall delivery
- receives bi-annual feedback through reports or otherwise as appropriate, from the Overview & Scrutiny Committees on progress against their workplans
- receives periodical progress reports, as appropriate, on particular scrutiny reviews.
- considers and comment on any final reports arising from completed reviews produced by the Scrutiny Committees, prior to their submission to the Executive
- considers any decision “called in” for scrutiny in accordance with the Scrutiny Procedure Rules as set out in Part 4 of the Council’s Constitution.
- exercises the powers of an Overview & Scrutiny Committee under section 21 of the Local Government Act 2000

**Standing Overview & Scrutiny Committees**

7. Each of the five standing Overview & Scrutiny Committees has its own individual remit (as detailed below), and in carrying out their remit each must ensure their work promotes inclusiveness and sustainability.

8. Effective Organisation Overview & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following Council service plan areas through regular performance monitoring reports:

- |                              |                                   |
|------------------------------|-----------------------------------|
| • Audit & Risk Management    | • Human Resources & Directorate   |
| • Strategic Finance          | HR Services                       |
| • IT&T                       | • Performance & Improvements      |
| • Public Services            | • Resources & Business            |
| • Property Services          | Management                        |
| • Policy & Development       | • Business Support Services       |
| • Civic Democratic & Legal   | • Corporate Services              |
| Services                     | • Directorate Financial Services  |
| • Marketing & Communications | • Management Information Services |

9. This Committee is also responsible for promoting a culture of continuous improvement in all services, and monitoring efficiency across organisational / service boundaries to promote a seamless approach to service delivery, with the user as a central focus.

10. Economic & City Development Overview & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports:

- Economic Development
- Planning
- City Development & Transport
- Licensing & Regulation
- Housing Landlord & Housing General

11. Learning & Culture Overview & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports

- Early Years
- Schools & Communities
- Education Development Services
- School Governance Service
- Special Educational Needs
- Adult Education
- Access
- Education Planning & Resources
- Young People's Service
- Arts & Cultural Services
- Libraries & Heritage Services
- Parks & Open Spaces
- Sports & Active Leisure

12. Community Safety Overview & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports:

- Safer City
- Waste Management Strategy (Client)
- Environmental Health & Trading Standards
- Street Scene
- Cleansing Services
- Waste Collection Services
- Building Cleaning Services
- Highways Maintenance Services
- Street Environment
- Bereavement Services
- Youth Offending Team

13. In addition, the Community Safety Overview & Scrutiny Committee is also responsible for the discharge of the functions conferred on the Council by sections 19 & 20 of the Police & Justice Act 2006, in relation to the scrutiny of community safety issues, the Police and the work of the local Crime and Disorder Reduction Partnership (CDRP) made up of the following community safety partners:

- The Local Authority
- The Police Force
- The Police Authority
- The Fire and Rescue Authority
- The Primary Care Trust

14. Health Overview & Scrutiny Committee

This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports

- Adults i.e. older people and adults with Physical Disabilities & Sensory Impairments
- Adults Mental Health
- Adults Learning Disability

15. In addition, the Health Overview & Scrutiny Committee is also responsible for:
- (a) the discharge of the health and scrutiny functions conferred on the Council by the Local Government Act 2000
  - (b) undertaking all of the Council's statutory functions in accordance with section 7 of the Health and Social Care Act 2001, NHS Reformed & Health Care Professional Act 2002, and section 244 of the National Health Service Act 2006 and associated regulations, including appointing members, from within the membership of the Committee, to any joint overview and scrutiny committees with other local authorities, as directed under the National Health Service Act 2006.
  - (c) reviewing and scrutinising the impact of the services and policies of key partners on the health of the City's population
  - (d) reviewing arrangements made by the Council and local NHS bodies for public health within the City
  - (e) making reports and recommendations to the local NHS body or other local providers of services and to evaluate and review the effectiveness of its reports and recommendations
  - (f) delegating functions of overview and scrutiny of health to another Local Authority Committee
  - (g) reporting to the Secretary of State of Health when:
    - i. concerned that consultation on substantial variation or development of service has been inadequate
    - ii. it considers that the proposals are not in the interests of the health service

### **Standing Overview & Scrutiny Committees - Common Functions**

16. In exercising the powers of an Overview and Scrutiny Committee under section 21 of the Local Government Act 2000, the five Overview & Scrutiny Committees shown above have the following common functions:
- Maintain an annual work programme and ensure the efficient use of resources
  - Report to the SMC on a bi-annual basis on their contribution to their work programme.
  - Review any issue that it considers appropriate or any matter referred to it by the Executive, SMC or Council and report back to the body that referred the matter.
  - Identify aspects of the Council's operation and delivery of services, and/or those of the relevant Council's statutory partners, suitable for an efficiency review (a full list of statutory partners is shown at Annex A)
  - Carry out efficiency reviews or set up a Task Group from within their membership to conduct a review on their behalf.
  - Scrutinise issues identified from the Executive's Forward Plan, prior to a decision being made.

- Receive Executive Member reports relating to their portfolio, associated priorities & service performance.
- Scrutinise the services provided to residents of York by other service providers, as appropriate.
- Comment on the annual budget proposals and elements of the Corporate Strategy.
- Make final or interim recommendations to the Executive and/or Council
- Report any final or interim recommendations to SMC, if requested
- Monitor the Council's financial performance during the year.
- Monitor progress on the relevant Council Priorities and advise on potential future priorities.
- Initiate, develop and review relevant policies and advise the Executive about the proposed Policy Framework as it relates to their service plan areas
- Support the achievement of the relevant 'Local Area Agreement' priority targets

## **Roles Within Overview & Scrutiny Committees**

### 17. Members of the Overview & Scrutiny Committees:

- Meet on a regular basis
- Prepare for meetings and visits by reading briefing papers and preparing any questions for witnesses
- Formulate and agree an annual work plan for their Committee, in consultation with the relevant Scrutiny Officer
- Discuss and decide on the remit and scope of each scrutiny review they undertake
- Contribute to discussions as community representatives but without a political agenda
- Develop each review through constructive debate
- Participate as fully in Scrutiny reviews as their time commitments will allow – e.g. by attending site visits and taking part in smaller task groups
- Make recommendations based on their deliberations and information received
- Take ownership of their final reports and any recommendations, and work with the Scrutiny Officer on their production
- Monitor Scrutiny recommendations approved by the Executive to see how they are being implemented
- Identify items on Executive Forward Plan for potential consideration by the Committee
- Treat officers, witnesses and other members with respect and consideration

### 18. Chairs of Overview & Scrutiny Committees - in addition to their member role, each Chair is responsible for:

- Providing leadership and direction
- Working with the Scrutiny Officer to decide how each meeting will be run and agree the agenda
- Working with the scrutiny officer and senior officers to ensure an effective exchange of information

- Ensuring an appropriate timescale is agreed for a review, taking into account the Scrutiny team's workload
  - Ensuring everyone gets the opportunity to contribute and that they are heard and considered
  - Ensuring that officers and witnesses are introduced to the Committee and that they are always treated with respect and consideration
  - Working with the Scrutiny Officer on the production of any final reports
  - Presenting the final report and recommendations to the Executive
19. Vice chairs perform the chair's role in their absence. They are also invited to attend chair's briefing sessions.
20. Statutory & Non-statutory Co-optees:

Statutory

- Required for the Learning & Culture Scrutiny Committee, to represent parents and religious groups
- Participate fully within the Scrutiny work as a member of the Committee (see member's role) and vote on issues within the remit of a review
- Provide advice and information to the Committee based on their specific skill, knowledge or expertise

Non-statutory

- Invited by a Committee to provide advice and information based on their specific skill, knowledge or expertise, either on a permanent basis or for the duration of a review.
- Participate as a member of the Committee would do, but cannot take part in a vote if one is held during a meeting

**Officer Roles Supporting Overview & Scrutiny**

21. The work of the Overview & Scrutiny Committees is supported by officers in a number of ways:
22. The Scrutiny Services Team
- Facilitate and support SMC and the Overview & Scrutiny Committees, and organise events and meetings
  - Support the SMC in reviewing and improving the Overview & Scrutiny function
  - Work with individual Committees to develop their annual work plans, and with SMC to co-ordinate the overall scrutiny function
  - Provide independent and impartial advice to Councillors
  - Carry out research and gather information as directed by the Committees
  - Provide a link between the Committees, senior officers of the council and external witnesses, inviting them to meetings and supporting them throughout the scrutiny process to ensure an effective exchange of information
  - Liaise and consult with residents, partnerships and other external parties on behalf of the Committees
  - Draft final reports in close consultation with the Chairs of the Committees

- Forward reports and agenda items to the appropriate Democracy Officer on time so these can be published
- Stay up to date with new developments in Scrutiny legislation and implement changes as necessary

23. Assistant Directors and/or Senior Officers

- Provide support and expertise to an Overview & Scrutiny Committee
- Have input to the production of the Committee's workplan and use their ability to influence appropriately; particularly where there are significant resource implications for their Directorate
- Ensure resources are subsequently made available to the Committee and Scrutiny Officer as agreed in the plans and highlight any problems
- Work with the Chair and the Scrutiny Officer to ensure an effective exchange of information
- Attend chair's briefings and scrutiny meetings as required
- Provide a link with the Directorate ensuring the work of Overview & Scrutiny is supported
- Allocate responsibility for implementing recommendations from Scrutiny

24. Technical Officers

- Work with the Scrutiny Officer, Chair and senior officers to consider the requirements of a scrutiny review
- Provide written and/or verbal information to a Committee relevant to a topic under review
- Work with the scrutiny officer and the assistant director to ensure an effective exchange of information
- Attend Scrutiny meetings to offer evidence as a witness when requested

25. Democracy Officers

- Provide constitutional advice at scrutiny meetings or to Scrutiny Officers and councillors when required
- Timetable meetings in consultation with Committee members
- Book meeting rooms and cancel bookings when necessary
- Receive reports and compile agenda for meetings, publish and circulate within the legal deadlines
- Write Minutes of overview & scrutiny meetings, consult with Scrutiny Officer afterwards and get Minutes signed off by the Chair of the Committee
- Provide a registration facility for members of the public wishing to speak at scrutiny meetings

## **Work Planning**

26. Each of the five Overview & Scrutiny Committees will produce and maintain an annual work plan (see example shown elsewhere on this agenda). This will appear on the agenda for each meeting, and will show the different stages of any ongoing reviews and the scheduled dates for receiving the following reports:

- Performance and Finance Monitoring
- Proposals for Corporate Priorities associated with the work of the Committee
- Budget Consultation

- Audit Commission's Report on Use of Resources
- Annual Reports from Local Strategic Partners

27. Each Committee is responsible for providing bi-annual updates to SMC on their progress with achieving their planned programme of work. In 2009-10, it is suggested that these updates be provided for the meetings of SMC in July 2009 and February 2010.

