

**Notice of meeting of  
Health Overview & Scrutiny Committee**

**To:** Councillors Funnell (Chair), Riches, Boyce, Hodgson,  
Doughty (Vice-Chair), Richardson and Cuthbertson

**Date:** Monday, 23 July 2012

**Time:** 5.00 pm

**Venue:** The Guildhall, York

**A G E N D A**

- 1. Declarations of Interest** (Pages 3 - 4)  
At this point in the meeting 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 is attached.
- 2. Minutes** (Pages 5 - 18)  
To approve and sign the minutes of the meeting held on 26 June 2012.
- 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 **Friday 20 July 2012 at 5:00 pm**.
- 4. Attendance of the Cabinet Member for Health, Housing & Adult Social Services** (Pages 19 - 24)  
The Cabinet Member for Health, Housing and Adult Social Services will be in attendance at the meeting to present an annual report.

- 5. Local HealthWatch York: Progress Update** (Pages 25 - 30)  
This report updates Members on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by April 2013.

- 6. 2011-12 Year End Financial & Performance Monitoring Report for Adult Social Services** (Pages 31 - 38)  
This report analyses the outturn performance for 2011/12 and the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children & Education.

- 7. Presentation on the Health and Wellbeing Strategy**  
The Director of Communities and Neighbourhoods will be in attendance at the meeting to give a presentation on the Health and Wellbeing Strategy.

- 8. Verbal Update on Children's Cardiac Surgery- Decision of the Joint Committee of Primary Care Trusts**  
The Chair will give a verbal update on recent developments in relation to Children's Cardiac Surgery, including the emergency motion to Council on 12 July 2012. On the 4<sup>th</sup> July 2012 the Joint Committee of Primary Care Trusts (JCPCT) met in London to make a decision on which centres would provide Children's Cardiac surgery in the future.

In addition to this the Committee are asked to agree to the continuing appointment of the Chair (with Vice-Chair acting as substitute) to the Joint Health Overview and Scrutiny Committee considering this matter. This Committee is supported by Leeds City Council and contains a representative from all Local Authorities across the Yorkshire and Humber region.

**9. Work Plan 2012-13 and Briefing Notes on Scrutiny Topics Proposed at the Scrutiny Work Planning Event held on 2 May 2012** (Pages 39 - 56)

Members are asked to consider the Committee's updated work plan for the municipal year 2012/13. As part of this agenda item they are also asked to consider a number of briefing notes in relation to proposed scrutiny topics and to make a decision as to which, if any, of these topics they would like to progress to review during this municipal year. Officers and key health partners will be in attendance at the meeting to answer any questions that Members might have.

**10. Urgent Business**

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

Democracy Officer:

Name: Judith Betts

Contact Details:

- Telephone – (01904) 551078
- Email – [judith.betts@york.gov.uk](mailto:judith.betts@york.gov.uk)

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

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

Contact details are set out above

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- 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.

**A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088**

### 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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interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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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 following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, 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?**

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**HEALTH OVERVIEW AND SCRUTINY COMMITTEE****Agenda item I: Declarations of interest.**

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

Councillor Doughty      Volunteers for York and District Mind and partner  
also works for this charity.

Councillor Funnell      Member of the General Pharmaceutical Council  
Member of York LINKs Pharmacy Group  
Trustee of York CVS

Councillor Hodgson      Previously worked at York Hospital

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City of York Council

Committee Minutes

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MEETING

HEALTH OVERVIEW & SCRUTINY  
COMMITTEE

DATE

26 JUNE 2012

PRESENT

COUNCILLORS FUNNELL (CHAIR),  
RICHES, BOYCE, HODGSON, DOUGHTY  
(VICE-CHAIR), RICHARDSON AND  
CUTHBERTSON

IN ATTENDANCE

COUNCILLOR JEFFRIES

COUNCILLOR WISEMAN

JOHN YATES (YORK OLDER PEOPLE'S  
ASSEMBLY)GEORGE WOOD (YORK OLDER PEOPLE'S  
ASSEMBLY)JANET PAWELEC (YORKSHIRE  
AMBULANCE SERVICE NHS TRUST)HELEN HUGILL (SERVICE AND QUALITY  
IMPROVEMENT MANAGER, YORKSHIRE  
AMBULANCE SERVICE NHS TRUST)SHAUN O'CONNELL (CHIEF EXECUTIVE,  
VALE OF YORK CLINICAL  
COMMISSIONING GROUP)CHRIS BUTLER (CHIEF EXECUTIVE,  
LEEDS AND YORK PARTNERSHIP NHS  
FOUNDATION TRUST)ALAN ROSE (YORK TEACHING HOSPITAL  
NHS FOUNDATION TRUST)JUDITH KNAPTON (HEAD OF  
COMMISSIONING ADULT & COMMUNITY  
SERVICES, NHS NORTH YORKSHIRE AND  
YORK)

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DAVID GEDDES (MEDICAL DIRECTOR & DIRECTOR OF PRIMARY CARE SERVICES, NHS NORTH YORKSHIRE AND YORK)

JOHN KEITH (HEAD OF PRIMARY CARE GOVERNANCE, NHS NORTH YORKSHIRE AND YORK)

SALLY BURNS (DIRECTOR OF COMMUNITIES AND NEIGHBOURHOODS, CITY OF YORK COUNCIL)

KATHY CLARK ( INTERIM ASSISTANT DIRECTOR OF ASSESSEMENT AND SAFEGUARDING, CITY OF YORK COUNCIL)

FRANCES PERRY (CITY OF YORK COUNCIL)

ADAM GRAY (CITY OF YORK COUNCIL)

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**1. DECLARATIONS OF INTEREST**

Members were invited to declare at this point in the meeting any personal or prejudicial interests, other than those listed on the standing declarations of interest attached to the agenda, that they might have had in the business on the agenda.

Councillor Riches declared a personal non prejudicial interest in the general remit of the Committee as an employee of the Hull City branch of UNISON and as a Council appointed governor of York Hospital.

No other interests were declared.

**2. MINUTES**

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 8 May 2012 be approved and signed by the Chair as a correct record.

**3. PUBLIC PARTICIPATION**

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

John Yates from York Older People's Assembly spoke regarding Agenda Item 5 (Local Health Watch: Progress Update). He had attended the NHS North Yorkshire and York Board Meeting that day where it had been made clear that there were large financial deficits. As the Clinical Commissioning Group were shortly to take over from NHS North Yorkshire and York he expressed the view that any decisions involving reduction of services would need to be made with a fully informed public, who must be made aware of how these decisions might affect them. Both the Health and Well Being Board would be integral in sharing information about this process. There would also be a role for the Council, working in partnership with health colleagues, to ensure that members of the public were kept fully informed.

On hearing from the public speaker Members felt that they ought to hear from both NHS North Yorkshire and York (NHS NYY) and the Vale of York Clinical Commissioning Group (CCG) in relation to the possible implications the financial deficit of NHS NYY might have on the future delivery of healthcare for York residents. The Committee were very aware of the rapidly changing role of NHS NYY and were very keen to hear about the handover process to the Shadow Clinical Commissioning Group and some of the challenges that this may present for the NHS NYY, the hospital and the CCG when it came to providing a huge range of services for the local population. The Committee, therefore asked the Scrutiny Officer to invite representatives of the CCG and NHS North Yorkshire and York to a future meeting.

**4. UPDATE ON QUALITY INDICATORS FROM THE CARER'S REVIEW**

Members received an update report from NHS North Yorkshire and York on the Quality Indicators that were being monitored in relation to carers.

The Head of Commissioning (Adult and Community Services) at NHS North Yorkshire and York attended the meeting to answer Members questions relating to this report.

The Head of Commissioning (Adult and Community Services) spoke to her report and said that all bar one GP practice had signed up to the protocol referred to in the report. When asked by a Member why one GP practice had not signed up to the protocol she said that although it was good practice to have a Carer's register in every practice it was voluntary. In response to an additional question about whether GPs routinely found out whether someone was a carer, it was reported that prompts needed to be given to GPs for them to assess whether their patients needed extra support, rather than providing practices with additional carer awareness material.

Further discussion took place in relation to keeping a Carer's register in GP practices, and it was noted that many practices in York had nominated a carer's lead to help with this and this was often the practice nurse.

An additional question raised by Members related to the mechanisms to engage carers so that they could tell GPs what they needed. It was reported that a joint strategy existed between City of York Council and the Carers Strategy Group which was a multiagency partnership.

The Committee asked that a further update report be brought to a future meeting.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That a further update report be added to the workplan for a future meeting of the Committee.

REASON: So that the Committee is aware of any developments that have taken place as a result of the recommendations arising from the review.

## 5. LOCAL HEALTHWATCH YORK: PROGRESS UPDATE

Members received a report which updated them on the progression from LINKs (Local Involvement Networks) to Local HealthWatch 2013.

Officers informed the Committee of two updates to their report. These were that illustrative levels of funding for Local HealthWatch and the NHS Advocacy Funding had been released by the Department of Health.

Members were informed that in addition to the current functions of the LINK, a further function of Local HealthWatch would be to provide a health signposting and information service to patients and the wider public (similar to the service currently provided by NHS Patient Advice and Liaison Services (PALS)).

It was noted that the Department of Health would make additional funding available to local authorities to commission a Local HealthWatch capable of undertaking this function.

Some Members asked Officers how the quality of services provided by LINKs would be maintained if a large number of competitors put in bids for Local HealthWatch and the NHS Advocacy Services.

Officers informed Members that the service specification for both contracts would include a set of required standards and key indicators that would be essential to meet, in order for the organisation to run the service.

Further discussion between Officers and Members took place around the funding levels for Local HealthWatch. Some Members underlined the importance of Local HealthWatch as a formal mechanism for the Council to listen and respond to service users, their carers and the wider community.

In respect of the signposting element of HealthWatch Members were keen to identify the current PALS budget of NHS North Yorkshire and York, and the proportion of this budget currently allocated to information and signposting. It was suggested that this information should be identified and included in a briefing note for the next meeting along with the new Health and Wellbeing Strategy for York.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That a further report be brought to the next meeting of the Committee.

REASON: To oversee the transition from LINKs to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

## **6. UPDATE REPORT FROM YORKSHIRE AMBULANCE SERVICE ON COMPLAINTS RECEIVED**

Members received a report which updated them on the number of complaints received by the Yorkshire Ambulance Service (YAS) as a year end position. Both the Locality Manager and the Service and Quality Improvement Manager from YAS attended the meeting in order to answer questions from Members.

Questions from Members in regards to the report included the following;

- What were the reasons for the increase in the number of complaints received by the service?
- What were the main complaints in regards to patient care from the service?

In relation to the increase in the number of complaints, Members were informed that demand for the Ambulance Service had risen and that comments from users had been actively sought. It was added that noise from ambulance sirens had been identified as a concern. It was noted that ambulance drivers used both sirens and lights for public safety.

Some Members raised further concerns which included;

- That for the patient transport service vehicles, there appeared to be no specification in regards to the location of signs outlining the contact details for the complaints service, for example they were not clearly visible (i.e. on the back door of the vehicle).
- That the signs gave vague information and that there were no cards or leaflets on how to make a complaint about the service, within the vehicles.
- That within hospital reception areas information on how to contact the patient transport service was not available.

Members requested that a Patient Transport Manager be invited to attend a future meeting, in order to answer their concerns.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That the Patient Transport Service Manager from Yorkshire Ambulance Service be invited to provide a report for a future meeting.

REASON: In order to keep the Committee updated in respect of complaints received, and to inform the Yorkshire Ambulance Service of the Committee's views.

## **7. REVIEW OF SERVICES FOR HOMELESS PATIENTS AT MONKGATE HEALTH CENTRE**

Members received a report which provided them with information about a proposed change to the delivery of the Personal Medical Service (PMS) Homeless Service in York.

The Medical Director and Director of Primary Care Services and the Head of Primary Care Governance from NHS North Yorkshire and York attended the meeting along with the Chief Executive of the Vale of York Clinical Commissioning Group to answer Members' questions.

The Chair allowed for Councillor Jeffries who attended the meeting to make comments in relation to the report, specifically on the role that Equality Impact Assessments (EIA) had played in the proposals.

She asked that if no negative impacts had been found on Equalities what were the reasons for carrying out the assessments, and if these were only looking at negative impacts.

It was reported that EIA's had been carried out in order to examine if there was another way to provide the service. Negative impacts had been closely looked at in order to identify where these might exist and what action could be taken to mitigate this.

Members were informed about the current status of the PMS Homeless Service and the changes that were proposed, in that there would be a primary element to the service to be provided by GP surgeries and a secondary element which would be the responsibility of the Vale of York Clinical Commissioning Group (VOYCC).

It was noted that the recent Joint Strategic Needs Assessment (JSNA) had highlighted that the Traveller community did not regularly use GP practices and that community nurses visited them. In response, it was suggested that future commissioning of services in GP surgeries needed to be flexible, for instance through the input of mental health and drugs service advocacy teams. However, the size of some practices restricted the maintenance and use of specialists in these areas, and that it was often felt to be more practical to have them in bigger practices.

It was underlined that the Traveller community should not be viewed as an homogenous group and that they might have distinct needs from other patients that might not be picked up. It was therefore crucial to engage Travellers themselves and that this be met specifically through the proposed changes.

Some Members asked the representatives from NHS North Yorkshire and York and the Vale of York Clinical Commissioning Group what was meant by the shortfalls in the service in regards to the resilience of its delivery.



It was noted that there was a restricted number of staff and for example if the practice nurse was absent, then the patient would not be able to get an appointment. Further to this, back up from voluntary services would not be available as they were not trained to fulfil this role.

Further questions from Members related to a number of issues including;

- What training would the VOYCC offer to deal with patients who turned up intermittently and who needed longer appointments?
- How services would diversify to include specific groups and yet remain focused?
- How mental health services would link in with those people who had originally been engaged within Sure Start centres?

In relation to the question of diversity, Members were informed that the areas where patients came from had been identified and that GP practices had been encouraged to commission services in areas where there was a preponderance of particular problems. It was also reported that the commissioning of a Health Visitor in practices would continue in order to take care of those who had been seen in Sure Start centres.

Members raised further concerns about how they felt that housing and homelessness issues would become more significant in York. They also asked about the timeframe in which the formal transition from the PMS to GPs practices would take place. It was reported that it was hoped that expressions of interest to provide the services would be received from GP practices over the summer. Members asked to receive an update on the progress of the transition at a future meeting in autumn.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That a further update report on the transition of the PMS services be received by the Committee in the Autumn.

REASON: In order to keep the Committee informed of the changes in services for Homeless Patients in York.

**8. SAFEGUARDING VULNERABLE ADULTS ASSURANCE**

Members received a report which outlined the arrangements that were in place to ensure that the Council could discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. The report asked the Committee to comment on whether they felt that the current arrangements were satisfactory and effective.

In response to a Member's question, Officers informed the Committee that they had received a significant number of referrals in relation to challenging behaviour in the home. Members were informed that Officers felt it was important to react to instances such as this whilst they were occurring, rather than once they had happened.

Some Members asked a question which related to figures presented in the Safeguarding Adults Performance Report which was attached as an annex to the report. The question related to how the numbers of repeat referrals reassured victims of violence and abuse, in the way that alleged or proved offenders were being treated.

Officers informed Members that in dealing with repeat referrals, they examined whether a protection plan was in place for the victim, if this was signed off and if the Council was delivering on these plans. However, it was noted that protection plans were not necessarily being signed off and that if this was improved then a clearer picture of the vulnerable adults in the city could be produced. Members asked for a brief written update from Officers, following their attendance at the Safeguarding Board in September.

In response to a question from a Member about whether they were confident that the number of alerts and referrals about vulnerable adults were lower than the national average, Officers stated that this could mean that good practice had been carried out or that the methods of information gathering had not been correct. Officers reported that some of the performance data that was gathered had been changed to ensure that correct figures were gathered.

Some Members expressed concerns over how Officers could better listen to sensitive data that came from people who had made referrals. One of the representatives from NHS North Yorkshire and York spoke about how they made sure that they did not rely on one source of information gained regarding abuse, and that third parties had routinely been engaged to carry out reviews in cases where it was judged that significant abuse had taken place. It was also noted that validation work was underway between the Council and the hospital when referrals and alerts about vulnerable adults, were raised in hospital. Additionally, in relation to alerts raised from Care Homes, Officers confirmed that similar work would be carried out.

RESOLVED: That the report be noted and a further report be scheduled into the Committee's work plan

REASON: In order to keep the Committee informed of the arrangements for Adult Safeguarding within the Council.

**9. WORK PLAN 2012-13 AND LIST OF SCRUTINY TOPICS PROPOSED AT THE SCRUTINY WORK PLANNING EVENT HELD ON 2 MAY 2012**

Members considered a report which outlined the Committee's work plan for 2012-13 and a list of Potential Scrutiny Topics that Members might wish to consider.

The Scrutiny Officer informed Members that the possible Final Report on the 'End of Life Care' Scrutiny Review would now be considered at the additional meeting added into the work plan for August 2012.

Discussions between Members and Officers took place in regards to future reports for consideration and when these could be timetabled in the work plan.

Future reports that that the Committee asked for were;

- The Health and Wellbeing Structure and Strategy
- A report on the financial deficit at NHS North Yorkshire and York (and an open invite to the CCG to attend formal meetings of the Health Overview and Scrutiny Committee)

- A report on the North Yorkshire Review
- A further report on the Quality Indicators (Carer's Review)
- An update report on Yorkshire Ambulance Service's Patient Transport Service
- Progress Report from Leeds & York Partnership NHS Foundation Trust (Mental Health Services)
- A further report on the recent review of services for homeless patients at Monkgate Health Centre
- A further Safeguarding Assurance report

Councillor Wiseman, the new Chair of the Corporate and Scrutiny Management Committee (CSMC) also attended the meeting to seek the views of Members on whether they wished to continue to receive and consider regular Financial and Performance Monitoring Reports.. She suggested that it would be useful for Officers and to allow for greater consideration of the reports, if Members were to inform Officers of their questions prior to the meeting so that officers could come prepared.

Discussion between Members took place on whether they wished to continue to receive Financial and Performance Monitoring Reports.

The Scrutiny Officer informed Members that the one of the original reasons for their consideration at Scrutiny Committees, was that they helped the Committee to identify potential areas of review. As a result of the discussion, it was agreed that the Committee wished to continue to receive regular Finance and Monitoring reports.

- RESOLVED:
- (i) That the report be noted.
  - (ii) That further reports be added to the Committee's work plan on the following;
    - A further report on the Quality Indicators (Carer's Review)
    - A report on the North Yorkshire Review
    - A further report on the Quality Indicators (Carer's Review)

- An update report on Yorkshire Ambulance Service's Patient Transport Service
- Progress Report from Leeds & York Partnership NHS Foundation Trust (Mental Health Services)
- A further report on the recent review of services for homeless patients at Monkgate Health Centre
- A further Safeguarding Assurance report

REASON:

In order to keep the Committee's work plan up to date. 1

Action Required

1. To update the Committee's work plan.

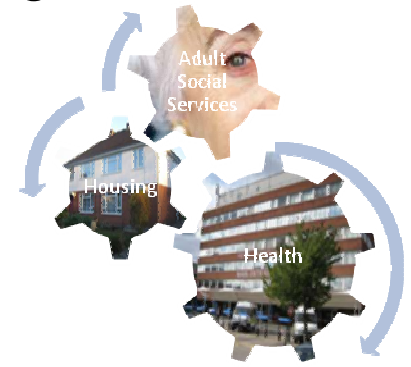
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Councillor C Funnell, Chair

[The meeting started at 5.00 pm and finished at 7.25 pm].

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## Labour Group Annual Report – Cabinet Member Health, Housing & Adult Social Services.



Since May 2011 I have undertaken numerous briefing with Directors, Assistant Directors, Lead Officers and with local partners.

I established, early, two rules for a good working relationship – ‘*No Surprises*’ and ‘*a need to know*’. This has led to Officers being open, honest and accepting challenge, during policy development, resulting in policy driven by Labour’s core values and Manifesto.

Like all I went into administration with hope, but also an understanding of an ever decreasing Budget due to unfair and unjustified Coalition Government cuts. Budgetary constraints have proved challenging in creating a City that is fair, more equal and where vulnerable residents achieve a better life outcome. However, even with financial and legislative ‘barriers’, I can report that Labour’s Policies are taking shape and making a difference.

### Adult Social Services

***Elderly People’s Homes*** – The Homes re-provision is one of the most difficult decisions taken in recent years, but a correct one. Financing was always going to be challenging but the CSR announced defined that CYC would not be able to run all three new homes. I took the difficult decisions to Group, with confidence that the outcome will be the best for the Council.

Fordland’s and Oliver residents moved during March with all those living in the homes moving to their ‘first preference’ home – one person has moved outside of CYC. All residents were offered, and most took the opportunity to visit 2-3 homes before making their choice. Residents without relatives have been supported through the process by independent advocates. I have been informed that all those who moved appear to be doing well and have settled into their new homes. Officer will obtain a more accurate picture when the post move reviews are conducted by York St John’s University who have been commissioned to do an external evaluation of the closures. The researcher will talk to residents, relatives and staff about their experience of the moves and the process that has been followed. It is hoped that the research will tell us (a) how well the Council followed the process outlined in its ‘Moving Homes Safely’ protocol, (b) whether that protocol represents a ‘best practice’ model nationally, and (c) what learning lessons we can take to help inform the second round of EPH closures planned for Spring 2014.

Staff at the two homes have now had their first preferences met with regard to their new work location.

The buildings have been cleared of remaining equipment and furniture and are now occupied by Ad Hoc Property Guardians to reduce the need for high security costs and boarding up the buildings and provides a home.

Officers are obtaining commercial legal advice to determine the best tendering process for the Lowfields development, and are liaising with APSE (Association Public Service Excellence) about support for an 'In-House Bid'. Tenders for Architect and Construction for Fordland's have been issued. As Councillors are aware the Voluntary Sector will be taking over Olivier House as a 'Hub' for Voluntary Sector Organisations

**Reablement** – The failed Reablement Tender, by the Lib Dems, did result in a Budgetary overspend due to a handover date of March 2012 rather than November 2011. The new tender addressed the Tenders and Union concerns which were identified in a consultation I requested. The new Reablement tender began on the 26<sup>th</sup> March and the 31 remaining staff were TUPE'd across on that date to the Human Support Group. There have been no compulsory redundancies.

Officers are working closely with the provider and although there were some early teething problems on both sides these have been tackled. Changes agreed to rotas with effect of the 20th June will bring an additional 150 hours a week of Reablement . New staff currently being recruited/inducted and it is expected that the target of 625 hours will be exceeded by end of July. Indications are that care packages are reducing for customers – so not needing to move on to a Moderate FACS, and Officers are introducing an improved monitoring system for outcomes.

**Day Services** – The review of Day Services, for residents with Learning Disabilities, is another step towards ending services which do not meet individual's wishes and with the move to Personal Budgets it is important we equip people with the skills needed to be active residents. As part of the review, a representative 'Project Board' has been set up to look at the work at Greenworks and Yorcraft to look at individual's future wishes. This will determine when to begin consulting with those who use the services and their families/carers on options identified (probably in late August/ early September before finalising the review in October).

**Care Service** - Out of the in-house staff team of 59 only 7 staff were TUPE'd across to the locality provider, York Helpers, who took over the service on the 2nd April. A number of Care Service staff have taken up posts released through Voluntary Redundancy in the Sheltered Housing Extra Care (SHEC) service and a small number of Care Service staff took Voluntary Redundancy.

4 staff have been seconded to St Leonards Hospice where they will work as Palliative Care Workers and receive induction and training into End of Life

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Care in their various services over three months. Work with health has begun to establish an End of Life Care Board to work on this pathway that will inform decisions about where to deploy our 4 staff after the secondment is complete.

**Supporting People** – Funding continues to reduce but work is taking place to ensure that projects related to Drugs, Alcohol, Domestic Violence, Homelessness, Mental Health and Learning Disabilities can continue through contract reviews and eligibility criteria management.

**Fair Access to Care Services (FACS)** - Consultation has taken place with over 1000 returns. Partners were invited to respond through Partnership Boards and Voluntary sector forums and the Questionnaire was also on line for the public. Questions about impact on prevention and early intervention have been raised and a future report will highlight how CYC can still preserve a prevention approach, with access to Reablement, Telecare and equipment as key elements of the support that can be offer to those whose needs are 'moderate' or 'low'.

**Warden Call** – This service provides 24/7 monitoring and response through a variety of technological aids. The service has approximately 3000 customers across the City of which approx 1800 have Telecare sensors installed. This service also provides monitoring and response support to the 7 CYC Sheltered Housing schemes and the 4 Extra Care Schemes outside of regular office hours. This is a positive way of using technology to let people stay in their own homes.

During 2011/12 over 2500 pieces of equipment were issued to new customers preventing some from having to go into full time Residential Care. For others, it supports their informal or formal care ensuring that the person remains as independent and safe as possible. Planned Capital investment of £250k per year for the next three years will enable the service to continue to meet demand for Telecare and other assisted living equipment.

The Control Room for Warden Call also hosts the Carers Emergency Card scheme. This means that Control Staff provide a telephone response to support a cared for person when a registered carer finds themselves in an emergency situation. The service is working in an integrated way within the new Telehealth pilot schemes in Haxby and Priory Medical Group practices across the City.

**Health & Wellbeing Board** – the Board was launched, in 'Shadow' format on the 4th July 2012, and will go 'live' in April 2013, previous to this the Board met in private on a number of occasion to set up its Constitution, Terms of Reference and to work on the JSNA. In February a number of Board members, including myself, travelled in Jonkoping where we looked at the care model which is preventative and led by the individual. Care is fitted around people's needs and life rather than a medical model. It is hoped to implementation some of the practice in York.

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**Public Health** – Finances will be limited when this responsibility goes ‘live’. I have informed Officers that I am keen on partnership working to tackle preventative issues such as smoking, obesity and alcohol. A Director of Public Health will be joining the Council in August. When they arrive I will set about discussing how this agenda will move forward

### **Review of last year-updates**

**Mental Health Services** - Awareness raising and training on personal budgets for Mental Health Staff (CYC and Health) was delivered. Funding for a small pilot of personal budgets was identified and a person identified to take part – work continues.

**Enhancing Quality of Life for people with Care & Support needs** - The final phase of the joint project with Joseph Rowntree to replace their residential care homes, for people with Learning Disabilities, with supported living was completed during 2011 and a Sheltered Housing with Extra Care scheme was completed in March 2012 and people moved in during May 2012. This work has ensured that the Council continues to working towards and meet targets to ensure that residents with Learning Disabilities are in stable settled accommodation.

**Delaying & Reducing the need for care and support** - Against a backdrop of an increasing number of referrals at the hospital for ‘support’ after Hospital Discharge - up 8% from the previous years - Officers have managed to keep the overall delays at the same level as last year. CYC funded an increase in Community Health capacity from Health Gain money to enable a ‘*step down intermediate care*’ response to be developed. I am pleased to report the Councils performance in regards to delayed transfers of care remains low compared with regional and comparator Councils.

**Ensuring people have a positive experience of care and support equipment** - A new web based tool to allow self assessment for equipment was used by over 300 people in its first year. Feedback has been very positive.

**Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm** - CYC have agreed a new protocol with other investigating agencies to route all safeguarding referrals through the new Safeguarding Team, to ensure consistency over the initial safeguarding assessment and with advice and guidance available to agencies. New procedures have been developed internally to ensure greater consistency with the multi agency procedures.

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## **The Year Ahead**

The above has been a snapshot of the major projects in the portfolio over the last year. There are ongoing funding challenges to services over the next financial year, which will be difficult, but I believe that the Directorates are now in a better place to deliver services whilst ensuring quality of services.

Despite impressive work over the last year to transform services whilst maintaining quality, the saving requirements into 2012-14 require even more. Our reviews of FACS criteria, of employment opportunities for those with Learning Difficulties along with revisiting Day Service and resource allocation systems are underway and will report shortly. And whilst important strategic direction has been provided for the future of our Elderly Persons Homes major work in delivering that vision and agreeing fair price for care for commissioned services is now required.

The challenges facing the health and social care system will not be solely addressed either locally or on a council specific basis. I await the White Paper on Social Care and the Government's response to the Dilnot recommendations on funding which report date keeps vanishing ever more into the distance.

At a local level we are establishing new partnership delivery models which will have at the heart a shift of resources from acute to community based integrated provision. Only through better integrated preventative arrangements can we hope to balance the demands made on the system through demographic change and technological advances.

One new way of working progressing this year will be the joint work with the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust to develop Neighbourhood Care Teams. Based on the principles and approach of practice in Sweden this will drive better integrated care and support, with the resident at the heart of the team, shared learning and improvement based on the resident's experience. Two pilot teams are being set up this month and there will be a shared learning event at the end of July.

Finally our engagement in wider plans to make York a "Dementia Friendly City" aims to provide local whole system leadership of challenges facing the whole country.

### **Meetings attended as Cabinet Member**

Supporting People Board

Safeguarding Adults

Shadow Health and Wellbeing Board

York Valuing People Partnership Board

York's & Humber Regional Health and Wellbeing Leads Board

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York Older People Assembly Executive Board  
Elderly People's Homes Reference Group

### **Meetings with Partners**

Patrick Crowley - York Teaching Hospital

Bill McCarthy - Chief Executive of NHS Yorkshire and the Humber (new Managing Director for the NHS Commissioning Board)

Dr David Hayes – Chief Officer Clinical Commissioning Group

Angela Harrison York CVS – discussed PCT funding to Voluntary Sector

Mike Horncastle York Credit Union – to discuss Universal Credit

Mike Padgham – Chair Independent Care Group

### **Other Meetings and Visits**

Self Direct Support Forum as a speaker

You & Yours' Radio 4 interview on EPH review

Link York as a speaker

OCAV AGM

Full of Life Event

LGA Aging Well - Warwick

Supporting People Board

LGIU Health Networks Meeting – London

York Disabled Workers Coop

Our Celebration/York Mind

Retirement Care Village at Oakham, Rutland

Northern Care Awards

Councillor & MP Working Group on Welfare Reforms - London

South Australia Minister for Disabilities- looking at UK Social Care Systems

Lives Unlimited

Visit to Jonkoping with PCT/CCG to look at Health Model

Connaught Court

Auden House

Windsor House

Oakhaven

Wilberforce Trust

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Health Overview and Scrutiny Committee

23<sup>rd</sup> July 2012

Report of the Head of Neighbourhood  
Management

## **Local HealthWatch York: Progress Update**

### **Summary**

1. To update the Health OSC on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by April 2013.

### **Background**

2. Subject to parliamentary approval, Local HealthWatch will be the local consumer champion for patients, service users and the public. It will have an important role in championing the local consumer voice, not least through its seat on the Health and Wellbeing board.
3. On 4th January 2012 the Department of Health (DoH) announced that local authorities are now not required to provide Local HealthWatch functions until 1st April 2013, 6 months later than had originally been anticipated.
4. The new date for establishing Local HealthWatch in April 2013 will support the need to align this more closely to the establishment of other new local bodies such as Health and Well Being Boards. The extension will also support preparations for the implementation of HealthWatch England (which will still be established in October 2012) to provide the leadership and support to Local HealthWatch organisations.

## **Commissioning Process – Proposed Timescales**

5. Although the new deadline gives an additional six months before the launch of Local HealthWatch it is recommended that the procurement process should begin in time to allow a managed handover. It is suggested that the tender process for HealthWatch is launched by September 2012 at the latest, and that a contract is ideally awarded by December 2012. The successor body will have time to work alongside the current LINK in order to manage the handover process, secure premises, recruit / train staff and undertake marketing and promotional activity.
6. There will be two separate contract lots as part of the same tender process - one for Local HealthWatch and one for a local NHS Complaints Advocacy service.
7. At the HWB Board meeting in December 2011 it was suggested that a draft HealthWatch Service specification was produced by February 2012. Given the extended timescales, a revised timetable is suggested as follows.

July: HealthWatch Supplier Event held

Draft Service Specifications finalised

Aug: CYC Portfolio holder to agree final service specifications.

Announcement of intent to tender – to stimulate the market and encourage collaborative approaches

Sept: Issue of tender documentation

Oct: Closing date for responses

Dec: Contract Award (The full contract will commence April 2013, but the provider will initiate some transitional work beforehand to ensure a smooth handover)

### **Further Points to Note**

8. In order to stimulate the market City of York Council hosted a Local HealthWatch Supplier Day on 4<sup>th</sup> July, which was well attended by local, regional and national suppliers.
9. It has been agreed by the Health and Wellbeing Board that two lots are procured - Local HealthWatch and NHS Complaints Advocacy. This may result in two separate providers or may allow a single provider to compete for, and hold both contracts. Alternatively, the delivery of NHS Complaints Advocacy services could be more closely connected to the wider advocacy provision in the City through this approach.
10. In respect of Complaints Advocacy, detailed discussions were held with other Councils in Yorkshire and the Humber to consider a joint procurement exercise. Rather than this approach it has been agreed to ensure regional co-ordination by developing similar specifications / timescales to ensure regional synergy (rather than a combined regional contract).
11. Further guidance is due to be issued imminently by the DoH around the structure / constitution of Local HealthWatches, and the types of delivery models that are permissible. In lieu of this guidance being issued CYC officers are working towards the production of a service specification / tender process which will allow a variety of delivery models to be brought forward.
12. The overarching outcomes and objectives within the service specification will closely align with those contained within York's forthcoming Health and Wellbeing Strategy and the wider community engagement processes of CYC.

### **Options**

13. This report is for information only report, there are no specific options for members to decide upon.

### **Analysis**

14. Please see above.

## **Council Plan 2011/2015**

15. The establishment of Local HealthWatch in York will make a direct contribution to the following specific outcomes listed in the draft City of York Council Plan:
- Improved volunteering infrastructure in place to support increasing numbers of residents to give up their time for the benefit of the community
  - Increased participation of the voluntary sector, mutuals and not-for-profit organisations in the delivery of service provision

## **Implications**

16. **Financial** - Local HealthWatch will be financed through three separate strands of funding as follows:
- Existing government funding to Local Authorities to support the current LINKs function will be rolled forward into HealthWatch.
  - Monies provided for the current 'signposting element' of PCT PALS teams will be transferred across to local authority budgets from April 2013.
  - Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.
17. It should be noted that while an indicative sum of money will be provided to City of York Council under each of the above headings, none of these monies will be ringfenced i.e. they will be paid to City of York Council as part of various Adult Social Care formula grants. The definitive amount of monies transferring from NHS PALS and Complaints Advocacy budgets to local authorities has yet to be confirmed, although 'indicative' amounts have now been provided by the Department of Health.
18. City of York Council has the discretion allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.
19. **Human Resources (HR)** - There are no human resource implications



20. **Equalities** - Establishing a successful Local HealthWatch in York will enable the targeting of support towards activities which contribute towards all the equality outcomes set out in the draft Council Plan. It will be a requirement of the successful organisation(s) delivering Local HealthWatch to demonstrate and evidence their commitment to equal opportunities in the work of their organisations, in line with the Equalities Act 2010
21. **Legal** - There are no legal implications
22. **Crime and Disorder** - There are no crime and disorder implications
23. **Information Technology (IT)** - There are no information technology implications
24. **Property** - There are no property implications
25. **Other** - There are no other implications

### **Risk Management**

26. There are risks of challenge to the validity of City of York Council's procurement and commissioning process if a HealthWatch contract is let without full and proper consultation with City wide partners. The thorough consultation processes that will be followed through the HealthWatch Pathfinder process will mitigate this risk.

### **Recommendations**

27. Members are asked to note the report and the latest progress towards establishing HealthWatch. A further update will be provided at the next Health OSC meeting.

**Reason:** To oversee the transition from LINKs to HealthWatch is identified as a priority for the Health Overview & Scrutiny Committee.

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Head of Neighbourhood Management

**Report  
Approved**



**Date** 07.07.2012

**Specialist Implications Officer(s)** n/a

**Wards Affected:**

All

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



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**Health Overview & Scrutiny Committee****23 July 2012**

Report of the Director of Adults, Children &amp; Education

**2011/12 YEAR END FINANCIAL & PERFORMANCE MONITORING REPORT – ADULT SOCIAL SERVICES****Summary**

- 1 This report analyses the outturn performance for 2011/12 and the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Adults, Children & Education.

**Financial Analysis**

- 2 The Adult Social Services budget overspent by £1,660k (3.4% of the £48,649k net budget) where pressures that have been evident in previous years related to demand, particularly for community based care, still remain. The main contributory factors are:
  - i) There is a continued increase above forecast level in the number of customers taking up Direct Payments (£586k) along with a significant pressure in External Homecare, primarily related to Learning Disability customers, with additional pressures relating to children in transit between children's and adults services (£1,245k). A number of specific additional high cost residential and nursing care placements made in 2011/12 over and above that provided for in the budget have resulted in a pressure of £1,393k. The total number of customers in residential and nursing care is, however, still reducing as a percentage of the total customer base as the ambition to see more people assisted in the community is realised.
  - ii) In terms of Business Change, there have been delays on two workstreams. In Homecare, there have been delays in letting the reablement contract and reconsideration of other care services options (£679k); and in EPHs, implementation delays mean that the full saving has not been achieved (£421k).

- 3 However, mitigating actions have been identified to reduce these pressures. A significant number of vacant posts are being held whilst the Business Change workstreams continue (£399k). An underspend on Warden Call (£174k), delays in two Supported Living schemes (£385k), grant adjustments (£594k) and additional funding from the PCT (£614k) all contribute to offsetting some of the pressures.
- 4 In addition ACE DMT undertook action during the year to help mitigate some of the overspends that were being projected. In particular a moratorium on all non essential discretionary expenditure has continued throughout the year and has generated savings of £378k within Adult Social Services budgets.

### Performance Analysis

- 5 Performance at year end shows six areas where the measures failed to hit target by the end of year and either fell below previous year's performance or below the average performance for regional or comparison authorities. These have been highlighted in red. There are five areas which, while falling short of their target for 2011-12 showed sustained improvement year on year these have been marked amber. There are a further 11 measures which met or exceeded their target which are in green.

Code	Description of PI	Historical Trend			11/12		12/13	BENCHMARKING	
		08/09	09/10	10/11	Target 11-12	Year End	Target 12-13	Region Average	CIPFA Group Average
A&S1 A (NPI 127)	Self reported experience of social care users – Social Care Quality of Life	-	-	78.9%	80%	79.1%	80%	77.9%	78.3%
A&S1 B	The proportion of people who use social care who have control over their daily life	-	-	79.12%	80%	78.1%	80%	76.0%	76.8%
A&S3 A	Overall satisfaction of people who use services with their care and support	-	-	65.2%	85%	63.9%	70.0%	63.2%	64.4%

Code	Description of PI	Historical Trend			11/12		12/13	BENCHMARKING	
		08/09	09/10	10/11	Target 11-12	Year End	Target 12-13	Region Average	CIPFA Group Average
A&S3D	The proportion of people who use services and carers who find it easy to find information about services	-	-	78.02%	80%	82.6%	85.0%	73.5%	74.5%
A&S4A	The proportion of people who use services who feel safe	-	-	62.8%	65.0%	64.6%	67.0%	63.2%	63.4%
A&S4B	The proportion of people who use services who say that those services have made them feel safe and secure	-	-	50.0%	50.0%	83.2%	85.0%	75.7%	77.8%
A&S1C (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	-	14.4%	24.9%	37.0%	32.1%	TBC	47.1%	46.3%
A&S1G	Adults with learning disabilities in settled accommodation	76.2%	57.1%	60.6%	67.0%	73.1%	74.0%	76.4%	74.6%
A&S1E	Adults with learning disabilities in employment	5.8%	4.3%	7.9%	5.7%	10.3%	10.0%	6.8%	6.5%
A&S2A	Permanent admissions to residential & nursing care homes per 100,000 population	-	-	225	220	215	214	-	-
A&S2B (NPI	Achieving independence for older people	85.7%	100%	97%	91.0%	100.0%	93.0%	84.9%	83.6%

Code	Description of PI	Historical Trend			11/12		12/13	BENCHMARKING	
		08/09	09/10	10/11	Target 11-12	Year End	Target 12-13	Region Average	CIPFA Group Average
125)	through rehabilitation/intermediate care								
DToC 1	Average weekly number of CYC Acute delayed discharges	-	7.98	10.13	7.98	8.69	7.98	Q4	Q2
DToC 2	Average weekly number of reimbursable delays (people)	-	3.38	4.4	4.4	4	3.8	-	-
DToC 3	Average weekly number of bed days	-	32.38	41.44	41.44	41.25	33.3	-	-
DToC 4	Total bed days cost	-	168.4k	215.5k	215.5k	214.5k	215K	-	-
A&S NPI 132	Timeliness of social care assessment	67.1%	80.5%	68.0%	70%	63.4%	TBC	-	-
A&S NPI 133	Timeliness of social care packages	90.3% (>65s)	86.9%	85.4%	90.0%	88.6%	90.0%	-	-
A&S NPI3 5	Carers receiving needs assessment or review and a specific carer's service, or advice and information	17.1%	24.6%	25.5%	25.6%	24.0%	25.0%	-	-
A&S NPI3 6	People supported to live independently through social services (all ages)	3834.2	3980	4328	4364	4281	TBC	-	-
A&S D39	Statement of Needs	97.8%		95.4%	96.0%	96.8%	97.0%	-	-
A&S D40	All services Reviews	84.1%		80.9%	90.0%	85.8%	90.0%	-	-
A&S D54	Equipment delivered within 7 days	-		95.3%	95.0%	96.8%	96.0%	-	-

Code	Description of PI	Historical Trend			11/12		12/13	BENCHMARKING	
		08/09	09/10	10/11	Target 11-12	Year End	Target 12-13	Region Average	CIPFA Group Average
RAP A6	Assessments missing Ethnicity	-	-	4.7 %	<5%	2.9 %	<5%	-	-
RAP P4	Services missing Ethnicity	-	-	4.2 %	<5%	3.8 %	<5%	-	-

6. The Annual Survey for Adult Social Care showed a very good response with 431 people taking part. The area in which the performance fell since 2011-12 was the measure for overall satisfaction of people who use services with their care and support which dropped off by 1.3%. The outturn places us above the regional average for this measure, but below the average for similar areas (CIPFA comparison group).
7. Customers and Carers receiving Self Directed Support shows the delivery of personal budgets had continued to rise year on year but fell short of the 2011-12 target. The view is that the target itself was extremely challenging given that the denominator included a number of people who would not have been eligible for a personal budget such as those receiving equipment or prevention services. This was corrected through the use of a local indicator which only included those eligible for SDS which achieved 65.9% for the year and has further been enhanced by an additional measures and target for direct payments for 2012-13.
8. Despite falling short of the yearly target, Average weekly number of CYC Acute delayed discharges has reduced in year and is an improved performance from the 10/11 position. Both the average weekly calculations for reimbursable delays (people), and bed days calculations are lower than at the same point last year. This is particularly noteworthy in light of the fact that referrals to the hospital team are up 6% since last year. The performance however is still lower than both the regional and comparator group averages for delayed transfers of care putting in regionally in the lowest quartile (Q4).
9. Timeliness of Social Care assessment. The percentage of social care assessments completed on time ended the year at 63.3%, which is below the target of 70% and lower than last year. Performance in this area was affected in year by the process of clearing waiting lists which introduced a number of new assessments which were out of time.

10. *Carers receiving assessment, review or service.* Performance fell in Q3 in year and missed target by 1.6% and fell short of last year's performance by 1.5%. There remain a large number of carers on the waiting list. There is a rebalancing of the assessments to ensure that a greater number of joint assessments are taking place to reduce the workload. As a result of the Health Oversight & Scrutiny comments in this area, an additional indicator has been added to the dashboard to allow oversight of this waiting list.
11. The measure showing People supported to live independently had been on target at each of the first three quarters in year, but fell below the expected outturn in Q4. This measure includes people who are supported in grant funded services, voluntary partners, through preventative activities and also by social care service delivery. The next year will see further development of this measure to split it ensure that more people are supported though preventative and early interventions which we work towards managing the numbers coming through for formal support by ASC services.
12. The following table summarises the additional measures put in place for 2012-13 to focus on priorities in the service plans and issues arising in 2011-12.

Code	Description of PI	Target / Trajectory 12-13
A&S1C Part2 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments ONLY)	<b>20.0%</b>
A&S1C REG	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	<b>80.0%</b>
A&SNPI 132 (Part1)	Timeliness of social care assessment - Commencement of Assessment within 2 weeks.	<b>80.0%</b>
A&SNPI 132 (Part 2)	Timeliness of social care assessment - Completion of assessment in 6 weeks.	<b>80.0%</b>
A&S NPI35 b	Carers Separate Assessment waiting list - snap shot	<b>Reduction</b>
A&S NPI36(a)	People supported to live independently through social services PACKAGES OF CARE	<b>Reduction</b>
A&S NPI36(b)	People supported to live independently through social services PREVENTION	<b>Increase</b>
SGA1	Number of Safeguarding Alerts	<b>Reduction from 10-11</b>



SGA2	Timeliness of Safeguarding Adults Initial Assessment Authorisation - ytd %age sent for authorisation within 24 hours	<b>Increase from 10-11</b>
SGA3	Incoming & Uncompleted Safeguarding Adults events over 100 days	<b>Reduce</b>

### **Council Plan**

- 13 The information included in this report demonstrates progress on achieving the Council's corporate priorities for 2011-2015 and in particular, priority 4 'Protect Vulnerable People'.

### **Implications**

- 14 The financial implications are covered within the main body of the report. There are no significant human resources, equalities, legal, information technology, property or crime & disorder implications arising from this report.

### **Risk Management**

- 15 The overall directorate budget is under significant pressure. This is particularly acute within Adult Social Services budgets. On going work within the directorate has identified some efficiency savings in services that offset these cost pressures.

### **Recommendations**

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

Reason: To update the committee on the latest financial and performance position for 2011/12.

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**Report  
Approved**

**Date** 03 July 2012

**Specialist Implications Officer(s)** None

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

**All**

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

**Background Papers**

2011-12 Finance and Performance Outturn, Cabinet 17 July 2012

**Annexes**

None

## Draft Health Overview & Scrutiny Committee Work Plan 2012/2013

Meeting Date	Work Programme
26 June 2012	<ol style="list-style-type: none"> <li>1. Update on Quality Indicators (Carer's Review)</li> <li>2. Health Watch Procurement Monitoring Report</li> <li>3. Update from Yorkshire Ambulance Service on Complaints Received</li> <li>4. Review of Services for Homeless Patients at Monkgate Health Centre</li> <li>5. Safeguarding Assurance report</li> <li>6. Workplan for 2012-13 and list of Scrutiny Topics Proposed at the Scrutiny Work Planning Event held on 2<sup>nd</sup> May 2012</li> </ol>
23 July 2012	<ol style="list-style-type: none"> <li>1. Attendance of the Cabinet Member for Health, Housing &amp; Adult Social Services</li> <li>2. Health Watch Procurement Monitoring Report</li> <li>3. Year End CYC Finance &amp; Performance Monitoring Report</li> <li>4. Presentation – Health and Wellbeing Strategy</li> <li>5. Verbal Update from the Chair – Children's Cardiac Surgery – Decision of the Joint Committee of Primary Care Trusts</li> <li>6. Workplan for 2012-13 and Briefing Notes on Proposed Scrutiny Topics from the Scrutiny Work Planning Event held on 2<sup>nd</sup> May 2012</li> </ol>
6 August 2012	<ol style="list-style-type: none"> <li>1. Interim Report – End of Life Care Review</li> </ol>

12 September 2012	<ol style="list-style-type: none"> <li>2. First Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>3. Health Watch Procurement Monitoring Report</li> <li>4. Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review</li> <li>5. Progress Report on the Major Trauma Network</li> <li>7. Attendance of NHS North Yorkshire &amp; York and Vale of York GP Commissioning Group – Financial Status and Handover Process</li> <li>6. Update on changes to the Urgent Care Unit at York Hospital</li> <li>7. Workplan for 2012-13</li> </ol>
24 <sup>th</sup> October 2012	<ol style="list-style-type: none"> <li>1. Health Watch Procurement Monitoring Report</li> <li>2. Update on the Public Health Transition Plan</li> <li>3. Progress Report from Leeds &amp; York Partnership NHS Foundation Trust (Mental Health Services)</li> <li>1. Update on Update on the Carer's Strategy</li> <li>4. <i>Possible Final Report of End of Life Care Review</i></li> <li>5. Workplan for 2012-13</li> </ol>

19 <sup>th</sup> December 2012	<ol style="list-style-type: none"> <li>2. Health Watch Procurement Monitoring Report</li> <li>3. Second Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>4. Update on Implementation of the NHS 111 Service</li> <li>5. Update on Yorkshire Ambulance Service Patient Transport Services</li> <li>6. Update on the Recent Review of Services for Homeless Patients at Monkgate Health Centre</li> <li>7. Safeguarding Assurance report</li> <li>8. Workplan for 2012-13</li> </ol>
16 <sup>th</sup> January 2013	<ol style="list-style-type: none"> <li>1. Health Watch Procurement Monitoring Report</li> <li>2. Update on the North Yorkshire Review</li> <li>3. Workplan for 2012-13</li> </ol>
20 <sup>th</sup> February 2013	<ol style="list-style-type: none"> <li>1. Health Watch Procurement Monitoring Report</li> <li>2. Workplan for 2012-13</li> </ol>
13 <sup>th</sup> March 2013	<ol style="list-style-type: none"> <li>1. Health Watch Procurement Monitoring Report</li> <li>2. Third Quarter CYC Finance &amp; Performance Monitoring Report</li> <li>3. Workplan for 2012-13</li> </ol>
24 <sup>th</sup> April 2013	<ol style="list-style-type: none"> <li>1. Health Watch Procurement Monitoring Report</li> <li>2. Workplan for 2012-13</li> </ol>

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## **Briefing paper for potential scrutiny topic - Personalisation**

### **Health Overview and Scrutiny Committee 23<sup>rd</sup> July 2012**

#### **Background**

Personalisation aims to shift to a position where as many people as possible are supported to stay healthy and actively involved in their communities for longer and for those that do need help to have maximum choice and control.

Putting People First looked at four elements: information and advice; prevention and early intervention; personal budgets and choice and control and market development.

Think Local Act Personal focuses on customer focused outcomes, lean processes, building community supports and increasing Direct Payments

#### **What is already happening in York**

Information and advice - We are in the top quartile of outcome data for 2011-12, benchmarked with our regional and comparator authorities, on the proportion of people who use services and carers who say they find it easy to find information about services. We have increased capacity in our ACE Customer Contact Worker team and commissioned Age UK's First Call 50+ service. We have a web based self assessment tool for simple equipment and are developing our web based information.

Early intervention and prevention. Telecare use is increasing with 1800 people now using telecare sensors in their homes. Reablement home care has been provided since 2006 and the new provider is now increasing capacity. We are working with health colleagues to develop Neighborhood Care Teams to deliver more care in the community.

Personal budgets and increasing Direct payments We know we are not offering enough people a personal budget and we know that, as many other authorities, we have a low number of people who then choose to take a direct payment. However we are in the top quartile for customer reported outcomes for the proportion of people who use services who say they have control over their daily life. We are in the process of introducing a new Resource Allocation Tool to give people a clearer and more accurate idea of what resources they may have available to plan

their support. We are changing the way we show the costs of support for customers for whom we still commission support to be more like the personal accounts that people with Direct Payment use. Generally many customers still seem to prefer the Council to arrange their support so we need to find ways that allow more choice and control without people feeling burdened with the task. Take up of personal budgets is particularly low in mental health services, where most of our budgets are invested in in-house services or residential care.

Market development and building community capacity Council wide programmes such as the Ageing Well programme and Dementia Without Walls led by Joseph Rowntree Foundation are helping to identify what we can do as a city to support people live independently for longer. We have two part time Community Facilitator posts. We have supported the establishment of York Independent Living Network and an independent carers' centre and we have supported and encouraged collaborative working in the voluntary sector. We will introduce a regional e-market place website next year, to help people find and buy support.

Measuring customer outcomes We have not formally signed up to Making it Real, but will be using the markers to shape our Annual Account.

Lean processes Care management processes were reviewed and redesigned last year. This is broadly in line with the Think Local Act personal model for workflow with a focus on signposting and reablement. There is still work continuing to improve our workflows.

### **Value that Scrutiny might be able to offer**

Exploring the barriers, or concerns, that discourage people from taking a Direct Payment. Are there other ways people would be able to take more control if they do not want a Direct Payment?

Are there ways we can develop a more personalised approach in mental health services when most of our resources are tied up and not available for use as Direct Payments.

Kathy Clark

Interim Assistant Director Assessment and Safeguarding



Health Overview and Scrutiny Committee

## **Report of the Assistant Director – Children’s Specialist Services**

### **Briefing Note on Proposed Scrutiny Topic – Community Mental Health Services in Care of Adolescents (particularly boys)**

#### 1. Introduction

A recent scrutiny planning event identified, as a topic for initial consideration, the relationship between behavioural issues in older boys / young men and low level mental health problems.

Specifically, Members expressed an interest in the possible correlation between behavioural problems (including, school exclusion, youth offending and suicide) and low level mental health issues.

Members also wish to better understand the local arrangements for the early identification of possible mental health issues in this particular group. The effectiveness of any subsequent interventions was also highlighted as part of any review.

#### 2. Brief Background

In preparation for this initial briefing the views of colleagues from the Child and Adolescent Mental Health Service [CAMHS], the Youth Offending Team and Children’s Social Care were canvassed.

#### 3. Summary of Initial Views

Dr Christine Williams, Consultant Child Clinical Psychologist who is also the Lead Clinician for CAMHS in York reports:

*The team and I have considered the issue highlighted for possible scrutiny by the Health Overview and Scrutiny Committee. On the basis of our clinical experience here in York we believe that, in terms of mental health issues in teenage boys generally, there is no evidence of any major changes (growth in referrals or diagnosis) in the last 5 years.*

*Of course should the Committee wish to review this issue I would be pleased to investigate this further.*

*Also, we are not sure that this remit requires a high level of scrutiny. However, the Committee's query prompted a very helpful and closely related debate within our service. In particular, we identified a cohort of young people involved with the Youth Offending Team [YOT]. There are a small but growing number of young men and women who present as 'high risk' in terms of danger to others. These young people often require psychiatric assessments and out of area placements which are expensive and sometimes unsatisfactory. YOT colleagues estimate that there are approximately 10 young people within this 'high risk' category at any one time. There are many more at a lower level of risk although some of these are likely to 'graduate' to higher risk with time. In my opinion, in terms of trying to improve care and avoid escalation of these risky behaviours as well as trying to reduce costs, it would be worth the committee giving some consideration to a review of these arrangements.*

Angela Crossland – Service Manager – Youth Offending Team reports:

*The Youth Offending Team has seen a steady increase in the recognition of very complex cases both within our service and from colleagues in Children's Social Care. We see young people with higher levels of risk to others, and significant need, presenting before the court on a regular basis. The correlation of these individuals being Looked After Children, on high-end intensity orders and ultimately in custody, has particularly highlighted the need for more responsive approaches in terms of their long-term care and development needs. The YOT, CAMHS and Children's Social Care have been looking at practice level ways to try and identify such individuals but this has shown that there needs to be an overview of what questions this is raising for commissioners in terms of the overall resource for this group of vulnerable and escalating young people.*

Colleagues in Children's Social Care recognise the issues highlighted by both Dr Williams and Ms Crossland.

Responding to 'children who harm' has been the subject of considerable debate both within the service and across the multi agency network. In a nutshell, meeting the needs of these young people whilst minimising the risk they pose to others requires high level of interagency cooperation. Clear pathways to a range of highly specialist resources are also required. These challenges are further exacerbated by the need to maintain some normality for these young people throughout any treatment period to maximise their opportunity for a full and effective rehabilitation.

#### 4. Early identification of emerging mental health problems.

A multi agency conference, hosted by York's CAMHS executive group in April 2012, brought together representatives from over 50 agencies working with children and young people.

The event provided a forum for professionals to explore local arrangements for the prevention and early identification of mental health issues in children and young people. Feedback from the event reassured us that there is a high level of awareness across children's services in York about the importance of spotting early signs of emotional distress or mental health problems in children and young people.

The workshops and findings from the conference will inform the next CAMHS strategy for the City. At the heart of this strategy is a commitment to further strengthen the message that children's mental health is everyone's business. The supporting delivery plan will ensure that greater support and training is available to all those professionals working with children.

#### 5. Conclusion

There is no sense of any complacency about the wider challenges presented by low level mental health issues for young people and in particular young men. Good multi agency awareness and planning is already in place to support this group.

However, enquiries to prepare this initial briefing reveal a clear consensus about the value of further scrutiny of arrangements for responding to children who harm.

## 6. Options

(a) The Health Overview and Scrutiny Committee pursues a more detailed review of the overall arrangements to support the emotional and mental of young men in the City. Such a review could be undertaken within the context of the draft CAMHS Strategy 2012 – 2015.

( b) The Committee undertakes a more focused review on the prevalence and local arrangements for responding to the mental health and care issues associated with children who harm.

## Recommendations

A wider review of local arrangements to respond to the mental health needs of children and young people in York has recently been completed (Annex 1). This work will inform York's CAMHS strategy for the next three years.

Addressing the issues associated with 'children who harm' will, of course, feature in the final strategy. However, a more immediate and sharper focus on this issue through further review by this committee would be helpful and is recommended.

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**10/07/12**

## York Health Overview & Scrutiny Committee

### Briefing Paper: Proposed Scrutiny Topic - Access to talking therapies.

#### 1. Background

Leeds and York Partnership NHS Foundation Trust (LYPFT) provide a range of talking therapy services in York, based around the 'Stepped Care Model' and offering different levels of service to different levels of need. These include counselling, psychological therapy and Improving Access to Psychological Therapy (IAPT) services. Historically there has always been a high demand for non urgent cases accessing these types of services, with consequent waiting lists.

The larger elements of the service are based within primary care, delivering services to patients in a range of community settings including GP clinics, health centres and other community venues.

In 2009/10 IAPT services were introduced to this locality. This prompted a programme of redesign across existing psychological therapy services, to ensure that whilst our resources were available to a range of patients, they were specifically targeted at those with the greatest and most complex needs.

#### 2. Current Situation

Commissioners in North Yorkshire and York have undertaken a full review of counselling services across the locality.

Referral rates to IAPT are high; from June 2011 to June 2012 the monthly referral rate averaged at 107 new referrals per month. The IAPT resource allocation is, however, very low for the level of demand and national allocation of resources benchmarked using the IAPT resource tool. In particular there is high demand for psychosocial therapy input for complex need.

Table 1 below illustrates current waiting times for the Selby and York IAPT service; table 2 shows the resource gap to fully staff this service.

**TABLE 1 – IAPT waiting times – Selby, York and Tadcaster**

2 level care waiting list (at 31/06/12)	3 level care waiting list (at 31/06/12)
109 patients waiting, equates to an approximate waiting time of 6 – 8 weeks.	168 patients waiting, equates to an approximate waiting time of 8 months

Table 2 Resource gap

IAPT staffing (Selby, York and Tadcaster)				
Post	Band	WTE	WTE req'd for 15% Access target	Actual access target
Senior CBT Therapist	8a	1	0.7 wte req'd for supervision	
High Intensity Therapist	7	3	25.6	1.9%
PWP	5	4	10.5	5.8%

Cognitive Behavioural Therapy Services (excluding IAPT): all referrals are screened on receipt. The current wait to commence therapy is 11 months.

Referrals to St Andrews are seen within 18 weeks for the majority of clinicians, with the occasional exception of some specialist group therapies where the start of therapy is governed by a variety of factors, including the time-length of the fixed-term groups, and the availability of the patients.

Counselling waiting times are shown in table 3 below. The British Association of Counselling and Psychotherapy recommend a formulation of 1.5 hours per 1000 population per week. In York and North Yorkshire the current resources for counselling equate to 0.5 hours per 1000 population per week.

**TABLE 3 – counselling waiting times**

January-June 2012	Numbers of referrals	Numbers waiting	Average waiting time
	593	291	16 weeks

### 3. Next Steps

LYPFT is working with local commissioners to highlight and address the issues raised in this paper. A regular Service Improvement Group is in place (a sub-group to the Contract Monitoring Board) with membership from LYPFT, NHS North Yorkshire and York (our current health commissioners), the Vale of York Clinical Commissioning Group (our future health commissioners) City of York Council and North Yorkshire County Council, to review current service issues and plan for future developments. Issues outlined in this paper will be regularly reviewed by that group.

LYPFT are implementing a programme of Transformation of services within the York locality. These services are within scope of that work and will be part of the development of new service models aimed at maximising existing resources.

Therefore whilst issues relating to access to psychological therapies clearly exist, mechanisms are in place to address these issues. In this context the Trust does not consider that a Scrutiny Review is currently indicated; we will of course ensure that the health Overview and Scrutiny Committee is fully informed of our service redesign plans as they develop.

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## **York Health Overview & Scrutiny Committee**

### **Briefing Paper – Proposed Scrutiny Topic: Mental Health Day Services for Older People**

#### **Background**

Dementia and depression are the most common mental health disorders of later life. Depression affects around 15% of older people (Beekman et al, 1999). The prevalence of dementia increases exponentially with age, affecting one person in 20 over the age of 65 and one person in five over the age of 80 (Hofman et al, 1991).

Dementia currently affects over 750,000 people in the UK (Alzheimer's Society). It is estimated that by 2030 this will rise to 870,000 people and by 2050 to over 1.8 million people (Alzheimer's Society).

Services for people with mental health problems have developed significantly since the Community Care Reforms of 1993. