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, 23 September 2009

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. Declarations of Interest (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.

2. Minutes (Pages 5 - 10)
To approve and sign the minutes of the last meeting of the Committee held on 8 July 2009.

3. Public Participation
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Tuesday 22 September 2009**.

4. Mental Health Presentation
John Pattinson, Project Manager for Mental Health Transfer at NHS North Yorkshire & York will be in attendance to give Members a short presentation on the future of mental health provider services in the area.

5. Finance and Performance in Adult Social Services Update for 2009/10 (Pages 11 - 14)

This report provides an update of the 2009/10 position for both finance and performance in Adult Social Services, the main area covered by the Health Overview and Scrutiny Committee.

6. LINks - Public Awareness and Consultation Events (Pages 15 - 86)

This report presents Members with the first of two reports arising from the York LINks' Public Awareness and Consultation Events (PACE). These reports detail the information gathered and the recommendations arising as a result of their investigations.

7. Local Involvement Networks (LINks) - Progress Update (Pages 87 - 90)

This report, for information only, updates the Committee on current progress and outlines steps and measures that need to be taken to ensure that LINks establishes an effective working relationship with the Committee and other strategic partnerships.

8. Feasibility Report - Childhood Obesity (Pages 91 - 128)

This reports asks Members to consider a scrutiny topic registered by Councillor Sue Galloway to investigate the obesity levels in children.

9. Annual Health Check and New Registration Process - Update (Pages 129 - 136)

This report is to update Members on the Annual Health Check 2009/10 and inform them of the Care Quality Commission's new processes for regulation of NHS Trusts.

10. Health Scrutiny Networking (Pages 137 - 142)

This report is to inform Members of the Committee about recent events attended by both Members and Officers outside the formal meeting cycle of the Health Overview and Scrutiny Committee.

11. Work Plan 2009/10 (Pages 143 - 144)

To consider the Committee's Work Plan for 2009/10.

12. Urgent Business

Any other business, which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: Jill Pickering
Contact Details:

- Telephone – (01904) 552061
- Email – jill.pickering@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

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Agenda Annex

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If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
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Further information about what's being discussed at this meeting
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The majority of councillors are not appointed to the Executive (40 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

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item I: 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

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	8 JULY 2009
PRESENT	COUNCILLORS ALEXANDER (CHAIR), ASPDEN, FRASER, SUE GALLOWAY, SIMPSON-LAING, SUNDERLAND AND WISEMAN (VICE-CHAIR)
	IN ATTENDANCE: SUE BECKETT – YORK HOSPITAL ANNIE HARDY – ALZHEIMERS SOCIETY RACHEL JOHNS – ASSOCIATE DIRECTOR OF PUBLIC HEALTH LIBBY MACMANUS – YORK HOSPITAL JULIAN MARK – YORKSHIRE AMBULANCE SERVICE DEBBIE MITCHELL – CITY OF YORK COUNCIL JUDITH KNAPTON – NHS NORTH YORKSHIRE & YORK GRAHAM TERRY – CITY OF YORK COUNCIL ANNIE THOMPSON - LINKS JOHN YATES – OLDER PEOPLE'S ASSEMBLY

1. DECLARATIONS OF INTEREST

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

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

2. MINUTES

RESOLVED: That the minutes of the Health Scrutiny Committee meeting held on 11 May 2009 be approved and signed by the Chair as a correct record.

The Committee expressed their appreciation of the work carried out by Councillor Fraser as Chair of the previous Health Scrutiny Committee.

3. PUBLIC PARTICIPATION

There had been one registration to speak under the Council's Public Participation Scheme.

John Yates, Older People's Assembly, spoke on item 7 (Update on Recommendations Arising from the Dementia Review). Referring to the recommendations detailed in Annex A, he stressed the importance of

effective dialogue between practitioners and carers and stated that he would welcome information as to the support that would be available for customers as self-funders or contributors. He also stressed the importance of ensuring that the quality of services was measured as well as recording the number of service-users.

4. NEW ARRANGEMENTS FOR OVERVIEW AND SCRUTINY IN YORK

Members received a report highlighting 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.

Members sought clarification as to the extent of the Committee's remit in respect of children's health, as the monitoring of this service area had not been included in the report. Members suggested that this may be an area of responsibility that overlapped with other bodies, including the YorOK Board.

The Chair was asked if the Chair and Vice-Chair briefings could be extended to include a Liberal Democrat representative. The Chair stated that he would discuss this matter with the Vice-Chair.

RESOLVED: (i) That the contents of the report be noted.

(ii) That clarification be sought as to the remit of the Health Overview and Scrutiny Committee in respect of children's health[1].

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

Action Required
1. To clarify the remit of the Committee and notify Members TW

5. CORPORATE STRATEGY - RELEVANT KEY PERFORMANCE INDICATORS AND ACTIONS

Members received a report on the Corporate Strategy key performance indicators and actions relevant to the remit of this particular Overview and Scrutiny Committee.

Members suggested that if it was established that child health was within the remit of the Committee, an area of focus could be NPI 55 (obesity among primary school age children in Reception year) and NPI 56 (obesity among primary school age children in year 6). Consideration could be given to factors impacting on performance towards the targets including: funding allocated to promote healthy eating, school meals provision, changes to school tuck shops and PE and sports activities in schools.

RESOLVED: (i) That the contents of the report and its annex be noted.

(ii) That, at the next meeting, the Committee would determine whether NPI 55 and NPI 56 should be an area of focus for the Committee.

REASON: To inform the work of the Committee.

6. 2008-09 OUTTURN REPORT FROM HEALTH SCRUTINY

Members received a report providing 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.

It was noted that the outturn position for Adult Social Services was an overspend of £33k on a total net budget of £38.6m. There were, however, significant variations within the overall budget. Officers went through the key issues with Members. It was noted that overall there had been very good progress on the improvement plan for adult social care. Members commented on the 30% increase in referrals, which demonstrated that the predicted change in demographics was now starting to be seen in increased demand for Adult Social Services.

Discussion took place regarding NI 130: Direct payments for social care clients (LAA indicator) – 2008/09 which had seen an 82% rise in the number of social care clients receiving direct payment and individual budgets, placing York in the top quartile compared to other unitary authorities. Officers were asked to provide a breakdown of adults with learning difficulties opting to receive direct payments compared with those of older people[1].

RESOLVED: That the report be noted.

REASON: To update the Committee of the outturn position.

Action Required

1. Officers to provide further information on NI 130 (Direct Payments for Social Care Clients) — TW

7. UPDATE ON RECOMMENDATION ARISING FROM THE DEMENTIA REVIEW (ACCESS TO SECONDARY CARE)

Members received a report which gave an update on progress made in relation to implementing the recommendations arising from the "Dementia Review" (Accessing Secondary Care).

Concerns were expressed that it was difficult to evidence the progress that had been made in implementing the recommendations arising from the review. It was noted that there was a willingness by service providers to address the recommendations but that some of the actions would take time to become established and for the benefits to become evident.

Dr Julian Mark, Yorkshire Ambulance Service, explained that the service was delivering training to front-line staff to enable them to provide an initial assessment of a patient's mental capacity before taking them to hospital or directing them to alternative care pathways. In the longer term it would be useful if the different services could share this type of information as this would link well with the safeguarding adults agenda, as well as enabling front-line staff to be informed in advance as to what they may expect when attending a particular address.

Members sought clarification as to whether service providers were utilising the expertise of the Alzheimer's Society and other voluntary sector organisations in their training. It was noted that the voluntary sector was used in the delivery of some staff training.

Judith Knapton, NHS North Yorkshire and York, updated on the work that they were carrying out in respect of mental health. The areas covered would include: early diagnosis and treatment, support for carers, services in hospital, home care services, and the provision of a liaison service with care homes. Further information would be available at the end of July and would be circulated to the committee. The draft specification would be prepared by October for implementation in April 2010.

RESOLVED: (i) That the contents of the report and the progress made on implementation of the recommendations arising from the Dementia Review be noted.

(ii) That a further update on progress in implementing the recommendations of the Dementia Review be provided to the Committee in six months time.

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

8. FEASIBILITY REPORT - ADULT SOCIAL SERVICES INSPECTION RATING

Members received a report asking them 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 was attached as Annex A to the report.

Councillor Simpson-Laing expressed her disappointment at the recommendation in the report that the scrutiny topic not be progressed and detailed the reasons, as outlined in the registration form, why she believed that it would be in the public interest and would address issues in respect of underperformance if the Committee were to carry out a review.

Officers detailed the work that was taking place to address the issues arising from the Adult Social Services Inspection Rating and to prepare for the Annual Review Meeting. The Department was subject to stringent

regulation and the changes that had been introduced in November had led to improvement in the performance indicators and in overall progress. It was now some time since the report had been published and much had happened since then. To hold a review at this time would divert time and effort away from the task of continuing to implement improvements.

Views were put forward that the Committee should await the outcome of the CQC (Care Quality Commission) Annual Performance Assessment in the autumn before deciding whether to instigate a review.

RESOLVED: (i) That the registered scrutiny topic to "Investigate the Council's Adult Social Services Inspection Rating and the Ongoing Improvements as Recommended by the Inspector" not be progressed.

(ii) That copies of future Executive Member reports on this matter be received by the Committee prior to them being presented to the Executive Member for consideration.

REASONS: (i) In order not to duplicate work already being undertaken.

(ii) To enable the Committee to make the Executive Member aware of any concerns and/or comments that they might have.

9. WORK PLAN 2009/10

Consideration was given to the Committee's Work Plan for 2009/10. It was agreed that although this was a new committee, it would be appropriate to include in the work plan, those items that had been brought forward from the former Health Scrutiny Committee.

Councillor Wiseman stated that she was considering submitting a scrutiny topic registration form on the issue of improving care for newborns and new mothers. Members indicated that this would be a worthwhile topic for review.

RESOLVED: That the draft Work Plan be approved subject to the inclusion of the following items:

- Meeting of 23 September 2009 – to include briefing note and presentation on the procurement of Mental Health Services by the PCT

- Meeting of 2 December 2009 – to include item to consider the feasibility of a scrutiny review on improving care for newborns and new mothers

- Meeting of 20 January 2010 – to include item on "Dementia Review Update"

- Item on Annual Health Check to be included on the agenda of a future meeting (date of meeting dependent on timing of the publication of the data)

Councillor J Alexander, Chair
[The meeting started at 5.00 pm and finished at 6.40 pm].

CITY OF YORK COUNCIL

Health Overview and Scrutiny Committee 23rd September 2009

Report of the Director of Housing & Adult Social Services

Finance and Performance in Adult Social Services Update for 2009/10

Summary

1. This report provides an update of the 2009/10 position for both finance and performance in Adult Social Services, the main area covered by the Health Overview and Scrutiny Committee.

Analysis

Finance – overview

2. The net approved budget for Adult Social Services is £38.6m and, after identifying £665k of in-year savings to address cost pressures in the year, it is currently projected that Adult Social Services will overspend by £589k.

3. The main areas causing the overspend on Adult Social Services are
   - an increase in the number of customers supported at home (£622k) including an increase in the number of older people needing support and a continued increase in the volume and complexity of community based support for Learning Disabilities
   - increased Direct Payment take up (£586k)
   - increases in the number of Mental Health residential and nursing placements (£83k).
   - an agreed budget saving to deliver additional customer income of £180k has not yet been implemented due to the need to complete a full Equalities Impact Assessment (EIA) and lack of sufficient resources to complete all the work needed

4. These overspends are offset by underspends at Elderly Persons' Homes, due in part to overachievement of income (£278k), and corrective in year action by the directorate of £665k designed to reduce the gross overspend position. This is comprised of the redirection of grants (£389k), reduction in training expenditure (£150k) and vacancy management controls (£126k).

5. The increase in demand from older and disabled people was anticipated and the York Long Term Commissioning Strategy reported to members in October 2007 projected that by 2020 there would be an increase of 31% in the over 65 population and, within this number, an increase in the over 85s of 60%. People over 85 are more likely to need support from health and social care services. The strategy also went on to project the likely impact on service demands and costs.

6. The table below shows the numbers of people accessing services in 2007, the projections that were made at the time about the increased capacity that was likely to be required by 2010 set alongside the current number of packages in place. This shows that increases are happening broadly in line with the forecast although at a higher rate with a 25% increase in community care packages and a 22% increase in care home placements over the past 2 years.

	Baseline snapshots (as at 17/7/07)	2010 forecast of capacity needed	Actual packages (as at 31/7/09)
Community Based	2635	3104	3322
Residential & Nursing	653	761	797

7. It is for this reason that the major reviews of direct services were agreed by members and these are being brought within the broader More for York programme. However, within this context of increasing demand it will be very difficult to produce a balanced outturn position in 09/10 in advance of the completion of the major reviews.

8. As part of the budget setting process for 09/10 savings were offered in a number of areas that did not affect service delivery. They included:

- in increase in the existing vacancy factor by 1% saving £85k.
- a 1% efficiency against premises, supplies & services budgets and a minor base budget exercise that had been undertaken to drive out further efficiencies saving £200k.
- Further savings identified corporately in administration, use of external consultants, energy budgets, transport, and improved staff attendance totalling £167k.

<u>Performance – overview</u>

9. NPIs 132 & 133 – timeliness of social care assessments and packages. Both these indicators cover areas that need to show improvement to address performance issues highlighted in the last Adult Social Care inspection. Progress based on the first quarter of 09/10 is mixed:

- Timeliness of assessments: Performance has improved from 67% to 77%, which matches the 2009/10 target. This has been achieved despite an increase in volume intake. This could impact on the ability to keep performance at the current levels, but if this were maintained, it would move York up from the bottom to the 3rd quartile, based on unitary authority comparative data.

- Timeliness of care packages: Performance has dropped in the first period of this year (currently 83% compared 90.3% in 2008/09). This falls short of the 90% target set for 2009/10 and if no further improvement is made this year, this will move York from 3rd quartile

to low in the bottom quartile of unitary authorities. HASS have investigated reasons for the drop in performance and action is being taken to address the process and reporting issues identified.

10. NPI 141 - Independent living: The number of people achieving independent living in York has increased to 72.6% (from 69.9% in 2008/09 and just 52% in 2007/08). If this trend continues, the 2009/10 LAA target of 70% should be achieved or exceeded.

Corporate Priorities

11. 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

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

Risk Management

13. There are no risks associated with this report.

Recommendations

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

Contact Details

Authors: **Chief Officers responsible for the report:**

Author:	**Chief Officer Responsible for the report:**			
Debbie Mitchell Head of HASS Finance (01904) 554161	Bill Hodson Director of Housing & Adult Social Services (01904) 554001			
	Report Approved	✓	**Date**	*9 September 2009*

Specialist Implications Officer(s) None

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

Background Papers
First Performance and Financial Report for 2009/10, Executive 22nd September 2009

Annexes
None

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CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee **23 September 2009**

Report of the Head of Civic, Legal & Democratic Services

LINks[1] - Public Awareness & Consultation Events

Summary

1. This report presents Members with the first two reports arising from the York LINks' Public Awareness and Consultation Events (PACE). These reports detail the information gathered and the recommendations arising as a result of their investigations.

Background

2. The work plan for the York LINk was set following its Annual General Meeting in March2009 and is detailed below:

   - Dignity & Respect in Health and Social Care
   - The Future of Mental Health Services in York & North Yorkshire
   - Planning & buying your own care services
   - Implementation of an End of Life Care Strategy
   - Provision of hospital facilities for people with long term conditions (such as neurological conditions)

3. A series of Public Awareness and Consultation Events (PACE) were organised to enable the LINk to gather information and evidence on its chosen themes. The evidence gathered during PACE events is collated and presented in reports, which are sent to the appropriate services and to the Health Overview & Scrutiny Committee.

4. The first two reports being presented to the Committee are on 'the future of Mental Health Services in York & North Yorkshire' and ' the provision of hospital facilities for people with long-term conditions (such as neurological conditions)'. These are attached at Annexes A and B respectively.

Consultation

5. The Public Awareness and Consultation Events were carried out in liaison with many people; these are detailed within each individual report.

[1] Local Involvement Networks

Options

6. Members are asked to consider the following:

   i. Their response to recommendation 14 in the report regarding Neurological Services (Annex B refers)

   ii. Any comments they may wish to make on either of the reports (Annexes A & B refer)

   iii. Whether they would like to look at any element of either of these issues in further detail by way of a scrutiny review (but avoiding duplication of work).

   iv. How they would like to receive the PACE reports in future (i.e. formally via Committee meetings or informally via e-mail dependent on whether there are any recommendations within the reports that the Committee needed to address).

Analysis

7. At an informal meeting on 17th August the Chair, Vice-Chair and Scrutiny Officer met with the Partnership Co-ordinator for LINks to discuss how best to manage receiving PACE reports. The two reports attached today are the first ones that have been prepared and Members will need to consider how they wish to receive them in the future (i.e. formally via Committee meetings or informally via e-mail dependent on whether there were any recommendations within the reports that the Committee needed to address).

8. Information contained within these reports may flag up potential issues that Members may consider to require further investigation. These reports could, therefore, be a good source of ideas for potential scrutiny topics and this may help Members decide the best way to receive them in future.

9. Recommendations contained within PACE reports may require a response from the Health Overview & Scrutiny Committee. This is the case in Recommendation 14 of Annex B to this report. A response is required within 20 days of the PACE report being published. Members may wish to discuss the content of their response at this meeting so that the Scrutiny Officer can formally reply to LINks on their behalf.

Corporate Strategy 2009/2012

10. This relates to the Healthy City theme of the recently refreshed Corporate Strategy.

Implications

11. There are no known Financial, Human Resources, Legal or other implications associated with the recommendations contained within this report.

Risk Management

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

Recommendations

13. Members are asked to:

    i. Draft their response to recommendation 14 in the report regarding Neurological Services (Annex B refers) in order that the Scrutiny Officer may formally reply on their behalf.

    ii. Consider any further comments they may wish to make on either of the reports (Annexes A and B refer)

    iii. Consider whether they would like to look at any element of either of these issues in further detail by way of a scrutiny review.

    iv. Consider how they would like to receive the PACE reports in future (i.e. formally via Committee meetings or informally via e-mail dependent on whether there are any recommendations within the reports that the Committee needed to address).

    REASON: To enable the Health Overview & Scrutiny Committee to keep up to date with the work of the York LINk.

Contact Details

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Chief Officer Responsible for the report:
Quentin Baker
Head of Civic, Legal & Democratic Services
Tel: 01904 551004

Report Approved ✓ **Date** 14.09.2009

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Cover Letter & PACE report on Mental Health Services
Annex B Cover Letter & PACE report on Neurological Services

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Annex A

YORk LINk

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Councillor James Alexander

Chair Health Overview & Scrutiny Committee

Guildhall

York

YO1 9QN

15/09/2009

Dear Councillor Alexander

Please find enclosed the report from an investigation by York Local Involvement Network (LINk) on mental health services in York.

You will note that there are no specific recommendations from the LINK to the Health OSC in the report. However, the LINk Steering Group members hope that members of the OSC will wish to join the York Dementia Group to ensure that the the15 recommendations in the National Dementia Strategy are implemented. I will inform you of the date for the first meeting shortly.

I will be on holiday until 21 September, but I will attend the OSC meeting on 23 September if you would like further information.

Yours sincerely

.....

Annie Thompson

Partnership Coordinator

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Annex A

Public Awareness & Consultation Event on mental health services

20 July 2009

Supporting your right to the best health and social services in England

September 2009 version 1

Annex A

Contents

Introduction from LINK Steering Group

York LINk (Local Involvement Network) was launched in September 2008 to take over the role of the Patient and Public Involvement in Health Forum (PPI Forum) in the York Area. The PPI Forum was a group of volunteers who inspected health services in York on behalf of public. The main difference between the LINk and the PPI Forum is that the LINk can investigate issues to do with social services as well as health services.

The money to fund LINks comes from the Department of Health and is divided between every Local Authority in England that has responsibility for providing social services. Hence there is a LINk covering North Yorkshire, a separate one for York and one for every area in the country. The City of York Council found a 'Host' organisation to help develop the LINk. The reason for this is so that the LINk is not directly managed by the Council giving the staff and volunteers freedom to investigate services without being influenced by council decisions. The Council chose a voluntary organisation that is based in Hull called North Bank Forum (NBF).

At the LINk launch event, 18 volunteers agreed to form an Interim Steering Group to agree the constitution containing the rules for the LINk etc before the first Annual General Meeting (AGM). The AGM was held in March 2009 and a Steering Group made up from individual volunteers from York and volunteers who are involved in community groups was established.

The role of members of the Steering Group is to discover what people in the York area think about health and social services and investigate any problem that affect more than one person. When the investigation is complete the LINk can make recommendations to organisations to improve their services. When a report is published it is sent to the organisations concerned with a letter outlining the recommendations. The organisation then has 20 working days to reply to the LINk stating what it proposes to do to implement the change.

The Interim Steering Group decided to use a voting system to prioritise the work of the LINk. A debate on various issues that were referred to the

LINk from a variety of sources took place during the AGM. To try to include as many members of the community as possible, and have a recorded process that provided evidence for LINk priorities, the voting document was also sent to registered members and was available on request from the LINk office. The ‘transformation of mental health services’ was voted on and adopted as part of the LINk work plan for 2009/10.