### **Corporate Strategy**

28. The Council's Corporate Strategy was recently revised for 2009-12, to align it with the Local Area Agreement (LAA). The new Overview & Scrutiny Committees are designed to be cross-cutting across Directorates and each is based on an individual LAA theme i.e.

Effective Organisation – to be a modern Council with high standards and values and a great place to work

Thriving City – to support York's successful economy to make sure employment rates stay high and that local people benefit from new job opportunities

Safer City – for York to have low crime rates and be recognised for its safety record

City of Culture & Learning City – to inspire residents and visitors to free their creative talents and make York the most active city in the country, and that local people have access to world-class education, training facilities and provision

Healthy City – for residents to enjoy long, healthy and independent lives

29. In addition, each of the above named Overview & Scrutiny Committees is responsible for ensuring their work promotes inclusiveness and sustainability which are the final two themes of the Corporate Strategy

### **Implications**

30. There are no known Legal, HR, Finance, Equalities, Crime & Disorder, Property or Other implications associated with the recommendation in this report.

### **Risk Management**

31. There are no known risks, associated with the recommendation in this report.

### **Recommendations**

32. Members are asked to note the contents of this report and provide comments.

Reason: To inform Members of the new arrangements for scrutiny.



**Contact Details**

**Author:**

Melanie Carr  
Scrutiny Officer  
Ext. 2063

**Chief Officer Responsible for the report:**

Dawn Steel  
Democratic Services Manager  
Ext 1030

**Report Approved**

**Date**

16 June 2009

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Background Papers:** Reports to Full Council dated 22 January & 2 April 2009

**Annexes:**

**Annex A** – List of the Council's Statutory Partners

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## Statutory Partners of the Council

The public service providers covered by the duty to co-operate with the Council's Overview and Scrutiny Committees are:

Chief Officer of Police  
Police Authority  
Local Probation Boards  
Youth Offending Teams  
Primary Care Trusts  
NHS Foundation Trusts  
NHS Health Trusts  
The Learning Skills Council in England  
Jobcentre Plus  
Health and Safety Executive  
Fire & Rescue Authorities  
Metropolitan Passenger Transport Authorities  
The Highways Agency  
The Environment Agency  
Natural England  
Regional Development Agencies  
National Park Authorities  
The Broads Authority  
Joint Waste Disposal Authorities

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## Health Overview and Scrutiny Committee

8 July 2009

Report of the Democratic Services Manager

### Corporate Strategy – Relevant Key Performance Indicators and Actions

#### Summary

1. This report presents the Corporate Strategy key performance indicators and actions relevant to the remit of this particular Overview and Scrutiny Committee.

#### Background

2. As part of the restructure of the overview & scrutiny function in York, it was agreed that the new standing Overview & Scrutiny Committees would be responsible for:
  - a. monitoring progress on those council priorities relevant to their individual terms of reference and for advising on potential future priorities;
  - b. identifying aspects of the Council's operation and delivery of services, and/or those of the relevant Council's statutory partners, that are perhaps not on target and therefore suitable for an efficiency review;
  - c. supporting the achievement of the relevant 'Local Area Agreement' priority targets
3. Annex A provides information on all the current performance indicators of either the Council or a statutory partner (or in some cases a hybrid of both), relevant to the work of the Health Overview & Scrutiny Committee.

#### Consultation

4. The information contained within Annex A was provided by the Corporate Performance Manager.

#### Analysis

5. The information contained within the Annex has been provided in order to enable the Committee to monitor implementation of the current corporate priorities for 2009/10 and establish a baseline on which to judge the overall success of that implementation in 2010, in order to make proposals for changes to the priorities for 2010/11.

- Information on the relevant Council corporate priorities will be presented as part of the quarterly finance and performance monitoring reports. Information on the progress made by partners, will be made available to the Committee periodically throughout the year depending on the reporting cycle agreed by the Council with partners. Details of these will be added to the Committee's work programme.

### Options

- Having considered the information contained within the Annex, Members may choose to request further information on any of the key indicators and actions identified.

### Corporate Strategy

- The work of this Committee directly supports the seventh theme of the Corporate Strategy 'We want to be a city where residents enjoy long, healthy and independent lives'.

### Implications

- There are no known Legal, HR, Equalities, Finance, Crime and Disorder, ITT, Property & Other implications associated with the recommendation within this report.

### Risk Management

- There are no known risks associated with the recommendation in this report.

### Recommendations

- Members are asked to note the contents of the report and its annex and decide what if any further information is required at this stage,

Reason: To inform the work of this Committee.

### Contact Details

**Author:**  
Melanie Carr  
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Scrutiny Services  
Tel. 01904 552063

**Chief Officer Responsible for the report:**  
Dawn Steel  
Democratic Services Manager

**Report  
Approved**



**Date** 16 June 2009

**Wards Affected:**

**All**



**For further information please contact the author of the report**

**Background Papers:** N/A

### Annexes

**Annex A –** Relevant Council Performance Indicators and Key Actions for 2009/10

## Possible performance indicator links to Scrutiny Committees

## Annex A

Code	Lead for Collection	Indicator definition	LAA indicator (35? local? Education NPI?)	Link to scrutiny committee
NPI 39	PCT	Alcohol-harm related hospital admission rates	35	Health
NPI 40	Community Safety	Drug users in effective treatment	No	Health
NPI 47	City Strategy	People killed or seriously injured in road traffic accidents	35	Health
NPI 48	City Strategy	Children killed or seriously injured in road traffic accidents	No	Health
NPI 50	LCCS	Emotional health of children	No	Health
NPI 51	LCCS	Effectiveness of child and adolescent mental health (CAMHS) services	No	Health
NPI 53	PCT	Prevalence of breastfeeding at 6 – 8 weeks from birth	No	Health
NPI 55	LCCS	Obesity among primary school age children in Reception Year	No	Health
NPI 56	LCCS	Obesity among primary school age children in Year 6	35	Health
NPI 70	PCT	Hospital admissions caused by unintentional and deliberate injuries to children and young people	No	Health
NPI 112	LCCS	Under 18 conception rate	35	Health
NPI 113	PCT	Prevalence of Chlamydia in under 20 year olds	No	Health
NPI 115	LCCS	Substance misuse by young people	35	Health
NPI 119	PCT	Self-reported measure of people's overall health and wellbeing	No	Health
NPI 120	PCT	All-age all cause mortality rate	35	Health
NPI 121	PCT	Mortality rate from all circulatory diseases at ages under 75	No	Health
NPI 122	PCT	Mortality from all cancers at ages under 75	No	Health
NPI 123	PCT	16+ current smoking rate prevalence	No	Health
NPI 124	PCT	People with a long-term condition supported to be independent and in control of their condition	No	Health
NPI 125	HASS	Achieving independence for older people through rehabilitation/intermediate care	No	Health
NPI 127	HASS	Self reported experience of social care users	No	Health
NPI 128	HASS	User reported measure of respect and dignity in their treatment	Local	Health
NPI 129	HASS	End of life access to palliative care enabling people to choose to die at home	No	Health
NPI 130	HASS	Social Care clients receiving Self Directed Support per 100,000 (Direct Payments and Individual Budgets)	35	Health
NPI 131	PCT	Delayed transfers of care from hospitals	No	Health
NPI 132	HASS	Timeliness of social care assessment	No	Health
NPI 133	HASS	Timeliness of social care packages	No	Health

## Possible performance indicator links to Scrutiny Committees

## Annex A

Code	Lead for Collection	Indicator definition	LAA indicator (35? local? Education NPI?)	Link to scrutiny committee
NPI 134	PCT	The number of emergency bed days per head of weighted population	No	Health
NPI 135	HASS	Carers receiving needs assessment or review and a specific carer's service, or advice and information	35	Health
NPI 136	HASS	People supported to live independently through social services (all ages)	No	Health
NPI 137	PCT	Healthy life expectancy at age 65	No	Health
NPI 138	HASS	Satisfaction of people over 65 with both home and neighbourhood	No	Health
NPI 139	HASS	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	Local	Health
NPI 141	HASS	Number of vulnerable people achieving independent living	35	Health
NPI 142	HASS	Number of vulnerable people who are supported to maintain independent living	No	Health
NPI 145	HASS	Adults with learning disabilities in settled accommodation	No	Health
NPI 146	HASS	Adults with learning disabilities in employment	No	Health
NPI 149	HASS	Adults in contact with secondary mental health services in settled accommodation	No	Health
NPI 150	HASS	Adults in contact with secondary mental health services in employment	No	Health
HCOP1.1	PCT	Reduce health inequalities within the local area, by narrowing the gap in all-age, all-cause mortality*	Local	Health



## Health Overview and Scrutiny Committee

8<sup>th</sup> July 2009

Report of the Director of Housing & Adult Social Services

### 2008/09 Outturn Report – Finance and Performance in Adult Social Services

#### Summary

1. This report provides details of the 2008/09 outturn position for both finance and performance in Adult Social Services, the main area covered by the Health Overview and Scrutiny Committee.

#### Analysis

##### Finance – outturn overview

2. The outturn position for Adult Social Services is an overspend of £33k on a total net budget of £38.6m. Significant variations are shown below:

	Net Budget £'000	Out-turn £'000	Variance £'000
Assessment and Personalisation	17,761	18,781	+1020
Commissioning and Partnerships	6,564	6,406	-158
Service Delivery and transformation	14,297	13,468	-829
<b>Total</b>	<b>38,622</b>	<b>38,655</b>	<b>+33</b>

- a. There are overspends in various areas totalling £1,685k. The major items include £+211k on social work teams due to the use of agency staff to assist with safeguarding adult's work and ongoing pressure to improve performance on time taken to deal with referrals and £+500k on community support budgets due to large number of customers supported at home. The delay in the re-provision of Huntington Road and Yearsley Bridge has increased costs by £+92k and the latter re-provision has also increased the cost of transportation of customers, including the consultants fee, by £+114k due to more taxi journeys than envisaged being needed. Reductions in income from the PCT has led to overspends in three service areas totalling £+137k. There is an overspend of £+193k on direct payments (where take-up has been encouraged in order to improve performance in this area) and residential and nursing costs. There were also increased costs on repairs and maintenance of adaptation equipment fitted in people's homes to help them remain independent (£+81k), elderly person's homes (£+95k) and active health and occupational health referrals (£+98k).
- b. Offsetting these increased costs are underspends of £1,652k, one of which is the result of action taken across various services within service delivery and transformation to offset known areas of overspend which has produced £-441k. Other savings in service delivery and transformation are £-520k on efficiency savings being achieved over and above those

originally planned in interim £-116k on small day services principally staffing underspends in several units offset by a small loss of income. Other staffing vacancies have led to savings of £-225k.

