Notice of meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Wiseman (Vice-Chair), Boyce, Cuthbertson, Doughty, Douglas and Hodgson

Date: Monday, 20 June 2011

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 - 12)
   To approve and sign the minutes of the last meeting of the Committee held on 2 March 2011.

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 Friday 17 June 2011.**

4. **Arrangements for Overview and Scrutiny in York** (Pages 13 - 24)
   This report highlights this Council's current structure for the provision of the Overview and Scrutiny function and the resources available to support it. It also details the agreed terms of reference for the individual Overview & Scrutiny Committees.

5. **Presentation by Lead Officer and Assistant Director on ongoing & future planned work within the Directorate** (Pages 25 - 68)
   The Council's Corporate Strategy Manager will be in attendance to present the following key papers to Members and to discuss ongoing and future planned work within the Directorate:
   - City of York Commissioning Strategy for Older People 2006-2021 (2010 Refresh)
   - Commissioning Plan for Older People 2010-13
   - The Vision for Older People's Health and Wellbeing in York 2010-15

6. **Work plan for the Health Overview and Scrutiny Committee 2011/2012** (Pages 69 - 80)
   This report presents the Committee's draft work plan for the forthcoming year for consideration. It asks Members to consider any additions and/or amendments they may wish to make to it.

7. **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

Agenda Annex

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

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

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

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Holding the Cabinet to Account
The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business from a published Cabinet (or Cabinet Member Decision Session) agenda. The Cabinet 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 Cabinet meeting in the following week, where a final decision on the 'called-in' business will be made.

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

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

Who Gets Agenda and Reports for our Meetings?

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

Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

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

Councillor Boyce	Employed by the Alzheimer's Society, York Trustee of York Carers' Centre
Councillor Wiseman	Member of York Healthy City Board Public Member of York Hospitals NHS Foundation Trust

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City of York Council	Committee Minutes
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	2 MARCH 2011
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, KIRK, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
IN ATTENDANCE	SUE METCALFE – NHS NORTH YORKSHIRE AND YORK ALAN ROSE – YORK HOSPITALS NHS FOUNDATION TRUST HELEN MACKMAN – YORK HOSPITAL GOVERNOR ANNIE THOMPSON - LINKS DEE BUSH – OLDER PEOPLE'S ASSEMBLY GEORGE WOOD – OLDER PEOPLE'S ASSEMBLY KATHY CLARK – CYC STEVE TAIT - CYC
APOLOGIES	COUNCILLORS HOLVEY AND SUNDERLAND

57. 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. Members requested the following changes to the standing interests already declared:

Councillor Fraser	Council appointment non voting Trustee of the Council for Voluntary Services
Councillor Simpson-Laing	Deletion of 'Disabilities Trust' [1.]

Action Required
1. Amend list of standing interests. JP

58. MINUTES

RESOLVED: i) That the minutes of Committee meeting held on 19 January 2011 be approved and signed by the Chair as a correct record subject to the following amendment:

Minute 46 – Update on Recommendations Arising from the Dementia Review (Access to Secondary Care) - in the fourth paragraph the deletion of the words 'The Council's Interim Assistant Director Commissioning and Partnerships' and their replacement with 'The Corporate Strategy Manager'. [1.]

ii) That the minutes the last meeting of the Committee held on 24 January 2011 be approved and signed by the Chair as a correct record.

Action Required
1. Amend minutes. JP

59. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

A new representative of the Older People's Assembly (OPA) introduced herself to members. She stated that of their 50 -100 plus membership that it was health issues that united them all. She confirmed that the Assembly were at present examining the Health and Social Care Bill and were aware of the public consultation that was due to take place. Liaison with other voluntary organisations would be undertaken by the OPA where there were perceived overlaps and she confirmed that Assembly members were looking forward to working with the Council on these and other issues.

60. SIX MONTHLY UPDATE FROM NHS NORTH YORKSHIRE AND YORK

The Deputy Chief Executive of NHS North Yorkshire and York attended the meeting and reported on The Operating Framework for England in 2011/12 which included the transition to new organisational structures which would start to implement the challenges set out in the White Paper.

She confirmed that this was her six monthly update to members and the main points raised covered the following areas:

a. PCT Financial Situation
   - Confirmation that hard work would ensure that they would be close to achieving a balanced budget by the year end.
   - Difficult decisions had had to be made regarding reductions and changes in services with work still ongoing.
   - Proposals were also ongoing to ensure stability for the voluntary sector during the next financial year with the Board supporting taking this forward with 4% efficiencies. Confirmation that this would ensure that no future short term decisions were then taken.
   - Work with other organisations/providers was still ongoing and would be completed by the end of March.

b. Transforming Community Services
   - At the end of last year, agreement had been reached that community based services would go back to local providers. Work was ongoing with arrangements for the transfer of staff, which included Selby and Scarborough with transition letters due out on 1 April.

- There had been a number of interested providers for the transfer of mental health services however this had taken longer than the process for community services because of the formal tender process. A tender had now been approved with services in the York/Selby and Tadcaster area being awarded to the Leeds Foundation Trust. Owing to the need for Monitor to approve the changes, this would probably not now formally take place until September/October 2011.

c. White Paper - Transition
   - The transition included NHS development and support for the new General Practitioner Commissioning Consortia.
   - Five core Commissioning Consortia were proposed and two fringe Consortia. One of these would cover the York/Pocklington/ Tadcaster/Selby area covering a population of 300,000 with the late addition of Kirbymoorside into the area. Confirmation that this would cover a wider area than that covered by the York Health Group with GP's having a choice of which Consortia they joined. Two Pathfinder Consortia existed in the area.
   - Details of PCT clustering arrangements to try and maintain staffing levels and provide stability and continuity throughout the transition.
   - Details of the emerging Commissioning Board, which would be up, and running by October 2011 with the National Board headquarters being sited in Leeds.
   - NHS North Yorkshire and York's wish to maintain and continue their good working relations with all.

Members then questioned a number of points raised including:

- Confirmation received that GP's could only join one Consortia but that their patients could cross boundaries.
- Was there a requirement for the PCT to clear their historic debt. Confirmation that the debt had to be cleared and in current balance which would be carried out over this and the forthcoming years.
- As the Council budget for 2011/12 was based on receipt of an Enabling Grant estimated at £1.97m, questioned how robust this figure was and if the PCT were obliged to transfer this directly to the authority. Confirmation that if this had been the figure advised there was no reason why this would not be accurate.
- Confirmation received that tendering for the mental health services had been through the full EU tender process. This had resulted in a clear winner for the York grouping.
- Confirmation that the tender for the muscular skeletal services had last week been awarded to the York Foundation Trust.

The Chair thanked the Deputy Chief Executive for her informative six monthly update.

RESOLVED: That the six monthly update from NHS North Yorkshire and York be received and noted.

REASON: To continue to inform the Committee of ongoing work of the NHS.

61. DRAFT CORPORATE RESPONSE TO: HEALTHY LIVES, HEALTHY PEOPLE: OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND

Members considered a report, which set out the draft corporate response on the public health white paper Healthy Lives, Healthy People and associated documentation. It was confirmed that the City of York Council corporate response to the consultation would be considered by the Executive at their meeting on 15 March.

The Corporate Strategy Manager confirmed that she was not aware of any updates to the response, following consultation, but confirmed that members were still able make additional comments for consideration at the Executive meeting.

Members expressed a number of concerns and pointed out that the draft response appeared inadequate with a number of omissions which included:

- That the response did not appear to reflect the comments and views of members at set out in the minutes of the meeting on 24 January 2011.
- Reference to contradictions with wider policies had not been included.
- Need for a national register detailing who were willing providers for services.
- Monitoring of pandemics etc need to be clear which areas were being retained by Public Health England.
- Reductions in voluntary sector funding.
- Services provided by the voluntary sector to patients with mental health issues.
- GP provider's overview.
- General public health concerns and privatisation issues.
- Concerns at the wide range of providers of both goods and services and destabilisation of the market.
- Procurement knowledge and quality assessment.
- Considered that York had previously received inadequate funding, therefore there were concerns regarding the development of the allocation formula.
- Increases in life expectancy and possible non-continuation of 10 yearly census and resultant future issues.

The Corporate Strategy Manager pointed out that some of the issues raised were about the wider reforms and not just the Public Health Paper.

Following further lengthy discussion it was

RESOLVED: That the following issues be recommended to the Executive as additional points for inclusion in the Council's corporate response to Public Health England at the Department of Health on the White Paper:

- Question 1 - amend last paragraph on Q1 to add ' *this and* other sectors' after the message about potential to be undermined.
- Felt that Question 2 had been misunderstood and that the answer did not adequately answer the question. Suggested that a national register should be set up to show what providers were 'willing providers'.
- Q2 – Members were unclear what the question was asking about securing a wide range of providers, and had concerns that this could destabilise the market. There was a view that 'any willing provider' could lead to contract failures, and that quality needed to be built in to the concept. Members wished to see local authorities required to ensure that procurement around such specialist areas was undertaken by those with a specialist understanding of the requirements and able to make sound judgments about quality.
- Questions 6 & 7- Members did not believe that we should be asking for as much as possible to transfer to the local authority - as this risked inappropriate functions being transferred.
- Question 7 - Concern that some of the broader issues such, as the reductions in benefits would not be addressed through the proposals.
- Question10 – Members felt that there should be a reference and emphasis on the long-standing concerns that current allocation formulas disadvantaged York. There were also concerns that in the longer term allocation formulas, which were dependent on the census, would not be sustainable if the census did not continue.
- The draft response was also not felt to include adequate reference to the issues raised by the Health Overview and Scrutiny Committee at their meeting on 24 January, and Members requested the Executive to include these issues in any response, if necessary as 'any other comments' if they do not fit within the set questions:

  These issues were:

  - That 'giving every child the best start in life' reference, concern that changes in benefits would have a knock on effect on families
  - Concerns regarding the proposal of working collaboratively with the voluntary sector. Certain members felt this was a finance issue rather than a holistic approach
  - Reductions in funding from health commissioners (minutes say PCT) for the voluntary sector. eg services for young people may result in further pressure on local authorities
  - Conflict with other governmental policies coming through required joined up thinking to alleviate any problems
  - Regional overview of GP providers required
  - Accountability concerns and responsibility to hold commissioners to account
  - Concerns that consortia may have differing outcomes in each area

• Importance of Health And Wellbeing Board and Scrutiny arrangements in scrutinising the provision of services and the providers [1.]

REASON: In order that the Committee's full response to the governments White Paper can be included in the City of York corporate response.

Action Required
1. Refer Committee's comments to Executive. TW, KC

62. THIRD QUARTER MONITORING REPORT - FINANCE AND PERFORMANCE IN ADULT SOCIAL SERVICES

The Committee considered a report which analysed the latest performance for 2010/11 and forecast the outturn position for all the relevant services falling under the responsibility of the Director of Adults, Children and Education.

Officers confirmed that the earlier over spend had been significantly reduced however there were still financial pressures arising from more people taking direct payments, the higher number of referrals for independent residential and nursing care and payments for agency staff. It was reported that there had been a projected under spend in a number of areas owing to vacancies being held across Small Day Services budgets, increased income from the PCT for their use of Pine Trees and additional resources identified within the Social Care Reform Grant.

Members commented on a number of issues including:

- Concerns at the apparent lack of performance improvements in some of the indicators. Confirmation that certain indicators showed interim figures pending further care package reviews etc.
- Incorrect column heading for the performance indicator targets.
- Information required on the present position in relation to the setting up of a pool of bank staff to provide continuity and reduce the need for agency staff. Members to be emailed details of the present position. [1.]
- Questioned possible increased pressure on residential homes if experiencing higher turnover from shorter stays. Confirmation that length of stay was monitored and that at present this showed an average stay of 12 to 18 months, which did not appear to be having any detrimental financial impact. However it was confirmed that this would continue to be monitored.

The Chair thanked officers for the work undertaken to reduce the pressures.

RESOLVED: i) That the 2010/11 third quarter monitoring report on finance and performance in Adult Social Services be received and noted.

ii) That Officers be requested to include in future monitoring reports an indication of whether or not the indicators are likely to hit target. [2.]

REASON: To update the Committee on the latest finance and performance position for 2010/11.

Action Required

1. Email Members details of bank staffing arrangements. RH
2. Future monitoring reports to include likelihood of indicators hitting target. RH

63. FINAL REPORT OF THE CARER'S REVIEW TASK GROUP

Consideration was given to the final report arising from the Carer's Scrutiny Review which was due to be presented to the Executive in April 2011. Members were reminded that the key objectives had been to raise awareness of carers and to improve access to information for carers.

Members indicated that it was interesting to note how much unpaid care workers saved both the authority and voluntary groups. Certain members also pointed out that some of the recommendations appeared to be rather tentative. However it was felt that if the review had demonstrated a need, irrespective of funding being available, it was felt that the recommendation should be included. Reference was also made to the large cohort of young carers who often went unidentified.

The Chair then thanked both Task Group members and Officers for all their hard work and research in connection with this review.

RESOLVED: That the final report and recommendations of the Carer's Review Task Group be endorsed subject to the inclusion of details of Task Group membership for presentation to the Executive meeting on 26 April 2011. [1.]

REASON: To complete this scrutiny review.

Action Required

1. Add to Executive work plan. TW

64. WORK PLAN 2011

Consideration was given to the Committee's work plan for July 2011. Members noted that this was the last meeting of the Committee for this municipal year during which there had been a number of achievements. Reference was also made of the need to retain membership consistency for the Committee, if at all possible, in an effort to make early progress on the work planned for the Committee during the forthcoming municipal year.

RESOLVED: That the Committee's work plan be received and noted.

REASON: In order to progress the work of the Committee.

CLLR B BOYCE, Chair
[The meeting started at 5.00 pm and finished at 6.45 pm].

Health Overview & Scrutiny Committee **20th June 2011**

Report of the Assistant Director, Governance & ITT

Arrangements for Overview & Scrutiny in York

Summary

1. This report highlights this Council's current structure for the provision of the Overview and Scrutiny function and the resources available to support it. It also details the agreed terms of reference for the individual Overview & Scrutiny Committees.

Background

2. At Full Council in April 2009 Members revised the Overview & Scrutiny function in York which resulted in the formation of the following Overview & Scrutiny Committees:

- Scrutiny Management Committee
- Effective Organisation
- Economic & City Development
- Learning & Culture
- Community Safety
- Health

Consultation

3. This report is for information only. No specific consultation has taken place on this report, it simply sets out the existing structure and support for scrutiny in York.

Terms of Reference & Common Functions

Scrutiny Management Committee (SMC)

4. This Committee oversees and co-ordinates the Overview & Scrutiny function, including:

- Allocating responsibility for issues which fall between more than one Overview & Scrutiny Committee
- Periodically reviewing the Overview and Scrutiny procedures to ensure that the function is operating effectively and recommending any constitutional changes, to Council
- Providing an annual report to Full Council

- Recommending to the Cabinet a budget for scrutiny and thereafter exercising overall responsibility for the finance made available to scrutiny.

5. In Addition, SMC can:

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

Standing Overview & Scrutiny Committees

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

7. Effective Organisation Overview & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following Council service plan areas through regular performance monitoring reports:

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

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

9. Economic & City Development Overview & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports:

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

10. Learning & Culture Overview & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports

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

11. Community Safety Overview & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports:

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

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

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

13. Health Overview & Scrutiny Committee
This Committee is responsible for monitoring the performance of the following service plan areas through regular performance monitoring reports

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

14. In addition, the Health Overview &Scrutiny Committee is also responsible for:

(a) The discharge of the health and scrutiny functions conferred on the Council by the Local Government Act 2000

(b) Undertaking all of the Council's statutory functions in accordance with section 7 of the Health and Social Care Act 2001, NHS Reformed & Health Care Professional Act 2002, and section 244 of the National Health Service Act 2006 and associated regulations, including appointing members, from within the membership of the Committee, to any joint Overview and Scrutiny Committees with other local authorities, as directed under the National Health Service Act 2006.

(c) Reviewing and scrutinising the impact of the services and policies of key partners on the health of the City's population

(d) Reviewing arrangements made by the Council and local NHS bodies for public health within the City

(e) Making reports and recommendations to the local NHS body or other local providers of services and to evaluate and review the effectiveness of its reports and recommendations

(f) Delegating functions of Overview and Scrutiny of health to another Local Authority Committee

(g) Reporting to the Secretary of State for Health when:

i. Concerned that consultation on substantial variation or development of service has been inadequate

ii. It considers that the proposals are not in the interests of the health service

Standing Overview & Scrutiny Committees - Common Functions

15. In exercising the powers of an Overview and Scrutiny Committee under section 21 of the Local Government Act 2000, the five Overview & Scrutiny Committees shown above have the following common functions:

- Maintain an annual work programme and ensure the efficient use of resources
- Report to the SMC on a bi-annual basis on their contribution to their work programme.
- Review any issue that it considers appropriate or any matter referred to it by the Cabinet, SMC or Council and report back to the body that referred the matter.
- Identify aspects of the Council's operation and delivery of services, and/or those of the relevant Council's statutory partners, suitable for an efficiency review (a full list of statutory partners is shown at Annex A)
- Carry out efficiency reviews or set up a Task Group from within their membership to conduct a review on their behalf.
- Scrutinise issues identified from the Cabinets's Forward Plan, prior to a decision being made.
- Receive Cabinet Member reports relating to their portfolio, associated priorities & service performance.
- Scrutinise the services provided to residents of York by other service providers, as appropriate.

- Comment on the annual budget proposals and elements of the Corporate Strategy.
- Make final or interim recommendations to the Cabinet and/or Council
- Report any final or interim recommendations to SMC, if requested
- Monitor the Council's financial performance during the year.
- Monitor progress on the relevant Council Priorities and advise on potential future priorities.
- Initiate, develop and review relevant policies and advise the Cabinet about the proposed Policy Framework as it relates to their service plan areas
- Support the achievement of the relevant 'Local Area Agreement' priority targets

Roles Within Overview & Scrutiny Committees

16. Members of the Overview & Scrutiny Committees can:

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

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

- Providing leadership and direction
- Working with the Scrutiny Officer to decide how each meeting will be run and agree the agenda
- Working with the Scrutiny Officer and senior officers to ensure an effective exchange of information
- Ensuring an appropriate timescale is agreed for a review, taking into account the Scrutiny team's workload
- Ensuring everyone gets the opportunity to contribute and that they are heard and considered

- Ensuring that officers and witnesses are introduced to the Committee and that they are always treated with respect and consideration
- Working with the Scrutiny Officer on the production of any final reports
- Presenting the final report and recommendations to the Cabinet

18. Vice Chairs perform the Chair's role in their absence. They are also invited to attend Chair's briefing sessions.

19. Statutory & Non-statutory Co-optees:

Statutory

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

Non-statutory

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

Officer Roles Supporting Overview & Scrutiny

20. The work of the Overview & Scrutiny Committees is supported by officers in a number of ways:

21. The Scrutiny Services Team

- Facilitate and support SMC and the Overview & Scrutiny Committees, and organise events and meetings
- Support the SMC in reviewing and improving the Overview & Scrutiny function
- Work with individual Committees to develop their annual work plans, and with SMC to co-ordinate the overall scrutiny function
- Provide independent and impartial advice to Councillors
- Carry out research and gather information as directed by the Committees
- Provide a link between the Committees, senior officers of the council and external witnesses, inviting them to meetings and supporting them throughout the scrutiny process to ensure an effective exchange of information
- Liaise and consult with residents, partnerships and other external parties on behalf of the Committees
- Draft final reports in close consultation with the Chairs of the Committees
- Forward reports and agenda items to the appropriate Democracy Officer on time so these can be published
- Stay up to date with new developments in Scrutiny legislation and implement changes as necessary

22. Lead Officers
    - Provide support and expertise to an Overview & Scrutiny Committee
    - Assist in developing the Committee's work plan and assist in identification of appropriate review topics
    - Ensure resources are made available to the Committee and Scrutiny Officer
    - Attend chair's briefings and scrutiny meetings as required
    - Comment upon the feasibility of scrutinising requested topics
    - Assist Chairs/Scrutiny Officers in the presentation of final reports to Cabinet
    - Champion the role of Scrutiny within their Directorate Management Teams (DMTs) and also will Cabinet Members
    - Provide a link with Directorates ensuring the work of Overview & Scrutiny is supported

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

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

Work Planning

25. Each of the five Overview & Scrutiny Committees will produce and maintain an annual work plan. This will appear on the agenda for each meeting, and will show the different stages of any ongoing reviews and the scheduled dates for receiving the following:

    - Performance and Finance Monitoring Reports
    - Reports from Local Strategic Partners
    - Updates from Cabinet Members
    - Updates on the implementation of recommendations arising from previous scrutiny reviews.

Corporate Strategy 2009/2012

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

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

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

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

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

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

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

Implications

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

Risk Management

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

Recommendations

30. Members are asked to note the contents of this report

    Reason: To inform Members of scrutiny arrangements

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Report Approved ✓ **Date** 9 March 2011

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers: N/A

Annex A – List of the Council's Statutory Partners

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Annex A

Statutory Partners of the Council

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

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

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City of York Commissioning Strategy for Older People 2006 – 2021

2010 Refresh

November 2010

Document 1

City of York Commissioning Strategy for Older People 2006-2021
2010 Refresh

CONTENTS

1. Executive Summary

The Older People's Commissioning Strategy was developed in 2006 to take a long term view of the services that older people will need in York. It looked at the next 10-15 years and identified priorities to deliver the vision of services that older people will want.

Changing services takes time; time to plan; to identify investment opportunities and funding; and time to develop new models and pathways. Setting out our plans for the longer term helps with this, but it is important we regularly review and refresh the strategy to make sure it is still relevant and takes account of changes in policy, information about needs and service provision.

A review of the information on population projections, on known need, and the aspirations of older people has shown that the messages within our original strategy remain sound four years on. Policy developments nationally and locally have reflected and supported the messages from our original strategy.