Background to the investigation

At present, NHS North Yorkshire & York (Primary Care Trust) run the majority of Mental Health services in York and North Yorkshire. Services in Scarborough are run by a Mental Health Trust based in Teesside and in the Skipton area they are run by a Bradford based Mental Health Trust. This arrangement has developed over a number of years but the role of NHS North Yorkshire & York, in line with Department of Health policy (Transforming Community Services) has changed from providing services to finding the best organisation, then contracting for services (commissioning). This means that it is difficult to continue to provide mental health services because it would be like contracting with themselves to provide their own goods so a 'transformation' of how mental health services are run is necessary.

NHS North Yorkshire & York have now established a 'Shadow Board' for the provider services; this is separate to the overall PCT Board. However, ongoing discussions around the type of organisation best placed to provide mental health services, and the types of services required for people with mental health conditions in future is required and the following should be considered:

- Services could be integrated with other NHS organisations, this might include Acute Hospital Trusts. In the past however, there has been a separation of mental health services from these organisations as the focus tends to be on the other health issues. Ultimately, in the past, resources to develop mental health services in this context have been limited.
- Services could merge with other NHS organisations providing mental health services, creating an arrangement where the entire business of the organisation is mental health.
- Services could be part of a new organisation if the current PCT provider services emerge as a new Community Trust that will include community services and mental health services.
- Other options could include the private sector providers and the role of the community & voluntary sector. However, the current feeling at present seems to be to keep the services together as a whole.

Also to be considered is the number and type of services that are needed and if the quality of the present services could be improved.

New standard contracts for NHS Mental Health services are governed by strict rules and will last for three years when they are awarded to a Foundation Trust. This may cause problems for smaller voluntary groups who provide services at present and there is a desire to form a Mental Health Consortium to tender for contracts then subcontract with the various smaller groups. The Department of Health (DH) also expects NHS organisations to invest approximately 15% of their overall budget on grants to voluntary and community providers. Although this has not happened in the past due to the financial constraints of NHS North Yorkshire and York it is hoped that this funding will be available in the future.

There is a Mental Health Forum in York run by the local Council for Voluntary Services (CVS). Members of the Forum presented a list of mental health service needs for the area to the Local Implementation Advisory Group (LIAG) run by NHS North Yorkshire and York. Interestingly, Forum members maintain that the Joint Strategic Needs Assessment devised by the PCT and City of York Council is inadequate to address the problems experienced by people with mental health problems.

In order to discover more about the situation the LINk Steering Group decided to hold a Public Awareness and Consultation Event (PACE) on mental health conditions. Speakers from local charities were asked to give information on the history of mental health services, dementia, the main types of problems people experience and the services they provide (see Appendix 1). The Project Manager for the transformation of the mental health services from NHS North Yorkshire and York also agreed to provide an update on progress. Invites were distributed to individuals and groups involved with services for people mental health problems and statutory services. Information was given by the following people:

Mike Beckett, Director of York & District Mind

What are mental health conditions?

Mental health and mental illness are not opposites but points on a spectrum. Somewhere in the middle of that spectrum are “mental health problems. The experience of feeling low and dispirited in the face of a stressful job is a familiar example that may or may not be a problem. Mental stress can affect anyone and most people feel bad about it but if they do not get the support they need it may deteriorate and thus the stress becomes a problem.

Also, everyone is prone to checking things at times and some people check things a couple of times. Problems arise when the number of times that people check or do things interferes with the other aspects in their lives so it becomes a mental health problem called Obsessive Compulsory Disorder. Definitions of mental health, mental illness, and mental health problems describe mental health as important for personal well-being, family and interpersonal relationships, and successful contributions to community or society. As described above stress or OCD can jeopardize personal relationships etc and then becomes a mental health problem.

The boundaries between mental health problems in milder forms of mental illness are often indistinct, just as they are in many other areas of health. At the far end of the spectrum lie disabling mental illnesses such as major depression, schizophrenia, and bipolar disorder. Left untreated, these disorders erase any doubt as to their devastating potential. However, some people are able to live problem free with the symptoms of other conditions if they receive the contact required to support them.

Facts about mental health

Many of us experience mental health problems. It is the largest single cause of disability and illness affecting 1 in 4 people and accounts for a third of GP’s time.

Conditions, which may range from the mild to the severe, can occur at any age. For instance, about 10% of children and young people are thought to have mental health problems severe enough to need

professional help. Approximately, 72% of male prisoners and 70% of female prisoners has two or more mental health disorders.

It can sometimes be a relief to put a name to a problem, to help make sense of puzzling or distressing feelings. Common mental health conditions, for example, depression and anxiety now affect 1 in 6 adults in the UK.

Statistics about people with mental health problems should be treated with great caution because a large number are not reported. Problems are missed by GPs. This may be because some patients come to see them with physical problems and avoid talking about their feelings, or because the doctors are too rushed to ask. Rather than visiting their doctors again people simply struggle on alone and many sufferers (75%) receive no help.

Incidences of mental health problems in York

Anxiety = 7,750 Depression = 4,600

Mixed Anxiety & Depression = 15,000

Bipolar = 1,650 OCD = 1,980

Schizophrenia = 660 Anorexia nervosa = 1,650

Bulimia nervosa = 3,300 Self-harm = 660

Mental Health recession facts

People with a mental illness are more likely to have poor physical health and die on average 10 years earlier than the rest of the population.

It is believed that 91 million days per year are lost in employment due to mental illness resulting in 75% of employers stating they would not employ someone with a mental health condition. Approximately 40% of claimants of Employment Support Allowance is claimed by people with mental health problems.

It is easy to see why mental health problems cost the UK economy over £100 billion per year and 9 out of 10 people with a mental health condition suffer discrimination.

Despite the above only £1 in every £15 spent on health research is devoted to mental health.

Services Mind provide

There are a total of 200 local Mind associations in the country.

York & District Mind provides:

Advocacy: community / in-patient
Counselling
Information helpline
Facilitating research
Befriending Service
Opportunities for volunteers
Resource Centre Fundraising
Meeting room

Groups for:
anxiety, depression, OCD, borderline personality disorders etc

Possible gaps in services

Activity groups
Art therapy
Ecomind – natures gym
Housing support
Dual diagnosis work
Employee assistance

Many studies state that more women than men experience certain mental health problems such as depression. However, there are a number of reasons why the statistics for men might be higher than these studies show men visit their doctors far less frequently than women so there is less opportunity for the doctors to pick up signs of problems. Also, many men are uncomfortable about talking about their feelings or even admitting them to themselves. It can be hard for those close to them to know just what is wrong or what help to suggest. Men are more likely to see such problems as signs of weakness. Rather than seeking help, they may try to deal with it themselves by throwing themselves into work, for example, or perhaps through drink or drugs. Compared with women, men are three times as likely to be dependent on alcohol and twice as likely to be dependent on drugs.

David Smith, General Manager, Our Celebration, York

The history of mental ill-health

- Early Egyptians (8,000 – 500 BC)

During the early Egyptian period there was no division between health care, magic and religion. As a result any abnormal behaviour was attributed to supernatural forces and treatments such as exorcism were applied.

The earliest evidence of treatment is trepanning. This was a hole bored in the skull as a cure for insanity, epilepsy and headache to release evil spirits from the body – hence the saying *'I need that like a hole in the head'.*

- Ancient Greece and Rome (500 BC – 500 AD)

In ancient Greece and Rome numerous mental health disorders were indentified including melancholia, mania, dementia, hysteria, delusions and hallucinations. These conditions were believed to be caused by possession and disordered thoughts and madness were utterances of the Gods. They also believed that all illness, including mental illness had natural origins based on four humours (phlegm, black bile, yellow bile and blood). They mainly advocated rest, bathing, exercise and dieting as cures but in some areas of Rome harsher treatments such as starving, fetters and flogging was thought to be more effective.

The Greeks and Romans also used anatomical knowledge for diagnosis and emphasised the importance of observation and experimentation to understand conditions and relieve symptoms.

- Middle Ages (500 – 1500 AD)

The Middle ages are often called 'The Age of Faith'. Jesus Christ healed by faith so people believed only the grave of God would provide a cure for physical or mental illness. This also reinforced the theory that mental illness was as result of demonic possession and the only effective treatment was exorcism.

- 15th and 16th centuries

During the 15th and 16th centuries, anxiety about sexual activities fuelled by the behaviour of some monks and nuns, were thought to be the cause of mental health illness. The blame for promiscuity fell upon women, who were regarded as weaker than men resulting in witch hunts. It was believed that salvation of the immortal soul was more important that the comforts of the possessed body so harsh physical punishments were used to make the devil leave the body.

- 17th century

There was a general belief during the 17th century that if mad people behaved like animals, they should be treated like animals. Private 'madhouses' were established and treatments varied from locking people up and treating them like animals to therapeutic programmes of exercise and diet. The importance of discussing problems with a close friend or doctor was advocated in some circles but this was only available according to a person (or their families) ability to pay. Those people with no independent means were thrown into the workhouse or often prison.

- 18th century

During the 18th century state asylums were built to house people with mental health problems separate from the rest of society but outside prison. Mentally ill people were referred to as 'lunatics' and believed to be possessed by the devil.

Some people thought the treatment of mentally ill people as barbaric and in 1772, the Archbishop of York held a meeting with gentlemen from the three ridings of Yorkshire to discuss the creation of a new 'lunatic asylum' to prevent the mentally ill from being placed in unsuitable institutions like prison – Bootham Park Hospital, York.

Inspired by seeing the appalling conditions people with mental health conditions were force to live under William Tuke and the Society of Friends (Quakers) opened The Retreat in 1796. This establishment led the world in the humane treatment of the mentally ill.

- 19th century

During the 19th century people with mental health problems were 'unchained' and 'moral management' was introduced. The impetus for this development came from servicemen returning from the Boer War suffering from post-war trauma being forced to live in state asylums. Also many 'problem people' such as unmarried mothers were admitted to asylums to keep them away from society. The result of this was vast overcrowding in the asylums and although the public were appalled at a return to inhumane treatment there was little choice but to reinstate this due to lack of space and staff. However, due to public demand, more asylums began to appear throughout the country.

Believers in 'moral management' advocated that the environment plays a vital role in treatment so recovery would be more likely if conditions resembled the comforts of home. Beds, pictures and decorations replaced shackles, chains and cement cells.

Lobotomy was introduced consisting of severing the connections between parts of the brain to help alleviate the symptoms of mental illness. However, this procedure was very time consuming and required a surgeon with great skill and training.

- 20th century

The development of the Trans-orbital Lobotomy in 1936 (electric shock treatment) provided a procedure that was quick easy and appeared to improve patients so implementing the procedure resulted in a Trans-orbital craze. However, the number of people who were diagnosed as having a mental health condition rose while the number of people employed to look after them remained static. This resulted in rumours of abuse and neglect in asylums which prompted action from communities who were proud of their community asylums.

Shortly after the asylum explosion in the 1900s, when mental health treatment was arguably at its worst, a psychotropic medication called Thorazine was pioneered. Other medication came shortly after making it possible to reduce the length of time patients stayed in asylums. This meant that again beds, pictures and decorations replaced some of the more brutal treatments.

An emphasis on protecting the human rights of patients with individualised treatments and a move towards deinstitutionalisation was introduced. The Government introduced the 'Community Care Act 1990' which resulted in the institutions closing and people being cared for in community settings. Relocating to the community caused trauma to a great number of people

who had little experience of living outside mental health hospitals and the amount of care provision in communities was inadequate to deal with the need resulting in an explosion of the homeless population.

The National Service Framework for mental health was introduced in 1999 and contains seven standards to ensure that everyone who has a mental health illness or problem receives equal treatment in every part of the country.

- Modern day

Today emphasis remains on hospitalisation of only the most severe cases. Models of working take a more social and holistic view and cognitive and behavioural therapy is often used. There is a debate at present about the cause of mental health problems and whether the drugs that are used actually treat an imbalance in the brain. Treatment in future may move from drug therapy towards focussing on how people are integrated in society.

Our Celebration began in 1986 when two mothers of people with mental health conditions in York got together and set up a charity to try to help people integrate into society. The charity receives referrals usually from the Community Mental Health Teams in York. They believe that with proper support everyone who has a mental health condition can progress. They provide the following at present:

Leisure club	Drama club	
Yoga	Coffee clubs	Crafts
workshop	Computer club	

Work focussed training on:

Catering & Hospitality	Health & Safety	Food Safety
	Equal Skills	CLAiT
	ECDL	Healthy Eating
	Confidence building and assertiveness	

They also have work placements in a design and print studio and run a mentoring scheme. This has enabled over half the people who have been in contact with the charity to move on into paid employment 31%, mainstream learning 11% and volunteering 11% during the past year. Only 31% have relapsed and the remainder are still involved but some of these could also move on if there was more funding for staff etc.

Annex A

Gill Myers, Manager, Alzheimer's Society

What is Dementia?

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease and sometimes as a result of a stroke.

Dementia is progressive, which means the symptoms will gradually get worse. How fast dementia progresses will depend on the individual. Each person is unique and will experience dementia in their own way.

Symptoms of dementia

- Loss of memory − for example, forgetting the way home from the shops, or being unable to remember names and places, or what happened earlier the same day.
- Mood changes − particularly as parts of the brain that control emotion are affected by disease. People with dementia may also feel sad, frightened or angry about what is happening to them.
- Communication problems − a decline in the ability to talk, read and write.

In the later stages of dementia, the person affected will have problems carrying out everyday tasks, and will become increasingly dependent on other people.

Types of Dementia

Alzheimer's disease is the most common cause of dementia, affecting around 417,000 people in the UK. The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions.

Alzheimer's disease, first described by the German neurologist Alois Alzheimer, is a physical disease affecting the brain. During the course of the disease, 'plaques' and 'tangles' develop in the structure of the brain, leading to the death of brain cells. People with Alzheimer's also have a shortage of some important chemicals in their brains. These chemicals are involved with the transmission of messages within the brain.

Alzheimer's is a progressive disease, which means that gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

- Alzheimer's disease affects 50% of people with dementia
- Vascular dementia may follow a stroke or a series of small strokes (multi-infarct dementia) and affects 25% of people with dementia

Less common types of Dementia

- Dementia with Lewy bodies (DLB)

This is a form of dementia that shares characteristics with both Alzheimer's and Parkinson's diseases. It accounts for around four per cent of all cases of dementia in older people. DLB appears to affect men and women equally. As with all forms of dementia, it is more prevalent in people over the age of 65. However, in certain rare cases people under 65 may develop DLB.

Lewy bodies, named after the doctor who first identified them in 1912, are tiny, spherical protein deposits found in nerve cells. Their presence in the brain disrupts the brain's normal functioning, interrupting the action of important chemical messengers, including acetylcholine and dopamine. Researchers have yet to understand fully why Lewy bodies occur in the brain and how they cause damage.

Lewy bodies are also found in the brains of people with Parkinson's disease, a progressive neurological disease that affects movement. Some people who are initially diagnosed with Parkinson's disease later go on to develop a dementia that closely resembles DLB.

- Frontal-lobe dementia and Picks disease

The term 'frontal-lobe dementia' covers a range of conditions, including Pick's disease, frontal lobe degeneration, and dementia associated with motor neurone disease. All are caused by damage to the frontal lobe and/or the temporal parts of the brain. These areas are responsible for our behaviour, emotional responses and language skills.

Frontal-lobe dementia is a rare form of dementia. It occurs far less frequently than other conditions such as Alzheimer's disease. It is more likely to affect younger people - specifically those under the age of 65 - and it is slightly more common in men.

- Creutzfeldt-Jakob disease (CJD)

This is the best known of a group of diseases called prion disease, which affect a form of protein found in the central nervous system and cause

dementia. It was first reported by two German doctors (Creutzfeldt and Jakob) in 1920, although it has been well recognised in animals for centuries.

Prions are proteins found in the central nervous system of all mammals. Their function is unknown. In prion disease, these proteins fold abnormally, forming clusters in the brain. When the brain cells die, they cause spongiosis (holes in the brain matter, which makes the brain look like sponge when viewed under the microscope). This results in neurological dysfunction, or dementia.

- Downs Syndrome

Advances in medical and social care have led to a significant increase in the life expectancy of people with learning disabilities. The effect of ageing on people with learning disabilities − including the increased risk of developing dementia − has become an increasingly important issue.

Drug treatment for Dementia

No drug treatments can provide a cure for Alzheimer's disease. However, drug treatments have been developed that can improve symptoms, or temporarily slow down their progression, in some people. The main drugs used are:

- Aricept (donepezil hydrochloride)
- Exelon (rivastigmine)
- Reminyl (galantamine)

Research has shown that the brains of people with Alzheimer's disease show a loss of nerve cells that use a chemical called acetylcholine as a chemical messenger. The loss of these nerve cells is related to the severity of impairment that people experience.

Aricept, Exelon and Reminyl prevent an enzyme from breaking down acetylcholine in the brain. Increased concentrations of acetylcholine lead to increased communication between the nerve cells that use acetylcholine as a chemical messenger, which may in turn temporarily improve or stabilise the symptoms of Alzheimer's disease.

All three work in a similar way, but one might suit an individual better than another, particularly in terms of side-effects experienced.

- Ebixa

The action of Ebixa is quite different to, and more complex than, that of Aricept, Exelon and Reminyl. Ebixa blocks a messenger chemical known as glutamate. Glutamate is released in excessive amounts when brain cells are damaged by Alzheimer's disease, and this causes the brain cells to be damaged further. Ebixa can protect brain cells by blocking this release of excess glutamate.

Dementia UK Report 2007

In 2006 the Alzheimer's Society commissioned a report on dementia in the UK. They found that :

- 700,000 in the UK currently have dementia
- 15,000 people under 65 have dementia
- There will be over a million people with dementia by 2025
- One in six people over 80 have dementia
- One third of people over 95 have dementia
- 60,000 deaths a year are directly attributable to dementia

How can you tell if I have dementia?

Many people fear they have dementia, particularly if they think that their memory is getting worse. Becoming forgetful does not necessarily mean that you have dementia: memory loss can be an effect of ageing, and it can also be a sign of stress or depression. In rare cases, dementia-like symptoms can be caused by vitamin deficiencies and/or a brain tumour. If you are worried about yourself, or someone close to you, it is worth discussing your concerns with your GP.

Diagnosing dementia

It is very important to get a proper diagnosis to help the doctor rule out any illnesses that might have similar symptoms to dementia, including depression. Having a diagnosis may also mean it is possible to be prescribed drugs for Alzheimer's disease.

Dementia can be diagnosed by a doctor, either a GP or a specialist. The specialist may be a geriatrician, a neurologist or a psychiatrist. The doctor may carry out a number of tests. These are designed to test the person's memory and their ability to perform daily tasks.

Prevention

At present, we are not sure what causes most of the diseases that lead to dementia. This means it is difficult to be sure what we can do to prevent dementia itself. However, the evidence seems to indicate that a healthy diet and lifestyle may help protect against dementia. In particular, not smoking, exercising regularly, avoiding fatty foods and keeping mentally active into old age may help to reduce the risk of developing vascular dementia and Alzheimer's disease.

In February this year a National Strategy was launched setting out an ambitious 5 year plan to transform the lives of people with Dementia. It has 15 recommendations (see Appendix 2).

Annex A

John Pattinson, NHS North Yorkshire & York

The future of mental health services in North Yorkshire and York

- Background facts

NHS North Yorkshire and York is the largest PCT in the country and even bigger than some countries.

The DH spends approximately 14% of its overall national budget on mental health care per year which is equivalent to what NHS North Yorkshire and York has (about £1billion) for the entire budget.

The population covered by NHS North Yorkshire and York is approximately 75,000. The average age of the population is getting older resulting in an increase in mental and physical health problems so different types of services will be required in future.

The transformation of mental health services has been slowed down by the need to transform community services such as child and adolescent services, older people's services and some specialist services. The process has been delayed and the way forward will now be agreed in October 2009. To assist this NHS North Yorkshire and York has split the organisation into a 'Provider Service' and a 'Commissioning Function'.

Treatment & prevention

Prevention of mental health problems is seen as equally important as treatment. Housing, friends, activity, exercise, diet and work all play a part in helping us to maintain good mental health so it is on those categories that we need to focus preventative methods. People in lower socio-economic brackets are more at risk due to the fact that they have less control on their lifestyle. Studies have shown that someone who is anxious is up to six times more likely to have a cardiac arrest and

someone who has a cardiac arrest and depression is more likely to die within two years.

Future policy drivers

The World Class Commissioning process will be the main driver for future policy and services. This will work alongside local policy contained in the Yorkshire and the Humber Regional document 'Healthy Ambitions' which highlights the suicide rates in the area. Local drivers such as the NHS North Yorkshire and York's strategy 'Healthier Lives' and the 'Local Strategic Needs Assessment' for York also need to be considered.

What next?

In order to progress matters a Community and Mental Health Shadow Board has been established. It is also hoped to establish a working group or reference group made up from people from local interest parties such as the LINk to work through the options for both the strategy and organisation of the new provider and help to manage a smooth transfer.