- c. Whilst the outturn is broadly in line with the approved budgets, there are some significant variations within this bottom line outturn that give cause for concern in relation to their impact on the 2009/10 budgets. A recent increase in referrals of 30% demonstrates that the predicted change in demographics is now starting to be seen in increased demand for Adult Social Services. During the latter part of 2008/09 this has resulted in increased demand for domiciliary care highlighted by the locality providers.
- d. Significant overspends on support to people in their own homes have been offset by underspends within provider services. These underspends will not continue in 2009/10, as the budgets have been adjusted to reflect the full year effect of these savings.

#### Performance – outturn overview

- 3. Overall very good progress has been made on the improvement plan for adult social care agreed with the former HASS EMAP and a detailed report was made to the Executive Member on 23<sup>rd</sup> June. 80% of the 6 Adult Social Services indicators, which can be measured against 2007/08, improved, with 64% achieving their 2008/09 target. All 3 of the relevant LAA indicators are improving and 2 have hit their interim 2008/09 target. Key performance headlines are:
  - a NI 130: Direct payments for social care clients (LAA indicator) - 2008/09 saw a 82% rise in the number of social care clients receiving direct payments and individual budgets, placing York in the top quartile compared to other unitary authorities. This performance exceeds the 2008/09 LAA target by some way and puts HASS in a good position to achieve the final 2010/11 target.
  - b NI 135: Carer Services (LAA indicator) - the % of carers receiving services following a needs assessment and/or a review is at 17.1% (1046 customers). This more than doubles the number of clients who received assessments/review in 2007/08 and is just short of the 2008/09 target. However, York is still in the 3<sup>rd</sup> quartile when comparing performance with other authorities and a target has been set for 2009/10 to increase assessments by a further 31%. This will be achieved by bringing all care workers under one manager to help improve the profile and priority of care assessments.
  - c NI 136: Independent living - In 2008/09 the number of residents who were supported to live independently in York increased by 11% (3651 per 100,000 population). This exceeds the 2008/09 target and falls just short of the challenging 2009/10 target of 3750.
  - d NI 141: Independent living (LAA indicator) - This indicator measures the number of service users (i.e. people who are receiving a Supporting People Service) who have moved on from 'supported accommodation'. In 2008/09 the number of vulnerable people in York who achieved this form of independent living improved to nearly 70% (from 52% in 2007/08). This exceeds the 2008/09 interim LAA target and puts HASS on track to achieve the final 2010/11 LAA target of 72%.

**Corporate Priorities**

4. The information included in this report demonstrates progress on achieving the council's corporate strategy (2007-11) and the priorities set out in it.

**Implications**

5. There are no financial, human resources, equalities, legal, crime & disorder, information technology, property or other implications associated with this report.

**Risk Management**

6. There are clear signs that the budgets for community-based care are under increasing pressure . Although adult social care was only marginally over budget overall in 08/9 this masked an overspend of about £1m in relation to meeting demand for home based care. This is due to the demographic changes beginning to take effect as predicted in the long-term commissioning for older people project and it is important to note that referrals for services rose 30% in 08/9. The work with Northgate Kendric Ash will identify more efficiency savings in services that could be used to offset these cost pressures but these will not come through to any significant extent in 2009/10. It will also be part of this work to understand the level of investment needed to hit performance standards and meet rising demand. Managing within the approved budget for 09/10 is therefore going to be extremely difficult and the management team will be keeping this under close review.

**Recommendations**

7. As this report is for information only, there are no recommendations.

Reason: To update the Committee of the outturn position.

**Contact Details****Authors:**

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**Chief Officers responsible for the report:**

Bill Hodson  
Director of Housing & Adult Social Services  
(01904) 554001

**Specialist Implications Officer(s)** None

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

**All**

√

**Background Working Papers**

Year-end Performance and Financial Report for 2008/09, Executive 23<sup>rd</sup> June 2009

**Annexes**

None

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## Health Overview and Scrutiny Committee

8<sup>th</sup> July 2009

Report of the Head of Civic, Legal & Democratic Services

### Update on Recommendations Arising from the Dementia Review (Access to Secondary Care)

#### Summary

1. This report presents Members with an update on progress made in relation to implementing the recommendations arising from the 'Dementia Review' (Accessing Secondary Care).

#### Background

2. Between July 2008 and November 2008 the Health Scrutiny Committee undertook a review of the experiences of older people with mental health problems (and their families/carers) who accessed general health services for secondary care in order to identify where improvements may be required.
3. Over a series of meetings, both formal and informal, the Committee heard evidence from a variety of sources to ensure that they built a comprehensive picture of experiences, barriers faced, and possible beneficial improvements to services. As a result of these inquiries the Committee formulated several recommendations.
4. Recommendation 7 of the final report of the Dementia Review requested that all service providers (City of York Council, NHS North Yorkshire & York, Yorkshire Ambulance Service and York Hospitals Trust) report back to the Committee in 6 months time to inform them of the progress made. The original recommendations and the 6 monthly update are set out in the table contained within Annex A to this report

#### Consultation

5. Representatives from the following organisations were consulted and all provided updates and information for this report (Annex A refers):
  - Director and Staff in Housing and Adult Social Services Directorate at City of York Council
  - Representatives of NHS North Yorkshire & York (formerly known as North Yorkshire & York Primary Care Trust)
  - Representatives from York Hospitals Foundation Trust

- Representatives from the Yorkshire Ambulance Trust

### **Options**

6. Members should consider whether they wish to receive further updates on progress and if so at what intervals

### **Analysis**

7. The information contained within Annex A to this report outlines progress made to date regarding implementing the recommendations arising from the Dementia Review. The information is by no means complete and Members may wish to consider asking for a further progress update in 6 months time.

### **Corporate Priorities**

8. This report and the information set out within it are directly in line with the Corporate Strategy theme of being a Healthy City – ‘we want to be a city where residents enjoy long, healthy and independent lives.’

### **Implications**

9. **Financial** – There are no known financial implications associated with the recommendations within this report. There may be some financial implications for all health service providers in terms of providing funding to develop the Psychiatric Liaison Service and training staff.
10. **Legal** – There are no known legal implications associated with the recommendations within this report.
11. There are no known Human Resources (HR), Equalities or other implications associated with the recommendations within this report.

### **Risk Management**

12. There are no known risks associated with this report.

### **Recommendations**

13. Members are asked to note the report and progress made on implementation of the recommendations arising from the Dementia Review. They are also asked to decide whether they wish for further updates and at what intervals.

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

**Contact Details**

**Author:**

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Scrutiny Services  
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**Chief Officer Responsible for the report:**

Quentin Baker  
Head of Civic, Legal & Democratic Services  
Tel: 01904 551004

Report Approved

Date 25.06.2009

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

For further information please contact the author of the report

**Background Papers:**

Final Report of the Dementia Review

**Annexes**

**Annex A** Update on implementation of recommendations arising from the Dementia Review

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## Progress Report on Implementation of the Recommendations Arising From the Dementia Review (Accessing Secondary Care)

Key:

HASS – Housing and Adult Social Services Directorate at City of York Council

PCT – NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)

YAS – Yorkshire Ambulance Service

YHFT – York Hospitals Foundation Trust

Recommendation	Updates & Progress on Implementation as of June 2009
<p><b>1</b> That the York Hospital Trust, in liaison with other appropriate service providers* be urged to develop and implement the Psychiatric Liaison Service. The development of this programme to be a benchmark for training and support for staff working with dementia patients who access secondary care.</p>	<p><b>Update from HASS/CYC</b> – Officers from HASS assisted in putting a business case for a psychiatric team at the hospital, which was presented to the Older People’s Partnership Board. However the funding for such a service had not been agreed with the PCT and there were ongoing debates about the most effective model</p> <p><b>Update from PCT</b> – The PCT has met with York Hospital and discussed the development of a liaison service. The PCT is assessing different models of service with a view to consulting with the relevant key stakeholders including service users and carers on the options available and draft service specification. A business case will then be drawn up for approval by the PCT’s Integrated Commissioning Committee.</p> <p><b>Update from YAS</b> – YAS response is set out at the end of this document</p> <p><b>Update from YHFT</b> – A proposal for a psychiatric liaison team for older people has been prepared and submitted to the commissioners in the PCT. They have responded by outlining that they are developing a service specification for this service and will issue this once it is complete.</p>

Recommendation	Updates & Progress on Implementation as of June 2009	
<p><b>2</b> That all service providers be urged to review their arrangements for staff training in relation to recognising and working with those with an underlying condition of dementia. Any such review should include:</p> <ul style="list-style-type: none"> <li>➤ Promoting the use of Link nurses and investigating the possibility of nominating Link clinicians within defined staffing groups.</li> <li>➤ Investigation of the larger gaps in training</li> <li>➤ The utilisation of the variety of sources for training provision including the Alzheimer’s Society and other voluntary sector organisations</li> <li>➤ Investigation into the pooling of resources between service providers</li> </ul>	<p><b>Update from HASS/CYC</b> – Dementia training is part of the requirements for domiciliary staff and has been identified as a priority for care managers this year</p>	
	<p><b>Update from PCT</b> – This is in line with objective 13 of the Dementia Strategy: An informed and effective workforce. Gaps in training will be considered by each locality as part of the assessment of localities against the strategy. Further use of the third sector, including the Alzheimer’s Society, will be considered to provide training and education for both staff and people with dementia and their carers building on work already undertaken. The PCT will review the training requirements of staff for services it commissions to work with people who are at risk of dementia and their carers. This will be considered alongside Transforming Community Services.</p>	
	<p><b>Update from YAS</b> - YAS response is set out at the end of this document</p>	
	<p><b>Update from YHFT</b> – In relation to the third bullet point of this recommendation – elderly services are piloting some training from the Alzheimer’s Society on one of the wards and will review this.</p>	