We know that the numbers of people over 85 in York are growing fast, and we know that some conditions, such as dementia are much more likely to affect people over the age of 85 and so more of those over 85 are likely to need help and support.

Older people, nationally and locally, say they want to live in their own homes for as long as possible, and would prefer not to have to use residential care if they could be supported to stay at home.

Since 2007 we have made some significant changes to services. In response to consultation with older people we have added to the menu of early intervention and prevention services, including delivering the top three priorities from the consultation. We have moved to outcome based domiciliary care contracts. We have developed additional housing with care schemes and have worked with housing and planning colleagues to

begin to expand the choices for those who are homeowners. We have increased the number of beds in our council homes offering specialist care, as the demand for 'standard' care has been reducing. We have increased the number of people using telecare as a way to keep them safe and independent at home. We have agreed a Joint Vision for the health and well being of older people in York, with our health commissioning partners. And we have worked with our council colleagues to ensure they are thinking about the impact of an ageing population in the city on all council services.

There are still some big challenges ahead. Public funding is reducing, and although there is recognition of the demographic pressures in the most recent spending review, we still need to continue the transformation of our services. We know there are still some gaps in some of our services, in their ability to meet demand, in the way they are not yet joined up with health services, and in the way we are still heavily investing in residential care rather than community based care and early intervention services.

Our commissioning plans for the next three years will see us completing a review of our accommodation for older people, to deliver increased capacity to provide quality care for those with dementia and high dependency needs, and to invest in services that can help people stay at home rather than move to a care home. We will need to continue to increase our capacity in reablement services, and make sure we provide integrated services with our health partners. And we need to support the range and capacity of our voluntary sector services to be maintained.

Alongside this we need to ensure that our commissioning arrangements adapt to both the personalisation and stronger communities agendas, and the changing landscape for health commissioners. We want to maximise the opportunities for joint commissioning and make sure we deliver the joint vision agreed with health commissioners this year, which we believe will support the health and wellbieng of our older citizens.

2. Introduction

We know that nationally and locally the proportion of the population aged over 65 will increase dramatically over the next 15 years. Older People are living longer, staying active for longer and making the most of the opportunities of age. But with even higher increases in the numbers of older people over 85, we can expect a greater number of people will need care and support as they do become more frail. We also know that funding for care services is not likely to grow at the same rate as the population growth.

This refresh will look specifically at the changes that have occurred within the last four years. It will review what progress has been made since the strategy was first produced, update the strategic and policy drivers, and the information on needs analysis. It will outline our commissioning plans for the next three years.

Although there have been changes during this time, the key messages and objectives within the strategy remain unchanged. Aspirations of people about the way they want to be helped remain the same. There are clear and strong messages that in future services need to be flexible and responsive to individual choice. Older people will expect to take more control and will expect services to support them to remain independent and healthy and active in their community. This combined with the pressure that the growing population will put on the public purse, means that we must find the most efficient and effective ways to deliver the care and support that will be needed.

Key outcomes that this strategy seeks to deliver remain as before:

- Improved health and emotional well being enabling older people to stay healthy
- Improved quality of life
- Older people able to make a positive contribution
- Increased choice and control
- Freedom from discrimination
- Economic well being

- Maintaining personal dignity and respect

In 2006 we concluded the following:

- Our population of older people was set to increase by over 30% during the lifetime of the strategy, with the highest growth in the Over 85's. This is the group who are most likely to need support from health and social care agencies.

- Best Value will be achieved by knowing what conditions can be managed by early intervention, and targeting services to people to provide that intervention.

- We need to improve our identification and support to carers and work with primary and secondary care practitioners to do so.

- Day time support services need to provide more effective respite care, and to allow those with health and personal care needs access and choice in day time activities.

- As the number of older people with dementia increases we need to ensure our services are as comprehensive and effective as possible. The focus will be on the development of more community based health and social care, including more intensive and crisis response services, and more support for carers. Development of more integrated working, and improved support at GP practice level.

- The way we collect and analyse information will need to change to allow us to understand more about care pathways and effective interventions, and thus deliver services that will provide best value.

- We need to have a range of services which are outcome focussed in respect of personal care, domestic support, practical help, advice and information and social activities and inclusion. Continued investment in services that will support people to remain in their own homes will be needed, and we will need to ensure that preventive services can

support those in need who do not meet the Council's Eligibility Criteria for services.

- A growing number of older people will be interested in using technology within their homes to help maintain their independence. The next generation of older people are already likely to be used to using the internet, digital communication and technical innovations.

- We will need to shape and manage the development of specialist housing options for owner occupiers.

- We need to influence a range of other council services to ensure that the growing needs of older people are addressed

- Older people may need some help to make best use of individualised budgets and direct payments, but if they are encouraged to take more control over the services they use, we will need to change the way we commission and manage the market.

- As the proportion of the population of older people increases, the available workforce within York will decrease. The development of strategies for the recruitment and retention of staff will be a key priority, if care and support is to be offered to this growing population, both in their own homes and in any residential settings. All services will need to use staff in the most effective ways possible and duplication will have to be avoided if the best use is to be made of staff available. Ways of attracting people to support vulnerable adults who would not normally see themselves as social care workers are required.

- We think there will still be a role for residential and nursing home care, but we would expect to see it primarily provided for those with complex, 'high dependency' or EMI needs. We would aim to ensure that the majority of the increased demand for services due to the demographic pressures, can be met by community based options.

3. What we agreed to do and progress made since 2006

Shared commissioning framework with health.

1. We now have an Adult Commissioning Group, with senior management representation from the Primary Care Trust, York Health Group (the GP commissioning consortium) and the Council. The group also has representation from York Hospital Foundation Trust, the PCT Provider, and CVS representing the voluntary sector.
2. A Whole System Partnership Board has been working together to understand and respond to the pressures within the health and social care system, particularly around hospital care.
3. Both these groups are supporting the development of a shared Levels of Care Model. This is led by the PCT, and will guide service change to ensure people are cared for in the most appropriate setting and with the required mix of skills.
4. Our Performance teams have begun to meet and develop shared used of information.
5. We are working to join our commissioning capacity together to work as a single team

Prevention strategy.

1. We consulted with older people during 2008 and identified their three top priorities for prevention and early intervention support.
2. We have delivered all three of these priorities, with a new information and signposting service, a new handyperson service and a footcare service. The handypersons service has been commissioned in partnership with health and probation through the Supporting People programme. The footcare service was given 'pump priming' funding jointly by the Council and York Health Group. All three services are producing evidence of good outcomes which are supporting improved health and well being and prolonging independence.
3. We have supported the establishment of a new user led organisation. York Independent Living Network held its official launch at the end of October 2010, and has already undertaken

work within the city on behalf of the Department of Work and Pensions.

4. We have supported the voluntary sector to develop more collaborative working, and three groups are exploring options around more joint working in mental health, advocacy and the provision of support and advice for customers.
5. We have increased the use of telecare, with both safety packages and bespoke risk management packages. We now have over 600 people benefiting from telecare, and have worked successfully with care managers to consider telecare as a standard option within care packages. Currently around 30 referrals a month are received by the service. Alongside this we have supported North Yorkshire and York Primary Care Trust in their pilot of telehealth monitors, for COPD, heart failure and diabetes patients.
6. We have an independent new Carers Centre offering support and advice to over 1600 carers. We have introduced an Emergency Card scheme, have developed two discount schemes for carers, and have a new and vibrant carers forum.
7. We have led a council wide review of services to identify what is already in place to respond to a growing older population and what still needs to be done.

Care at home

1. We have entered into a Knowledge Transfer Partnership with University of York St John, to improve our reablement team's skills. The team is beginning to deliver better outcomes for customers, who are using less care at the end of the 6-week service, but the team is still not operating at the level we would wish.
2. We have retendered our locality home care contracts, and from mid November 2010 will have two main providers, with an additional 5 providers with whom we will work on a framework agreement. The new specifications are outcome based, and the contracts offer choice and control for customers. Customers will be able to agree with providers how and when they will use the care hours they have available to them.
3. We have introduced an online self-assessment for basic equipment and aids to daily living, and are in the process of setting up a clinic

which will enable people to access advice, be assessed and try out equipment.

Older People's Housing Strategy

1. A refresh is now ready for approval by the Executive Member. We worked with housing and planning colleagues to commission an analysis of older people's housing needs, and this has informed both the new housing strategy and the Local Development Plan.
2. A Housing Options Team has been developed to provide better information and advice to anyone looking for accommodation.

Development of Extra Care

1. We supported a local social housing provider in the remodelling of a sheltered housing scheme to provide Extra Care in Huntington, one of the wards with high older population and no Council housing properties.
2. We have worked with housing colleagues and another social housing provider to develop a purpose built scheme which will open in the new year, and which will pilot a hub and spoke approach to support provision.
3. We are linked in to a project initiated by Joseph Rowntree Foundation to explore ways to combat social isolation for older people, to explore how a 'virtual' extra care community might be established within a neighbourhood. The project will work in two wards in York and two wards in Bradford and we expect it will connect in to the Council's work on piloting neighbourhood management.

Review of Council residential care homes

1. We agreed with Members in December 2009 to develop options for the future use of the resources invested in our nine care homes by June 2011.
2. As an interim measure we have been consolidating our respite care provision within one home. This will provide an additional 4 long-term beds for people with confusion in our two specialist homes.
3. We have also increased our capacity to provide high dependency care by 4 beds, and will be offering more short-term beds to meet

winter pressures. We are still in discussion with the Primary Care Trust about potential use of further beds for transitional care.

4. Changes to National and Local Policy

National policies

The Local Government and Public Involvement in Health Act 2007 introduced Joint Strategic Needs Assessments (JSNA). Directors of Adult Social Care, Children's Services and Director of Public Health are now required to undertake a needs assessment to inform the planning, commissioning and development of services to improve health and wellbeing across the City of York area. York's first JSNA was published in 2008, and the second in September 2010. The JSNA brings together what we know about health needs and presents findings from the data that is collected locally and nationally and from the key themes gathered from engagement with our community. The refresh of the needs analysis for this Long Term Commissioning Strategy therefore now reflects the messages within the JSNA.

The National Carers Strategy June 2008 outlines the improvements expected to support Carers. Our strategy in 2007 had identified carers as key partners in ensuring older people can be supported to live in their own homes. The national strategy confirmed this with strong messages about the support carers need including: planned short breaks for carers; support to obtain or remain in employment; piloting of annual health checks for carers, and easily accessible information. The Government published **Recognised, valued and supported: next steps for the Carers Strategy** in November 2010**.** Messages within this document confirmed the importance of: enabling those with caring responsibilities to fulfil their educational and employment potential; providing personalised support both for carers and those they support, enabling them to have a family and community life; and enabling carers to remain healthy and well. It emphasied the need to support those with caring responsibilities to identify themselves as carers at an early stage, recognised the value of their contribution and of involving them from the outset both in designing local care provision and in planning individual care packages.