Annex A

Evidence the LINk gained before, during and after the PACE:

Evidence	Source
A variety of providers could manage future mental health services in York. This could be a General NHS Trust or a specific Mental Health Trust. However, the reason why mental health services broke away from General Trusts is because people felt they did not get equal access to finances to develop. Also, because a Foundation Trust is essentially a business and not solely dependent on NHS commissioned services for income there may be more competition between finances for the more popular services and services for mental health conditions.	Information given at a meeting in Harrogate by John Pattinson, NHS North Yorkshire & York, Jan 2009
The types of services required for people with mental health conditions, and how to improve present services, must be considered. New contracts for NHS Mental Health Services with Foundation Trusts will last for three years but local voluntary groups and charities are worried that they will be excluded from a large block contract. They believe only the larger charities will have the time and resources required to submit a successful bid.	Discussed at a meeting of York CVS Mental Health Forum, Jan 2009
New governance for commissioning services called 'World Class Commissioning' states that 'commissioning must be done on a population basis', so services in York should be commissioned on the need for services in the York area, not the whole of North Yorkshire. Information on the needs of people in York would also enable NHS North Yorkshire and York to spend at least 15% of the overall budget on	World Class Commissioning, Department of Health, Dec 2007

grants to voluntary and community providers in York to develop their work.	
Members of the Mental Health Forum in York maintain that the Joint Strategic Needs Assessment (JSNA) for this year (2009/10) is inadequate to address the problems experienced by people with mental health problems. They presented a list of mental health service needs for the York area to the Local Implementation Advisory Group (LIAG) run by NHS North Yorkshire and York which helps Commissioners to target resources. It is not known if this document was considered when the JSNA was agreed.	Discussed at a meeting of York CVS Mental Health Forum, Jan 2009
The experience of feeling low and dispirited in the face of a stressful job is a familiar example that might lead to mental health problems. Good mental health is important for personal well-being, family and interpersonal relationships, and enables people to make a successful contribution to their community and society. Mental health problems can jeopardize personal relationships etc so people feel unable to contribute to society. These problems affect 1 in 4 people and account for one third of GP's time. The more common mental health conditions for example, depression and anxiety now affect 1 in 6 people with mental health issues in the UK. It is predicted that this number will rise due to the present financial crisis and there is now a NHS 'Stress' redundancy helpline.	Presentation from Mike Beckett, York Mind at PACE July 2009
The history of mental health services is not good and often it has been seen as taking two steps forward and one step backwards. Services have improved over the years but it is important that as pressure is placed on healthcare finances and resources that people are not bundled together and treated as misfits and therefore kept outside of society as has happened in the past. In order to avert this	Presentation from David Smith, Our Celebration at PACE July 2009

happening more preventative services and early intervention is required. Early intervention schemes in York are near saturation point therefore more funding needs to be invested by NHS North Yorkshire and York.	
Approximately, 10% of children and young people are thought to have mental health problems severe enough to need professional help. Many of these are members of families with a history of domestic violence. It is now known that people below the age of 16 who use cannabis are more likely to develop psychosis. However, any onset of mental illness in people below the age of 14 can be prevented in 50% of cases if the right support is available. Specialist services for young people who experience problems as a result of using recreational drugs, such as cannabis, will be required in the future.	Referred from member of the public via IDAS March 2009 Presentation from Mike Beckett, York Mind and David Smith, Our Celebration at PACE July 2009
Statistics about people with mental health problems need to be treated with caution because signs are missed by GPs who may be too busy to speak to people about their feelings. Rather than take up doctors time 75% of these people receive no help. However, people with a mental illness have poor physical health, and die 10 years earlier than the rest of the population so this problem must be addressed.	Presentation from Mike Beckett, York Mind at PACE July 2009
Approximately 75% of employers' state they would not employ someone with a mental health condition resulting in 40% of claimants of Employment Support Allowance being claimed by people with mental health problems. Some people who are unemployed turn to crime to make end meets resulting in 72% of male prisoners and 70% of female prisoners having two or more mental health disorders.	Presentation from Mike Beckett, York Mind at PACE July 2009

Most men choose to deal with mental health problems themselves by throwing themselves into work or turning to drink or drugs. This leads to men being three times more likely to be dependent on alcohol and twice as likely to be dependent on drugs as women. Women also tend to seek help earlier so their conditions do not deteriorate so much. The National Institute for Clinical Excellence (NICE) recommends that more people suffering from depression and anxiety disorders should have access to psychological therapies. To support this the Government has provided extra funding to assist people to get help sooner.	Presentation from John Pattinson, NHS North Yorkshire and York at PACE July 2009
NHS North Yorkshire and York currently spend 14% of their overall budget on mental health services but more funding may be necessary to provide an improved service.	Presentation from John Pattinson, NHS North Yorkshire and York at PACE July 2009
The cause of mental health illness is not known. Some drugs help some people some of the time but it is not known how or why this happens. At present, we use drugs to treat imbalances in the brain which are thought to be the cause of mental health problems but some people question whether problems really do occur as a result of an imbalance. The question is whether replacing drugs with more help to assist people to maintain their position or integrate into society would be more efficient.	Presentation from David Smith, Our Celebration at PACE July 2009
It has been proven that the self-help route for people with mental health problems is more effective than antidepressants. One way to self-help is through learning. Achieving a qualification gives people with a mental health problem a sense of reward enabling many of them to gain the self confidence and take	Presentation from David Smith, Our Celebration at PACE July 2009

part in other areas of society.	
One third of people over 95 have dementia, 1 in 6 people over 80 have dementia and 15,000 people under 65 are affected, there will be over a million people with dementia by 2025. Approximately, 60,000 deaths a year are estimated to be directly attributable to dementia. Vascular dementia may follow a stroke or a series of small strokes (multi-infarct dementia) and is the cause of 25% of dementia. People with high blood pressure are most at risk of vascular dementia.	Presentation from Gill Myers, Alzheimer's Society at PACE July 2009
People in the later stages of dementia have problems carrying out everyday tasks, and become increasingly dependent on other people. When questioned, most people aged 50+ stated that they most feared a lack of control due to mental incapacity in old age. This lack of control can be demonstrated by only one third of people with dementia living in their own home meaning that two thirds are cared for in residential and nursing homes.	Presentation from Gill Myers, Alzheimer's Society at PACE July 2009
GP's are often the first line of contact to diagnose dementia but they need more diagnostic tools to detect signs earlier. In February this year a National Dementia Strategy with 15 recommendations was launched setting out an ambitious 5 year plan to transform the lives of people with Dementia.	Presentation from Gill Myers, Alzheimer's Society at PACE July 2009
City of York Council Health Overview and Scrutiny Committee undertook a review of the experiences of older people who received general health services in York Hospital. Several recommendations were made by the committee (see Appendix 2) and some progress has been made in implementation but if this has improved the service to patients is not	City of York Council, Dementia Review (Accessing secondary care), November 2008

known at present. The All-Party Parliamentary Group on Dementia recently published the findings from their enquiry into the skills of the social care workforce. Sadly, the Group discovered that care workers in general have very little knowledge of dementia and approximately one-third of dedicated dementia care homes provide no specialist training in this area to staff. One of the recommendations from the City of York Council Health OSC review is that primary and secondary statutory services review their arrangements for staff training to enable them to recognise the needs of people with dementia.	Dearth of dementia skills in social care workforce, Policy Update, July 2009 City of York Council, Dementia Review (Accessing secondary care), November 2008

Recommendations from the LINk:

A variety of providers could manage mental health services in York. The LINK or the Mental Health Forum could undertake a survey to discover what services people with mental health problems think should be provided.

1. York LINk recommends that NHS North Yorkshire & York must include lay stakeholders in York (mainly York Mental Health Forum) in the commissioning process for a new provider of mental health service at all stages.
2. York Mental Health Forum could consider undertaking a survey to indentify the services required from the new provider.

The new three year block contracts for NHS Mental Health services should not disenfranchise local community and voluntary groups. Commissioning for services in York should be carried out mainly using statistics from the York population which could soften the blow. Also with 15% of the overall NHS North Yorkshire and York budget that is allocated for the Central Locality (York) is invested in local voluntary groups and charities they will be able to develop more innovative approaches.

3. York LINk recommends that NHS North Yorkshire & York and City of York Council Commissioners provide assistance to local voluntary groups and charities on how to prepare bids for tenders to provide services.
4. York LINk recommends that services are commissioned in York using the evidence of need by the population of York.
5. York LINk recommends that NHS North Yorkshire & York allocates 15% of the budget for the Central Locality area to support local voluntary groups and charities.
6. York LINk recommends that statutory services commission more learning opportunities for people with mental health problems.

Members of the Mental Health Forum in York maintain that the Joint Strategic Needs Assessment for 2009/10 is inadequate to address the problems experienced by people with mental health problems.

7. York LINk recommends that NHS North Yorkshire & York and City of York Council consult members of the Mental Health Forum on an

ongoing basis to redress this imbalance in the 2010/11 Joint Strategic Needs Assessment.

It is worrying that depression and anxiety affects 1 in 6 people at present and is predicted to rise due to the present financial crisis. Also, that young people who use cannabis are more prone to develop mental health problems. Missed opportunities for introducing early intervention by GPs who may be too busy to speak to people about their feelings must be redressed.

8. York LINk York LINk should congratulate the many local voluntary groups and charities on the excellent supportive and preventative work that they provide at present

9. York LINk recommends that NHS North Yorkshire & York commission more preventative services highlighting the dangers of recreational drugs in young people and early intervention services for people who are going through stressful times.

10. York LINk recommends that NHS North Yorkshire & York investigate providing specific services to support young cannabis users.

11. York LINk recommends that York Health Group members (GP's) are made aware of the benefits of asking people about their feelings and providing time to speak about this.

LINk Steering group members were very concerned that approximately 75% of employers' state they would not employ someone with a mental health condition and believe that this must be addressed to give people more of a chance to access the benefits of employment.

12. York LINk recommends that statutory services implement a campaign to highlighting that people with mental health problems are just as capable as other employees and can effectively contribute to businesses.

13. York LINk recommends that statutory services work in partnership to support people recovering from mental health problems to prepare for work and improve their access to employment opportunities.

It is encouraging that the onset of mental illness in people below the age of 14 can be prevented in many cases. However, services must be

available for the most vulnerable such as children and young people from families with a history of domestic violence.

14. York LINk recommends that NHS North Yorkshire & York work with the Independent Domestic Abuse Service to commission appropriate services for children from families with a history of domestic violence.

City of York Council have introduced several measures to support people who are unemployed during the present financial crisis and hopefully this will help to prevent an increase in crime. However, the number of people in prison who have a mental health problem is disturbing and an area that York LINk has not considered in the past.

15. York LINk should make contact with people in Askham Grange Women's prison to ascertain their views on health and social services.

People fear a lack of control over their lives if they experience dementia in old age which is understandable given the number of people with dementia living in residential or nursing homes. There is much more work to be undertaken in the area of investigating services for people with dementia than was included in the PACE.

16. York LINk should establish a York Dementia Group that includes both voluntary and statutory stakeholders to implement the15 recommendations from the National Dementia Strategy that must be delivered within the next five years.

Annex A

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York and Selby Local Implementation Advisory Group (LIAG), Identification of needs for mental health services, December 2008

York Voluntary Sector Mental Health Forum, Annual Report 2008

Appendix 1

Annex A

Public Awareness & Consultation Event

Monday 20 July 2009

Central Methodist Church, St Saviourgate, York, YO1 8NQ

Programme

10.00 – 10.45	What are mental health conditions and services York Mind provide - Mike Beckett, York Mind
10.45 – 11.15	The history of mental health and services Our Celebration provide - David Smith, Our Celebration
11.15 – 11.30	Coffee / tea
11.30 – 12.00	What is Dementia? - Gill Myers, Alzheimer's Society
12.00 – 12.45	Lunch
12.45 – 13.30	Update on what is happening about mental health services in York - John Pattinson, NHS North Yorkshire and York
13.30 – 14.45	Discussion
14.45 – 15.00	Recommendations for the future

Appendix 2

Annex A

City of York Council, Dementia Review (Accessing secondary care), November 2008

This report can be accessed via the City of York Council website:

http://www.york.gov.uk/council/meetings

Annex A

York's Local Involvement Network

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York LINk is a project hosted by North Bank Forum. The North Bank Forum is registered in England and Wales as a Private Company Limited by Guarantee No. 5206464 and a Registered Charity No. 1107013.

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Annex B

YORk LINk

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Councillor James Alexander

Chair Health Overview & Scrutiny Committee

Guildhall

York

YO1 9QN

15/09/2009

Dear Councillor Alexander

Please find enclosed the report from an investigation by York Local Involvement Network (LINk) on neurological services in York.

You will note that the LINk has recommended that the OSC monitors regular reports on the numbers of care staff that has undergone the differing types of training required to care for people with neurological conditions.

The LINk Steering Group members also hope that members of the OSC will wish to join the York Neurology Group to ensure that the standards contained in the NSF for Long Term Neurological Conditions are implemented in York. The first meeting will be on 25th September at 11am at City Mills, Skeldergate.

I will be on holiday until 21 September, but I will attend the OSC meeting on 23 September if you would like further information.

Yours sincerely

.....

Annie Thompson

Partnership Coordinator

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Annex B

Public Awareness & Consultation Event on neurological services

25 June 2009

Supporting your right to the best health and social services in England

September 2009 version 1

Annex B

Contents

Introduction from LINK Steering Group

York LINk (Local Involvement Network) was launched in September 2008 to take over the role of the Patient and Public Involvement in Health Forum (PPI Forum) in the York Area. The PPI Forum was a group of volunteers who inspected health services in York on behalf of public. The main difference between the LINk and the PPI Forum is that the LINk can investigate issues to do with social services as well as health services.

The money to fund LINks comes from the Department of Health and is divided between every Local Authority in England that has responsibility for providing social services. Hence there is a LINk covering North Yorkshire, a separate one for York and one for every area in the country. The City of York Council found a 'Host' organisation to help develop the LINk. The reason for this is so that the LINk is not directly managed by the Council giving the staff and volunteers freedom to investigate services without being influenced by council decisions. The Council chose a voluntary organisation based in Hull called North Bank Forum (NBF).

At the LINk launch event, 18 volunteers agreed to form an Interim Steering Group to agree the constitution containing the rules for the LINk etc before the first Annual General Meeting (AGM). The AGM was held in March 2009 and a Steering Group made up from individual volunteers from York and volunteers who are involved in community groups was established.

The role of members of the Steering Group is to discover what people in the York area think about health and social services and investigate any problem that affect more than one person. When the investigation is complete the LINk can make recommendations to organisations to improve their services. When a report is published it is sent to the organisations concerned with a letter outlining the recommendations. The organisation then has 20 working days to reply to the LINk stating what it proposes to do to implement the change.

The Interim Steering Group decided to use a voting system to prioritise the work of the LINk. A debate on various issues that were referred to the LINk from a variety of sources took place during the AGM. To try to include as many members of the community as possible, and have a recorded process that provided evidence for LINk priorities, the voting document was also sent to registered members and was available on request from the LINk office. The problems experienced by people with

Long Term conditions, including neurological conditions were voted on to the LINk work plan for 2009/10.

Background to the investigation

Various problems experienced by people with neurological conditions were referred to the LINk.

Individuals and groups informed the LINk that the beds for patients with neurological conditions that had been based on one ward in York Hospital were now reduced and this was the cause of many of the problems. It was rumoured that the PCT had cut the funding for the beds, LINk Steering Group members questioned NHS North Yorkshire and York about this and was subsequently informed by the PCT Commissioner that this specific funding had not been cut. The LINk was also informed that people requiring neurological care, in the main, are assisted by community services but may need to be cared for in hospital during times of crisis and possibly at the end of their life. Anecdotal information about problems around 'end of life care' related to the reduction of the neurological beds in one area had also been given to the LINk.

The LINk was informed by patients and their carers that when the neurological beds had been based on Ward 38 the staff gained an insight into the different neurological conditions thus the patients stated they received an extremely good service. Neurology is a specialised area, and every person who has a neurological condition has individual symptoms therefore it is very difficult to train every member of staff on all wards on all conditions.

Personalised care plans for people with long term conditions, such as neurological conditions, are scheduled to be implemented in 2010. New guidance has also been issued to help NHS and Social Services staff to ensure that people who have long term conditions are more involved in decisions about their illness and treatment, including their treatment in hospital. It is widely recognised that people with long term conditions require a great many health and social services and often find difficulty in accessing the services they need at the correct time due to the variability of their condition. NHS guidance states that a care plan must be agreed between the person with the condition, their family or Carer, the NHS and social services staff. This care plan must be accessible for all to read so there is no mistake in what has been agreed (National Service Framework

for Long Term Conditions now renamed National Service Framework for Long Term Neurological Conditions).

During the first meeting with York Foundation Hospital Chief Executive and members of the LINk Steering Group it was discovered that three wards had been closed because the hospital had received a reduction in funding from the PCT. The hospital had applied for Foundation Trust status and one of the conditions is the need to show the organisation is financially sound, meaning the services they intend to provide meet with the amount of funding they will receive. In order to balance the books, a decision was made to reduce the number of wards. The 14 beds specifically for people with neurological conditions that that were based on Ward 38 were reduced to 8 and moved to the Cardiology ward. Some staff were transferred with the patients but many took early retirement or moved to work in another part of the hospital. When the 8 beds on the Cardiology ward are occupied, patients with neurological conditions are allocated a bed within another ward thus patients with neurological conditions are scattered throughout the hospital. Also, staff on the Cardiology ward could not possibly gain the knowledge and experience required to nurse people with long term conditions in a short time so patients experienced an inferior service until this developed. When asked, York Hospital Patient Advice Liaison Service (PALS) stated that no complaints had been received either before or after the neurological beds were moved bringing into question why people complained to the LINk and not PALS.

The LINk was informed that beds for people with neurological conditions would eventually be reallocated to the Stroke Unit. Stroke is classed as a neurological condition therefore the staff should have more of an insight into the nursing skills required on this ward that others. However subsequent information emerged that the Stroke Unit is permanently full and could not accommodate further patients so the future of the neurological beds would come under a ‘Bed Review’ that was being undertaken by the Hospital. There appeared to be much confusion on what was happening with beds provided for people with neurological conditions in the hospital therefore the LINk formally requested to have copies of the minutes of all meetings regarding the ‘Bed Review’ and the time table for this piece of work. However, a written reply was eventually received stating that the ‘Bed Review’ was being undertaken by a

manager in NHS North Yorkshire and York employment. The LINk has formally requested information regarding this but had not received a reply by the time this report was published.

In order to progress matters and discover more evidence, the LINk Steering Group agreed to hold a Public Awareness and Consultation Event (PACE) on services for people with neurological conditions. Speakers from five main neurological charities were invited to speak followed by a general discussion on what is good and bad with the services available (see appendix 1). Invites were sent to individuals and groups involved with neurological conditions and statutory services.

Annex B

Jackie Chapman, Secretary, York Multiple Sclerosis Society Branch

What is MS?

MS is not easy to diagnose due to its complexity – there is no single diagnostic test and other conditions with similar symptoms may need to be ruled out before a final diagnosis can be made.

A Neurologist is always involved in diagnosis – It is now possible to determine if a person has MS after they have had only one occurrence of neurological symptoms, so long as there is evidence of new lesions on an MRI scan at least one month after the first attack

The following are the most commonly used tests and procedures

- **Neurological Examination and History** – questions about past and current symptoms, physical examination to check for abnormalities in nerve pathways involved in movement, reflexes, sensation and vision, looks for changes in vision, eye movements, co-ordination of legs and hands, balance, sensation, speech or reflexes as well as signs of weakness
- **Magnetic Resonance Imaging (MRI)** - to get an image of the brain and spinal cord a person lies in a tunnel like centre of the MRI scanner which takes about 10 - 30 minutes. It is painless. shows changes in the central nervous system in over 95% of people with MS, shows as white areas in the brain
- **Evoked Potentials** – This involves testing the time it takes the brain to receive messages, small electrodes are placed on the head to monitor how brain waves respond, if damaged messages and responses will be slower or weaker , again painless
- **Lumber Puncture** - carried out under local anaesthetic, involves a needle being inserted into the space around the spinal cord in the lower back, a small sample of fluid that flows round the brain & spinal cord is taken and tested. Most people with MS have abnormal proteins in this fluid, this is not carried out as often as it used to be and tends only to be used where diagnosis of MS has not been confirmed by other tests

What Causes MS?

The causes still unknown. Research suggests that a combination of genetic and environmental factors may play a role in its development

Genes and family history. MS is not directly inherited and unlike some other conditions there is no single gene that causes it – it seems likely that a combination of genes make some people more susceptible. While MS can occur more than once in a family it is more likely this will not happen – about 2% chance of a child developing MS where a parent is affected

Environmental Factors. MS more common in areas further away from the equator – relatively common in Britain (very high in Scotland), North America, Canada, Scandinavia, Southern Australia & New Zealand. It is not clear why but it is possible that something in the environment perhaps bacteria or a virus plays a role. No single virus identified but there is growing evidence that a common childhood virus, such as Epstein Barr virus may act as a trigger.