Recommendation	Updates & Progress on Implementation as of June 2009
<p><b>3</b> That secondary care provider clinicians be urged to acknowledge the positive contributions that can be made by a patient's carer to that patient's ongoing programme of treatment (whilst recognising the issues surrounding patient confidentiality). Clinicians are also urged to take the following into consideration:</p> <ul style="list-style-type: none"> <li>➤ Where it is recognised that there may be an underlying mental health condition to provide written details of any medication and/or treatment plans to the patient</li> <li>➤ The issue of carers' information being logged on a patient's notes to be urged as good practice and an ongoing dialogue between medical practices and the York Carer's Forum to be maintained to allow for effective databases to be kept.</li> </ul>	<p><b>Update from HASS/CYC –</b></p>
	<p><b>Update from PCT -</b></p>
	<p><b>Update from YAS -</b> YAS response is set out at the end of this document</p>
	<p><b>Update from YHFT –</b> Within elderly services a review is underway of written information given to all patients and carers to ensure it meets needs.</p>

Recommendation	Updates & Progress on Implementation as of June 2009
<p><b>4</b></p> <p><b>a.</b> That all service providers be urged to work with the relevant voluntary organisations (Alzheimer's Society, York &amp; District branch of MIND, Age Concern, Older People's Assembly etc) to develop new initiatives and to promote the awareness of dementia (including the provision of an information leaflet for carers)</p> <p><b>b.</b> That commissioner and service providers discuss the 'This is me' initiative further with the Alzheimer's Society with a view to adopting it within their individual organisations. The Committee wished it to be known that they were very impressed with this particular initiative</p>	<p><b>Update from HASS/CYC</b> – We are not aware of any new information having been produced for carers specific to dementia</p>
	<p><b>Update from PCT</b> –</p> <p><b>(a)</b> The PCT will encourage Providers to work with the voluntary sector through the inclusion of the voluntary sector in the development and implementation of care pathways for dementia/depression as well as the development of service specifications.</p> <p><b>(b)</b> The PCT would be happy to discuss the 'This is me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.</p>
	<p><b>Update from YAS</b> - YAS response is set out at the end of this document</p>
	<p><b>Update from YHFT</b> –</p> <p><b>(a)</b> Elderly services have set up an older people's liaison group which meets 4 times a year and is well attended by the voluntary organisations. Dementia updates are a standing item on the agenda.</p> <p><b>(b)</b> A meeting has been arranged in early July to discuss the use of the leaflet.</p>

Recommendation	Updates & Progress on Implementation as of June 2009
<p><b>5</b> That York Hospitals Trust, where possible, be urged to adopt a flexible approach during a dementia patient's stay in hospital, for example flexibility in hospital visiting hours and flexibility at mealtimes to allow carers to assist patients with eating.</p>	<b>Update from HASS/CYC -</b>
	<b>Update from PCT -</b>
	<b>Update from YAS -</b> YAS response is set out at the end of this document
	<b>Update from YHFT –</b> This has been discussed with all Ward Managers and Matrons in elderly services to ensure flexibility whenever possible and to allow carers to participate and help with meals. We are currently getting feedback from patients and carers on 2 wards with regard to experiences of their stay in Hospital in order to improve some of the processes and available information.
<p><b>6</b> That all relevant parties be urged to resolve the ongoing issues surrounding the implementation of a universal 'Shared Care Record System'</p>	<b>Update from HASS/CYC –</b> A person held records pilot has gone ahead but take-up has been limited. The Council has provided funding to the York Health Group to quicken progress on single assessment but this is focused on intermediate care rather than dementia.
	<b>Update from PCT –</b> The PCT are progressing the National IT Programme that will benefit patients and clinicians. Further information is available upon request.
	<b>Update from YAS -</b> YAS response is set out at the end of this document
	<b>Update from YHFT -</b>
<p><b>7</b> That all service providers (HASS/CYC, PCT, YAS &amp; YHFT) report back to the Committee in 6 months time to inform them of the progress that has been made.</p>	

### **Additional Comments from the PCT**

Since the completion of the Dementia Review final report in November 2008 the National Dementia Strategy has been released (February 2009). NHS North Yorkshire & York is currently liaising with key stakeholders to assess the current care and treatment of

people with dementia and their carers against the seventeen objectives outlined in the strategy. This will result in an action plan for each locality, including York.

### **Comments from YAS**

Yas has engaged with the Yorkshire and Humber Improvement Partnership to find ways that Primary Care, Social Services, the Police and Ambulance Service may improve partnership working in relation to mental health. This has manifested as three main work streams; conveyance under s 2 the Mental Health Act (1983), s 136 conveyance and assessment/treatment/transportation under the Mental Capacity Act (2005).

- Conveyance under s 2 MHA has been standardised across Yorkshire and the Humber using a template designed in collaboration with a multi-professional working group led by Humber Mental Health.
- Conveyance of patients detained by the Police under s 136 MHA is work in progress and various local protocols and facilities currently exist. However, in partnership with the Police it is hoped to develop a standard level of service to all patients in the region.
- Patients who are deemed to lack capacity are the greatest challenge to frontline ambulance staff and occasionally conflict arises between ambulance service personnel and other health and social care workers. To address this, YAS is undertaking a service-wide education programme, coupled with modification to the standard patient report form (PRF) to include mental capacity assessment. In addition, establishing partnership working through YHIP will ensure improved frontline multi-professional relations.

The latter work stream is of most relevance to the review of dementia in York as patients with dementia ought to be recognised as lacking capacity by our frontline crews and may be directed to alternative pathways of care as they are developed. In addition, there is an opportunity for YAS to ‘flag’ the addresses of patients with dementia but, as this may be a significant number, it is likely to be associated with a commissioning need.



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## Health Overview and Scrutiny Committee

8<sup>th</sup> July 2009

### Feasibility Report – Adult Social Services Inspection Rating

#### Summary

1. This report asks Members to consider a scrutiny topic registered by Councillor Simpson-Laing to: 'Investigate the Council's Adult Social Services Inspection Rating and the ongoing improvements as recommended by the Inspector. A copy of the topic registration form is attached at Annex A to this report.'

#### Criteria

2. Councillor Simpson-Laing believes that this topic fits with the following eligibility criteria as set out in the topic registration form:
  - Public Interest (i.e. in terms of both proposals being in the public interest and resident perceptions)
  - Under performance/service dissatisfaction
  - In keeping with corporate priorities
3. Councillor Simpson-Laing has made the following additional comments on the topic registration form in support of the selected eligibility criteria:

**Public Interest** – Residents, either themselves or as family members of those receiving care need to feel confident in the services provided by the Council.

**Under Performance/Service Dissatisfaction** – Management performance was an area identified by the Inspector as problematic. There has also been some customer dissatisfaction in relation to changes in care timing and provider.

4. In response to Councillor Simpson Laing's comments on 'Under Performance/Service Dissatisfaction' - the Director of Housing and Adult Social Services (HASS) stated that the 2008/09 outturn will show very significant improvement in performance and satisfaction levels have remained high throughout. Adult Social Care is clearly a government priority but it would be difficult to review a whole service area on this scale.
5. Members of York Local Involvement Network (LINK) believed that the newly registered topic was in line with the eligibility criteria marked.

## Consultation

6. The Director of HASS has made the following comments on the topic registration form:

'A rigorous process is in place to monitor progress on the improvement plan for adult social care approved by the Executive Member for Housing and Adult Social Services in December 2008. This followed a formal inspection by the Commission for Social Care Inspection in June 2008. This improvement plan has become amalgamated with additional improvements agreed by the Executive Member in January 2009 following the annual performance assessment for the year 2007/08, which was published in November 2008. A full update on all the recommendations and the action taken was reported to the Executive Member at the Decision making Session meeting on 23<sup>rd</sup> June 2009. The report set out the very significant improvements that had been made on the actions arising from the inspection and on the performance of adult social care in 2008/09.

He further stated that a report was included on this Committee's agenda summarising the performance of adult social care for Members to consider. This report confirms the positive improvements in performance in 2008/09 whilst operating within the approved budget.

I therefore suggest, that a scrutiny review would not be appropriate at this time for the following reasons:

- A robust reporting process is in place through the Decision Session meeting for the Executive Member. This was the process agreed at the former HASS EMAP (Executive Member and Advisory Panel) in January 2009.
- The report to the Executive Member on 23/06/09 shows that very substantial progress has been made which means that the performance of adult social care would not be identified as a risk area.
- The time period covered by the inspection and annual performance assessment is 2007/08 and it would not be productive to go over that ground again in scrutiny given that detailed improvement plans were agreed at EMAP in January 2009.
- This would be a very substantial piece of work involving many aspects of adult social care and there are insufficient resources to service that, the ongoing work on other major projects and other directorate commitments made in the departmental plan agreed by Members in January 2009.
- The Annual Performance Assessment for adult social care in 2008/09 is already underway. The Council has submitted a detailed self assessment (much of which is covered in the report to the Executive Member on 23.06.2009) and a grading will be determined by the new regulator, the Care Quality Commission, in the autumn.

7. The Executive Member for HASS has made the following comment on the topic registration form:



'The Inspector's report and the improvement plan referred to in the scrutiny topic request were considered at the Decision Session of the Executive Member for Housing and Adult Social Services on 23<sup>rd</sup> June 2009, at which Councillor Simpson-Laing registered to speak and made observations on the accompanying report. While it might be interesting to analyse how far some of the comments of the Inspector's report were actually justified by the facts, the thrust of the report, received on 23<sup>rd</sup> June 2009 was that good progress was being made and that it was not helpful, from the Department's point of view, to be still working to an agenda which, if it ever was wholly justified, is not justified now. I approved the plan to focus on a narrower set of major issues, which married into corporate objectives. I think the approval of this scrutiny topic would involve the department in returning to issues that have already been addressed - and would not therefore, as the proposer suggests, contribute to improvement in performance but would be in danger of diverting time and effort away from the task, not least in terms of management input. I would not therefore wish to support the proposal.'

8. Members of the Local Involvement Network (LINK) were consulted on the topic registration form and they made the following comment:

'Without seeing the rating report and the recommendations, it is difficult to assess the topic because it is so wide. A lot of the recommendations may well fit into LINK priorities for this year and York certainly needs to keep up the level of its social care for adults.'

### **Analysis**

9. Until recently the usual reporting line for progress/update reports on these matters would have been through the Executive Member for Housing & Adult Social Services & Advisory Panel meetings (HASS EMAP). These have been replaced with Executive Member Decision Sessions and regular reports are now presented to the Executive Member for consideration.
10. An update report was presented to the Executive Member for Housing and Adult Social Services on 23<sup>rd</sup> June 2009 and this can be found at Annex B to this report. The Executive Member agreed the recommendations within this report.
11. In light of the comments made by both the Director and the Executive Member for HASS Members may wish to consider whether progressing this scrutiny topic would be revisiting ground already covered in other ways (as outlined in Annex B to this report).
12. In addition to the above Members may like to consider the comments provided by the Director of HASS in the fourth bullet point (paragraph 6 of this report) regarding the resources available to assist with a piece of work of this significance. If Members were mindful to proceed with a review they may wish to consider a narrower remit to ease impact on the resources available within the Directorate.

13. If Members decide to progress the review they may want to take into consideration their forthcoming commitments, as set out in the work plan and prioritise this review accordingly. A copy of the Health Scrutiny work plan is attached as part of this agenda.
14. The Committee now has the option to form small 'task groups' to undertake reviews and should Members choose to proceed with the review they may wish to form a smaller group who would be able to work more informally. Any task group would periodically report back their findings to formal meetings of the Health Overview and Scrutiny Committee and would be fully supported by the Scrutiny Officer.

### **Conduct of Review**

15. Should Members choose to proceed with this review Councillor Simpson-Laing has suggested that the Committee look at:
- Management structures – what needs/can be done to improve these
  - Political leadership – the Inspector questioned the involvement of political leadership in the department
  - Staffing levels – are there enough staff? Does the organisation ensure best retention procedures
  - Provision of care – how much care is provided and what care that clients may need help with can't the Council provide
  - Suitability of care surroundings – how are home assessments carried out, and how often are they updated?
  - Care plans – how often are these updated and how are they monitored both within CYC and by providers
  - Procurement of care – how does the Council decide on which care to be contracted out to private providers and what monitoring systems are in place – such as ensuring care plans are used and updated.
16. If the review were to proceed then Councillor–Simpson-Laing has suggested that the following be consulted:
- Representatives of older residents' groups (e.g. Older Peoples' Assembly, Age Concern) so that practical experiences can be understood
  - Front line care staff
  - Staff Union
  - Representatives of private sector providers
  - Relevant senior officers from CYC
  - Executive Member for Housing and Adult Social Services
17. Councillor Simpson-Laing has also suggested that the working practices at CYC would need to be investigated along with Best Practice at other Local Authorities. The Director of HASS has confirmed that the Council already has 'buddying' relationships with both Sunderland and Bolton Councils as part of ongoing improvement work. In Yorkshire and Humber, the top performing Councils are Barnsley, Sheffield, Wakefield, East Riding and North Yorkshire – none of these, though, are comparable to York in terms of geography, demographics or spend.

18. It is envisaged that any review would take approximately 6 months.
19. The Director of HASS has concerns regarding the resources that would be needed to undertake a review of this significance [paragraph 6, bullet point 4 of this report refers].

### **Corporate Strategy**

20. This report and the issues set out within in it are directly in line with the Corporate Strategy theme of being a Healthy City – ‘we want to be a city where residents enjoy long, healthy and independent lives.’

### **Implications**

21. **Financial** – There is a small amount of funding available within the scrutiny budget to carry out reviews. There are no other financial implications associated with this report however; implications may arise should the review be progressed.
22. **Human Resources (HR)** – The Director of HASS has raised concerns regarding resourcing this review and these are contained in paragraph 6, bullet point 4 of this report. There are no other, known HR implications associated with this report.
23. **Legal** – There are no direct legal implications associated with this particular report however; legal implications associated with this topic may emerge if a review were to progress.
24. There are no known equalities, property, crime & disorder or other implications associated with the recommendations in this report.

### **Risk Management**

25. In compliance with the Council’s risk management strategy, there are no known risks associated with the recommendations in this report.

### **Recommendations**

26. Based on the evidence and analysis presented within this report Members are not advised to proceed with this scrutiny review. As an alternative, Members may wish to consider receiving copies of future Executive Member reports on this matter prior to them being presented to the Executive Member for consideration. This would allow the Committee to make the Executive Member aware of any concerns and/or comments that they might have.

Reason: In order not to duplicate work already being undertaken

**Contact Details**

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**Quentin Baker**  
Head of Civic, Legal & Democratic Services  
Tel: 01904 551004

**Feasibility Study  
Approved**



**Date** 25.06.2009

**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:**

Commission for Social Care Inspection - Inspector's Report 2008 (This can be found on the Care Quality Commission's website)

**Annexes**

**Annex A** Topic Registration Form

**Annex B** Copy of the Report to the Executive Member 23<sup>rd</sup> June 2009

## ANNEX A



## SCRUTINY TOPIC REGISTRATION FORM

**PROPOSED TOPIC:**

**To investigate the Councils Adult Social Services Inspection Rating and the ongoing improvements as recommended by the Inspector**

**COUNCILLOR(S) REGISTERING THE TOPIC: Cllr Tracey Simpson-Laing**

**SECTION 1: ABOUT THE TOPIC**

Please complete this section as thoroughly as you can. The information provided will help Scrutiny Officers and Scrutiny Members to assess the following key elements to the success of any scrutiny review:

**How** a review should best be undertaken given the subject

**Who** needs to be involved

**What** should be looked at

**By when** it should be achieved; and

**Why we are doing it ?**

**Please describe how the proposed topic fits with 3 of the eligibility criteria attached.**

*As a general rule, topics will only proceed to review if they meet 3 of the criteria below. However, where it is adequately demonstrated that a topic is of significant public interest and fits with the first criteria but does not meet 3, Scrutiny Management Committee may still decide to allocate the topic for review. Please indicate which 3 criteria the review would meet and the relevant scrutiny roles:*

✓	Policy Development & Review	Service Improvement & Delivery	Accountability of Executive Decisions
Public Interest (ie. in terms of both proposals being in the public interest and resident perceptions)	X	X	
Under Performance / Service Dissatisfaction	X	X	
In keeping with corporate priorities	X	X	X
Level of Risk			
Service Efficiency			
National/local/regional significance e.g. A central government priority area, concerns joint working arrangements at a local 'York' or wider regional context	X		

**ANNEX A**

**Further Information on how topic fits with Eligibility Criteria**

**Public Interest** – YES – residents, either themselves or as family members of those receiving care need to feel confident in the services provided by the Council.

**Under Performance / Service Dissatisfaction** – YES – Management performance was an area identified by the Inspector as problematic. There has also been some customer dissatisfaction in relation to changes in care timing and provider

**In keeping with Corporate Priorities** – YES

**Level of Risk** – NONE

**Set out briefly the purpose of any scrutiny review of your proposed topic. What do you think it should achieve?**

*If you have not already done so above, please indicate in response to this, how any review would be in the public or Council's interest e.g. reviewing recycling options in the city would reduce the cost to the Council for landfill*

In Dec 2008 the Social Care Inspectorate Report was discussed at the HASS EMAP, but only after it was deferred from the October meeting. It was agreed, on my proposal, that reports would be brought back on progress required by the Inspector. As the EMAP has now been replaced this needs looking at as a matter of urgency through Scrutiny.

There is a growing need for Care Services in the City and it is crucial that the City provides only the best. By investigating past difficulties and ensuring that structures are in place to stop problems arising in future the Council will be fulfilling its role as the City's care provider

**ANNEX A**

**Please explain briefly what you think any scrutiny review of your proposed topic should cover.**

*This information will be used to help prepare a remit for the review should Scrutiny Management Committee decide the topic meets the criteria e.g. How much recycling is presently being done and ways of increasing it*

I would request that Scrutiny investigate:

Management structures - what can be done/has been done to improve management structures

Political leadership - the Inspector questioned the involvement of political leadership in the department

Staffing levels - Are there enough staff? , does the organisation ensure best retention procedures

Provision of care - how much care is provided and what care that clients may need help with is not abled to be provided

Suitability of Care surroudings - how are home assessments carried out, and how often are they updated.

Care Plans - how often are these updated and how are they monitored both within CYC and by providers it may use

Procurement of Care - how does the Council decide on which Care to be contracted out to Private Providers and what monitoring systems are there in place - such as ensuring Care Plans are used and updates

**Please indicate which other Councils, partners or external services could, in your opinion, participate in the review, saying why.**

*Involving the right people throughout the process is crucial to any successful review e.g. CYC Commercial Services / other local councils who have reviewed best practice for recycling / other organisations who use recycled goods*

It may be useful to discuss with representatives of older residents groups such as the Older Peoples Assembly, Age Concern, etc, so practical experiences can be understood. Frontline staff are a very important part of the service and members need to understand their daily working roles do I would see the Union being a useful contributor for this. I would also hope that it would be possible to talk with representatives of the private sector providers.

Others who would be required to participate, in line with the Inspectors comments, would be the Executive Member for HASS and Senior Officers

**ANNEX A**

**Explain briefly how, in your opinion, such a review might be most efficiently undertaken?**

*This is not about who might be involved (addressed above) but how the review might be conducted e.g. sending a questionnaire to each household to gather information on current recycling practices and gathering information on how recycling is carried out in Cities similar to York*

Councillors would need to investigate CYC working practise in relation to the monitoring of improvements through discussion, presentations and questioning. It may also be prudent to look at other Local Authority Best Practice

**Estimate the timescale for completion.**

*Please circle below the nearest timescale group, in your estimation, based on the information you have given in this form.*

- (a) 1-3 months;
- (b) 3-6 months; or
- (c) 6-9 months                      Due to the work required I would envisage around 6 months with a 6 monthly update until the next Inspection

PLEASE ENCLOSE ANY SUPPORTING DOCUMENTS OR OTHER INFORMATION YOU FEEL MIGHT BE USEFUL BACKGROUND TO THE SUBMISSION OF THIS TOPIC FOR CONSIDERATION.