Transforming Social Care (LAC(DH)(2008)1) described the vision for development of a personalised approach to the delivery of adult social care. Supported by the concordat Putting People First, the circular builds on the messages in Our Health Our Care Our Say to deliver outcomes that allow people to live independently, stay healty and recover more quickly from illness, participate in family and community life with a quality of life and with dignity and respect. It requires delivery of more choice and control for service users, more focus on prevention and early intervention, greater use of telecare and assistive technology, a reablement approach to service delivery, and joined up working with health and other council services.

In November 2010 the Government produced a **New Vision for Adult Social Services: Capable Communities and Active Citizens**. It builds on the personalisation agenda and seeks to offer people real choice and control. It puts outcomes centre stage and looks at the opportunties in strong and resilient communities for people to support themselves and each other. Local authorities are to help shape the local care and support markets, foster 'co-production' or the full invovlement of customers and cares in the design and delivery of servcies, and use a personlised approach to balance risk and choice to help people stay safe

Living Well with Dementia - National Dementia Strategy February 2009 was produced by the previous government but has been updated by the new coalition government with **Quality outcomes for people with dementia** September 2010. This gives with a clear focus on the outcomes for patients and their carers. We need to deliver better awareness, more early diagnosis internvention and support, more appropriate treatment, support for carers, dignity, choice and control for those living with dementia and improved end of life care.

Liberating the NHS is a White Paper, produced in July 2010. It aims to deliver choice and control for patients. It seeks to enhance the role of Local Involvement Networks (LINks) which will develop into HealthWatch with additional responsibilities to provide advocacy and support to help people access and make service choices, and to make a complaint. Local authorities will become responsible for delivering national objectives for improving population health outcomes. Councils will become responsible for a ring fenced public health budget. Local Directors of Public Health will

be appointed jointly by the local authority and a new national Public Health service. Health and Well-being Boards will be established by local authorities or within existing strategic partnerships, to take a strategic approach and promote integration across health, adult social care and children's services, including safeguarding, as well as the wider local authority agenda. Most of the commissioning currently undertaken by Primary Care Trusts (PCTs) will transfer to local consortia of GPs, who will be approved by an autonomous statutory NHS Commissioning Board.

Local Policy

A corporate review of the impact of an ageing population was undertaken in 2009/10 to understand the implications for all Council Departments, identify what was already being addressed and what more could be done. The review identified areas where we could do more:

- Understanding our customers' needs and aspirations;
- Promoting positive messages and images about ageing;
- Improved co-ordination between initiatives in different directorates;
- A shift to more Community Level Planning;
- Tackling social isolation and increased access to leisure, learning and activities;
- Harness the role and contribution of the voluntary sector more in helping deliver this agenda.

A Joint Vision for the health and wellbeing of older people was developped and agreed during 2010 between the Council, North Yorkshire and York Primary Care Trust, and York Health Group, the York GP commissioning consortium. The overarching vision for older people in York, to be achieved over the next five years, is one where a higher proportion of older people remain within the community, having fewer hospital and care home admissions and are able to enjoy: greater independence; a wider choice of accommodation options; and greater social engagement. The vision sets out to define overarching outcomes which can be applied across health and social care provision and where those outcomes can only be achieved by health and social care working together, and with voluntary organisations and other third sector bodies. Five strategic outcomes have been developed through which the vision can be achieved. These are that more older people will:

- Be demonstrably treated with dignity and respect.
- Have greater involvement in family and community life.
- Be able to achieve greater independence.
- Report that they are able to maintain good health.
- Remain within a home of their own**.**

A renewed **Older People's Housing Strategy** is currently out to consultation. The draft findings within the strategy are:

- There is need for more accessible and clear information about housing for older people and services available to support independent living.
- Three in four older households own their own home and a large number have significant equity. There is scope for some of this equity to fund housing and support in later life.
- One in every two older households is under occupying their home. The reasons for this are complex, but in part due to a lack appropriate housing options.
- There is significant need for more help maintaining homes, adaptations to keep homes safe and accessible, and assistive technology to enable older people to remain in their homes for longer.
- There is a need for further home support options.
- There is a need for better designed homes offering longevity and flexibility for the changing needs of ageing.
- Within homes offering greater levels of support, such as sheltered housing, sheltered housing with extra care and residential care or nursing homes, there is under provision of affordable two bedroom accommodation and an over supply of one bedroom. There is also demand for a greater range of tenure options, particularly ownership, shared ownership and leasehold schemes.

The following strategic aims and objectives, are expected to form the basis of our older people's housing action plan for 2010-2013:

1. Ensure older people can make informed housing choices and plan ahead by providing accessible and clear information on their housing options.
2. Ensure older households can remain independent in their own homes for longer.
3. Where there is need for housing with greater levels of support ensure it promotes and enables maximum independence and choice.

5. Review of Need and Demand

Population needs assessment/Population Profiling

Census data within the original report remains unchanged with the new census due to be undertaken in 2011. This means the maps and information based at ward level remain unchanged from the original strategy document.

Since the original Long Term Commissioning Strategy was written the Institute of Public Care, who supported our work in 2007, have developed a web based national population projection tool, (POPPI http://www.poppi.org.uk/index.php?pageNo=314&areaID=8301) which provides local, regional and national data for many of the areas we looked at in our original needs analysis. POPPI data offers us projection up to 2030.

We have decided to use the information available through POPPI, together with the information from the York Joint Strategic Needs Assessment to refresh the needs analysis within the strategy. The POPPI information has the advantage of being consistent across the region and country and so has greater validation than the local data that was used in 2007 before this resource was available. However this means that our information sources are different from those used within the original strategy document and so minor changes in figures should be regarded with caution.

The broad messages from this population analysis remain unchanged. Our population of older people is increasing, and particularly in the over 85 age group. This population growth drives the increasing projections of older people experiencing a range of health issues, with dementia one of the conditions most likely to impact on more people's lives and require more from care and support services.

Appendix 1 provides the refreshed tables, including additional information not available in 2006, concerning:

- The numbers of older people living alone
- Admissions to hospital as result of a fall
- Continence
- Hearing impairment

New information from surveys and consultation

In 2008 the Council undertook consultation, on the key messages and challenges identified in the Long Term Commissioning Strategy, with local older people. This was conducted through dialogue with local stakeholders and voluntary sector organisations, through an online and postal questionnaire (which was distributed with the help and support of voluntary sector partners, including York Older People's Assembly) and through small facilitated focus groups.

What we found out:

- There was a clear view that we should be lobbying for an increase in the funding available for older people's social care services, given the increasing numbers of older people over the next 15 years.

- 63% of the survey respondents wanted to see us working with housing providers to enable people to stay in their own homes as their care needs increase.

- Home adaptations (73%), receiving help with the practicalities of running a home (70%) and help with personal care (70%) are considered the three most important aspects for helping people live in their own homes for longer.

- 58% would possibly consider moving to supported housing or housing

with care, and a quarter of these would be interested in buying a property,

- 50% of survey respondents felt we should develop the use of telecare sensors linked to the community alarm service to help people manage risk and receive support when they need it.

- Over 80% agreed residential care should focus on the needs of those with dementia and high dependency care.

- 46% thought we should look to see if we can provide residential care in the independent sector at a lower price, but the same quality as council run care. However 61% want to see both the council and the independent sector providing residential care in the city, and the focus groups told us that people were concerned to ensure that the Council takes a central role in assuring the quality of care.

- 35% wanted us to develop more low level services, to reduce the need for more intensive care services. However there was concern that we should not change our eligibility criteria or reduce our funding for the more intensive services to pay for this, because it is recognised that at some point people will still need the more intensive services.

- To help older people live more independently respondents would like to see handyperson services (72%), one point of contact for advice and information (68%), and the footcare and toenail cutting service (67%) more widely available. There is also a need for better support for those diagnosed with dementia, assistance with gardening and help with shopping. (60%)

Service user and carer profiling

The 2009/10 data available through the NHS Information Centre shows we have lower than average numbers placed in residential and nursing care, compared to both our comparator group of authorities and the

national average; and higher than average number of people receiving community based support packages.

We have high numbers of people discharged from hospital into residential care and are the fourth highest in our comparator group (4/47)

We also have high number of hospital bed days (2072 in the year) for over 75's with 2 or more emergency admissions to hospital (13/47 in our comparator group). This relates to 65 individuals (20/47).

As a result of the analysis within the original strategy we predicted that demand for services was likely to grow at around 7.4% a year on average. Our referral rate has grown in line with this prediction.

6. What has changed in our services

Quality

Although we have many good quality services in the city we need to continue to promote and encourage improvement in quality in some of our care services. The CRILL data provided by the Care Quality Commission has some limitations, with data being historic, but it shows we were below the regional and national benchmark on our purchasing of quality care in 2009/10. This is within a national context of increasing quality across all sectors. These issues apply to a small number of both in house and independent sector providers, but where we have had a significant number of customers served by the provider, and to some historic out of area placements.

We continue to work robustly with any providers who are identified as having issues with quality, supporting them with improvement plans, and using contract monitoring and management to underpin this work.

Prevention and early intervention services

We have already listed the new services now in place as a result of our action plan from the original strategy.

We know that the new signposting and information service, provided by Age Concern is offering a valued service, and that in the first year it helped nearly 500 older people to access services and support to enable them to stay warm, stay safe, reduce their social isolation, access health services and practical help to maintain their independence.

The new handyperson scheme has proved extremely popular, and this has caused some issues with waiting times for a service. The service is funded through our Supporting Team, and is provided by one of the local social landlords. We continue to work with the provider to find ways to improve access to the service within the funds we have available.

The new footcare service, provided by Age Concern has had a slow start but has helped to identify significant numbers of people who need a health care service. Age Concern has worked very positively with the local podiatry service and now has an agreement for direct referrals to the health service.

The new independent carers service has delivered improved information to carers. It has managed a new emergency card scheme, which works with our community alarm service, to allow carers to record the arrangements they have put in place in case of an emergency and they are unable to care as planned. The centre has also facilitated two discount schemes for carers, one with the Council's Leisure Services and one with local businesses.

Housing and housing related support

We have increased the number of extra care schemes within the city over the last four years by two, six of the eight schemes within the city are provided by registered social landlords. The other two are provided by a voluntary organisation.

There are still limited housing choices for owner occupiers in the city, but the new Older People's Housing Strategy and the Local Development Plan will address this. Information on housing choices has been improved, through the Housing Options Team, but we know it can be further enhanced.

We have a fairly traditional model of housing related support within the city, based primarily within designated sheltered housing schemes. These continue to be very popular with tenants, but there are indications that this may not be the best way to target the resources we have on those who most need them. A number of the residents in sheltered schemes tell us they do not need the support provided, and would prefer not to have to pay for it. We have remodelled some services to offer 'floating support', particularly in those schemes which do not have a community room. Alongside this we are looking to increase the 'floating' support available to older people who are not living in designated schemes, to offer more flexibility, and move the concept of 'extra care' out of buildings and into the community.

The demand for housing adaptations support still outruns the resources available. We have moved to a new loan based offer, but funding reductions will add additional challenge in this area.