Theory remains unproven and many people who do not have MS have also been exposed to these viruses so just like genes they are unlikely to be the whole story. Some research has also suggested that Vitamin D could be a factor – low levels of Vitamin D have been linked to higher numbers of people developing many different conditions including MS – it could be one of many factors and research into this area continues

Four categories of MS

Benign – mild attacks – does not worsen and no permanent disability – only classified as benign if after 10-15 years after the first onset of symptoms has not worsened – may occasionally develop disability after many years of inactivity – 10% - 30% of people with MS fit this broad description and have had MS many years without major disability

Relapsing Remitting MS – for most people around 85% are first diagnosed with relapsing remitting MS - this means they experience a relapse or flare up. Relapse is defined by the appearance of new symptoms or the return of old symptoms for a period of 24 hours or more, in the absence of a change in core body temperature or infection. Relapses occur when inflammatory cells attack the myelin of specific

nerve fibres, interfering with the job the nerve normally does. Remission occurs when the inflammation subsides and symptoms settle down.

Secondary Progressive MS - many start with Relapsing Remitting and later develop Secondary disability becoming progressively worse. Around 65% of people with relapsing remitting MS will have developed secondary MS within 15 years from onset.

Primary Progressive MS – affects around 15% of people diagnosed with MS. Tends to be diagnosed in older people usually in their forties or later, from outset will steadily get worsening symptoms some people do not have distinct relapse and remissions but experience steadily worsening symptoms – could level off or continue to get worse.

What are the Symptoms of MS?

Very unpredictable - Fatigue, balance problems and vertigo, numbness, tingling, pain, loss of muscle strength and dexterity, stiffness & spasms, anxiety, depression, mood swings, cognitive problems, speech problems, incontinence, sexual problems.

Range from mild to severe, from brief to persistent. Some symptoms are obvious to other people eg walking, others such as fatigue or pain are not, hidden symptoms may be more difficult to understand.

Treatment for MS

Modifying drugs can help to reduce the severity of relapses. Many MS symptoms can be effectively managed using a variety of treatments – OT's, Physio's, continence advisors – psychologists can help with mobility, coordination, continence and memory or concentration problems

Living with MS

Having MS means living with uncertainty and adapting to changing situations. Some people feel relief after diagnosis because they finally understand their symptoms and have a name for their condition, however, shock, fear, grief, or anger are also perfectly natural reactions & it can take several months or longer before these feelings settle down. Adapting to life with MS can take some time and for many people involves compromise and adaptation but with a generally positive attitude and appropriate health and social care most people manage their condition well.

Healthy Eating = well balanced diet, low saturated fats – many diets are sold to people with MS - these tend to restrict or eliminate certain food groups or require certain supplements to be taken – can be very expensive and may be dangerous if followed without medical supervision - very little scientific evidence is available to support these MS diet claims – consult before doing it

- Exercise benefits – consult a health care professional before starting
- Stem Cell – lots of research going on
- Environment – sensitive to heat and humidity although some like it hot
- Infections – consult re immunisation such as flu – always discuss with your doctor, consultant or MS Nurse

MS has now been diagnosed in children as young as four using MRI scanners so the condition does not just affect people in the 25-40 age brackets.

Doreen Forster, Specialist Nurse York Against Motor Neuron Disease

What is MND?

Motor Neurone Disease (MND) is a progressive neurodegenerative disease that attacks the upper and lower motor neurones. Degeneration of the motor neurones leads to weakness and wasting of muscles, causing increasing loss of mobility in the limbs, and difficulties with speech, swallowing and breathing. In recent years there is evidence to suggest the incidence of Motor Neurone Disease (MND) is increasing. This could possibly be due to more accurate diagnostic testing. Also, as people are generally living for longer, the incidence of a disease more common in older people will continue to increase.

MND Statistics

Motor Neurone Disease is not infectious or contagious. It can affect any adult at any age but most people diagnosed with the disease are over the age of 40, with the highest incidence occurring between the ages of 50 and 70. Men are affected approximately twice as often as women. The incidence or number of people who will develop MND each year is about two people in every 100,000. Seven people in every 100,000 are living with MND in the UK at any one time.

Diagnosis

Blood Tests - A blood test will be looking to see if there is any rise in a creatinine kinase. This is produced when muscle breaks down and can occasionally be found in the blood of people with MND. It is not specific for MND and may also be an indicator of other medical conditions.

Electromyography (EMG) - The EMG test is sometimes called the needle test, because fine needles are used to record the naturally-occurring nerve impulses within certain muscles, recordings are usually taken from each limb and the bulbar (throat) muscles. Muscles, which have lost their nerve supply, can be detected because their electrical activity is different from normal healthy muscles.

Nerve Conduction Tests - This test may be carried out at the same time as the EMG. An electrical impulse is applied through a small pad on the skin; this measures the speed at which your nerves carry electrical signals.

Magnetic Resonance Imagery (MRI) scans – The MRI scan will not diagnose Motor Neurone Disease, the damage caused by this disease does not show up on this scan but it is used as a tool for eliminating other conditions which can mimic symptoms of MND.

Other tests - The neurologist may request other tests such as a lumbar puncture or muscle biopsy if the clinical findings indicate they could be useful, but they are not always used as diagnostic tools for MND.

Different Types of MND

There are four main types of MND, each affecting people in different ways. There can be a great deal of overlap between all of these forms, so in practise it is not always possible to diagnose a specific type.

Symptoms

The main symptoms are:

Pain - Pain and discomfort are not caused directly by the MND but usually due to the cramped positions people are left in. The muscle cramps and spasms can be relieved by changing position. Stiff joints can be helped with gentle exercise.

Incontinence and bowel problems - Incontinence may occur if mobility is restricted and getting to the toilet becomes more difficult. The bowel may become constipated due to restricted mobility and/or changes to diet. Diarrhoea may be the overflow from a severely constipated bowel.

Saliva and mucous - When swallowing becomes a problem an excess of saliva may pool in the mouth or it becomes thick and sticky. Food or saliva becomes becoming lodged in the person's airway resulting in coughing and feeling of choking.

Breathing - Eventually the breathing muscles will become affected by the MND. When this happens a breathing assessment from a respiratory consultant is necessary.

Cognitive changes - For most people there will be no cognitive involvement, however approximately 20% of people will undergo some degree of difficulty or personality change. This may be very mild and will probably go un-noticed, but for others the personality change may be quite marked.

Complimentary Therapies

Complementary therapies work in conjunction with conventional medicine. The treatments are becoming increasingly available on the NHS, with many general practices providing access to complementary therapy. Many of the therapies concentrate on relieving stress and anxiety by relaxing the mind and body.

There is currently no treatment or cure for MND so people must be kept as comfortable and pain free as possible.

Annex B

Linda Poole, Influence & Service Development Officer, Parkinson's Disease (PD) Society

What is PD?

PD is a progressive neurological condition affecting movements such as walking, talking, and writing. It is named after Dr James Parkinson the London doctor who first identified Parkinson's as a specific condition.

PD occurs as result of a loss of nerve cells in the part of the brain known as the substantia nigra. These cells are responsible for producing a chemical known as dopamine, which allows messages to be sent to the parts of the brain that co-ordinate movement.

Symptoms

The symptoms of PD can be classified as motor and non-motor. Motor symptoms define PD has three primary features:

- **Tremor** - which usually begins in one hand. This is the first symptom for 70% of people with Parkinson's
- **Slowness of movement (bradykinesia)** - people with Parkinson's may find that they have difficulty initiating movements or that performing movements takes longer.

- **Stiffness or rigidity of muscles** - problems with activities such as standing up from a chair or rolling over in bed may be experienced.

Various non-motor symptoms may also be experienced, for example: sleep disturbances, constipation, urinary urgency, depression

Treatment

As there is no cure for PD at present, drugs are used to try to control symptoms. The main aims of drug treatments are to:

- increase the level of dopamine that reaches the brain
- stimulate the parts of the brain where dopamine works

In most newly diagnosed people considerable improvements can be achieved by careful introduction of anti-PD drugs. As PD is a very individual condition response to medication varies from person to person and not every medication will be considered suitable for everyone.

When patients don't get their medication on time their Parkinson's symptoms become uncontrolled and they can become very ill. If a person with Parkinson's is unable to take their prescribed medication at the right time, the balance of chemicals in their brains can be severely disrupted – leading to the symptoms of the condition becoming uncontrolled.

Prognosis

PD is both chronic, meaning it persists for a long time, and progressive, meaning the symptoms grow worse over time. Although some people become severely disabled others experience only minor symptoms.

Jo Rudland, Assistant Regional Services Manager, The Stroke Association

What is a Stroke?

A brain attack, caused by an interruption of the blood supply to the brain. This can be due to a blood clot that blocks the flow of blood to the brain or bleeding in or around the brain from a burst blood vessel

What is a TIA?

A Transient Ischaemic Attack or mini stroke is temporary and can last a few minutes or hours. It usually resolves within 24 hours but is a warning sign, don't ignore it.

What is the prevalence of Stroke?

Approximately, 150,000 people have a stroke in the UK each year which is 1 person every five minutes. Most people who have strokes are over 65 but 1000 will be under the age of 30. Babies and children have strokes as well. Stroke is the third most common cause of death. 250,000 people in the UK live with disabilities caused by stroke.

The symptoms of stoke is a sudden onset of numbness, weakness of the face, arm or leg on one side of body. Slurred speech, or difficulty finding words or understanding spoken language. Sudden blurred vision or loss of sight with dizziness, unsteadiness or a sudden fall.

The effects of stroke, depends on part of brain affected. It can cause weakness on the opposite side to stroke but all strokes are different and can be mild or severe. The left side of brain governs talking, understanding, reading and writing and the right side handles perceptual

skills, making sense of what we see and hear and touch plus spatial skills e.g. distance and speed. Swallowing can be affected and an assessment by a Speech and Language Therapist is required. Reading and writing may be affected as well as loss of balance, tiredness and memory and concentration.

The risk factors for stroke are:

- High blood pressure
- Medical conditions
- Smoking doubles the risk
- Binge drinking (more than six units in six hours)
- Diet, high salt, saturated fat
- Inactivity

We can reduce the risks by have a regular blood pressure check. Reducing our salt intake and eating 5 portions of fruit and vegetables. We should also limit the amount of fat we eat, drink sensibly, stop smoking and increase our activity.

The National Stroke Strategy contained in the National Service Framework (NSF) for Stroke sets a framework of 20 quality markers for raising the quality of stroke prevention, treatment, care and support over the next decade.

Annex B

Andrew Kent, Secretary, Epilepsy Action York Branch

What is Epilepsy?

Epilepsy is defined as a tendency to have recurrent seizures (sometimes called fits). A seizure is caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming halted or mixed up.

Types of Seizures

There are over 40 different types of epilepsy and many different types of seizures. The two main types of seizures are Partial Seizures and Generalised Seizures.

Partial Seizures affect only a small part of the brain.

Simple Partial Seizures is when a person is alert and conscious but performs motor movements such as arm jerks or can smell or sense things that are not present. The symptoms depend on which area of the brain the seizure is located. Some people have been charged with shoplifting when experiencing a simple partial seizure because they are aware of what is going on but they cannot stop the activity because the brain not the person is in charge.

Simple Partial Seizures can develop into Complex Partial Seizures which is when the person still performs the activity described above but they are not aware of what is going on. This can last for a second or a few minutes and is often unrecognised as people think they are clumsy or ignorant.

Complex Partial Seizures can develop into Generalised Seizures that affect the entire brain.

There are different types of **Generalised seizures**:

Absence Seizures – often seen in children. The person is seen to be staring or blinking and loses consciousness for a few seconds

Myoclonic Seizures – The person is seen to be jerking a part of their body but not conscious

Tonic Seizures – this is when the person goes stiff and drops to the ground but does not convulse. People who have Tonic Seizures always

fall face down and they drop instantly not take a few seconds to fall as most people will do.

Atonic Seizures – this is when the person goes immediately limp and falls to the ground. This looks like a rag doll falling.

Tonic-Clonic Seizures (used to be called Gran Mal) – this is the classic tonic (going stiff) then convulsing (thrashing about) seizure that everyone recognises as epilepsy.

Living with Epilepsy

Epilepsy changes a person's life because if you display any of the symptoms described above people think you are strange. Or if you display altered awareness people think you are on drugs or have an alcohol problem. Epilepsy is the most common neurological condition affecting approximately 1 person in the average street in Britain. However, most people hide the fact that they have the condition due to the stigma given to it by the general public. Over 75% of people who have epilepsy are controlled by medication. Another 5 % are partially controlled with breakthrough seizures occurring infrequently but the remaining 20% of people are severely affected by the condition. These are the people that are affected by lack of awareness from health and social services.

Annex B

Evidence the LINk gained before, during and after the event:

Evidence	Source
Fatigue and bladder control are the most distressing symptoms for people with MS but this is not well understood by nursing and medical staff in York Hospital so people get left in wet beds and say they are 'put down' for not helping themselves.	Presentation from Jackie Chapman at PACE June 2009
It has been proven that a 6-8 week intensive exercise programme helps most people with MS. Woodlands MS Resource Centre could provide this because they have a full time MS Physiotherapist but who will pay?	Presentation from Jackie Chapman at PACE June 2009
Patients are now admitted to different wards in York hospital but 'staff have little or no understanding of MS or MND'. Patients and families find this very distressing. People reported that staff have said things such as "you are lazy, you must try to help yourself". "Why are you so lethargic".	Referred from member s of the public to LINk, March – June 2009
One person stated that her mother, who had MS, received excellent nursing care in one of the Elderly Care wards.	Discussions at Tenants & Residents meeting April 2009
The good practice guide for long term neurological conditions published in 2008 states that better outcomes for people with long term neurological conditions can be achieved by a 'workforce that has the right skills, knowledge and competence'.	Good Practice Guild for Long Term Neurological conditions, DH, 2008

There is a lack of suitable equipment. It is vital that MND patients have a comfortable recliner chair, preferably a riser /recliner due to weak neck muscles and lack of upper body strength. People with MND should never be sat in the high upright chairs commonly used in the hospital.	Presentation from Doreen Foster at PACE June 2009
One person refused to get out of bed whilst in hospital because he could not cope with the discomfort in the upright high chairs. The pain people experience is terrible and the positions they are sat in can lead to complications such as a further loss of mobility, chest infections etc. This particular person got a chest infection and died, his family were 'very upset because staff did not understand the need for correct seating'.	Referred from family member of person that died with MND to LINk, April 2009
York Hospital employs Specialist Nurses for many neurological conditions and they visit wards and explain to staff about the care patients require. However, 'one person was transferred around three wards in three days therefore the chance to educate staff is slim'. This is not the first time this has happened. Patients with MND and MS are very vulnerable and their families are very distressed by all of this moving about.	Referred from family member of person with MND to LINk, Feb 2009
Several people reported that they will never go into York Hospital again because the lack of understanding and knowledge of MND. Other people have said this and have kept to it, missing out on necessary interventions because of it and therefore dying sooner than they otherwise would have. One lady was terrified of going back, so much so that in her last few days she was even terrified of going to the hospice, until she arrived and spent her last few days. In the end she was	Referred from family member of person who died with MND to LINk, Jan 2009

happy that she was admitted because everyone was so kind and understanding, "not like the hospital". A sad indictment.	
There is a difficulty in obtaining Disabled Facilities Grants. Due to the length of time taken for means testing, applying and being granted these funds; some people die before the money is available or the alterations are complete.	Presentation from Doreen Foster at PACE June 2009 and Discussions at Tenants & Residents meeting April 2009
Due to the length of time it takes to get an appropriate wheelchair, people are often kept indoors for too long. After numerous calls to the department for an assessment, someone died after weeks of being stuck with an unsuitable wheelchair. The chair was too small so the person was unable to sit in it. Another person waited nine months for a wheelchair and again died before this was delivered.	Information gained from discussions with people via York against MND society, Nov 2008
What is needed is experienced carers in the community who can handle end of life care. They also need to be able to use equipment such as hoists and understand the medications so people can die in comfort in their own homes.	Referred from family member of person who died with MND to LINk, Jan 2009
The main problem for people with PD is that they currently have their medication removed from them when they are admitted to York Hospital. These people need to take their medications at the correct time but staff are often too busy to remember.	Presentation from Lynda Poole at PACE June 2009
The facilities for stroke patients in York Hospital are very good and most of the standards contained in the Stroke NSF have been reached.	Presentation from Jo Rudland at PACE June 2009

There are two wards, one ward is for acute patients who have just experienced stroke and the other is for patients who are rehabilitating. A problem is that patients who are rehabilitating are nursed in a hospital ward therefore they have an increased risk of infection. There should be a community rehabilitation unit for people with stroke such as at White Cross Court or St Helens.	Discussion with member of York Hospital medical staff during community group meeting April 2009
In general services for people who have epilepsy are good but medical staff, including Neurology Consultants, need to take more time with consultations and listen to patients more. The general public need to realise that people who have epilepsy are not stupid, ignorant or slow.	Discussion with members of Epilepsy Action York Branch, April 2009
Accident and Emergency staff in particular need training on the different types of seizures and how to look after someone who is having one. The 'passport' system may help with this – if they take the time to find and read it.	Discussion with members of Epilepsy Action York Branch, April 2009
As branded drugs get older, they cease to be protected by patent. Once this happens, they can be 'copied' and produced slightly more cost effectively. These drugs are called 'Parallel Imports'. It is vital that people who have epilepsy do not swap between branded and parallel imports as often the slightest variation will result in a seizure.	Discussion with members of Epilepsy Action York Branch, April 2009

Recommendations from the LINk:

The MS society run an MS cafe once per week, and provides transport to enable people to attend. However, this takes a fair amount of money to fund, if the costs etc could be shared with the other neurological charities more people could benefit. It therefore makes sense that everyone should join up with each other to try to make things better.

1. **York LINk should help to form a 'York Neurology Group' to bring people interested in all neurological conditions together to identify problems, highlight good practice and work with health and social services.**

People with most neurological conditions have suffered as a result of the designated ward being closed in York Hospital. There are also other ongoing problems such as the lack of recognition given to Carers which could be resolved by implementing the standards contained in the National Service Framework (NSF) for Long Term Neurological Conditions. The staff on the Cardiology Ward have now increased their knowledge and experience in how to treat people with neurological conditions, so the services have improved over time. However, the lack of an informed workforce in York Hospital appears to be the cause of much of the problems experienced by patients such as improper use of chairs etc.

2. **York LINk recommends to NHS North Yorkshire & York and York Hospital that a ward designated for people with neurological conditions is made available, with the necessary equipment.**

3. **The LINk should also work with the York Neurology Group, York Hospital staff, Social Services and NHS North Yorkshire & York to establish Local Implementation Teams (LITs) for all the NSF for Long Term Neurological Care standards.**

Many people experience problems being diagnosed with neurological conditions such as epilepsy and ongoing problems due to GP's lack of in-depth knowledge about the conditions. The Darzi review recommended that people are given 'information prescriptions' when they are diagnosed. These prescriptions should contain information about the condition as well as the contact details of local voluntary groups that people can access for ongoing support if they wish.

4. **York LINk recommends to GP's via the York Health Group that an information event such as the LINk PACE day is made**

available for GP's to enhance their knowledge of the various neurological conditions.

5. **York LINk also recommends that GP's provide 'information prescriptions' to all patients when necessary.**

Many problems that people with neurological conditions experience are as a result of staff not being aware of their fluctuating condition. Nurses and Care staff are often not given the initial training required to nurse people with specialised conditions and many would be horrified that they had treated people inappropriately. However, Hospital and Social Services managers and must recognise that this lack of knowledge does impact on the care given to patients/clients. The MS Society has produced a 'Passport' that provides information on individual peoples conditions that may help. York LINk should work with the people on the York Neurology Group to agree which information needs to be included in a 'passport'.

6. **York LINk recommends to all concerned that the neurological charities work together to provide a programme of training on neurological conditions and this be made available to all hospital and community based staff and student nurses at York University. Particular in-depth training on Epilepsy should be provided to staff working in the A & E department.**

7. **York LINk recommends to statutory services that a 'Passport' be used for neurological patients in York Hospital, Primary Care and Social Care services.**

Carers and families that have lost loved ones with neurological conditions should be offered the opportunity to undertake a 'Carer's Post Bereavement Course' that includes access to benefits etc.

8. **York LINk recommends to all statutory services that a 'Carer's Post Bereavement Course' should be jointly funded and made available.**

The problems experienced by people with PD accessing medications at the correct times and people with epilepsy being prescribed and given the correct medications by pharmacist must be addressed.

9. **York LINk recommends that lockers for patient medications should be installed in all wards in York Hospital so specifically patients with PD can self-medicate while an in-patient.**

10. **York LINk recommends to NHS North Yorkshire & York that GP's should agree a protocol with pharmacists so patients**

with epilepsy receive the medications on which they are commenced, whether they are branded or a parallel import.

The problems of suitable equipment such as recliner chairs, wheelchairs etc being available to people with neurological conditions at the time of need must be addressed.

11. **York LINk recommends that a protocol be drawn up between NHS North Yorkshire & York and Social Services to ensure that a fast-track system is in place that meets the needs of people when equipment is required.**

12. **York LINk recommends that CYC Social Services department looks at the time taken to obtain Disabled Facilities Grants to ensure that no one is kept waiting.**

The training of all Home Care workers must be made more effective and fit for purpose. A robust system for ongoing monitoring would be beneficial.