**What will happen next?**

- a Scrutiny Officer will prepare a feasibility study based on the information you have provided above and on further information gathered. This process should take no more than six weeks;
- on completion, the feasibility study will be presented to Scrutiny Management Committee together with a recommendation whether or not to proceed with the review. If the recommendation is to proceed, the feasibility study will include a remit on how the review should be carried out

**In support of this topic, you may be required to:**



**ANNEX A**

- meet with the Scrutiny Officer to clarify information given in this submission and/or assist with developing a clear and focussed remit for a potential review;
- attend the meeting of Scrutiny Management Committee at which the topic is being considered for scrutiny review in support of your registration

**What will happen if the topic is recommended for review?**

- The Scrutiny Management Committee will agree a timescale for completion of the review.
- An Ad-hoc Scrutiny Committee will be formed and a series of formal meeting dates will be agreed. These should allow for at least the following:

1<sup>st</sup> Meeting Scoping Report

2<sup>nd</sup> Meeting interim progress meeting

*Depending on the timescale of the review, a further interim progress meeting may be required*

3<sup>rd</sup> Meeting Agree final draft report for SMC

- The final draft report will be considered by SMC and a final report with recommendations will be produced for consideration by the Executive
- Any decisions taken at Executive as a result will be reviewed after six months to ensure implementation has taken place.

*A Member will be nominated to be responsible for monitoring the implementation of the recommendations - you may be asked to take on this role.*

Please return your completed registration form to Scrutiny Services or, if you want any more information about Scrutiny or submitting a new topic for consideration then please contact the Scrutiny Team.

**Email:** [Scrutiny.services@york.gov.uk](mailto:Scrutiny.services@york.gov.uk)

**Tel No.** 01904 552038

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**For Scrutiny Administration Only**

**Topic Identity Number**

**Date Received**

**Feasibility Study to be completed by:**

**Date of SMC when study will be considered:**

**SC1- date sent**



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## **Decision Session – Executive Member for Housing and Adult Social Services**

**23<sup>rd</sup> June 2009**

Report of the Director of Housing and Adult Social Services

### **Progress on the improvement plans for adult social care**

#### **Purpose of Report**

1. To seek the Executive Member's approval of progress on the improvement plans agreed following the Independence, Well-Being and Choice inspection (by the former Commission for Social Care Inspection [CSCI] in June 2008) and the Annual Performance Assessment by CSCI in November 2008.

#### **Background**

2. The Executive Member and Advisory Panel received the improvement plan relating to the CSCI inspection at the meeting on 8<sup>th</sup> December 2008. At the same meeting members received the annual letter from CSCI which set out the Annual Performance Assessment (APA).
3. An update report on the inspection improvement plan was brought to the Executive Member and Advisory Panel meeting on 27<sup>th</sup> January 2009. At the same meeting a high level, summary improvement plan for the issues raised in the APA was presented to members that set out the key areas for development. It was agreed that an update on both plans be made in June.
4. The Commission for Social Care Inspection (CSCI) ceased to exist at the end of March 2009 and its responsibilities passed to the Care Quality Commission (CQC). This new body is also responsible for health services assessment and regulation (also taking on the functions of the Health Care Commission and the Mental Health Act Commission). CQC will be carrying out the annual assessment of performance for 2008/9 and monitoring progress on agreed improvements.
5. There were 20 recommendations arising from the inspection and 12 areas for development identified following the APA letter – with some overlaps. It was necessary to log and audit progress on all of these issues but since the January meeting officers have synthesised the two plans into a single, working document so that there is no confusion about the overlaps between them.
6. This report therefore updates the Executive Member on the key improvement issues for adult social care arising from both processes in

2008. For ease of presentation the issues have been grouped under thematic headings in this report. A much more detailed analysis has been presented to CQC as part of the annual self assessment process for 08/9 which was completed in May.

### **Safeguarding**

7. There has been progress on all the recommendations relating to safeguarding.
8. As previously reported the issues relating to Governance and Leadership have been dealt with in the arrangements for the York Safeguarding Adults Board which has been in operation since November 2008. Full membership from key organisations on the Safeguarding Adults Board is in place; this includes representation from the local PCT, Police, CQC, Independent Care Group, Executive Member of the Council, Fire & Rescue service, Probation Service and York Hospitals Foundation Trust. Board members are all senior managers within their organisations. It has the authority to take decisions in a timely manner. Currently the Board is chaired by DASS that provides links into council corporate priorities. The Board has the following groups to support its work:
  - Performance and Quality Assurance – including performance management
  - Practice Development and Training
  - Public awareness and stakeholder involvement – to be established
9. Skills training - we have taken steps to safeguard vulnerable adults through an improved, more comprehensive and consistent approach to training. Following representations from members of the York Safeguarding Adults Board, it was agreed that there would be continue to be a Joint Practice Development and Training group with NYCC and the City of York. The Chair would be rotated between the two organisations. The key reason for this is based upon the shared providers and statutory services across the two areas. The group has a regular meeting structure and takes the lead in commissioning the training required within the area for both the statutory and independent services.
10. The inspection recommended that the council and partners should ensure that the annual safeguarding report sets out comprehensive activity data and performance analysis set against a measurable work programme and objectives to track improvements year-on-year. The Performance and Quality Assurance Group provides the Board with regular performance report including contextual information. The Board is due to receive its first annual report in November 09.

There has been a very significant increase in safeguarding referrals from 88 in 2007/8 to 203 in 2008/9.
11. A new, plain English leaflet on safeguarding has been produced by the Board and this is also available on the council's website. More work to involve community groups and people who have experienced safeguarding

in shaping the future agenda will be undertaken by the Public awareness and stakeholder involvement sub-group of the Board.

12. A new and effective serious review protocol for investigating cases has been agreed by the Board with sign-up from the partners.

### **Personalisation**

13. *Hospital Discharge – the inspection recommended that the council worked with partners to ensure that arrangements were effective. Action taken :*

- The number of delayed discharge reimbursable days continued to drop in 2008/9 despite very severe and prolonged pressure for admissions into hospital
- The revised delayed discharge protocol was approved and signed off by York Hospitals Foundation trust and the council.
- An additional 100 hrs p.w. home care was made available during winter months to avoid unnecessary delays in hospital discharge
- Our staff, who are part of the multidisciplinary team at A&E, have evidenced that they prevent approximately 30% of potential admissions or re-admissions of referrals to them i.e. 210 in the past 12 months. This has included provision of equipment, rapid response team, changes to care packages, etc.
- Twelve week follow up of people who received support post-discharge from intermediate care services demonstrated that at least 85% remained at home in the community

14. *The inspection recommended that the council and its partners should implement the Single Assessment Process (SAP) in accordance with national expectations.*

We have established a pilot to introduce person held records. It has initially targeted new referrals, reviews and any complex cases prior to a larger roll out.

Our approach to developing a common assessment approach has been to work through the joint projects agreed with the PCT, and in particular the Intermediate Tier project. York Health Group (the Practice Based Commissioning Consortium) has agreed to take over the lead and this is expected to offer increased drive, and engagement from clinical staff and practitioners. Using funding from the Social Care Grant the York Health Group will employ a seconded project manager whose job description and project plan have been agreed jointly with the PCT, the Council and the PBC consortium. Recruitment was due to take place in May and work will start as soon as the appointment is made.

If successful we intend to adopt the same approach in the other joint projects, specifically older people's mental health and long term conditions.

15. *The inspection recommended that the council should ensure that assessment and care management and services are in place to deliver beneficial and personalised outcomes that promote wellbeing. We very significantly exceeded our 2008/09 target for customers using self directed support and now have 340 customers receiving their support via a personal budget – an 82% increase on the previous year. The Council has been an*

active member of “In-Control” within the LD service since 2006 and has now signed up to the “Total Transformation” agenda to ensure that all service areas are able to benefit from the shared commitment around the principles underpinning Self Directed Support. The council is strongly linked into regional development programmes and is performing well in relation to other authorities.

16. *The APA letter identified the need for progress in the take up of people and users self-assessing their needs. As part of the Personalisation agenda people will be given the option to do a supported assessment on line which will reference eligibility criteria and financial criteria in order to give an indication as to whether they would be eligible for funding or for support from the City of York Council. A support option will, of course, be available for all customers who may be classed as self-funders or contributors. This work is also linked in to the change with the assessment and intake service in terms of how that fits into the IT technology that is available. A paper based version is in development through a working group including staff from front line teams. In addition, we are currently looking at the purchase of an OT self assessment tool for minor pieces of equipment.*
17. *The inspection recommended that the council should work with its partners to effectively promote and support the use of advocacy services for older people.*

Assessment and care management staff and staff contracted to support vulnerable service users have a substantially increased awareness of the importance of advocacy and the need to both offer and provide it where necessary. The introduction of new provisions under the Mental Health Act (Deprivation of Liberty Safeguards) has provided an opportunity to extend the Independent Mental Capacity Advocacy service, as well as to meet with care providers to raise awareness of the need to protect customers’ rights and interests and to ensure access to advocacy. The feedback from providers about the advice and direct contact provided has been very positive.

We have actively supported OCAAY, an older people’s advocacy service to secure new funding, and through this have developed an increasingly positive relationship with the service.

## **Prevention**

18. *The inspection recommended that the council should ensure that the needs of black and minority ethnic elders are met through the development of culturally sensitive services and self-directed support opportunities.*

The table below has used the population data to compare the predicted numbers of older customers from different groups against the actual numbers we provided services for in 2008/09. It shows that the numbers we would anticipate needing a service are very low and this is reflected in the numbers we actually provide a service for.

Table 1

	55-64		65-74		75-84		85+	
	Predicted	Actual	Predicted	Actual	Predicted	Actual	Predicted	Actual
Asian	3	1	4	4	3	4	7	3
Black	1	1	1	1	1	2	0	0
Chinese	2	1	2	0	2	4	5	2
Mixed	1	2	1	0	2	1	3	2
White	562	533	789	736	1866	1750	2454	2369

We are not complacent about this issue but the very small numbers of people involved suggest that continuing to use a more personalised approach rather than a blanket approach is likely to be more productive in ensuring culturally sensitive responses. Recent examples include finding a Finnish speaking social worker via an embassy to assist someone needing residential care and recruiting a Thai speaking person (by contacts in the University and the business community) to befriend a local carer who needed support.

19. **Equality Standards:** *The APA stated that further work was needed to ensure that all of the standards are implemented. In addition:*

- *The APA identified the need for the council to ensure that access and take up of services is ongoing for people from ethnic minority backgrounds.*
- *The APA also stated that the council should improve the engagement with the BME communities within the council area.*
- *The APA also stated that the council should address access and take up of breaks services for people from black minority ethnic backgrounds, and ensure that under-represented groups have fair access to services.*

Actions taken:

- The DASS chairs the corporate Equalities Leadership Group which has met the targets in the improvement plan agreed following the CPA inspection in 2008. The main improvements in place are:
  - The programme of Equality Impact Assessments for a range of services (including some adult social care services) was completed and consulted on.
  - Community engagement with representatives from all the equality strands in place through a sub-committee of the Council (the Social Inclusion Working Group) and through twice yearly conferences
  - Staff engagement now in place for all the equality strands through a staff reference group (over 60 staff now actively involved in this work)
- A revised equalities scheme for housing and adult social services is in place for 2009 to complement the Corporate scheme. The major project that will be subject to an Equality Impact Assessment in 09/10 is the EPH

Review but the scheme commits to EIAs for each policy or service review (appropriate to the scale of the change) so this will be a much more dynamic process from now on. Progress on EIAs will be regularly monitored by the departmental management team.