Home care services

Our reablement team has made progress in the development of skills within the team and a knowledge transfer partnership has been established with University of York St John to support our workforce development. This is beginning to lead to customers needing reduced levels of support by the end of the six weeks of reablement service. However this has not been achieved as quickly as anticipated, and is still not at the levels we would hope for. Issues remain about value for money. Based on evidence from CSED and other authorities who have and effective reablement services we will need to deliver double the number of hours currently delivered.

Our other in house home care services continue to be costly to provide, and although they remain popular there is no evidence from quality ratings and customer feedback to show that this additional cost delivers any higher quality than independent sector providers can offer.

We have just agreed new contracts with the independent sector, which are outcome focussed and designed to offer more choice and control to customers. Providers will work with customers, direct, to plan how the outcomes, agreed between the customer and our care managers, are to

be achieved within the resources allocated through our new support assessment processes. We have two locality based preferred providers and alongside this a framework agreement with a further five providers, which offers choice, and brings flexibility into the market.

Intermediate Tier services

Hospital discharge delays have increased over the last three years. Some of this has been seen as a lack of capacity within home care services, but even with additional capacity added, the problems have not resolved.

The Use of Resources information shows we have higher numbers of older people with repeat emergency hospital admissions. It has become clear that there are no discrete community based heath intermediate care services within the city. Instead the 'virtual wards' pick up referrals from both hospital discharge and from the PCT's rapid response team, who offer up to 6 days 'step up' emergency care.

In spite of our transitional care beds we still have too many people being discharged from hospital into residential care, and an MCAP analysis of hospital bed usage in 2009, undertaken by Tribal Consulting for the PCT, shows that our hospitals have excessive numbers of people who are being cared for in the wrong place. The Use of Resources Information shows that we have relatively high numbers of over 75's with 2 or more emergency admissions to hospital.

Work is currently underway with the Primary Care Trust to model what a good community based intermediate service should look like. This work will link to the developments of our own reablement service, and to our review of residential care resources

Residential care

We still do not have sufficient capacity to meet the demand for residential and nursing care for those living with severe dementia.

New independent sector providers are still interested in developing new homes within the city, and we have encouraged them to provide capacity for dementia care and those with high dependency needs. One home has

opened within the city and no homes have closed during the last four years

We still directly provide residential care in nine council homes, and have significant resources tied up in this provision. These homes are unlikely to meet the aspirations of older people in the future, with very small numbers of the rooms having ensuite facilities. We are in the process of reviewing these homes, with a view to increasing the capacity within the city for residential care for those with dementia and high dependency needs and moving more of our resources to support people in the community.

Carers Support

Carers still tell us that they find it difficult to get the breaks they need. Our Flexible Carers Grant scheme continues to be very popular, but is under significant pressure and does not yet work on an outcome based model. Respite care services within the home are still under pressure, with waiting lists, and one of the respite services, for those with Multiple Sclerosis is planned to close at the end of March 2011.

7. Funding

In 2007, based on the projected increases in demand for service, we predicted that we could be facing an additional £10m budget pressure by 2020. We are already seeing this pressure in our budgets.

We await the details of the Comprehensive Spending review but anticipate that we will need to make savings as well as move investment from some services, to develop new services. Government has committed additional funding for adult social care nationally, and expects that additional money will be transferred from the NHS for investment in social care services. This will help us in our commitment to move to Place Based budgets, but we expect the challenges of reducing funding for all public services to be a real challenge.

The Supporting People programme is anticipating a minimum of 5% annual reductions due to the allocation formula introduced by government

three years ago, with an additional 3% potentially as a result of the Comprehensive Spending Review

The voluntary sector continues to feel very vulnerable to funding reductions.

The most recent benchmarked data on activity and use of resources 2009/10 available through the NHS Information Centre shows that York spends 53% of the older people's budget on residential and nursing placements and is almost exactly midway in the comparator group of local authorities (23/47). We spend 33.5% of the budget on day and domiciliary care and are ranked 22/47 in this respect. 12.7% of the budget is spent on care management (22/47).

8. Our priorities - What we will do next

Taking account of the continued relevance of the messages from our original strategy; the messages from our consultation with our older population, and the changes we have achieved together with the challenges we still have within our services, the following sets out our commissioning intentions for the next three years.

We will:

- Develop proposals to allow us to increase the reablement capacity and deliver better outcomes for customers. This should help us manage the increasing demand for long term home care services
- Embed telecare and carers' support in our reablement model
- Work with the PCT to integrate our remodelled reablement service with the health intermediate care services, improve the links between telecare and telehealth services, and develop alternatives for people coming out of hospital into permanent residential care
- Review our in house care services and produce recommendations to improve cost effectiveness

- Develop more flexible housing based support services which will allow older people to access the support available to those in sheltered and extra care schemes without having to move
- Bring forward proposals for the best use of the resources invested in our nine council homes to provide increased capacity for residential and nursing care for those with dementia and high dependency care needs, and increase housing choice and community support for older people in the city
- Secure suitable partners to help us deliver the extra housing and care facilities which will be high quality, fit for the future and cost effective
- Invest some of the savings produced through our efficiency programmes to ensure that community based support (domiciliary and overnight care, respite care, practical support at home, housing related support, befriending and social interaction) is expanded to meet the growing numbers who remain independent at home.
- Continue to support carers and develop services that enable them to continue in their caring role and maintain a life of their own
- Work with the voluntary sector to retain sustainability of their services by ensuring those we commission are delivering outcomes that support our strategic aims.

Commissioning Plan Older People 2010 – 2013

This commissioning plan is based on the intentions and aims within the following documents:

- Long Term Commissioning Strategy for Older People 2006-10, including a refresh in November 2010
- More for York Blueprint for Adult Social Care – agreed December 2009
- Joint Vision for the health and wellbeing of older people – agreed July 2010

Objectives:
To ensure best value for money, and best use of resources to support a growing number of older people.
To invest in services that reduce the need for and funding for residential and hospital based care and increase independence
To increase the capacity for EMI residential and nursing care and high dependency residential care within the city, and reduce the number of 'standard' care beds provided by the Council
To reinvest some of the savings achieved through these programmes in community based care and support
To increase the housing based choices for older people, and develop our care and support models to enable more people to be supported at home
To offer more support to carers to enable them to continue their caring role

Summary of actions from Long Term Commissioning Strategy Refresh
We are committing to:

- Develop proposals to allow us to increase the reablement capacity and deliver better outcomes for customers. This should help us manage the increasing demand for long term home care services
- Embed telecare and carers support in our reablement model
- Work with the PCT to integrate our remodelled reablement service with the health intermediate care services, improve the links between telecare and telehealth services reducing unnecessary hospital admissions and length of stays, and the numbers moving straight from hospital to long term residential care.
- Review our in house care services and produce recommendations to improve cost effectiveness
- Develop more flexible housing based support services which will allow older people to access the support available to those in sheltered and extra care schemes without having to move
- Bring forward proposals for the best use of the resources invested in our nine council homes to provide increased capacity for residential and nursing care for those with dementia and high dependency care needs, and increase housing choice for older people in the city

- Secure suitable partners to help us deliver the extra housing and care facilities which are high quality, fit for the future and cost effective
- Invest some of the savings produced through our efficiency programmes to ensure that community based support is expanded to meet the growing numbers who remain independent at home
- Increase the support available to carers
- Work with the voluntary sector to retain sustainability of their services by ensuring those we commission are delivering outcomes that support our strategic aims

Action Plan

Service area	Year	Objective	Actions	Funding	Who	Progress
Prevention and early intervention services	2010 -11	Sustainability of services that help support health wellbeing and independence. Expand voluntary and community services to support more people	Review services funded by Social Care Reform Grant and plan for sustainability or exit strategy Continue to support CVS with development of collaborative working	Funding in place for 2010/11. Potential investment needed £50 – 70k for 2011 –12 onwards - to be considered in 2011/12 budget plan £5k Social Care Reform Grant	Commissioning and Contracts team	Continuing SCRG funding approved in 2011/12 budget
	2011-12	Sustainability of services that help support health wellbeing and independence. Commissioned services deliver value for money and are strategically relevant	Work in partnership with health commissioners Deliver plans for sustainability of services previously funded by Social Care Reform Grant Review contracts due to expire March 2012 re strategic relevance, value for money and delivery of	Health funding to be reviewed by PCT. As agreed in 2011-12 budget plan Current contracts approx value £500k	Adult Commissioning Group CYC Commissioning and Contracts (C&C)Team CYC C&CTeam	£1.997m investment plan agreed with PCT SCRG funding approved in 2011/12 budget In progress

			outcomes Recommission or remodel services Learn from Joseph Rowntree project on loneliness	Within existing resources	Corporate Strategy Manager And Neighbourhood Unit	In progress
	2012-13	Sustainability of services that help support health wellbeing and independence. Commissioned services deliver value for money and are strategically relevant	Monitor new contracts	Within agreed resources	C&C Team	
Housing related support	2010-11	Develop more flexible housing based support services	Remodel schemes with no communal facilities to 'floating support' Decommission or reduce funding to schemes judged poor value for money Develop plans to introduce 'tiered' service options for Warden Call	£18.5k saving to SP Programme from 2011–12 , rising to £28.5k saving 2014-15 Total SP funding for elderly support services £1. 28m pa	Supporting People Team	Review under way – consultation commencing June 11

			community alarm service Develop plans to remodel Home Support floating support service and consider tendering new specification Pilot 'hub and spoke' support to sheltered schemes			
	2011-12	Develop more flexible housing based support services Improve information on housing choices	Consolidate community alarm schemes Consolidate floating support services Ensure all sheltered schemes provide support hours per person per week in line with regional average Review hub and spoke model and consult on wider use if successful Develop role of Housing Options	To be confirmed. Some savings will be used to increase floating support services Within existing resources	Supporting People Team Housing Services	In progress

			Team			
	2012-13	Develop more flexible housing based support services Increase housing choice for self funders	Potential roll out of hub and spoke support model Identify opportunities for new developments	To be confirmed Independent sector investment and home owners	Supporting People Team Commissioning and Contracts and Housing	
Domiciliary and community care and support	2010 -11	Ensure that community based support is expanded to meet the growing numbers who remain independent at home Increase the support available	Monitoring new home care contracts to ensure quality and delivery Continue to increase use of telecare as part of care packages Review day care provision within council care homes Model additional capacity and new services needed to support those who currently use 'standard' residential care Review Flexible Carers scheme to	Within agreed budgets Current external home care budgets £3m Within agreed budgets Within agreed residential care budgets To include in investment plans for Accommodation Review paper next year Current budget £140.4k pa	C&C Team Telecare service and care management C&C Team More For York C&C team Carers Strategy Manager and Putting People First Team	Ongoing Ongoing In progress – report due July 11 In progress – report due July 11 In progress

		to carers	be more outcome based.			
	2011-12	Ensure that community based support is expanded to meet the growing numbers who remain independent at home. Increase the support available to carers	Develop proposals to deliver in house home care more cost effectively for June 2011. Implementation of agreed proposals Increase capacity and range of services as planned last year Review respite and short breaks services	Savings and reinvestment options to be included in proposals. Current budget £1.6m Based on agreed investment from home care and residential care savings Within agreed budgets £166k contributed to care packages/respite budget £82k short breaks	More for York C&C Team C&C Team Carers Strategy Manager and C&C team	In progress In progress
	2012 -13	Ensure that community based support is expanded to meet the growing numbers who remain independent at home. Increase the	Continuation of implementation of agreed investment plans			

		support available to carers				
Intermediate Care	2010-11	Increase the reablement capacity deliver better outcomes for customers and manage the increasing demand for long term home care services Integrate reablement service with the health intermediate care services, and reduce unnecessary hospital admissions and length of stays	December - Reablement team proposal to Members January – June implementation plan December - Joint intermediate care/reablement model to Adult Joint Commissioning Group December – January - Draft joint investment proposal to PCT	Funding within current budget levels £1.4m Bid for PCT funding from Department of Health	More for York and Anne Bygrave Adult Commissioning Group	Completed Levels of Care Work continues As above
	2011-13	Integrate reablement service with the health intermediate care services	Implementation and delivery of new reablement and intermediate tier model	Savings to be released from acute sector care to contribute to efficiencies and for reinvestment	Anne Bygrave and Commissioning and contracts team	Levels of Care work with Health Reablement tender in progress

Residential care	2010-11	Increase capacity for dementia and high dependency care Reduce the number of 'standard' care placements and replace with appropriate community support Ensure residential care is provided in quality environments, with good quality care, dignity and respect	Review bed use in 9 homes to increase to dementia placements and high dependency placements Complete analysis of options for longer term use of CYC resources	Within current budgets: £7m and delivering More for York savings Within existing resources	Graham Terry Graham Terry More for York	Achieved Report due July 11
	2011-12	Increase capacity for dementia and high dependency care Reduce the number of 'standard' care placements and replace with appropriate community support Ensure residential	Deliver proposal for residential care for Members approval June 2011 Identification of any partners to deliver proposals Stage 1 of Implementation of agreed proposals	Savings and investment plan within proposals	Graham Terry C&C Team To be agreed	In progress – report due July 11

		care is provided in quality environments, with good quality care, dignity and respect				
	2012 - 13	Increase capacity for dementia and high dependency care Reduce the number of 'standard' care placements and replace with appropriate community support Ensure residential care is provided in quality environments, with good quality care, dignity and respect	Continuation of implementation of agreed proposals	To be agreed	To be agreed	

The vision for older people's health and well being in York 2010-2015

1 Introduction

1.1 The overarching vision for older people in York, to be achieved over the next five years, is one where **a higher proportion of older people remain within the community, having fewer hospital and care home admissions and are able to enjoy: greater independence; a wider choice of accommodation options; and greater social engagement.**

1.2 During the same time period, the deteriorating financial climate combined with the growth in the numbers of older people, will inevitably mean meeting greater demand with fewer resources.

1.3 This makes it essential to transform the services that health and social care fund, to reduce demand through successful and targeted health and social care interventions and to avoid duplication and waste.

1.4 If the vision is to be achieved then health commissioners and the local authority need to work ever more closely with each other and with voluntary organisations and other third sector bodies, in order to agree common targets for improving the health and well-being of local people and communities. This will require an improved understanding of need, and the ability to better define service requirements and use of resources.

1.5 Five strategic outcomes have been developed through which the vision can be achieved. These are; that more older people will:

- **Be demonstrably treated with dignity and respect.**
- **Have greater involvement in family and community life.**
- **Be able to achieve greater independence.**
- **Report that they are able to maintain good health.**
- **Remain within a home of their own.**

1.6 It is not intended that this statement covers every aspect of health and social care, neither should it replicate the range of statements and strategies that already exist. Instead, the intention is to define overarching outcomes which can be applied across health and social care provision and where those outcomes can only be achieved by health and social care working together.

1.7 For each of the outcomes there are a range of evidence based 'outputs' and processes described, by which the outcomes should be achieved. The outcomes are also accompanied by a set of principles which can be

applied not only to the outputs but to any health and social care activity.

1.8 Each of the outcomes are based either on existing policy goals within the local authority or the health community or on research / audit evidence of need, and where their achievement can be measured by a set of local indicators. The final section on implementation begins to explore some of these issues.

2 Principles

Below are outlined a set of principles designed to underpin the vision for older people in York. They are intended to be used by staff and managers in order to guide them in a range of situation regarding older people not just in delivering the specific outcomes linked to the vision statement. In this light all professionals are responsible for delivering all the outcomes, not just those that might be seen as belonging to one particular professional group.

2.1 Together we will ensure that our services are available to all irrespective of gender, race, disability, age, religion or sexual orientation and to pay particular attention to groups or sections of society where improvements in health and life expectancy and quality of life and sense of wellbeing are not keeping pace with the rest of the population.

2.2 Our services will reflect the needs and preferences of the people who use our services, of their families and their carers.

2.3 We are jointly committed to providing best value for taxpayers' money and the most effective and fair use of finite resources. We should always ask ourselves 'why shouldn't we work together' rather than 'should we do this together'.

2.4 We will give the people who use our services, their carers and the public the opportunity to influence and scrutinise our performance and priorities; and people, public and staff will be involved in relevant decisions.

2.5 We will expect all our staff, and staff in the services we commission, to deliver quality care and support. Wherever it makes sense we will deliver services through integrated teams, and support staff to work together to create simple access to the care and support our customers need.

2.6 We will work together to ensure that skill development and workforce planning promote quality and encourage integrated working between health and care services.

Outcomes and outputs that flow from the vision

3 Outcome 1 – All older people are demonstrably treated with dignity and respect

3.1 Services should only be purchased from agencies and organisations that have a written and verifiable policy with regard to dignity[1].

3.2 People with dementia should receive help and support from staff knowledgeable about their condition whether in a social care or a health care setting[2].

3.3 Carers of older people, particularly where they are caring for someone with dementia, should be offered an agreed package of support. This should be flexible enough to cope with unexpected changes in circumstances, from the point of diagnosis onwards,[3] as well as information about the relevant condition.

3.4 There should be an improved inter-agency response to first contact. For example; whoever responds to the first contact with an older person, should be skilled enough to find out the whole story. Sufficient time should also be allowed for that person to tell their story in their way and at their pace, and appropriate arrangements should be in place to allow information to be shared between agencies.

3.5 In care settings where there is a key worker the older person should always be offered a choice of who that key worker is. The same should be true when any member of care staff is asked to carry out intimate personal care.

3.6 Where older people have a terminal condition it is important that they die in a place of their choosing and that services work together to help achieve this[4]. Where people indicate they wish to make 'living wills' staff should support and encourage this. Peoples wishes with regard to faith and beliefs should also be recorded and respected.

[1] *Need to make sure this is included in the new home care contract and should be raised at the provider's forum.*
[2] *Development of the Dementia psychiatric liaison service. Shared pathway of care. Carers passport about that person.*
[3] *See York Strategy for Carers 2009-2011 and Dementia Review, Nov 2008.*
[4] *See End of Life Strategy (under development) and Recommendation 5, End of Life, Delivering Healthy Ambitions*

4 Outcome 2 – More older people have greater involvement in family and community life

4.1 All older people should have the opportunity, regardless of capacity, to engage in activities that they enjoy, whether living in their own homes in health care setting or in a care home[5]. Older peoples own contribution to the community through employment and work as volunteers should be recognised and encouraged.

4.2 Good up to date information about the range of services and opportunities should be available to all older people. There should be an offer of support available to those who need it, so that they can take up community provision rather than people simply being signposted to alternative services.

4.3 The local authority and health agencies need to work together to understand where there are risks and barriers to older people participating in community life, eg, snow clearance, access to transport, presence of banks and post offices, etc. Leisure services should ensure that there is proportionality in the activities they offer to ensure they are relevant to and accessible by older people.

4.4 Funding partners need to explore investing in a programme of community leadership. Local existing leaders of voluntary effort should be encouraged and resourced to identify and deliver greater community support for older people[6].

4.5 The impact of living alone in older life, whether as a result of divorce, death, separation , or never having been in a partnership will need to be a consideration in reaching and finding people and in offering support.

4.6 All policies of the local authority and health commissioners should recognise that by 2030 25% of the population of the City will be aged over 65. This should be reflected in the type of services and facilities that are available.

[5] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009*

[6] *See The Westfield Project led by economic development*

5 Outcome 3 – More older people are able to maximise their independence

5.1 Older people should always be consulted about any service to be provided and their wishes and views ascertained. Where desired, the option of a personal social care budget should be offered that is sufficient to meet peoples assessed needs. There should be encouragement for older people to self manage health conditions, rather than allowing a potential crisis to occur[7].

5.2 There should be a greater emphasis on collecting the views of service users, carers and those who do not use health or care services but could benefit for doing so. For example, there should be a range of ways to collect feedback, including internet based forums for service users and carers to express consumer views about the care and health services that they receive. Such collections should avoid duplication across agencies and wherever possible should be combined.

5.3 There should be an increased use of technology focussed on alleviating specific risks to service users. The range of technological services available should be explained to service users and carers. Use of technology should be planned and of demonstrable benefit, and should include opportunities for short term usage designed to improve independence and self care[8].

5.4 Older people should be encouraged and enabled to self manage their health conditions.

5.5 Health and care assessments should have an emphasis on what people can do as well as what they cannot and should record activities that people used to participate in and why they no longer do so[9]. There should be a statement about the degree of independence and choice the older person would like to achieve.

5.6 Longer term and intensive care and support should be planned and provided only after looking at rehabilitation and 'reablement' opportunities, which are intended to help people regain skills and confidence to care for themselves. This will include technology based supports. All of which could increase independence and reduce reliance on care services.

[7] *Recommendation 1 & 9, Long term conditions, Delivering Healthy Ambitions*
[8] *Electronic Home Care Monitoring, Blue Print for Adult Social Care Sept 2009*
[9] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009*

6 Outcome 4 - More older people report that they are able to maintain good health

6.1 Health and care services should proactively identify those at risk of hospital admissions and then act to reduce the risks. Alternatives to hospital admission should be available for those who can be cared for outside an acute hospital setting. This will include good care at home as well as care in community based units. These options should be available to avoid admission and to speed up discharge

6.2 Planning for discharges form hospital needs to improve. An older person should only be discharged from hospital when it is both timely and safe for this to occur. Greater attention should be paid to older people's confidence to manage on their own as well as their physical capabilities.

6.3 Where an older person has suffered a stroke then there should be improved restoration of functionality and a diminution in the number of older people who have further strokes or TIAs. The levels of permanent impairment to individuals should be reduced[10].

6.4 Where older people have had a fall that has required a health service intervention, then they should receive a targeted falls prevention service. This is particularly appropriate for older people who have had a fall in a care homes[11].

6.5 There should be a targeted increase in the detection of continence problem in older people with an equivalent diminution in the proportion of older people with a continence problem who are catheterised or use pads to 'manage' the problem[12].

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[10] *York hospital under achieved in terms of its 2008/09 meeting of the stroke standard with only 28% of stroke patients in 2008-09 spending time on a specialist stroke unit. Nationally a third of all patients admitted to hospital for a stroke have previously had an earlier stroke or a TIA. 11% go on to a care home 2% within two weeks.*

[11] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009 and York Health Group Commissioning Intentions 2009/2010 – 2010/2011. Nationally. 80% of hip fractures are to women. Average age is 83. The 2007 RCP Audit showed that 22% of all hip fractures occur in care homes. 27% of older people who have had a hip fracture go on to have a continence problem brought about from their hospital admission although in 60% of those cases no referral is made to a continence service. 11%of patients have an unplanned re-admission to hospital within 12 weeks of their fall. There is a strong connection between the falls and depression, with a 30% increased risk of hip fracture for older women if they are suffering from depression.*

[12] *People with continence problems often suffer for years before they reveal their problem. Just over half of hospital sites and only a third of mental health sites offer structured training in continence care. Documentation of continence assessment and management has been described nationally as "wholly inadequate". 90% of PCTs have a written policy saying continence products (pads) are supplied on the basis of clinical need*

6.6 There is a need for improved services focusing on depression in older people particularly where the person has experienced the bereavement of a long term life partner[13].

6.7 All older people should have access to regular dental care regardless of where they live and their ability to access a dental surgery unaided[14].

6.8 Where older people have difficulty in cutting, or are unable to cut, their toenails, access to an appropriate service that can help with this should be made.[15]

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yet 73% limit the number of pads to four a day. The average age of those known to the PCT with a continence problem was 80.

[13] *The majority of older persons who commit suicide are widowed although only a small proportion of the oldest old have experienced the recent loss of a partner. However in absolute terms the oldest old men experience the highest increase in suicide risk immediately after the loss of a spouse.*
A comprehensive Dutch study in 2008 showed there was a link between a history of depression and Alzheimer's. Amongst those who have experienced the death of a spouse in old age 30-60% meet major depression criteria at one month, 24-30% at two months and 25% at three months. The most effective interventions at alleviating social isolation are group activities at a social and educational level. Individual interventions are less effective but work best where the giver of support is matched in terms of age and interests with those of the recipient.

[14] *Older people suffer a wide number of likely additional dental problems yet conversely are less likely to receive treatment. For example; The Adult Dental Health Survey 2008 for Portsmouth reviewed dental care of older people in care homes. Found that 465 had no teeth 73% had dentures, 24% suffered oral pain, 29% not seen a dentists in ten years, 25% felt they needed dental treatment tomorrow.The additional problems include those that stem from the type of medication being taken impacting on the capacity to swallow and the likelihood of introducing dental decay, through a diminution in effective soft tissue holding teeth in place and softer diets, which require minimal chewing and thereby reduces stimulation of muscle tone and the condition of the oral tissues. As a consequence, sugar is retained in the mouth for a longer period of time which promotes dental caries.*

[15] *Help the Aged reported in 2005 that over two thirds of older people have foot problems and there is some evidence that the proportion may be higher as many people are too embarrassed to seek help. The longer term impact of denying treatment to those considered to have a low risk is yet to be established although Malkin et al suggested that 25% of people needing foot care are not receiving it.*

7 Outcome 5– More older people remain within a home of their own.

7.1 There should be a continued development of a programme of extra care housing particularly providing a stimulus to the independent sector to develop provision for older owner occupiers. There is a need to develop ECH on a community basis rather than a just a housing basis, ie that people can receive the range of extra care services within particular given neighbourhoods[16].

7.2 There needs to be much greater clarity about who the Local Authority would fund in residential care and why[17].

7.3 Older people need to be assured that when it comes to hospital discharge they will have the opportunity to fully explore the choices and the implications of those choices that are available to them.

7.4 Where aids and adaptations do not exacerbate people's dependency then there should be a greater funding emphasis on providing property adaptations. Funding partners should also be aware of the costs and benefits of the adaptation programme and the impact of delays in delivering adaptations[18].

7.5 Over and above access to health and care provision older people's confidence to remain in the community is based on their ability to maintain their property, play a part in their neighbourhoods and to feel safe. The local authority will work with a range of agencies across the City to ensure that these ambitions can be achieved and that older peoples feelings of safety and security are regularly monitored.

[16] *This is similar to the Dutch model of integrated neighbourhoods called 'Woonzorgzones'. These are now being planned in about 30 neighbourhoods and villages all over the Netherlands. The woonzorgzones are geographical areas that offer round-the-clock care and a certain percentage of adapted housing within 200 m walking distance of integrated service.*

[17] *The EPH review should respond to this (likely that care home provision will be seen as for those needing high physical care needs and dementia where people are at risk).*

[18] *See Priorities and Gaps Older Peoples Services to Promote Health and Well- Being Feb 2009*

8 Aspects of implementation

8.1 There should be improved measurement of service success by outcomes rather than outputs. In achieving this the test should be who can provide the best outcome at the best possible price rather than professional groups being allowed to 'colonise' areas of service provision, ie, we are the only group who can deal with dementia, continence stroke etc[19].

8.2 There should be a greater capacity to monitor and measure why hospital admissions and care home admissions occur and those results fed back into the commissioning process. From this there will be an increased capacity to target key populations most at risk.

8.3 In order to consolidate skills and knowledge, reduce costs and give service users a more consistent experience, consideration should be given to the balance of services necessary to achieve the outcomes required within the funding available.[20]

8.4 There should be less repeat assessments by different professional groups and organisations and greater service user satisfaction with the assessment process. Where assessments are completed by 'front door' services they should be accompanied by good risk analysis.

8.5 There should be a greater transferability of skills across health and social care.

8.6 Health and care should look to provide greater support to family, friends and communities to support older people. Consequently, there should be a shift in expenditure away from funding whole services to one of investment, wherever possible in supporting and extending an existing activity. A greater test of investment should be applied, ie, if this amount of money is spent what is the desired return from that expenditure and is this cost effective.

8.7 Where consultation exercises are undertaken the norm should be that they are jointly undertaken between health services and the local authority unless there is a good reason for not doing so.

[19] *Recommendation 2, Planned Care Delivering Healthy Ambitions.*
[20] *Improving Clarity and Efficiency of the End to End Customer Process, Blue Print for Adult Social Care Sept 2009.*

Health Overview & Scrutiny Committee **20th June 2011**

Report of the Assistant Director, Governance & ITT

Report – Work plan for the Health Overview & Scrutiny Committee 2011/2012

Summary

1. This report presents the Committee's draft work plan for the forthcoming year for consideration. It asks Members to consider any additions and/or amendments they may wish to make to it. The draft work plan is attached at Annex A to this report.

Background

2. The work plan is an ongoing and fluid document that will aid the Committee to undertake a programme of work in the forthcoming year. The Scrutiny Officer will be in attendance at the meeting and will be happy to answer any questions Members may have on any of the items currently on the work plan. However, some of the ongoing work is briefly explained in the paragraphs below:

Ongoing Work

Year End Outturn Reports and Quarterly Monitoring Reports

3. Members receive these at regular intervals throughout the municipal year. They allow Members to monitor the financial performance of the Council throughout and can also be used to identify potential areas for review.

Reports from the Cabinet Member for Health, Housing & Adult Social Services

4. Once a year the Cabinet Member for Health, Housing & Adult Social Services is invited to present a report to the Committee on their forthcoming priorities and challenges for the year ahead. This usually takes the form of a verbal report but some Cabinet Members also like to submit a written report. The Committee can invite the Cabinet Member to attend more frequently should they wish to do so.

Recommendations Arising from Previous Scrutiny Reviews

5. Once a scrutiny review is complete the final report is presented to Cabinet. They will then choose whether to support the recommendations arising from the review. All those recommendations that are supported should then be implemented as soon as possible. Scrutiny Committees monitor the

implementation of the recommendations arising from reviews that fall within their remit on a six-monthly rolling basis. Once the Committee is satisfied that all recommendations have been adequately achieved they need not receive any more updates. There are currently two updates in relation to previous completed reviews scheduled in the draft work plan.

6. In addition to this both the Dementia Review and Carer's Review completed in previous municipal years have 'spin off' monitoring reports to allow the Committee to keep up to date on progress within these two areas.

Six Monthly Updates from Key Partners

7. These were introduced about 18 months ago and have proved to be a useful way for Members to keep up to date with the priorities and challenges of their main three key partners (Primary Care Trust, York Hospitals & the Ambulance Service). These have been scheduled into the draft work plan on an approximate 6 monthly basis.

8. In addition to this key partners attend the Committee on a regular basis to provide Members with progress reports on individual services and service changes. The draft work plan currently has scheduled reports on the following:

   - Transforming Community Services: The Primary Care Trust (PCT) was required to divest itself of the provider side of their organisation, which included services for mental health, learning disabilities, substance misuse and community based services. The previous Committee had requested to be kept updated on this change.

Updates on Changes within the NHS

9. The Health Overview & Scrutiny Committee has taken considerable interest in the proposed changes to the NHS receiving regular updates from key partners. There is currently a progress report on developing a Shadow Health & Well-Being Board scheduled into the draft work plan.

Annual Performance Account (Local Account) for Adult Social Care

10. A Local Account will be a public facing document of priorities for quality and outcomes in social care. The account will describe and evidence how the Council is working with other partners locally in support of shared outcome priorities (for instance, in relation to cross-sector work on prevention and reablement with the NHS) and concentrate on the impact, which we are having. The account may include a LINks/HealthWatch view, representing service users' perspective and to have their input into priorities for the year ahead. The account will be supported by a selection of data and measures, which demonstrate the objectives chosen locally in support of the overall narrative.

11. The expectation will be that the account will support partnership commissioning arrangements and the Health Overview & Scrutiny Committee and the Transitional Health and Wellbeing Board should provide a sign off and

statement supporting the identified adults quality and outcome priorities their support for these to be taken forward over the year.

National Review of Children's Cardiac Services

12. Currently the NHS is reviewing how it delivers congenital heart services in England and Wales. A regional joint scrutiny committee has been established on which York Health Overview and Scrutiny Committee is represented. Papers for this Committee can be found on Leeds City Council's Website.

Identifying Suitable Topics for Future Scrutiny Reviews

13. In order to highlight to this Committee possible scrutiny topics for scrutiny review in this coming municipal year the relevant Cabinet Member has been invited to attend the July meeting to discuss their priorities for the year. At this meeting you will also hear from Senior Officers about ongoing and planned work within Directorates relevant to the remit of this Committee.

14. In addition, the Joint Strategic Needs Assessment (JSNA) recommendations relevant to the remit of this Committee have been provided at Annex B for your information. The JSNA is a process that identifies current and future health and well being needs of a local population, informing the priorities and targets and leading to shared commissioning priorities that will improve outcomes and reduce health inequalities.

15. The Scrutiny Services team have also been informed of a possible number of topics, which Councillors are considering submitting. Once received, any relevant to the remit of this Committee will need to be considered alongside the information provided by the Cabinet Members and/or senior officers when agreeing priorities for this year's annual workplan.

Outside of this forward planning, other issues received throughout the year will need to be considered as and when they arise and where appropriate the Committee may be asked to revise their workplan accordingly.