13. **York Link recommends to CYC Social Services that a programme of intense training including aspects of end of life care is in place for all Home Care Workers.**

14. **York LINk recommends to City of York Council Health Overview and Scrutiny Committee that they monitor regular reports on how many members of staff have undergone the differing types of training.**

The services for people who experience a stroke are reported to be very good in York Hospital and this must be recognised. However, people who are rehabilitating from Stroke need to be cared for in the most appropriate setting. It is well known that hospital wards are not germ-free and the feeling of loss of empowerment people experience as in-patient is also well documented.

14. **York LINk should congratulate York Hospital on their acute stroke services.**

15. **York Link recommends to NHS North Yorkshire & York that they commission rehabilitation services for stroke patients in a more germ-resistant community setting outside a hospital ward.**

Annex B

Bibliography

Department of Health, Essence of Care, Benchmarks for Promoting Health, London 2006

Department of Health, Concise Guidance to Good Practice: Number 10 Long term neurological conditions at the interface between neurology, rehabilitation and palliative care, London 2008

Department of Health. The National Service Framework for Long Term Conditions, London 2005

Skills for Health, Long Term Neurological Conditions, A good practice guide to the development of the multidisciplinary team and the value of the specialist nurse, Manchester 2008

Annex B

Appendix 1

Public Awareness & Consultation Event

Thursday 25 June 2009

Central Methodist Church, St Saviourgate, York, YO1 8NQ

Programme

10.00 – 10.30	What is MS? Jackie Chapman, MS Society York
10.30 – 11.00	What is Stroke? Jo Rudland, Stroke Association
11.00 – 11.15	Coffee / tea
11.15 – 11.45	What is MND? Doreen Forster, York Against MND
11.45 – 12.15	What is Parkinson's? Linda Poole, Parkinson's Disease Society
12.15 – 13.00	Lunch
13.00 – 13.30	What is Epilepsy? Andrew Kent, Epilepsy Action York Branch
13.30 – 14.45	Discussion groups
14.45 – 15.00	Recommendations for the future

Please note that all speakers will give details about the problems people with the conditions experience. No lunch will be provided at this event but tea / coffee will be available for anyone who wishes to bring their own sandwiches.

LINk meetings are open to the public

Everyone is welcome to attend

York's Local Involvement Network

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Health Scrutiny Committee **23 September 2009**

Report of the Head of Strategic Partnerships, City of York Council

Local Involvement Networks (LINks) – Progress Update

Summary

1. Members of the Health Scrutiny Committee received a report and presentation in February 2009 about the progress in establishing a Local Involvement Network (LINk) for the City of York.

2. This report is for information only and updates the Health OSC (Overview and Scrutiny Committee) on current progress. It also outlines the steps and measures that need to be taken to ensure that LINks establishes an effective working relationship with the Health Scrutiny Committee and other key strategic partnerships. This is particularly important during the 2009/10 financial year as the LINk begins to deliver its workplan. A representative of the LINk will attend the Health OSC to give a verbal progress report.

Background

3. LINks are the independent, formally constituted bodies that have replaced the Patient Forums, previously attached to all local NHS trusts.

4. LINks differ from previous systems in that they are based on broad networks rather than on small specialist groups, involving representatives from organisations as well as individuals, and addressing issues across health and social care rather than focusing on individual organisations or services.

5. Government legislation requires local authorities to commission a Host organisation to enable, support and facilitate the LINk in it's activities. As a result of a tender exercise, North Bank Forum for Voluntary Organisations was the successful Host organisation commissioned to provide the LINk and were awarded a three year contract which commenced on the 1 April 2008.

6. LINk was launched in September 2008. An Interim Steering Group was established and governance arrangements for the LINk identified and agreed. Protocols covering complaints, membership, standards of conduct and expenses have also been established.

7. Work was undertaken on profiling of the local community, its health needs and current service provision. Existing community networks and engagement mechanisms were identified and current consultation and commissioning activity

mapped. Work was also undertaken to look at how the LINk will complement existing networks and partnerships and identify hard to reach groups.

8. The LINk received publicity in the local media and a number of individuals have referred problems for inclusion in the workplan. Items were also referred to the LINk by voluntary sector groups

9. The inaugural LINks AGM was held in March 2009. A LINk Steering Group was established, which is currently comprised of six community representatives joined by five nominees from the various community / voluntary forums in the City. The Steering Group feeds back to a group of ward committee representatives and wider community representatives. There are 13 members on the wider committee so far.

10. LINk sub groups have also been established including a LINk Readers Panel (who will look at publications produced by statutory and voluntary agencies to check that they are easy to understand). A LINk Expert Panel has also been developed to undertake the 'enter and view' facility and to contribute to the workplan.

11. The LINks workplan covers 5 key areas including; dignity and respect in health and social care; the future of mental health services in York; planning and buying of care services; implementation of an End of Life Care strategy; provision of hospital facilities for people with long-term conditions such as neurological conditions.

12. In each of these cases Public Awareness and Consultation Events (PACE) have been held or are soon to be held. As a result of public feedback at these events, and the further investigations of the LINk into these issues, a series of final reports will imminently be arising - which will be presented to key commissioning bodies and other strategic partners.

13. The local authority has so far carried out five quarterly monitoring visits with Host staff and LINk officers over the course of the 2008/09 and 2009/10 financial year. Financial accountability has been monitored and achievement of various milestones and targets have been investigated. All have been satisfactory so far. It has been agreed with the host that going forward it will be essential to:

    - address the visibility of the LINk and continue to ensure the LINk is representative of the population it serves.
    - deliver against the Work Programme, in a way that is joined-up with other key strategic partners in York
    - ensure that the LINk makes a difference to the delivery of health and social care in York and that the 'voice' of the LINk is being heard

Consultation

14. As it begins to develop its own workplan, consultation between the LINk, the Health OSC and other strategic partnerships in the City is key. Following a LINks workshop held on 17th November 2008, representatives of the Health OSC, CYC, LINk and Healthy City Board met in January 2009 to discuss these matters further.

15. Overarching issues of co-ordination between all key partners were addressed at the meeting, including the role and remit of:

- PCT Clinical Board
- Hospital Foundation Trust
- LINks
- Chapter 10
- Health City Board
- Health OSC

17. It was agreed that a co-ordinating function was required across the City in order to determine which agency addresses a particular health issue or matter as it arises.

18. The guidelines for each constituent player are still not completely clear at present, and further joint work planning needs to occur, particularly with the Chapter 10 Group (recently renamed SHINEY – Social & Healthcare Information Network & Engagement York Group), the Healthy City Board and key voluntary sector agencies in the City such as York CVS.

19. However, in terms of emerging work plans there has been good evidence of establishing shared intelligence, information and agreed responsibilities between the LINk and the Health OSC.

20. A meeting was held between the LINk and the Chair & Vice-Chair of the Health OSC on 17th August 2009, primarily concerning LINks input in Health OSC feasibility studies.

21. Feasibility studies are presently conducted to gather information on newly registered scrutiny topics. This study is then presented to the Health Scrutiny Committee to enable them to make an informed decision on whether a scrutiny review should go ahead or not. Discussions were held around consulting 'LINk experts' and this was generally agreed to be a good idea. LINk experts are now acting as consultees, and feed information into those feasibility studies via the Scrutiny Officer.

22. An update on the LINks workplan was also provided – as mentioned in paragraph 12 final reports for some elements of the workplan will be available from various Public Awareness & Consultation Events (PACE). It was agreed that in the first instance the Committee should see these, especially as some of the recommendations may directly affect them. The first ones to be ready would be regarding Mental Health and Neurological Services and these were added to the work plan for 23rd September Health OSC meeting.

Options / Analysis

23. This report is for information only.

Corporate Priorities

24. There are no implications in this area

Implications

25. **Financial** – There are no implications in this area.

26. **Equalities** – There are no implications in this area.

27. **Legal** – There are no implications in this area.

28. **Crime and Disorder, Human Resources, Information Technology** – There are no implications in this area.

Risk Management

29. In compliance with the Council's risk management strategy. There are no risks associated with the recommendations of this report.

Recommendations

30. Members are asked to note this information report and consider how the work of the LINk and OSC can be co-ordinated to ensure maximum effectiveness.

31. Reason: In order to remain up to date on the health and well-being of the citizens of York.

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Report Approved , **Date** 14 September 2009

Report Approved **Date**

Wards Affected: **All** ,

For further information please contact the author of the report

Background Papers:

None

CITY OF YORK COUNCIL

Health Overview & Scrutiny Committee 23rd September 2009

Feasibility Report – Childhood Obesity

Summary

1. At a meeting of the Health Overview & Scrutiny Committee held on Wednesday 8th July 2009 Members of the Committee were presented with a report regarding the Corporate Strategy Key Performance Indicators relevant to the remit of the Committee.

2. Discussions raised some concerns regarding two of the National Performance Indicators (NPI); namely NPI55 (obesity among primary school age children in Reception Year) and NPI56 (obesity among primary school age children in Year 6). In light of this Councillor Susan Galloway registered a scrutiny topic regarding obesity levels in children. A copy of the topic registration form is attached at Annex A to this report.

Criteria

3. Councillor Galloway has identified the following criteria as being relevant to this topic:

   - Public interest (i.e. in terms of both proposals being in the public interest and resident perceptions)
   - In keeping with corporate priorities
   - National/local/regional significance e.g. a central government priority area, concerns joint working arrangements at a local 'York' or wider regional context.

4. The Assistant Director (Partnerships & Early Intervention) agrees that this topic fits with the identified criteria.

Consultation

5. The following people were consulted as part of the feasibility process and comments received are set out in Annex B to this report:

   - Executive Member for Children's Services
   - Executive Member for Housing & Adult Social Services
   - Director of Housing & Adult Social Services
   - Assistant Director (Partnerships & Early Intervention)

- LINks Steering Group
- Various representatives of York Hospitals Trust
- Various representatives of NHS North Yorkshire & York

Analysis

6. The majority of the comments outlined in Annex B to this report indicate support for progressing this topic to review. Many of the comments indicate that childhood obesity is currently a matter of public interest and there would be much merit in the Health Overview & Scrutiny Committee undertaking some work surrounding this.

7. In York, the issue of obesity is currently being tackled from a variety of directions and by a number of partners and the scrutiny process could be a good way of taking stock of all/or some of these initiatives. It could also give the Committee an opportunity to do some focussed work on how the current initiatives are faring in tackling the problem of childhood obesity within the local area. In addition to initiatives targeted at children (such as 5 a day, healthy eating and 30 minutes PE provision) there are also several groups looking at childhood obesity and healthy lifestyles and these are detailed below:

   - The Healthy Weight, Active Lives Strategic Implementation Group whose aim is to reverse the rising tide of obesity and overweight in our local population by ensuring that everyone is able to achieve and maintain a healthy weight.

   - The All Together Better Project North Yorkshire & York is one of 17 projects within the Altogether Better Programme, funded by the Big Lottery Fund in the Yorkshire & Humber region. Altogether Better is a 5-year well-being programme to help individuals and communities to eat more healthily, be more physically active and improve their mental health. The project will operate in two local authorities where a total of 12 wards have been identified as meeting the criteria for involvement – Scarborough Borough (8 wards) and York (4 wards [Westfield (Foxwood), Clifton, Guildhall, Heworth/Hull Road (Tang Hall]).

   - MEND (Mind, Exercise, Nutrition …Do it!). This is an organisation that is dedicated to reducing global childhood and family overweight and obesity levels. They are a social enterprise, working with local, regional, national and international partners to achieve a shared vision of fitter, healthier and happier families.

8. In addition to these the Health Improvement Manager (obesity) at NHS North Yorkshire & York highlighted other factors that may have an impact on obesity such as road networks, location of shops, number of fast food outlets (see paragraph 7 of Annex B to this report for further details).

9. The Comments received raised some concerns regarding the possible breadth of the subject and it was therefore suggested that the remit remain

focussed and not try to cover all areas that may have an effect on childhood obesity. The Director of Housing and Adult Social Services comments that there would be some justification to touch on adult obesity as well, especially in relation to continuity (see his comments in Annex B to this report).

10. Further information published by the Centre for Public Scrutiny is attached at Annex C to this report. This provides a variety of information that Members may find useful in coming to a decision on whether to progress this topic to review. Reviews on this topic have been undertaken in several other Local Authorities and the information in Annex C outlines some of these.

Conduct of Review

11. Should Members choose to proceed with this review Councillor Galloway suggested that they look at the following areas:

    - The impact that initiatives such as PE provision, Healthy Eating, 5 a day have had on childhood obesity
    - The impact that the 'All Together Better' Campaign is having on the health of the communities it is targeting. The campaign covers other areas in North Yorkshire and some comparison work with other areas could be undertaken.
    - Whether monies being spent on the various initiatives is being used to the best advantage.

12. Whilst the topic is aimed primarily at obesity in children, it should also cover measures to tackle obesity in adults.

13. If the review were to go ahead Members may wish to consider consulting the following:

    - Relevant persons from the Local NHS Trusts (there is a dedicated lead for obesity at NHS North Yorkshire & York [Greg McGrath] and he should be involved in any review undertaken).
    - Relevant Officers from the City of York Council
    - LINks
    - Schools
    - Local Residents

14. Members have the option of forming a small cross-party task group to undertake any review that they choose to progress. This may have the advantage of giving Members further scope to work more immediately and flexibly on a review topic. All evidence gathered by a task group is regularly reported back to the Health Overview & Scrutiny Committee for consideration.

15. Members will also need to take into consideration commitments already in their work plan and decide where any review would be best placed.

16. Should this be progressed to review the topic registration form indicates that this ought to take between 3 to 6 months.

Corporate Strategy 2009/2012

17. The contents of this report and any review that may be undertaken on the subject of childhood obesity would be directly linked to the 'Healthy City' theme of the recently refreshed Corporate Strategy.

Implications

18. **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.

19. **Human Resources** – There are no Human Resources implications associated with the recommendations within this report.

20. **Legal** – There are no direct legal implications associated with the recommendations within this report; however implications may arise should the topic be progressed.

21. There are no known equalities, property, crime & disorder or other implications associated with the recommendations in this report.

22. In general terms, the Assistant Director (Partnerships & Early Intervention) commented that he could not see that there would be any implications associated with this topic at the present time; he felt that any recommendations arising would be more likely to address prioritisation of existing resources rather than calling for more.

Risk Management

23. In compliance with the Council's risk management strategy there are no risks associated with the recommendations in this report.

Recommendations

24. Based on the evidence presented within this report Members are advised to proceed with this review in order to explore the points raised within the topic registration form and the comments in Annex B. It is suggested that a cross party task group be set up to undertake the work and that the review begin as soon as possible. If Members agree the Task Group would need to spend their first meeting scoping and timetabling the review.

25. In making the above recommendation, the overall aim for this review was recognised with a number of key objectives. A draft remit is attached at

Annex D to this report. Members are asked to make any appropriate changes prior to approving the remit.

REASON: That childhood obesity is currently a topic of considerable public interest and any findings the Committee may make could go towards improving the health and lifestyles of the young citizens of York.

Contact Details

Author:	**Chief Officer Responsible for the report:**
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Feasibility Study Approved	✓	**Date**	11.09.2009

Specialist Implications Officer(s)

None

Wards Affected:		**All**	✓

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A	Topic Registration Form
Annex B	Comments from Consultees
Annex C	Centre for Public Scrutiny – Library Monitor 9 – Childhood Obesity
Annex D	Draft Remit

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Annex A

Scrutiny topic registration form

Fields marked with an asterisk * are required.

* Proposed topic:	Obesity levels in children
* Councillor registering the topic	Galloway - Councillor Susan Galloway
Submitted due to an unresolved 'Cllr Call for Action' enquiry	☐

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.

	Yes?	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)	☑	☐	☐	☐
Under Performance / Service Dissatisfaction	☐	☐	☐	☐
In keeping with corporate priorities	☑	☐	☐	☐
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	☑	☐	☐	☐

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

Annex A

There are two national indicators for childhood obesity to which the Council has signed up - NPI55 and NP156 (obesity among primary school age children in Reception Year and in Year 6). There are initiatives around healthy eating, five a day, 30mins of exercise 5 times a week etc to which both ourselves and NHS North Yorkshire and York have committed. I am interested to know whether these initiatives are having any effect and whether or not the money, which is being spent, is being used to the best advantage. I am also interested in the amount of money, which the NHS commits to tackling obesity through monies given to the community/Council.

* Please explain briefly what you think any scrutiny review of your proposed topic should cover.
The impact that initiative such as PE Provision, Healthy Eating, 5 a day have had on childhood obesity.
Whilst the topic is aimed primarily at obesity in children, it should also cover measures to tackle obesity in adults

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

There is a dedicated lead at the NHS for obesity called Greg McGrath. There is also the lottery funded All Together Better Campaign which the NHS leads on and which is also targeting money at specific Wards to address healthy eating issues and the impact this is having on the health of those communities should be investigated. This also covers other areas in North Yorkshire i.e. Scarborough so there could be some interesting comparison work - Suzanne Carr is the lead at the NHS for this work.

Local NHS Trusts, Relevant Officers within City of York Council, LINks

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

The review might be undertaken by oral and written evidence from the Council and from partners.

Estimate the timescale for completion.

☐ 1-3 months

Annex A

- [x] 3-6 months
- [ ] 6-9 months

Support documents or other useful information

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Warning: This item is published and cannot be updated
Date submitted: Wednesday, 22nd July, 2009, 10.23 am

Submitted by: Councillor Susan Galloway

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Annex B

Consultation Comments

1. Councillor Carol Runciman – Executive Member for Children's Services

I am happy to support this scrutiny topic. It is an important and relevant subject that is of current concern and will give the opportunity to gather evidence from a number of agencies working in this field. I look forward to receiving the resulting recommendations.

2. Paul Murphy - Assistant Director (Partnerships & Early Intervention) Learning, Culture & Children's Services

We think it would be an excellent scrutiny topic - in that it is clearly a matter of public interest and yet is containable in terms of its scope. It touches on several agendas - healthy city, learning city - and involves partnership working across health, local authority and third sectors. The topic is certainly feasible & worthwhile and is very much a current issue that has come to the top of the policy agenda relatively recently. It is being tackled from a variety of directions by a number of partners and it would be worth using the scrutiny process to take stock of all of this.

On the assumption that officers' involvement would be confined to provision of information and oral evidence, we think the resource implications would be containable and would assign lead responsibility within the Directorate to the Children's Trust Unit should any review go ahead.

We regard the Children's Trust Unit, managed by Judy Kent, as "owning" the NPI within the Directorate, although many different service arms have an interest in it.

One other issue that might be relevant, and convenient in terms of timing, is that City of York Council is hosting the major national NEEC (North of England Education Conference) from 6-8 January 2010. One of our sponsors is the Schools Food Trust, and on the afternoon of Thursday 7 January they are running a Workshop at York College on how the design of School dining areas and menus can improve the take-up of healthy foods.

In terms of work taking place elsewhere there are a variety of initiatives, some of them fairly new, but nothing that exactly matches the terms of the scrutiny topic.

3. Bill Hodson – Director of Housing & Adult Social Services

I have seen Paul Murphy's positive response, which covers the main focus of this request - childhood obesity. Councillor Galloway has also suggested that the remit should touch on adult obesity as well.

Annex B

There is some justification for this both in relation to

- continuity for some young people who are in transition to adult life and who will be known to social services
- the more general need to promote and support active, healthy lifestyles in adults and the links to Local Area Agreement (LAA) targets

The only cautionary note relates to scope and timescale. If the scrutiny is to be completed within a reasonable time then the remit will need to remain quite tightly defined with the primary focus on children and young people.

4. Kathryn Yeoman - Deputy Directorate Manager/School Health Service Manager – York Hospital NHS Foundation Trust

The school health team for York, Selby and Easingwold are, as you know, weighing and measuring every school age child in mainstream school in both reception and Year 6 classes. This work has been carried out for the past 3 years.

The growth measurements are placed onto a PCT database and fed back to the Department of Health. Statistics from this data have been released and Greg McGrath has the up to date info. From this info groups are starting to form as to what is the best way forward and what is available locally for overweight children and or their families.

I think it would be a worthwhile topic to pursue. Any further information on gauging what are the best approaches to help these children and the adults of the future needs to be sustainable and equitable so further work must be required as to how this can be done and what potential resources are required.

5. Anne Robinson - Nutrition & Dietetic Services Manager - York Hospitals Trust

Information on the rates of obesity are collected as part of child health surveillance by the school nurses and this information is held in the Trust by their manager Kath Yeoman in Children's services. I am fairly certain that this information is shared with the Children's Trust and therefore with York City Council. Kath will have the details.

There is an obesity strategy group led by public health in the PCT and they have recently set up a partnership group. I am a member and so is Kath Yeoman; it is chaired by Katie Needham, consultant in public health. There have been two meetings and they are at the stage of mapping the work that is going on across the City to prevent obesity. The strategy is in line with government guidance. Greg McGrath was coordinating the mapping; he works for health Promotion in PCT. The partners were a wide variety across the city including leisure, planning and environmental health and there was lots of representation from the Children's Trust.

Annex B

A wide strategic approach is being taken. As a dietetic department our involvement is the treatment of obese children and this averages one referral per week.

6. Rachel Johns - Chair of the Healthy City Board, Associate Director of Public Health & Locality Director for York (Rachel works for both the City of York Council & for NHS north Yorkshire & York)

From a Primary Care Trust perspective we would be happy to support scrutiny of this area but would want to make sure we did it collectively with the Learning Culture & Children Services team through the arrangements already set up to address childhood obesity.

As chair of the Healthy City Board I can confirm that we monitor progress in childhood obesity as a key LAA indicator (as does the YorOK Board) but as long as the review did not add to the performance burden at the expense of delivery I think it would actually be helpful to explore in more detail.

7. Greg McGrath – Health Improvement Manager, obesity - NHS North Yorkshire & York

Rachel Johns has indicated our support for this topic in Public Health terms. This is a feasible topic to proceed with and it may identify gaps in service or community need. At this stage it would be difficult to know how much time we would need to support this, but I would be happy to attend any meetings and complete any paperwork.
In terms of work taking place elsewhere; a relatively new group has been formed in York (The Healthy Weight, Active Lives Strategic Implementation Group.) The group has already met twice and is and in the future may be covering some of the areas that the Committee may be interested in.

Any work that attempts to change behaviour, generally does not have an immediate impact the following year, for example if fruit consumption rises for 2 years then this would be an indicator to expect changes in weight status maybe several years later. It is difficult to say that this intervention resulted in an outcome so answering the question is the money for obesity well spent maybe difficult.

Other areas that have a direct impact on obesity that I have very little control over the person's local environment such as the road networks, location of shops to housing estates, density of fast food outlets in deprived areas, school meal uptake, parks open spaces, and even further a field but still may impact on obesity would be job opportunities, or social mobility, housing and many other areas.

There are many programmes currently running as well as the 'Altogether Better' programme that help tackle obesity, some prioritise just childhood obesity, such as the MEND programme (Mind, Exercise, Nutrition…Do it!) and others are universal services such as cooking, food hygiene, labelling etc.

Annex B

8. Comments from the LINks Steering Group

Yes most certainly this should be a scrutiny topic. Children and their parents should be made aware that the wrong diet harms people's health now and in future years. To achieve this change in life style the whole family must be supported. We are in the middle of the school holidays, which is one of the worst times of the year for children eating the wrong type of food. Also, parents may not be aware of what their older children are buying and eating when they are not at school.

For me it's a no. Obesity in children has been in the hot seat of most schools re: the time allocated for PE, should this be included more in the timetable? If the answer is yes, what has to go to fit PE in with other lessons? School nurses are aware of this issue and working on it with school meals and the Government is educating children re: 5 a day via advertisements on TV and posters at bus stops, what else can the health Overview & Scrutiny Committee do about it?

I think that it is a good topic but find the suggestion of gathering oral and written evidence from the Council and partners a bit vague.

This is a topic I am interested in as it 'dovetails' with my day job. In the last year I have dealt with 2 pre-school children presenting as having behaviour problems where the underlying issue was their weight and inability of parents to lay down healthy eating rules in the home.

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Childhood Obesity

Library Monitor 9

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Library Monitor 9 – Childhood Obesity

This is the new-look scrutiny review 'Library Monitor' which aims to:

- Be a one-stop-shop for all the information about a subject you need in preparation for undertaking a review.
- Add value to the more than 2,500 scrutiny reviews stored in our searchable 'review library'. The library is an indexed, searchable repository of reports produced by scrutiny bodies across the UK. These are made available online to provide an essential resource that enables scrutiny practitioners to learn from each other's work. http://www.cfps.org.uk/reviews/search.php
- Provide guidance based on the experiences of overview and scrutiny committees who have completed a review into the subject.
- Provide scoping and benchmarking information and links to enable scrutineers to dedicate more time to scrutiny.

The 9th edition of the CfPS scrutiny 'Library Monitor' looks at the subject of childhood obesity and draws information from reviews into the subject (hosted in our library) from **7** different authorities. The research included compiling background information, amalgamating information carried within the review documents and from questioning those who were involved in undertaking the scrutiny reviews.

The Centre for Public Scrutiny would like to thank all of the authorities who have agreed to share their experiences for the benefit of others who wish to tackle the difficult subject of childhood obesity and ultimately the citizens who they represent.

The research for this document has been conducted by Adam Pickering who is also the principal author of this report.

Contents

What to review

Why review 'childhood' obesity?

In a climate of concern about the increasing rate of obesity amongst people in the United Kingdom it has become imperative that a coordinated effort be made to tackle the problem at a local level. However, whilst a holistic approach to tackling the causes of obesity is needed, to tackle the whole issue with one review could limit its depth and therefore it's value. Focusing on childhood obesity can narrow the scope of an enquiry without lessening its potential to advise service outcomes.

"Trying to look at the whole picture of obesity might be too ambitious, particularly as the picture is changing."

Dean Gillon - Scrutiny Officer, North Lincolnshire Council

Terms of reference

The government has produced numerous papers, strategies, and guidance in recent times culminating in the launch of a wide-ranging strategy to tackle obesity, entitled Healthy Weight, Healthy Lives: A Cross-Government Strategy for England – published in January 2008. This document and the guidance that accompanies it focuses on setting up local partnerships in delivering the PSA to halt 'the year-on-year rise in obesity among children aged under 11 by 2010'. As such exploring the idea of, assisting in the development of or assessing the performance of a local childhood obesity strategy or partnership might provide a suitably narrowed focus for a review into what is a wide ranging and complicated issue.

Although information relating to childhood obesity is available, the lack of precise, area specific and up-to-date data was given as a reason for undertaking the review, or included as a priority for the future in the recommendations of the review, in 4 of the 7 reviews detailed in this report. However, undertaking a review in order to assess the extent of the problem in a given area should only be done after ensuring that such research is not duplicating the work of local partners.

At the time of the review, work was already being done across the Council and PCT on obesity. Whilst the Committee wished to undertake a piece of work on this topic it was important that they did not unnecessarily duplicate effort."

Steve Callender, Scrutiny Manager, Stockport Metropolitan Borough Council

Whilst such a scoping exercise should be performed as good practice in preventing the unnecessary duplication of work it should seen as an opportunity identify areas that ought to be addressed. By liaising with local service delivery partners on the issue of childhood obesity OSCs can establish what questions need to be asked and take advantage of their position to act in a dynamically.

"I would advise that local authorities investigate whether [obesity partnerships] exist in their areas and tap into this knowledge base before undertaking such a review. This will help to establish what added value any scrutiny inquiry could bring to this area of work."

Angela Brogden - Principal Scrutiny Adviser, Leeds City Council

Authorities that have chosen relevant local improvement targets under their LAA might find these a useful basis for a review into childhood obesity. In assessing what is being done to deliver against these targets OSCs are empowered to work jointly with other authorities included in the LAA and/

or request information from a list of named service delivery partners as part of the 2008 Fair Rules for Strong Communities Bill (December2008).

Resource & time issues

Undertaking a review into childhood obesity rather than tackling the issue of obesity as a whole provides an important degree of focus as explained. However, several of the scrutineers questioned for this publication felt that their review could have benefited from an even more narrow focus. The extent to which an OSC should narrow its focus when looking into childhood obesity depends largely on the size and flexibility of their scrutiny resources. The 2007 survey of overview and scrutiny carried out by the Centre for Public Scrutiny (CfPS) found that whilst county councils, metropolitan boroughs and unitary authorities well relatively well resourced with an average of 4.3, 4.4 and 4.2 scrutiny officers, districts/boroughs had just 1.4. As such it may be that a review into childhood obesity should focus specifically on a delivery area such as school meals or encouraging physical activity.

"Be clear about what it is you are seeking to achieve and narrow the scope as far as possible."

Salena Whatford - Scrutiny Manager, London Borough of Lewisham

If it is decided that a wide ranging review into childhood obesity needs to be undertaken in an authority without limiting the scope to a particular sub-issue or theme it will be necessary to ensure that sufficient time is allowed. A holistic review into childhood obesity will typically cover many cross disciplinary subjects from school meals to green spaces and it is often deemed necessary to canvass the opinions and habits of children and parents as well as receive presentations from health professionals and go on site visits. In the reviews analysed for this report the average time scale of a review was 9 months.

"It's a bigger topic than you originally think - make time for it!"

Louisa Hall - Research Officer, Scrutiny Team, West Sussex County Council

"The chair was keen not to limit the review, because of timing and it was extended to ensure that the panel had sufficient information to complete the review and make effective recommendations, which could be implemented"

Alwin McGibbon - Health Scrutiny Officer, Warwickshire County Council

How to review

Engagement & consultation

Collecting data about the weight and dietary habits of children presents quite a challenge. In the past it has proven difficult to persuade the parents of overweight children to participate in data collection exercises as sometimes they chose instead to opt-out of such initiatives. As such it is difficult to gather accurate information about childhood obesity that would enable local partners to target certain vulnerable groups in a coordinated way. As cultural and demographic circumstances can have a determinate impact on those likely to opt-out of such

initiatives it may be deemed useful\ to supplement existing statutory data collection exercises with additional measures.

The local medical practice is an obvious and appropriate place for information gathering and providing advice. Whilst it has been widely recognised that GPs have a role to play in educating parents and children about the dangers of obesity there is more work to be done and establishing how frequently children are being weighed by their doctors could be valuable in terms of improving standards and gaining access to more accurate information. Another obvious place to focus on the issue of childhood obesity is the school. The government established The National Child Measurement Programme (NCMP) in 2005 to weigh children in schools and provide source of data to track trends in childhood obesity. Recent changes have seen the strengthening of the guidance to PCTs on informing parents about their child's weight by letter. Parents will receive this information as a matter of course but both parents and children will be able to opt-out of being part of the scheme and as such around 12% of children eligible were not weighed last year.

> *"There was a problem in collecting the data - thought due to parents opting out of having their children weighed"*
>
> Alwin McGibbon - Health Scrutiny Officer, Warwickshire County Council

Indeed, the school has such an important impact on the lives of children that the Childhood Obesity Panel of the Children and Young People Select Committee for the London Borough of Lewisham decided to centre their review on the school and its role in tackling childhood obesity. It was felt that as well as being able to impact on the diet of children through school meals, exercise (both in school and in transit to and from it) and perceptions of food and exercise the school also provides an ideal place to consult children.

The community empowerment agenda rightly brings the need for more consultation of the public in evaluating, designing and commissioning public services. It is of course important to engage the parents and guardians of children as they have an unquestionable influence on their perceptions of food and exercise and the development of habits therein. In order to fully understand local opinions, aspirations and concerns about issues relating to obesity it is recommended that scrutiny engages people outside of the Town Hall. Ideally, scrutiny should engage people in the places where they may naturally be inclined to consider the issues at hand.

9 places where OSCs could consult people about issues relating to child-hood obesity

1. Supermarkets
2. Medical practices
3. Children's centres
4. Community centres
5. Chemists
6. Schools / School gates
7. Swimming pools / Sports centres
8. Parks
9. Libraries

> *"Whilst seeking the views of appropriate officers of the local authority and NHS is obviously an important element, it would be helpful for the review to get out and about."*
>
> Dean Gillon - Scrutiny Officer, North Lincolnshire Council

Schools provide us with the opportunity not just to gather the BMI measurements of children but also to consult them. Whilst this exercise might be a difficult and time consuming one it is invaluable as it mitigates for the perceived stigma felt by parents and allows us to understand which initiatives are likely to be well received by children. The Performance and Scrutiny Overview Committee at Rotherham Metropolitan Borough Council commissioned a private company to engage children in the classroom. An innovative project was established whereby children were probed about their dietary habits by a puppet called Kevin who helped them to complete a questionnaire.

"Consider the involvement and participation of children and young people at an early stage."

Salena Whatford - Scrutiny Manager, London Borough of Lewisham

Useful scoping questions

1. What is currently being done to tackle childhood obesity at the national, regional, and local level?
2. Are there any gaps in information relating to childhood obesity in our authority?
3. How well does our authority fare in relation to neighbouring authorities in terms of childhood obesity statistics, trends and local initiatives to tackle the problem?
4. What partners, services or initiatives are best placed to be able to contribute in tackling childhood obesity?
5. How well is the existing childhood obesity partnership functioning?
6. What needs to be done to ensure LAA commitments that relate to childhood obesity are met?
7. What is being done / should be done to educate parents and children about obesity?
8. What is being done/should be done to promote physical activity?
9. How can we consult children and parents about issues relating to obesity?
10. What factors influence childhood obesity locally?

"Our initial scoping document included aims to "Identify gaps in current services, making recommendations as appropriate". This was the most successful element of the review, as a gap analysis led directly to several recommendations."

Dean Gillon - Scrutiny Officer, North Lincolnshire Council

"Looking at the scope questions I would say the most successful was identifying [the] services/ activities/initiatives in Warwickshire that could contribute in reducing childhood obesity [as the] panel were not at first aware of all the services available in Warwickshire. ".

Alwin McGibbon - Health Scrutiny Officer, Warwickshire County Council

Summary of Recommendations

The recommendations made by the 7 case study reviews used to inform this document are diverse. This is perhaps to be expected given the fact that the 3 year range in their completion dates represents a long time in the development of childhood obesity as a major priority. The raft of legislation, guidance and initiatives on the issue of childhood obesity in recent years has created a complex landscape for local authorities to navigate and OSCs must be as careful in making sure their recommendations are sympathetic to these circumstances as they are in avoiding duplication of work in the course of the review.

Useful witnesses to call

1. Council Officers (Health)
2. PCT Officers
3. The Director of Public Health
4. Public Health Consultant
5. Community Dieticians
6. Academic expert
7. Healthy schools coordinator
8. paediatricians
9. retailers
10. leisure services
11. children themselves

In reviewing the recommendations made by our sample OSCs there is a clear sense that amongst the plethora of initiatives, strategies and partnerships being established to tackle obesity there ought to be formal and focused accountability. The Health OSC at Leeds City Council sought to establish formal accountability by recommending that an executive member be nominated as 'obesity champion' and that "a representative from the Council's Development Department becomes a member of the Leeds Childhood Obesity Strategy Group to help strengthen the links between the planning agenda and health". The Performance and Scrutiny Overview Committee at Rotherham Metropolitan Borough Council decided that a lead officer from the council should be nominated to champion efforts to tackle childhood obesity. Other authorities focused their attention on the responsibilities of partners with the Healthier Communities and Older People Scrutiny Panel at North Lincolnshire Council seeking the commitment of the cabinet and PCT to work together to deliver recommendations made by the Director of Public Health by suggesting that the committee itself would retain the right to "give evidence to the Healthcare Commission if needed".

Obesity partnerships and strategies featured prominently in our sample review recommendations as it was widely recognised that a range of services and organisations needed to be coordinated to tackle childhood obesity. Reviews from Leeds, North Lincolnshire and Stockport sought the establishment of, changes to or a re-assessment of obesity partnerships. Crucial to the success of any measures aimed at dealing with childhood obesity is up-to-date and accurate information on the problem. For the first time the data collected by PCTs as part of NCMP has provided us with a national picture of childhood obesity that can claim to cover the majority of children in the UK. However, this information can be distorted by opt-outs and as such 4 of the 7 review case studies included recommendations to expand or improve data collection.

Many recommendations in our sample focused on pragmatic suggestions that would have a more direct impact on children. Nutrition was addressed in a multitude of different ways from reducing the availability of carbonated drinks in schools (Performance and Scrutiny Overview Committee - Rotherham Metropolitan Borough Council) to providing gardening classes in primary schools to promote the value of fresh and healthy food (Health Scrutiny Select Committee - West Sussex County Council) – the latter being just one of several different approaches recommended to educating children about healthy eating. Physical activity was recognised as a very complex issue which cannot be looked at in isolation as spatial planning and leisure services must be

incorporated into any approach. Lewisham Children and Young People Select Committee made recommendations that urged the council to take advantage of the 2012 Olympics in doing everything possible to engage children in physical activity. Recommendations relating to physical activity were as diverse as the circumstances and local imperatives of the communities they were made on behalf of and include creating more green spaces or creating safer cycling routes as recommended by Warwickshire's Health Overview and Scrutiny Committee.

The state of play – facts & figures

The increase in the political imperative for tackling childhood obesity in recent times is justified given the stark facts. According to the British Medical Association, the amount of obese children rose by 5% in the period from 1995 to 2002 alone. The Health Survey England (2003) showed that 27.7% of children aged 2 to 10 were overweight and of these 13.7% were obese. Should this trend continue the consequences for our society could be extremely dire according to The Chief Medical Officer who described obesity as a 'health time bomb'. The House of Commons Health Select Committee concluded that unless serious action is taken to mitigate the rise of obesity in our children - "this will be the first generation where children die before their parents as a consequence of childhood obesity".

Obesity in children

"Between 1995 and 2002, obesity doubled among boys in England from 2.9% of the population to 5.7%, and amongst girls increased from 4.9% to 7.8%. One in 5 boys and 1 in 4 girls are overweight or obese. Among children, 16% of 2 to15 year olds are obese. Among young men, aged 16 to 24 years, obesity increased from 5.7% to 9.3% and among young women increased from 7.7% to 11.6%" (Sprotson, K and Primetesta P, 2002).

The National Child Measurement programme (February 2008) revealed that 22.9% of children in year one were overweight or obese.

Social

There is a strong correlation between economic inequality and the occurrence of obesity, especially amongst women where poor women are 65% more likely to be obese than wealthy women. By visiting the Association of Public Health Observatories (APHO) website (listed below) it is possible to view the link between deprivation and childhood obesity from the 2007 Health Profile of England data specific to your own authority.

Economic

In 2004, the House of Commons Health Committee also estimated that in 2002, the economic burden of overweight and obesity was £3.3 – 3.7 billion but by factoring in intangible variables such as productivity and sickness related absence (which is estimated as amounting to 18 million days annually) it is safe to assume that the true economic cost of obesity is considerably higher.

Health

A report by the Comptroller and Auditor General has linked obesity to 30,000 deaths a year and estimated that amongst the obese life expectancy is reduced by as much as nine years. NHS statistics from 2007 state that around 58% of type 2 diabetes, 21% of heart disease and between 8% and 42% of certain cancers (endometrial, breast, and colon) are attributable to excess body fat. Obesity is responsible for 9,000 premature deaths each year in England, and reduces life expectancy by, on average, 9 years.

In addition the BMA lists the following as health implications of obesity:

Physical health problems

- Increased blood pressure
- Hyperlipidaemia (excess of fatty liquids in the blood)
- Type 2 diabetes
- Hyperinsulinaemia (when the pancreas produces too much insulin)
- Adverse changes in left ventricular mass (the left ventricle of the heart (which pumps oxygen into the blood) increases and its wall thickens increasing the likelihood of heart disease.
- Earlier menarche (first menstruation period)
- Sleep apnoea (irregular breathing in sleep)
- Exacerbation of asthma

Psychological health problems

- Low self-esteem
- Depression
- Disordered eating
- Psychological distress - many obese children experience teasing, social stigma and discrimination

Useful resources for childhood obesity statistics

Association of Public Health Observatories http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

British Medical Association http://www.bma.org.uk/ap.nsf/Content/ChildObesity

NHS Information Centre http://www.ic.nhs.uk/statistics-and-data-collections

National Obesity Forum http://nationalobesityforum.org.uk/content/blogcategory/23/128/

Policy background / legislative landscape

The government has produced a great deal of strategy papers, guidance, initiatives and policies in an attempt to halt the rise in obesity since it became widely acknowledged as an issue. In reviewing childhood obesity, or a specific aspect of it, it is important to gain an understanding of existing government measures in order to avoid duplication and/or take advantage of the available resources. The list bellow provides a brief overview of the policy / legislative landscape and should be used as a starting point for building up a picture of government measures to childhood obesity.

Click on underlined titles to follow hyperlinks to relevant web pages.

Government Papers

Change4Life: tackling childhood obesity (2009): This is a government led publicity campaign designed to promote awareness amongst children and parents without stigmatising the

overweight. The campaign shifts the focus away from blaming parents and instead highlights the difficult circumstances of 'modern life'. The government has committed £75 million to support local initiatives and targets aimed at encouraging healthier eating and more active lifestyles. The campaign will include advertisements on TV, the creation of a website and the provision of free branded promotional material.

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Healthy Weight, Healthy Lives: a Cross-Government Strategy for England Strategy (2008): This cross governmental strategy was developed in response to the Foresight report - 'Tackling Obesities: Future Choices' which found that by 2050 60% of men and 50% of women could be clinically obese and that without action, obesity-related diseases will cost an extra £45.5 billion per year. The strategy focuses on 5 thematic areas and provides the following funds, guidance and commitments.

Healthy children

- Early identification of at risk families and plans to make breastfeeding the default option for mothers.
- Investment in healthy schools, increasing participation in physical activity, and making cooking a compulsory part of the national curriculum.
- A £75 million marketing campaign to support and empower parents to make changes to their children's diet and increase levels of physical activity.