- The feedback from the Equalities Impact Assessments on Safeguarding, Personalisation and the Carers Strategy has been passed to the relevant project Boards and agreed. These were drawn from consultation with community groups including representatives of BME residents.
- The Safeguarding Board is setting up a public involvement and awareness raising sub group and the data from the EIA has been fed directly into the publication of a simple fact sheet for the public. The fact sheet is one agreed by partner agencies and will be available through all partner agencies e.g. PCT, police, hospital trust.

20. *The inspection recommended that the council should review and revise the Minimum Guaranteed Standards to ensure that it makes the maximum contribution to the delivery of personalised services that promote wellbeing and independence in line with council objectives.*

This was done in March.

21. *The APA identified the need for further development of the range of preventive services to promote independence for people and help more people to live at home including the provision of intensive home care.*

Although the numbers of people supported at home have increased our statutory return (which is a 'snapshot' in time) shows a reduction in the numbers of people receiving intensive home care. At the same time we have experienced an increase in admissions to residential and nursing care – although these still compare favourably with other council areas.

Our hypothesis is that our focus on re-enablement has meant that the need for continued long-term intensive home care packages has diminished. We base this assumption on evidence in our first return under indicator NPI 125 85% of people using the service remained at home following intermediate care. A further 10% were in hospital but for some of those there was still an expectation of future independent living.

The increased numbers of people entering residential care is caused by a return to levels in previous years following an unexpected drop in 2007/08 and the continuing pressure of an aging population. Our ability to maintain level in line with historical levels despite the potential increase because of demographics changes is evidence of the success of our various approaches to sustain independence – not solely intensive home care.

We plan to investigate these hypotheses further during the next 12 months.



## Performance Management

22. *The inspection recommended that the council should develop a comprehensive performance management and quality assurance framework across all adult social care areas.*

### Infrastructure and processes

- We have agreed with the Deputy Regional Director's representative and CQC, to use a significant portion of the Department of Health improvement monies for a dedicated, senior Performance and Improvement Manager post reporting to the Director and leading on the creation of a more robust departmental framework. A senior manager is currently covering this role pending an appointment to a fixed term post until March 2011.
- An ongoing 'buddying' arrangement is now in place with Sunderland Council, which has an excellent record in performance management. A very helpful diagnostic day was held which has resulted in specific changes to the governance of performance management with a monthly board in place, chaired by the DASS, looking at performance and budgetary issues. This in turn will feed into monthly monitoring at the corporate level.
- We have put into place an approach that ensures service users and carers can rely upon improved responses. This is measured and monitored through:
  - Weekly information regarding waiting lists, numbers of referrals and completed pieces of work available to the Service Managers, Group Managers and Assistant Director.
  - Monthly performance clinic for Group Managers, Assistant Directors and management information staff. This allows us to look at each of the performance indicators on a monthly basis to take corrective action and to plan strategies for dealing with improvements or perceived difficulties.
  - A monthly Performance Board chaired by the Director of Housing and Adult Social Services monitors and challenges performance data through the mechanisms described above.

### Performance Improvement over the year

There has been a stronger 'grip' on the management of performance in areas which have been identified for improvement for more than one year. We recognise that there is further improvement required in some of the areas. However, we have seen a step change across the board. We have worked in a systematic way to understand the reasons for poor performance, identify potential solutions – improved information for managers, advice to managers on significance of data, process re-engineering, increasing capacity where necessary, and restructuring activities. This work will continue over the coming years until the culture and practice of performance management has been embedded in day to day management.

Examples of improvement are given throughout this report but there has been a particular focus on issues which have been raised for more than one year:

**Carers**

For NPI 135 - carers receiving needs assessments or reviews - we focused work on bringing together carers' assessment workers which has led to an improvement in the latter half of the year reaching a final turnout of 17.1. Although this is slightly lower than our target it does represent a significant improvement step change in performance as shown in the table below.

Table 2

	Separately	Jointly
2008/09	530	516
2007/08	267	158
Increase	99%	226%

*The APA identified the need to increase the number of service users whose needs for support are reviewed, and increase in the numbers receiving a statement of their needs.*

**Reviews**

We have increased performance by 17 percentage points while dealing with 34% more work

Table 3

<b>Reviews</b>	2007/08	2008/09
Number	4287	5,757
% increase in number of reviews		34.3
Reviews completed as % of reviews expected to be completed	67.10	84.08

**Statement of Needs**

We increased performance by 5 percentage points while dealing with 7% more customers.

Table 4

<b>Statement of Needs</b>	2007/08	2008/09
Number of customers obtaining services	6399	6847
% Change		7%
Reviews completed as % of reviews expected to be completed	92.7	97.08

**Timeliness of assessments.**

Timeliness of assessments has been our most challenging performance area.

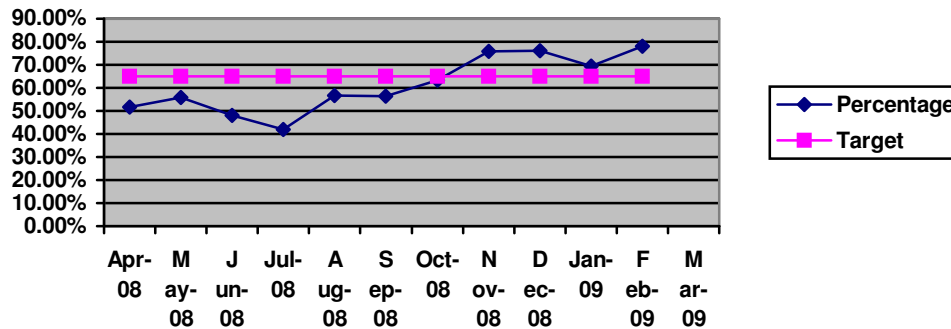
Table 5

Timeliness of assessments	2007/08	2008/09
Number of new customers to be assessed	1,464	1,908
% increase in number of assessments		30%
% of assessments completed in 28 days	61%	67.1

We are pleased we have improved by 6% points while dealing with an increased demand of 30% as set out in the table above.

However, we had an ambitious target of 80% which we have not achieved. Over the last six months we have put in place a number of changes which as the following graph shows have steadily improved our month by month performance.

Table 6



We believe we can sustain this trend with further changes we will introduce in the next 12 months. As part of a council wide initiative on improving initial customer contact ([Easy@york](#)) we are re-configuring the way people make contact with adult social care. This includes:

- Improving the means by which people can contact us – web, telephone, face to face
- Improving the range of information available to help people make informed choices. including a method for people to self assess.
- Reducing the number of hand offs within the process and incorporating trusted assessor routes.
- Strengthening our signposting

We have an action plan for an improvement of this performance indicator through 2009/10 and are confident that measures we are putting in place will improve this further.

*The APA identified the need to improve waiting times for the delivery of major adaptations.*

Having identified a major performance issue in relation to OT assessments we have reviewed our OT process generally and have achieved a significant reduction in waiting times.

Table 7 - % of assessments completed in 28 days.

Q1	Q2	Q3	Q4
34	40	70	84

In March we achieved 90.4%

We identified that we still had a difficulty in the delivery of the actual

adaptation. This arose because demand in financial terms was higher than our budget partly reflecting changes to regulations that meant that we were undertaking fewer major adaptations but they were significantly more expensive. We matched funded a contribution from the regional housing funding to alleviate the difficulties in 2008/09. We have adopted two further approaches to deal the funding difficulties in 2009/10, which we predict should remove the waiting list.

- We are receiving an additional £225k DFG funding
- We offer an equity release scheme as part of a regional scheme to fund costs in excess of DFG limits

Our minor adaptations and delivery of equipment performances continue to be extremely high. Equipment 96.4% in 7 days (15,000 issues) Minor adaptations 95.9% in 7 days (1,200 issues)

Further improvements are expected through the introduction of a trusted assessors scheme to be rolled out across assessment staff and through warden call and re-ablement team to give a swifter more targeted response to simple adaptations and equipment requests.

23. *The inspection recommended that the council with partners should ensure that strategic planning and commissioning is supported by the incorporation of measurable objectives and financial information.*

The Council has entered into a long-term partnership with Northgate Kendric Ash as a performance and transformation partner with the aim of saving at least £15m in net costs over 3 years. NKA were the partners for the very successful review of community transport that has improved the service in line with personalisation (new transport arrangements following the closure of 2 large day services to be replaced by a range of community based day supports) **and** produced significant savings. NKA will provide additional, high quality support to the transformation and procurement of care provision with the initial focus being on the review of residential care for older people that is already underway.

## Workforce

24. *The inspection recommended that the council should introduce measures to assure the content and quality of supervision within a whole system approach to individual performance development.*

- We have instituted an audit system where by group managers regularly check that supervision has been undertaken
- We have pulled together a working group whose brief it is to ensure a professional development pathway for staff within assessment and personalisation. This is for professional staff and non-qualified staff. Through this we have ensured that the supervision of staff is focused not just on work with customers but also picks up on the professional development pathways for each individual. In addition, a professional practice discussion group is in situ - to discuss anonymised cases and offer solutions/discuss best practice

- In our provider services we have re-energised our approach to supervision with regular monitoring report on a range of issues being reported regularly to service and group managers.
25. *The inspection recommended that the council should ensure a robust approach to multi-agency workforce planning is in place to support the delivery of its objectives.*
- A workforce strategy is now in place which brings together the activity already underway and sets out the future agenda. It is recognised that more dedicated work needs to be carried out to take the strategy to its next stage of development and some of the DoH improvement monies will be used to bring in some help on this.
  - We are now a member of a new North Yorkshire-wide Care Alliance on Workforce Development and links have been made at a regional level (by the DASS presence on the Joint Improvement Partnership) on workforce development funding that could be available through Skills for Care etc.
  - Skills and training are aligned to service transformation and we are also making links with the Local Strategic Partnership's Learning Alliance with a view to accessing additional resources for skills training.
  - Workforce planning data has been updated for the Assessment and Personalisation team to ensure we have accurate information on anticipated retirement profiles. Alongside this, work is occurring regionally, of which York is a part, on social workers' skill bases for the future. We are part of the University of York social work planning team to assist in course redesign for trainee staff.
  - Staff are actively participating in a training and development pathway group within Assessment and Personalisation that will formulate and agree the way in which staff develop.
26. *The inspection recommended that the council should ensure that staff and people who use services are effectively engaged with and supported through organisational change.*

Heads of service have taken an active approach to staff engagement both setting the tone for future work and their expectations of staff:

- There have been a number of staff events over the past six months on the major transformation and performance issues. In Assessment and Personalisation teams these began with two staff conferences in January - entitled "Have Your Say". Information from these along with work already completed with managers of the service has allowed the development of a three-year work plan for the service. In addition, a number of working groups are required to move the agenda forward and these are in place with a number of staff volunteers in each. Already business process changes to the way carers' assessments are being undertaken have been piloted - resulting in quicker turn-round times for assessments. Further staff conferences took place in June with the next ones due in October 2009.

- In Service Delivery and Transformation the focus has been on 3 simple messages in meetings and regular newsletters with the staff in provider services - namely Customer Focus, Quality and Continuous Improvement. Its management team have focussed on how it models the leadership standards in everyday practice and has developed a communication strategy to ensure the 700 plus staff in the services are kept informed, engaged and focussed on how they can continuously improve their service to the customer.
- Staff from Assessment and Personalisation have now undertaken 2 sessions of training on personalisation. This has assisted staff to understand the culture and strategic direction of the service. As a result 25 staff have signed to be “champions” of personalisation and to assist with detailed work on operational. systems and processes.

27. *The inspection recommended that the council should ensure that managers are fully equipped to deliver organisational change and effective services through the provision of a comprehensive management development programme.*

- All managers have been through training on the corporate Leadership and Management Standards which sets out the context for performance development reviews for staff. The council has also entered into a partnership which enables managers to set up on-line 360 degree appraisals.
- We have increased investment in an IDeA leadership management programme for middle managers commencing April 09. This is based on a successful programme used by housing staff and will train 10 key service manager staff in leadership skills

28. *The inspection recommended that the council should develop team plans derived from council, directorate and service plan objectives and ensure teams set specific and monitorable goals to deliver continuous improvement.*

A refreshed 3 year Directorate plan is in place from 09/10 that picks up the major cross cutting and corporate issues (e.g. equalities and health & safety) and the departmental priorities. This links directly into the refreshed Corporate Strategy which has been launched at events for managers and for all staff and which in turn links into the 7 themes of the Sustainable Community Strategy. There is therefore a clear link between corporate, departmental and service plans. These have been published with associated targets and milestones and were taken to elected members for scrutiny at the former HASS EMAP.

Work is now well underway to complete the team plans that will put into place the very detailed actions consistent with the overall strategic framework.

29. *The APA identified the need to continue to make improvements in rates of staff turnover and vacancies.*

Staff turnover has been better than plan for 08/9 and is at its lowest level for several years.

Staff absence due to sickness has continued to decrease to 10.5 days per fulltime employee. This is ahead of plan compares to over 21 days per f.t.e. in 2006/7.

### **Other**

30. *The APA raised the issue of the development of the provision of extra care housing and a clear forward strategy for such future development.*

The work on a new 40 bed extra care scheme on a former Discus bungalow site is now underway. We will undertake development work to prepare a longer-term extra care strategy linked with review of EPHs and accommodation needs of older people as part of the corporate efficiency programme.

31. *The APA stated that the Council should work closer with partners on a range of income maximisation issues and including fuel poverty etc, to address economic disparities, for people.*

The customer finance team have completed benefit checks for approximately 1700 customers during 2008/09, resulting in £1.1m of additional benefits being claimed. This is an excellent outcome and builds on a very good performance in 2007/8.

In response to tackling fuel poverty we have developed two approaches:

- A change to our grant system to focus on energy efficiency measures (insulation etc). Additional funding of £100k has been committed for 2009/10 to target a particular geographical area of York where energy efficiency is lower. This will also pick up vulnerable adults living in this area.
- We have established a partnership with energy organisations, PCT, Pensions Service and Fire service to co-ordinate a "HOTSPOTS" campaign. This will train front line staff eg home carers, pension visitors, PCT staff to simply check if there are potential fuel poverty issues in a household and fire safety ( eg one bar fire, curtains closed to retain heat at inappropriate times). A simple referral card will then be sent to a co-ordinator who will then involve specialist agencies in either improving energy efficiency or fire safety or ensuring a benefits check is undertaken.

### **Next Steps**

32. The process of very carefully auditing progress on the improvements identified by CSCI from 07/8 means we are in a position to negotiate with CQC whether they agree that most of the issues have now been addressed.

This will be dependent on CQC's view on our recently submitted self assessment of performance in 08/9 and the forthcoming, formal Annual Review meeting in July.

33. The management team have analysed the issues arising from 08/9 and intend to develop a revised improvement plan which is not based on 07/8 performance but on the current position and which focuses on the improvement journey to excellence which will take place over the next 2 to 3 years. This will put the council in a much more proactive and positive position about performance management whereby we set out the improvement agenda based on our self assessment rather than waiting for the next CQC Annual Performance Assessment in the autumn. The revised plan would have to be adjusted to take into account any issues which CQC wish to see addressed but which are not already included but the intention is to work together throughout the year to minimise these.
34. From this analysis the proposed 6 priorities for improvement are:
  - Management of Performance
  - Safeguarding
  - Personalisation ("Putting People First")
  - Service Transformation
  - Partnerships with Health
  - Workforce development

If approved by the Executive Member (and subsequently endorsed by CQC and the Deputy Regional Director for Social Care) these would be used to refresh the Directorate plan in terms of high level objectives. The detail of improvement actions would be located in the service and team plans.

### **Consultation**

35. There has not been any specific consultation on this report but elements of the service plans and work-streams will have been consulted upon.

### **Options**

36. Options are not part of this report which is intended to set out the summary position of actions taken to implement the improvement plan

### **Corporate Priorities**

37. Adult social care touches upon many of the objectives and priorities in the Corporate Strategy and most specifically the sections on Healthy City and Inclusive City.



## **Implications**

### **Financial**

38. There are no financial implications arising directly from this report.
39. Reference is made in the report to the use of one-off specific funding from the Department of Health which has been made available to CYC as a consequence of the APA rating for 07/8. This expenditure has to be agreed with the Deputy Regional Director for Social Care and is currently expected to be a total of up to £165k in 09/10.
40. Mention is made throughout the report to the increase in the number of referrals, the increased demand for services and the surge in the number of safeguarding investigations. The increase in overall demand was predicted as part of the demographic changes that are taking place in York and that were foreseen in the long-term commissioning strategy for older people. This presents real challenges in the coming year in terms of managing that demand within the current approved budget. Budgetary constraints could also have an impact on some performance.

### **41. Other Implications**

#### **Human Resources (HR)**

As reported above, Workforce Development will continue to be one of the main priorities for adult social care.

#### **Equalities**

This is covered in the main body of the report under the section headed Prevention.

#### **Legal**

There are no implications arising from this report.

#### **Crime and Disorder**

There are no implications arising from this report.

#### **Information Technology (IT)**

None arising specifically from this report.

#### **Property**

None arising specifically from this report.

#### **Other**

None

## **Risk Management**

42. This report focuses on high level issues that the Executive Member should be aware of and therefore does not analyse more detailed risks that would be dealt with through service planning.

43. Significant progress has been made on implementation of the improvement plan and on performance. It is difficult to predict what the assessment of performance by CQC for 08/9 will be but given this progress the risks associated with the recommendations of this report are assessed at a net level below 16.

### Recommendation

44. That the Executive Member comments and approves the progress on the improvement plans for adult social care as set out in this report.

Reason : So that the Executive Member is engaged in monitoring and approving the progress on the improvement plan for adult social care.

45. That the Executive Member approves the proposed 6 broad areas for future improvement set out in paragraph 34.

Reason: So that these can be incorporated in a refresh of the Directorate Plan and be used to drive future improvement.

#### Author:

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Director of Housing and Adult  
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Tel: 554000

#### Chief Officer Responsible for the report:

Bill Hodson  
Director

Report Approved



Date 12<sup>th</sup> June 2009

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

All

**For further information please contact the author of the report**

#### Background Papers:

1. Report to HASS EMAP on 8/12/08 - Independence, Well Being and Choice – Outcome of inspection by the Commission for Social Care Inspection (CSCI) – and accompanying improvement plan
2. Report to HASS EMAP on 27/1/09 - Improvement Plan in response to Commission for Social Care Inspection (CSCI) Annual Performance Assessment (APA) of Adult Social Services 2007/8 - and accompanying improvement plan

## Health Overview & Scrutiny Committee Work Plan 2009-10

Meeting Date	Work Programme
8 July 2009	<ol style="list-style-type: none"> <li>1. Report on Overview &amp; Scrutiny Committees - Terms of Reference</li> <li>2. 2008/09 Year End Outturn Report</li> <li>3. Corporate Strategy – Key Performance Indicators &amp; Actions for 2009/10 – Understanding the corporate priorities relevant to the Committee’s ‘terms of reference’ in order to establish a baseline for making proposals for changes to the Corporate Priorities in 2010/11</li> <li>4. Feasibility Report – Inspector’s Report Re: Adult Social Services</li> <li>5. Update on the Dementia Review</li> </ol>
23 September 2009	<ol style="list-style-type: none"> <li>1. First Quarter Monitoring Report</li> <li>2. Report on the working relationship between LINKs, North bank Forum (NBF) &amp; the Health Overview &amp; Scrutiny Committee</li> <li>3. Quarterly Update from the Primary Care Trust on Dental Provision in York</li> <li>4. Health Scrutiny Networking update</li> </ol>
2 December 2009	<ol style="list-style-type: none"> <li>1. Second quarter Monitoring Report</li> <li>2. Update report from the Director of HASS on the proposed Scrutiny Topic (Outreach Workers)</li> </ol>
20 January 2010	<ol style="list-style-type: none"> <li>1. Budget Consultation</li> <li>2. Audit Commission Report on Use of Resources</li> </ol>
3 March 2010	<ol style="list-style-type: none"> <li>1. Third Quarter Monitoring Report</li> <li>2. Annual Report from relevant Local Strategic Partners</li> </ol>

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