Information Sharing Event

16. The role of the Health Overview & Scrutiny Committee is a complex one that involves close working with key partners in the Health Service. In order to increase Members' understanding of the Health Service and who the key players are Members are advised to hold an 'information sharing event'.

Consultation

17. The Scrutiny Officer will be in attendance at the meeting and will be happy to answer any questions Members may have on the any of the items currently shown on the draft workplan. Members will also have the opportunity to discuss potential items for the work plan and potential topics for review with those senior officers present at this meeting; the Lead Officer allocated to this Committee and the Scrutiny Officer.

Options

18. Members are asked to consider the draft work plan and make any amendments/additions they feel necessary. They may also choose at this stage to identify any possible topics for in depth consideration at a future meeting in order to agree the Committee's work plan for 2011/2012.

Analysis

19. At this stage the Committee are asked only to identify a number of broad subjects for possible scrutiny review. The scrutiny officer, together with relevant officers will then carry out some research and gather evidence in order to provide detailed information on each topic at a future meeting. The Committee will then be asked to identify resulting specific problems and issues or areas of associated policy development, which they would like to focus any scrutiny review on and to prioritise their work on any agreed topics. These will then form the basis of the work plan for 2011/12.

20. Members are also asked to consider holding an 'information sharing event' where key partners are invited to attend. The Scrutiny Officer could arrange this and this would provide Members with the opportunity to listen to and ask questions of some of the partners they will be working with during the year. It is suggested that if Members' wish to proceed with this they agree a provisional date for the event and delegate the organisation to the Scrutiny Officer, the Chair and the Vice-Chair of the Committee.

Corporate Strategy 2009/2012

21. This report relates to the 'Healthy City' theme of the Corporate Strategy 2009/2012.

Implications

22. There are no known financial implications associated with the recommendations within this report. However, should Members choose to hold an 'information sharing event' costs could be incurred for catering and room hire, if the event were to be externally.
23. Review topics often incur costs as well and these would be addressed as part of the review process.
24. There are no other implications arising from the recommendations in this report.

Risk Management

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

Recommendations

26. Members are requested to:

i. Members are requested to consider the draft work plan for 2011/2012 and identify any broad topic areas they would like detailed information on.

ii. Consider whether they wish to hold an 'information sharing event' and if so agree a date.

Reason: In order to provide the Committee with a work programme for future meetings.

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Report Approved ✓ **Date** 03.06.2011

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes

Annex A Work plan
Annex B Recommendations arising from the JSNA

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DRAFT Health Overview & Scrutiny Committee Work Plan 2011/2012

Meeting Date	Work Programme
20th June 2011	1. Introduction to the Role & Remit of the Health Overview & Scrutiny Committee 2. Presentation by Lead Officer & Assistant Director on ongoing & future planned work within the Directorate 3. Report on Draft Work Plan for 2011/2012
6th July 2011	1. Report from the Executive Member for Health & Adult Social Services on the year ahead 2. 2010/2011 Year End Outturn Report 3. Update from York Hospitals Foundation Trust & NHS North Yorkshire & York in relation to Transforming Community Services 4. Progress Report – Developing a Shadow Health & Well Being Board 5. Workplan
21st September 2011	1. Quarter 1 Monitoring Report 2. Six Monthly Update from York Teaching Hospital NHS Foundation Trust 3. Update on Dementia Strategy Action Plan 4. Update on the Implementation of the Recommendations Arising from the Childhood Obesity Scrutiny Review 5. Annual Performance Account for Adult Social Care 6. Workplan
30th November 2011	1. Quarter 2 Monitoring Report 2. Update on the Implementation of the Recommendations Arising from the Carer's Review 3. Six Monthly Report in Relation to the Indicators being Monitored in Relation to Carers 4. Annual Update Report on the Carer's Strategy for York 5. Six Monthly Update from NHS North Yorkshire & York 6. Workplan
18th January 2012	1. Six –Monthly Update from Yorkshire Ambulance Service 2. Workplan
14th March 2012	1. Quarter 3 Monitoring Report 2. Workplan

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Annex B

Health Overview and Scrutiny Committee – Joint Strategic Needs Assessment (JSNA) Recommendations

The 2010 JSNA was presented to the Health Overview and Scrutiny Committee in January 2011. The recommendations are presented below:

Demography

- Plan at individual service level to explicitly include likely changes to the affected population to ensure that services are robust and sustainable.
- Commissioning plans should ensure that prevention, treatment and support services are accessible to all, regardless of ethnic background.
- All health and social care agencies should review their data collection and service processes as they relate to ethnic minority groups to ensure they can meet the needs of the increasingly diverse population.

Social and Environmental Context

- Implement the Inclusive City recommendations of the Place Survey Focus Group Report 2010.
- Work across all partners in the city to implement the Inclusive York's One City Strategy which aims to increase participation, engagement, cohesion, fairness and inclusion.
- Use the lessons from successful work to target areas of higher deprivation such as the Kingsway project to reduce inequalities within the city.
- Continue to encourage uptake of free school meals and support healthy schools schemes within those schools with the highest proportion of those eligible.
- Target all areas of high deprivation as identified by the developing Child Poverty Strategy, to ensure the right services are targeted in the worse areas of deprivation within York
- Build on York's role as a regional champion for homelessness to continue to develop services to support individuals and families into long term accommodation.
- Provide more specialist accommodation for young people linked to help with training and employment, and seek to provide more dedicated accommodation for teenage parents.
- Seek ways to mainstream referral for affordable warmth interventions.
- Work together to better understand the impact of poor and inappropriate housing on demand for health services.
- Use local research into the health impact of the recession to inform policy and work with Thriving City partners to minimise the impact on individuals and communities.
- Further reduce the number of young people not in education, employment, or training.
- Focus additional, targeted support on vulnerable children and young people; ensuring high aspirations and expectations are part of the

culture and ethos of schools; increasing further the numbers attending targeted Parenting Programmes
- Concentrate our support for schools and for children on the few areas where performance is as not as strong as we could wish.

Lifestyle and Risk Factors

- Reduce smoking prevalence using all available options including regulation of sales and appropriate support for behaviour change.
- Design stop smoking services to be easy to use by those who are most vulnerable, including pregnant smokers and those in routine and manual occupation groups.
- Use the Be A Star campaign to promote breastfeeding to those least likely to start, particularly younger mums.
- Support Change4Life and other programmes to improve diet.
- Develop programmes in the Children's Centres to include breastfeeding support, weekly under 1 drop-ins and healthy eating sessions.
- Promote sensible drinking across all sections of the community.
- Work in partnership to reduce the harm caused by alcohol and provide services to support harmful and hazardous drinkers.
- Promote awareness of the issues around alcohol and substance misuse recognising that young people will always take risks, but helping them to make positive choices.
- Continue to prioritise prevention and treatment of drug misuse as an area for joint planning and commissioning, through the development of a York specific Drug Action Team.
- Promote physical activity through a variety of opportunities including the Just30 Good News Campaign.
- Develop opportunities to link health and physical activity services through Active York.
- Target teenage pregnancy prevention work in hotspot wards and wards where teenage pregnancy rates are rising.
- Expand programmes to combat unwanted conceptions by developing specific initiatives to raise girls' self-esteem and boys' awareness of their responsibilities.
- Further promote good sexual health through high quality sex and relationships education in schools.
- Work with parents to give them the knowledge and skills to enable them to talk to their children about sex and relationships issues
- Continue to seek opportunities to identify people with high blood pressure, to further reduce the proportion undiagnosed within the community.
- Promote the weight management programmes that are available and seek to mainstream them.
- Work with partners to prevent childhood obesity by supporting healthy eating and physical activity.

- Continue to improve MMR vaccination rates to reach 95% in order to provide 'herd immunity' to protect those who cannot be vaccinated for medical reasons.

Burden of Ill-Health

- Target preventative activity such as vascular checks, community health educators and health trainer courses in the most deprived communities to reduce the relative gap in life expectancy.
- Continue to work to reduce the risk of factors of low birthweight and infant mortality including smoking in pregnancy
- Identify those at risk of circulatory disease through the targeted implementation of vascular checks, ensuring that services are available to support lifestyle change as required and improve the primary prevention of cardiovascular disease.
- Continue to identify and treat patients with cancer using established successful mechanisms
- Develop services to reduce COPD admissions to hospital, supporting people to manage their care at home wherever possible.
- Further improve access to NHS dentistry, particularly for groups who are at risk of disadvantage.
- Develop and implement an Oral Health Strategy to ensure people are supported in improving and maintaining their oral health
- Build on initiatives such as the 'Made You Look' campaign to maintain recent improvements in the number of casualties on the road.
- Develop programmes to prevent falls, particularly in older people.
- Work in partnership to reduce the level and impact of violence, including in a domestic setting.
- Promote a safer city through the delivery of outstanding, integrated services by: embedding new ways of working, especially the Common Assessment Framework and the YorOK Child Index.

Client Groups

- Work towards delivering the UK vision strategy to prevent avoidable sight loss, and ensure that people with sight loss can be enabled to live active, independent and fulfilling lives.
- Implement the local strategy for physical and sensory impairment.
- All providers of health and social care services should ensure their services are accessible to, and support the identification of, those with hearing loss.
- Develop further the multi-agency co-located transition team with children with disabilities and strengthen multi agency working in the implementation of the York Charter for Disabled Children.
- Ensure the Aiming High for Disabled Children "Core Offer" is at the heart of our strategy to develop services for disabled children in York.
- Bring integrated health services closer to local communities through the implementation of the local response to the Bercow Report.

Annex B

- Support people with learning disabilities to live full lives within mainstream services wherever possible.
- Continue to prioritise Short Breaks for disabled children and their families.
- Contribute to the delivery of the 'Our Promise' to ensure that the multi agency focus on improving outcomes for children with disabilities is sustained
- Support the work to implement the Mental Health Commissioning Strategy 2010 – 2015 which is led by the York Mental Health Partnership and Modernisation Board.
- Actively plan for the increase in dementia expected in future years.
- Promote the emotional health of children and young people through the implementation and evaluation of the Targeted Mental Health Programme
- Deliver improvements in the numbers of people who are supported to establish and maintain independent living, and those who are supported to move on from temporary living arrangements in a planned way.
- Reduce levels of delayed discharges from hospital care and improved access to Intermediate Care provision.
- Deliver more complex telecare and telehealth packages targeting those people with higher levels of need to retain their independence.
- Continue to develop alternatives to residential care including the delivery of new extra care schemes.
- Use national and local evidence to improve our understanding of the local prevalence of neurological conditions.
- Implement the York Carers Strategy Group Action Plan 2010-12 with particular attention to building closer joint working and partnerships between health, social care and the third sector.
- Ensure carers are identified and have access to flexible services that meet their individual needs.
- Identify and improve sources of support which enable carers to stay mentally and physically well.
- Work towards a whole family approach in protecting young carers from inappropriate caring.
- Work across the health and education sectors to increase awareness of methods to avoid pregnancy and sexually transmitted infections.
- Provide accessible, local screening facilities to reduce the impact and onward spread of sexually transmitted diseases.
- Work in partnership to increase support and choice during pregnancy and in the postnatal period.
- Increase public engagement in local health service decisions.