Promoting healthier food choices

- Setting out a Healthy Food Code of Good Practice to be finalised in partnership with the food and drink industry, including proposals to develop a single, simple and effective approach to food labelling, and to challenge the industry (including restaurants and food outlets) to support individuals and families reduce their consumption of saturated fat, salt and sugar.
- OFCOM to bring forward its review of the restrictions already introduced on the advertising of unhealthy foods to children.
- Promote Local Authority planning powers to limit the spread of fast food outlets in particular areas e.g. such as close to schools or parks.

Building physical activity into our daily lives

- Investment of £30 million in "Healthy Towns" - working with selected towns and cities to bring together the successful EPODE (Ensemble Prevenons Lobesite Des Enfants) model used in Europe, using infrastructure and whole town approaches to promoting physical activity.
- Set up a working group with the entertainment technology industry to ensure that they continue to develop tools to allow parents to manage the time that their children spend watching TV or playing sedentary games, online and much more widely.
- Review our overall approach to physical activity, including the role of Sport England, with the aim of producing a fresh set of programmes to ensure that there is a clear legacy of increased physical activity before and after the 2012 Games.

Creating incentives for better health

- Stronger incentives for individuals, employers and the NHS to prioritise the long-term work of improving health.
- Working with employers and employer organisations to explore how companies can best promote good health among their staff and make healthy workplaces part of their core business model.
- We will pilot and evaluate a range of different approaches to using personal financial incentives to encourage healthy living.

Personalised information and care for people already overweight or obese.

- Developing the NHS Choices website so that it provides advice for diet and activity levels, with clear and consistent information on how to maintain a healthy weight.
- Increased funding over the next three years to support the commissioning of more weight management services, where people can access personalised services to support them in achieving real and sustained weight loss.

Our Health, Our Care, Our Say: A New Direction for Community Services (2006): This White Paper details the governments plans to deliver more tailored advice to people on weight delivered through GPs and offer more weight reduction programmes through community pharmacies.

Choosing Health: Making Healthy Choices Easier (2004): Sets out government led initiatives to tackle obesity such as creating NICE guidance and a healthy weight loss guide.

Delivering Choosing Health (2005): This Government plan for delivering more patient choice in the NHS also includes priorities relevant to obesity such as Priority C: Tackling Obesity, and Priority G: Helping Children and Young People to Lead Healthy Lives.
Choosing a Better Diet: A Food and Health Action Plan (2005): Identifies the need for action on advertising and promotion of food to children, simplified food labelling, obesity education and nutritional standards at school and in the workplace.

Choosing activity: a physical activity action plan (2005): Sets out Government plans for a coordinated approach to promoting and providing opportunities for physical activity.

Every Child Matters (2003): Lists 'Be Healthy' as one of 5 key themes and establishes 'percentage of obese children under the age of 11' as an indicator.

Game Plan: a strategy for delivering Government's sport & physical activity objectives (2002): A 20 year vision for promoting grass-roots activity in sport.

Public Service Agreements

A Public Service Agreement (PSA) target for obesity was established in 2004 - 'halting the year-on-year rise in obesity among children aged under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole'. In October 2007 the target was redefined as: 'to reduce the proportion of overweight and obese children to 2000 levels by 2020 in the context of tackling obesity across the population'.

Dietary Initiatives

- SureStart: Encourages women to breastfeed as it has been shown to reduce the likelihood of obesity in later life.
- Healthy Start: Strives to ensure a healthy diet for children in low income families.

- 5 A DAY programme: Increase the availability and consumption of fruit and vegetables.
- Food in Schools Programme: Led by the Department of Health and Department for Education and Skills this programme aims to lead schools in developing a holistic approach to the health of children.
- Ofsted evaluation: School food assessment is now a part of the routine school evaluation.
- School Food Trust: This was established by the Department for Education and Skills in 2005 and aims to transform school food and food skills, promote the education and health of children and young people and improve the quality of food in schools.
- Work with the Food Industry: To ensure that food is clearly labelled and that the marketing of food to children is done responsibly.
- National Healthy School Standard: Healthy eating is included as one of health themes that are to be taught to children in schools.

Physical Activity Initiatives

- Local Exercise Action Pilots*:* Locally run pilot programmes to evaluate ways of encouraging people to be more physically active.
- National PE, School Sports and Club Links Strategy: Target to increase the percentage of children in England spending a minimum of two hours weekly on high-quality PE and school sport to 85% by 2008.
- *Green Gyms*: Creating opportunities for people to be physically active by taking part in conservation activities.
- *Walking the Way to Health Initiative*: Encouraging people to walk more.
- Well@Work pilots: Assessing and promoting 'healthy interventions' that improve the health of employees.
- *Department of Transport Travel Planning:* Encourage schools, workplaces and communities to consider sustainable travel options which also increase physical activity.
- Schools on the Move: pedometers in schools*:* Scheme saw 45,000 pedometers distributed to 250 schools between September 2007, and March 2008. It found that they were successful in encouraging less active children to exercise more.

Relevant Local Area Agreement (LAA) performance management framework local improvement indicators

- LAA Indicator 53: Breastfeeding 6-8 weeks
- LAA Indicator 55: Obesity among primary school children in Reception year
- LAA Indicator 56: Obesity among primary school children in year 6
- LAA Indicator 57: Children & YP participation in high quality physical education and sport

Appendix – 7 case studies at a glance

Reviews included

Leeds City Council
Inquiry into Childhood Obesity
Health Overview and Scrutiny Committee
March 2006
http://www.cfps.org.uk/pdf/review/1420.pdf

London Borough of Lewisham
Children and Young People Select Committee 2006–2007: A Report into Tackling Childhood Obesity
Report of the Childhood Obesity Panel - Children and Young People Select Committee
February 2007
http://www.cfps.org.uk/pdf/review/4247.pdf

North Lincolnshire Council
Obesity in North Lincolnshire
Healthier Communities and Older People Scrutiny Panel, Health Working Group
June 2008
http://www.cfps.org.uk/pdf/review/17754.pdf

Rotherham Metropolitan Borough Council
Scrutiny Review of Childhood Obesity
Performance and Scrutiny Overview Committee, Health Working Group
June 2006
http://www.cfps.org.uk/pdf/review/5632.pdf

Stockport Metropolitan Borough Council
Childhood Obesity
Social Care and Health Scrutiny Committee
May 2005
http://www.cfps.org.uk/pdf/review/876.pdf

Warwickshire County Council
Review of Childhood Obesity in Warwickshire
Health Overview and Scrutiny
Committee
November 2007
http://www.cfps.org.uk/pdf/review/6042.pdf

West Sussex County Council
West Sussex: childhood obesity
Health Scrutiny Select Committee
March 7 2005
http://www.cfps.org.uk/pdf/review/1261.pdf

Why they reviewed childhood obesity

Leeds City Council
The review was timed to coincide with the development of the Leeds Childhood Obesity Strategy. The subject had initially been identified as an important public health issue that should be looked at by the Health and Wellbeing Scrutiny Board at the beginning of the municipal year.

London Borough of Lewisham
The Children and Young People Select Committee wanted to undertake the investigation because the Lewisham Primary Care Trust (PCT) lacked collated knowledge about this subject and the review would help them to develop any policies or strategies in the future. With its investigation, the Committee sought to look at the programmes operating within and outside the Council to curb obesity and the role of each of the key institutions. It was felt that with this information in hand a childhood obesity strategy could then be developed.

North Lincolnshire Council
Healthier Communities and Older People Scrutiny was keen to conduct a review on a public health topic, and discussed possible options with a number of key witnesses. Members decided that, given the alarming rise in obesity in recent years and the profound effect it can have on the individual, a review on local work to tackle obesity was timely. In a climate of growing concern about childhood obesity, which has tripled in a decade, both members and the Local Strategic Partnership (LSP) decided to make tackling the problem a priority. The panel wanted to ensure that all of the necessary support was in place, and that all partners recognised the need for action and, where appropriate, that sufficient resources were allocated.

Rotherham Metropolitan Borough Council
The Health Select Committee report on Obesity (May 2004) indicated that preventative actions are urgently required to reduce the increasing number of obese children. Obesity rates in Yorkshire and Humber are higher than in England, with the highest rates among the least affluent. A review was initiated by members in February 2005 due to the increasing national publicity of the issue and therefore the importance of examining it at a local level. Members wanted to assess the scale of the problem in Rotherham and examine what the current practices and policies were in mitigating it.

Stockport Metropolitan Borough Council
Members of the Social Care and Health Scrutiny Committee decided that stark new statistics relating to childhood obesity warranted a review into the extent of the problem and measures underway to tackle it. Members also wanted to ensure that the people of Stockport were being exposed to the advice and support recommended in the government white paper ‘Choosing Health’.

Warwickshire County Council
The review was prompted by members of Health Overview and scrutiny committee and added to their three year work programme. They had received reports that indicated that childhood obesity was on the increase in the West Midlands and they wanted to know the extent of childhood obesity in Warwickshire and whether the north of the county had a higher incidence (due to deprivation) than the south. It also fitted well with the Obesity Strategy Report that was being jointly produced by the County Council and the PCT at that time.

West Sussex County Council
Childhood obesity was identified as an issue that members wished to scrutinise as part of the work programme for the West Sussex Health Scrutiny Select Committee. There are established links between obesity and health inequalities which are topics that the Committee identified as a priority for scrutiny in its work programme for 2004/05.

Terms of reference

Leeds City Council

The Leeds City Council Scrutiny Board (Health and Wellbeing) set out

a. The scale, nature and social issues surrounding Leeds' childhood obesity problem
b. What is being done and what the potential barriers are to tackling childhood obesity in Leeds in terms of prevention, treatment and research and development within community, school and home settings
c. Whether existing initiatives are appropriately joined up (was there sufficient co-ordination locally and are there structures in place to aid communication between key partner agencies and help overcome barriers?)
d. The opportunities available for the effective use and coordination of funding streams and the identification of new funding streams
e. How Leeds compares with other local authority areas regionally and nationally
f. How local policy works with and complements national policies
g. The views and attitudes of children, young people and parents/carers towards diet, nutrition and physical activity and opportunities to improve their health.

London Borough of Lewisham

The Childhood Obesity Panel were directed by the Children and Young People Scrutiny Committee

a. To provide data on the extent of the obesity issue in the area to inform policy
b. To establish how the authority can.
    i. Improve food and nutrition – looking at school dinners and food inequalities
    ii. encouraging children and young people to walk or cycle to school
    iii. promote sports and physical education and how the London Olympics can encourage more children and young people to be active.

North Lincolnshire Council

The Healthier Communities and Older People Scrutiny Panel established a working group to undertake the following tasks:

a. To monitor the progress on the agreed action plan, and to work with all partners to evaluate whether revisions to the plan are required.
b. To seek best practice through a literature search, benchmarking, speaking to expert witnesses, and other evidence gathering techniques, and forming conclusions and recommendations based upon this evidence.
c. To identify gaps in current service provision, taking appropriate action if required.
d. To evaluate progress on LPSA 2, seeking evidence on the likelihood of meeting this stretched target, current and future spending and service priorities.

Rotherham Metropolitan Borough Council

The Performance and Scrutiny Overview Committee Health Working Group agreed the following terms of reference:

a. To establish
    i. The role and work of key partners.
    ii. How learning and best practice is shared.
    iii. Potential areas for improvement.
    iv. How partnership working can support the development of health policy.
    v. Government's policy and guidance to address the problem.
a. To examine the following aspects
    i. What do we know about the extent of the problem in Rotherham?
    ii. What is being done to reduce the levels of child obesity?
    iii. How does health inequality impact on child obesity?
    iv. What is working well?

v. What needs to be improved?
vi. What can we learn from approaches elsewhere?

Stockport Metropolitan Borough Council
The childhood obesity review panel were directed by the Social Care and Health Scrutiny Committee;

a. to consider baseline information about services provided and the extent of the problem locally, and the national and local policy context
b. to consider the Government's public health white paper, and the outcomes of the Sub-Groups' initial meetings

Warwickshire County Council
The childhood obesity panel were tasked on behalf of the Health Overview and Scrutiny Committee to;

a. assess the extent of childhood obesity within the county
b. locate the causes and consequences of childhood obesity
c. understand how childhood obesity is linked with health inequalities
d. establish what the health service and the local authorities did to meet the needs of those affected
e. examine the implications of children being obese
f. make recommendations on what must be done to reduce the incidence of childhood obesity and to ensure that the NHS provided a flexible, appropriate, clinically effective and accessible service.

West Sussex County Council
A multi-agency Task Force was established by the Health Scrutiny Select Committee to;

a. assess the size and nature of the childhood obesity problem in West Sussex
b. explore good practice in preventing and managing the problem i
c. investigate the different ways in which the Health Scrutiny Select Committee could lobby food manufacturers, retailers and the Food Standards Agency.

Membership & formation

The following table documents the reported membership of the scrutiny committees and panels and whether the reviews included any co-opted members.

Council	No. Of Members	Co-opted Members
Leeds City Council	**11**	**3**
London Borough of Lewisham	**5**	**2**
North Lincolnshire Council	**7**	**8**
Rotherham Metropolitan Borough Council	**4**	**3**
Stockport Metropolitan Borough Coun-	**4**	**0**
Warwickshire County Council	**5**	**1**
West Sussex County Council	**2**	**1**
Average membership of scrutiny committees and panels	**5**	**3**

Time Taken

This table shows the time taken to undertake the review.

Council	Date started	Date finished	Duration of the review
Leeds City Council	**Sept 05**	**Mar 06**	**7 months**
London Borough of Lewisham	**July 06**	**Feb 07**	**8 months**
North Lincolnshire Council	**NA**	**June 08**	**NA**
Rotherham Metropolitan District Council	**Feb 06**	**June 06**	**5 months**
Stockport Metropolitan Borough Council	**Nov 04**	**May 05**	**7 months**
Warwickshire County Council	**Oct 06**	**Nov 07**	**13 months**
West Sussex County Council	**April 04**	**Mar 05**	**11\months**
Average time taken to complete a review	**9 Months**		

Officer support provision

- Both Rotherham Metropolitan Borough Council and West Sussex County Council enjoyed the support of a team of dedicated scrutiny professionals and additional support from officers in other departments and external service providing partners.
- North Lincolnshire Council, Stockport Metropolitan Borough Council, Warwickshire County Council and Leeds City Council completed their reviews with the support of one scrutiny officer.
- The review undertaken at the London Borough of Lewisham had the support of a research and policy officer.

Evidence collection methods

Leeds City Council

The Working Group received a report by the Strategy Group which set out their original rationale for producing a Childhood Obesity Strategy and details of the scale of the childhood obesity problem in Leeds and the activities currently underway across the city to help address this problem

When determining the scope of the inquiry, the scrutiny board sought the advice of representatives from an existing local multi-disciplinary strategy group who were already focusing on childhood obesity. This group was leading on the development of the Leeds Childhood Obesity Strategy, which is how members found out about the strategy. Members learned from this group that childhood obesity featured as a local priority within many local strategy documents and that, if anything, this work needed to be better coordinated across the city.

London Borough of Lewisham

The Children and Young People Select Committee identified the following three main areas for investigation after a benchmarking exercise that looked at Lewisham's position compared with other authorities and government policy:

1. food and nutrition – looking at school dinners and food inequalities
2. encouraging children and young people to walk or cycle to school
3. sports and physical education and how the London Olympics can encourage more children and young people to be active.

In each case key partners in schools, transport, and the PCT were consulted about the current situation in Lewisham.

North Lincolnshire Council

- Desktop research – In an extensive and far reaching research and benchmarking excursive the panel received documentation and other evidence from the following: the Department of Health, Department for Children, Schools and Families, Cabinet Office Strategy Unit, and The Parliamentary Office of Science and Technology (Foresight Project) information from North Lincolnshire Council, North Lincolnshire Primary Care Trust (PCT) and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, Reports and guidance from the National Institute for Health and Clinical Excellence (NICE) and the United Nations Children's Fund (UNICEF), independent, government funded and academic research from various and universities, charitable groups and other institutions.
- Interviews and discussions – witnesses were called from within the council, North Lincolnshire PCT and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
- Panel meetings - A series of public meetings of the panel were held for witness interviews, together with planning and evaluation sessions to consider information gathered or presented to the panel. These sessions also allowed for analysis and evaluation, or to discuss the panel's conclusions and recommendations.

Rotherham Metropolitan Borough Council

The working group researched the policy landscape to ensure that members had a clear understanding both the local\and national policy context. A wide ranging study of good practice measures to tackle childhood obesity and a review of initiatives in place in Rotherham also helped to\inform recommendations. Additional desktop research was undertaken to benchmark the childhood obesity problem in Rotherham against other areas. The working group also consulted both head-teachers (on school policy and opinions about tackling childhood \obesity) and children (on their lifestyle) in a survey that received responses from 37 primary schools.

Stockport Metropolitan Borough Council

As initial scoping for the review took place it became apparent that work was currently underway to address the issue of childhood obesity in Stockport. Stockport has a strong tradition of joint health planning, and a partnership approach to tackling childhood obesity has been in place for a number of years.

In 2004 the Stockport Health Improvement Partnership (SHIP) created the Action on Obesity Taskforce. This brought together different partners who were tasked with assessing local activity and intervention, implementing a response to the public health white paper, proactively identifying

resources to enable further local action, and identifying mechanisms to implement recommendations made by this Scrutiny Review. At its first meeting, in November 2004, the Taskforce set up two sub-groups to address the two key drivers of obesity: Action on Obesity: Physical Activity Sub-Group and Action on Obesity: Diet Sub-Group. As the Steering Group and Sub-groups were meeting during the course of the Scrutiny Review, and were scheduled to continue to meet following the review's completion it was felt that conducting a full review would unnecessarily duplicate efforts. It was therefore agreed that the Council's Policy Manager (Health) and other officers as appropriate would report to the Panel on progress and activities. The Panel met twice through January and March 2005:

1. to consider baseline information about services provided and the extent of the problem locally, and the national and local policy context;
2. to consider the Government's public health white paper, and the outcomes of the Sub-Group's initial meetings.

Warwickshire County Council

At the first meeting of the Childhood Obesity Panel in October 2006 it was decided to expand the scope of the review to include the following:

1. To look at existing examples of partnership working to seek opportunities to use partnerships to achieve the aims and objectives
2. To focus on families and not just children - recognised that adults need to set standards for children.
3. The role of physical activity in reducing obesity - identify facilities and opportunities that children and families had to carry out physical activity.
4. Finally how many specialist services were available in Warwickshire

1, 3 and 4 were mapping exercises that enabled the panel to benchmark the current position of Warwickshire County Council in tackling childhood obesity. In order to add value to statistics gleaned from the national dataset as well as give opinions on local previsions healthcare professionals from Warwickshire PCT and several other local partners were invited to present to the panel. In addition, visits were arranged so that panel members could see local initiatives in action and speak to people involved the delivery of, and those benefiting from existing schemes.

West Sussex County Council

A multi-agency Task Force was established to investigate the problem and to explore good practice in preventing and managing the problem. It also intended to investigate ways that the Health Scrutiny Select Committee could lobby food manufacturers, retailers and the Food Standards Agency. However, during the time of the Task Force, the government and other organisations such as supermarkets have implemented a number of initiatives, which the Task Force supports. A study of good practice helped to advise actions especially relating to the school environment. The Task Force undertook a school based survey of children's body composition measurements in a sample of schools. The Task Force also organised a Childhood Obesity Conference in February 2005.

Selection of local improvement indicators relating to childhood obesity

	LAA Indicator 53 (prevalence of breastfeeding at 6-8 weeks from birth)	LAA Indicator 55 (Obesity among primary school children in Reception year)	LAA Indicator 56 (Obesity among primary school children in year 6)	LAA Indicator 57 (children & young people's participation in high quality physical education and sport)
Leeds City Council				X
London Borough of Lewisham		X		
North Lincolnshire Council	X	X		
Rotherham Metropolitan District Council	X		X	X
Stockport Metropolitan Borough Council			X	
Warwickshire County Council			X	X
West Sussex County Council				
Reviewing authorities	29%	29%	43%	43%
National Average	21%	17%	66%	17%

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Annex D

Childhood Obesity

Remit

Aim

To address whether current service provision is effectively reducing childhood obesity in the city.

Key Objectives

i. To look at statistical evidence collected by the School Health Team in relation to NPI55 and NPI56 to discover the extent of childhood obesity in the City

ii. To explore the impact of current initiatives such as healthy eating, 5 a day and 30 minutes of exercise 5 times a week etc on tackling obesity

iii. To explore external factors that may contribute to childhood obesity

iv. To learn more about the All Together Better Programme and The Healthy Weight, Active Lives Strategic Implementation Group and the methods they are using to reduce childhood obesity

v. To look at the continuity of services into adulthood

vi. To explore how monies are spent on tackling obesity

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Health Overview & Scrutiny Committee **23rd September 2009**

Report of the Head of Civic, Legal & Democratic Services

Annual Health Check & New Registration Process - Update

Summary

1. This report is to update Members on the Annual Health Check 2009/10 and inform them of the Care Quality Commission's new processes for regulation of NHS Trusts.

Background

2. For the past few years the Health Overview & Scrutiny Committee have been providing commentaries on the local NHS Trusts' declarations as part of the Annual Health Check. The last of these was for the year 2008/09 and the Committee's comments were published in an agenda dated 11 May 2009. The Annual Health Check performance ratings for each Trust, for 2008/09, will be available to the public via the Care Quality Commission's website from Thursday 15th October 2009.

3. The regulation of health and adult social care services is currently undergoing changes and new registration standards are being introduced that will apply to NHS Trusts for the first time. All NHS Trusts (including Primary Care Trusts as providers) must be registered with the Care Quality Commission from 1st April 2010.

4. In 2010, all NHS Trusts, NHS Foundation Trusts and Primary Care Trust providers will be included in the new system of registration that replaces assessment of performance against the core standards set out in 'Standards for Better Health'. The Care Quality Commission will invite Trusts to apply to be registered and ask them to make a declaration of their compliance with the new registration requirements in January 2010. The applications will then be assessed and further enquiries made, including some inspections, in order that Trusts are registered at 1 April 2010.

<u>Annual Health Check 2009/10</u>

5. This is a transitional year for the NHS between the previous system of the Annual Health Check and the new system of registration and periodic review. In order to avoid confusion with Trusts' applications for registration, which will start in January 2010, this year's core standards assessment will be based on a mid-year declaration.

6. For this process, Trusts will be required to make a declaration on the extent to which their organisation has met the core standards between 1 April 2009 and 31 October 2009.

7. The Care Quality Commission, have confirmed via an e-mail to the Scrutiny Officer, that Overview and Scrutiny Committees will not be required to comment on the Trusts' declarations and there will be no third party consultation for mid year declarations in this last round of the Annual Health Check.

Future role of Overview & Scrutiny Committees in the assessment process

8. Later in the year the Care Quality Commission will be inviting those groups who submitted third party commentaries last year to send them evidence about aspects of Trusts' performance separately from Trusts' declarations. These groups include Local Involvement Networks (LINks) and Overview & Scrutiny Committees amongst others. They will be invited to give their views as part of the application for registration process, from December 2009.

9. The evidence provided will be used to help inform the Care Quality Commission's decisions about the registration of providers from April 2010. As of going to print, there is no deadline for submission of the evidence but it is under consideration and the Committee will be updated as and when new information becomes available. The evidence will be used, where relevant, to inform core standards assessments and commissioning assessments. Thereafter, evidence submitted will be used to inform monitoring of the ongoing compliance of providers on a continual basis.

10. Representatives from the Care Quality Commission will be attending the Centre for Public Scrutiny's (CfPS) networking events for health, care and wellbeing Overview & Scrutiny Committees (OSCs) this autumn. This will be the first major opportunity for OSCs to hear directly from the Care Quality Commission on their approach to regulation of health and social care organisations and how they propose working with scrutiny. There will be an opportunity at each event for OSCs to influence the Care Quality Commission's approach by giving their views on scrutiny's relationship with the new regulator. The northern event will be held on 24th November in Leeds and the Scrutiny Officer is currently making arrangements for York to be represented at the event.

11. An information sheet published by the Care Quality Commission is attached at Annex A to this report.

Consultation

12. The Care Quality Commission sends monthly bulletins from which the majority of this information is drawn. There has also been some e-mail correspondence between the Care Quality Commission and the Scrutiny Officer.

Options

13. Members are asked to note the contents of this report and;

    i. Consider whether they would like to take part in providing evidence (paragraph 8 refers)

    ii. If so; consider delegating this task to the Chair, Vice-Chair and one other in conjunction with the Scrutiny Officer

Analysis

14. This is a new process and Members are asked to consider approving the options set out in paragraph 13 of this report. The next meeting of this Committee is currently scheduled for 2nd December 2009 and work may need to take place before that date as new information comes through from the Care Quality Commission. It is, therefore, recommended that the delegations set out in paragraph 13 (ii) of this report be approved at this meeting so that work can begin as soon as necessary.

Corporate Strategy 2009/2012

15. This relates to the Healthy City theme of the recently refreshed Corporate Strategy.

Implications

16. **Financial** – There are no financial implications associated with the recommendations in this report.

17. **Human Resources** – There are no Human Resources implications associated with the recommendations in this report.

18. **Legal** – There are no legal implications associated with the recommendations within this report.

19. There are no other known implications associated with the recommendations in this report.

Risk Management

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

Recommendations

21. Members are asked to note the information provided and:

    i. Consider whether they would like to take part in providing evidence (paragraph 8 refers)

ii. If so; consider delegating this task to the Chair, Vice-Chair and one other in conjunction with the Scrutiny Officer

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

Contact Details

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Report Approved ✓ **Date** 14.09.2009

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

Monthly updates for NHS Trusts published by the Care Quality Commission
Reviews in 2009/10 – Assessing and rating health and adult social care organisations (available on the Care Quality Commission's website).

Annexes

Annex A Information sheet for Health Overview & Scrutiny Committees published by the Care Quality Commission – September 2009.

Annex A

Information sheet for health overview and scrutiny committees (OSCs)

September 2009

The Care Quality Commission would like to involve OSCs in all aspects of our work. This information sheet lets you know how we would like to do this, and includes many of the ideas you have already given us about working together. We will update this information as our work develops.

Telling us about people's views of services and experiences of care

We would like to hear about people's views of health and social care services and their experiences of care. We will use as much of the information you give us as we can. It might be from people who use services, their carers, members of the public or local user or community groups. It doesn't matter which services the information relates to, or how many services it covers.

Our staff are here to listen to you. You can talk to your local Care Quality Commission staff or send them written information at any time. Please ring our National Contact Centre on 03000 616161 to find out the names of the Local Area Managers in your local authority area. You can also email written information about people's views and experiences to our National Contact Centre at **enquiries@cqc.org.uk**.

Overview and scrutiny committee reports

If you have conducted reviews of any aspect of health or social care services, we would be interested in the evidence you gathered from users and the public. We will use the information to help us in our work. You can send any reports to our National Contact Centre at **enquiries@cqc.org.uk**

Assessing NHS services

You can send us any evidence you have about the quality of local NHS services. We will send you further guidance in the autumn about the aspects of quality and safety we are assessing this year.

Your information will help us to decide if local NHS service providers meet the requirements to register with us as a service provider from April 2010. Where relevant, it will also be used to inform our decisions about providers' compliance with the core standards assessment (previously known as the Annual Health Check), from April 2009 to April 2010.

It will help us if you can send any information by the end of January 2010 to your local Care Quality Commission staff or to: enquiries@cqc.org.uk

Assessing primary care trusts and councils

You can send any evidence you have about how well primary care trusts and councils are finding out about the health and social care needs of people in your area, and how they buy the services to meet these needs.

We will send you more information about how we are assessing these commissioners for the period April 2009-April 2010. In the meantime, you can send any information that you think is relevant to the contacts given above.

Reviewing local social care services

Your local Care Quality Commission staff will let you know if we are planning to inspect a council's social care service in your area. We will invite you to contribute evidence for these inspections and explain how you can do this. We welcome any information you have that helps us to understand the experiences of people using social care services.

Registering independent healthcare services

You can send information to us about the quality of independent healthcare services (such as private hospitals, clinics and doctors and hospices) at any time, using the contacts given above.

Special reviews and studies

We are starting work on reviews and studies about the following services and issues:

- How well are the healthcare needs of people (of all ages) in care homes being met?
- How well is the pathway of health and social care for people who have a stroke and their carers working?
- Health and social care for families with disabled children and young people.
- How well are the physical health needs of people with mental health needs and learning disabilities in hospital and residential settings being met?
- Are local services being commissioned (or put in place) that meet the different health needs of the local community, and that help those people most at risk of poor health?
- How well are councils responding to people's first contact with them?
- Is the economic downturn affecting the quality of care?

If you have any information or evidence related to these topics, please send it to us using the contacts given above. More information about these reviews and studies can be found on our website: **www.cqc.org.uk**

Giving you feedback

Annual health check 2008/09:

A big thank you to all the overview and scrutiny committees that contributed to the annual health check of NHS organisations for 2008/09. We will be giving you feedback about how we used the information you gave us. One of our local Care Quality Commission staff will contact you to set up a meeting later this year.

Annual performance assessment of councils 2008/09:

We would also like to thank any OSCs who gave us information about their council's adult social services this summer. Again, a local member of our staff will give you feedback about how we used your information later this year.

Other ways to get involved

There are a number of other ways for you to get involved in our work.

Consultations

You can take part in our consultations. For more information about our current consultations, please visit our website: **http://www.cqc.org.uk/getinvolved/consultations.cfm**

Sounding board for representative groups

Join our new sounding board. You can get involved in different ways, to suit you. This will mainly use email to get your advice on what we do and how we do it. We may invite you to occasional meetings to discuss our work face-to-face. If you are interested in joining, please contact: **lucy.hamer@cqc.org.uk** or **clare.delap@cqc.org.uk**

OSCs with special interests

As part of the sounding board, we would like to hear if you are particularly interested in certain services or areas of our work. You may like to help us develop areas of our work such as registering and monitoring service providers, assessing service commissioners, assessing mental health, social care, NHS or independent healthcare services.

You may have a special interest in the care given to certain local communities, groups of service users, such as children or older people, or about certain issues that affect them.

Please contact our public involvement managers: **lucy.hamer@cqc.org.uk** or **clare.delap@cqc.org.uk** to tell us about your interests.

How you can find out more

If you would like to find out more about the Care Quality Commission, you can:

- Visit our website at **www.cqc.org.uk** to see the latest news and events.
- Sign up to our monthly newsletter by visiting our website: **www.cqc.org.uk/newsandevents/newsletter.cfm** or by ringing our National Contact Centre on 03000 616161.

We hope you find this information sheet useful. If you have any questions about the information it contains, or have other issues you want to discuss with us, please contact **enquiries@cqc.org.uk**. We look forward to working with you.

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CITY OF YORK COUNCIL

Health Scrutiny Overview & Scrutiny Committee **23 September 2009**

Report of the Head of Civic, Legal & Democratic Services

Health Scrutiny Networking

Summary

1. This report is to inform Members of the Committee about recent events attended by both Members and Officers outside of the formal meeting cycle of the Health Overview & Scrutiny Committee.

Background

2. Both Members and Officers attend events on a regular basis and most of these occur outside of the formal meeting cycle. Many of these events are directly linked with some of the work set out in the Committee's work plan.

Consultation

3. The following paragraphs detail the events and meetings that have taken place.

Planning for Healthier Communities (29.04.2009)

4. The Scrutiny Officer and Councillor Fraser (the then Chair of the Committee) attended this event as did Councillors Morley and Potter). The event was presented in association with the Public Health Hub at Sheffield Hallam University and the Government Office for Yorkshire & Humber. It was part of a series of events under the 'Minding the Gap' banner and focussed on the central role that planning has in the health and well being of local communities.

5. The event illustrated how recent changes in policy have given planning practitioners a stronger remit to promote healthier communities and highlighted how hugely important planning was to the health and well being of communities. Copies of some of the presentations given are available from the Scrutiny Officer.

Regional Health Scrutiny Officers' Meeting (13.05.2009)

6. Health Scrutiny Officers across the Yorkshire & Humber meet on a regular basis to discuss matters affecting their various Scrutiny Committees. They also have a small amount of Government funding left to provide support to their various Committees.

7. At a meeting on 13th May, Tim Gilling, from the Centre for Public Scrutiny (CfPS) attended to inform us of the latest support programme from CfPS. The amount of support has reduced since last year but they are offering 10 days support for regional network projects.

8. Officers were advised that there was some flexibility as to how networks could use the days available and various options were discussed. Officers' discussions highlighted the following as possible themes to use the support days for that could benefit all Scrutiny Committees across the region:

   - Information/Event around the theme of 'End of Life Care'
   - A Health Scrutiny Pack /DVD for all Members of Health Scrutiny Committees across the region (focus to be decided)
   - Delivering Healthy Ambitions (Presentations/Events in conjunction with the Strategic Health Authority)
   - A Health Scrutiny Event to be open to all (focus to be decided)

9. Brief updates were also given on the Northern Burn Care Network and on World Class Commissioning.

CFPS Conference (09.06.2009-10.06.2009)

10. The Scrutiny Officer attended both days of this event. This year the theme of the conference was 'a critical friend for critical times'. The conference covered all aspects of scrutiny, at local, regional and national levels and was not solely based on health related issues. The main two health scrutiny themes discussed were:

    - Patient safety matters to non-executives
    - Health Inequalities – An asset model

NHS North Yorkshire & York Board Meeting (20.06.2009)

11. Councillor Wiseman attended the above meeting and provided the following information for this report:

    - Received a report from the chairman detailing his activities for the previous month. He reported that 35 applications had been received for the position of a Non-Executive. He also reported that an agreement had been reached with the Appointments Commission about the job specifications for a new post of Independent Chair of the Community and Mental Health Services Board of the PCT.
    - Received a report from Chief Executive indicating Giles Wilmore has taken up the job of Director of Corporate Affairs. She updated the meeting on the Swine Flu advice. Since the last meeting, the Selby Community Project (a scheme to build a joint hospital and civic centre) had received full planning permission. This project was awarded a silver award from Association of Healthcare Communicators and is hoped to appoint a building contractor soon.
    - Received a report from the Clinical Executive (CLE), to update the Board of the progress of Practice based Commissioning and World based

Commissioning. There had been local meetings to raise the profile of the CLE with clinicians and discussion as to how they can make clinical engagement more effective.

- Received a report from Director of Clinical Engagement regarding the Clinical Engagement and Leadership Strategy. It was acknowledged that there would be changes in policy direction to become World Class Commissioners. Underpinned by both the policy drivers and the emergent values, the strategy aims to achieve a number of goals. These aim to shape and drive the work over the next two years so there will be a demonstrable improvement in various areas.
- The Board was presented with the Performance Dashboard and the Performance Framework 2009/10. It was reported that NHS North Yorkshire and York had set itself the overall aim of becoming the "most improved PCT in the country". The document presented set out the intended local framework for monitoring, managing and improving performance.
- Received a report on Commissioning for Quality. The report set out the roles that commissioners would be taking and the approach to measuring quality. These measurers would be used for the Board to receive assurances about quality of care that is being provided.
- Received a report of the Business Plan 2009/10. The officer summarised that the PCT is currently refreshing its 5-year commissioning strategy, which will be published in October 2009.The Business Plan sets out the five key priority areas for the Organisation in 2009/10.
- Received a paper on 'Delivering Single Sex Accommodation'. A task force had been established and the report indicated the allocation of funds to deliver the aim by various dates the latest being April 2010 in Scarborough and East Yorkshire NHS Trust. York Hospitals NHS Foundation Trust reporting scheme as green for completion by the end of June 2009 confirming the scheme will complete by the end of July 2009.
- The Board received the Annual Accounts, Statement on Internal Control and the third Annual report.
- Received a paper on 'Transforming Community Services' which laid out the future Programme purpose and business objectives. Community Services Strategy Development, Provider Development and Mental Health transfer.
- Received a paper, which detailed the approach being taken to promote quality of service, seek assurances to the quality of service and intervene where there are areas of concern.
- Ratified the minutes of Audit Committee, Provider Committee and the Yorkshire and Humber Specialised Commissioning Group.
- Agreed next meeting to be 10:00am 28th July at The Galtres Centre Market Place, Easingwold.

LINks (Local Involvement Networks) Development Event (30.06.2009)

12. A further event took place as part of the "Minding the Gap" project on 30th June 2009, concerning the development of LINKs, which was attended by Councillor Sandy Fraser, as a member of the Health Overview & Scrutiny Committee (OSC).

Included in the event were sessions on:

- An overview of LINKs – statutory basis, role, powers, relationships with commissioners and role in commissioning policy, engaging with stakeholders
- LINKs Development across the Yorkshire &Humber Region
- Effective Engagement – current stages of development, expectations of LINKs & stakeholders
- Developing a Support Programme

13. It was clear that the LINKs in the Region were all at very different stages of development, and that York was one of the few that had actually already established some degree of joint working between the OSC and the LINk and other Health/Social Care partners; some were still trying to establish their first contact.

14. Further events in the "Minding the Gap" are planned for later in the year.

Regional Health Scrutiny Officers' Meeting (07.07.2009)

15. Following their meeting on 13th May 2009 the Regional Health Scrutiny Officers met again to discuss their possible ideas for the CfPS support programme (paragraphs 7 & 8 of this report refer). After discussion it was agreed that the Regional Health Scrutiny Officers would ask the CfPS to split the ten days free support offered over the following two topics:

- Produce DVD and cribsheet around commissioning for e.g. 10 questions to ask about commissioning
- Produce a pack for non-health scrutiny Members to embed health into the work of other scrutiny panels

16. On submission of these ideas the CfPS indicated that they would be happy to support the Officers with the production of a pack for non-health scrutiny Members. However, they did not feel that the commissioning element of the bid met the aim of being a joint piece of work. Officers, therefore, agreed to discuss the matter further at their next meeting.

17. An update was given on the Northern Burn Care Network, which had recently decided that there would be 2 adults centres and 1 children's centre in the Region. One of the adult centres would be in Wakefield and the children's centre would be located at Manchester.

Meeting with Chief Executive of NHS North Yorkshire & York (10.07.2009)

18. The Chair, Vice-Chair and Scrutiny Officer met with Jayne Brown, the Chief Executive at NHS North Yorkshire & York. The meeting was primarily to introduce the new Chair and Vice-Chair to Ms Brown but discussions also touched on key themes and priorities for NHS North Yorkshire & York over the coming months.

Meeting with LINks (17.08.2009)

19. The Chair, Vice Chair and Scrutiny Officer met with the Partnership Co-ordinator from LINks and the following topics were discussed (these are set out in more detail in the report on LINks in today's agenda):

- Update on LINks input into feasibility studies and how this is working
- Discussion on how the Committee should receive the Annual Report from LINks
- Update on LINks current work plan
- How referrals from LINks would be made should they arise
- Viability of co-opting a Links representative onto the Committee

Health Scrutiny Information Day (18.08.2009)

20. This day was organised for Members to receive updates on the current issues from the Yorkshire Ambulance Service, NHS North Yorkshire & York, York Hospitals Foundation Trust and LINks. Members also received information on 'Delivering Healthy Ambitions', the five year strategic plan for NHS North Yorkshire and York as well as an update from Dr David Geddes on referral guidelines.

September Regional Health Scrutiny Officer's meeting (10.09.2009)

21. Following their meeting on 7th July 2009 Regional Health Scrutiny Officers met again to discuss how best to use the 10 free days support the CfPS were offering for regional work. A bid had been submitted to CfPS and they had expressed interest in working with Officers on the pack for non Health Scrutiny Members (paragraph 15 of this report refers). However, they did not feel that producing a DVD and crib sheet regarding commissioning met the criteria needed for a successful bid. In addition to this, the CfPS is aiming to produce documentation relating to commissioning and they do not want anything to duplicate the work they are doing.

22. Other topics of discussion included the Regional Health Scrutiny Protocol for joint scrutiny working, the Annual Health Check and forthcoming events being organised by Minding the Gap.

Options

23. This report is predominantly for information only; but Members are asked to consider whether they would like to look at any of the issues raised in more detail.

Analysis

24. Members and Officers who undertake work in relation to Health Scrutiny attend many events outside of the Committee's formal cycle. This report has been prepared for the purposes of transparency and information sharing.

Corporate Strategy 2009/2012

25. This relates to the following theme of the recently refreshed Corporate Strategy:

    'We want to be a city where residents enjoy long, healthy and independent lives. For this to happen we will make sure that people are supported to make healthier lifestyle choices and that health and social care services are quick to respond to those that need them'.

Implications

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

Risk Management

27. This report is for information only and there are no known risks associated with it.

Recommendations

28. Members are requested to note the information within this report and consider whether they would like to look at any of the issues raised in more detail.

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

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Report Approved ✓ **Date** 14 September 2009

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

None

Annexes

None

Health Overview & Scrutiny Committee Work Plan 2009-10

Items in italics show recently added, changed or slipped items

Meeting Date	Work Programme
8 July 2009	1. Report on Overview & Scrutiny Committees - Terms of Reference 2. 2008/09 Year End Outturn Report 3. Corporate Strategy – Key Performance Indicators & 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 4. Feasibility Report – Inspector's Report Re: Adult Social Services 5. Update on the Dementia Review
23 September 2009	1. First Quarter Monitoring Report 2. Report on the working relationship between LINks, North bank Forum (NBF) & the Health Overview & Scrutiny Committee 3. Health Scrutiny Networking update 4. Presentation/Briefing Note on Mental Health Procurement/Commissioning in York 5. *Update on Annual Health Check* 6. *Feasibility Study for proposed new review – 'Childhood Obesity'* 7. *LINks Public Awareness & Consultation (PACE) reports*
2 December 2009	1. Second quarter Monitoring Report 2. Update report from the Director of HASS on the proposed Scrutiny Topic (Outreach Workers) 3. Feasibility Study for proposed new review – 'Maternity Matters' *4. Quarterly Update from the Primary Care Trust on Dental Provision in York*
20 January 2010	1. Budget Consultation 2. Audit Commission Report on Use of Resources *3. Update on the Dementia Review* 4. *Update from Area Manager of CQC on the progress in adult social care in York* 5. *Health Scrutiny Networking update*
3 March 2010	1. Third Quarter Monitoring Report 2. Annual Report from relevant Local Strategic Partners
30 June 2010	1. *Presentation from LINks regarding their Annual Report*

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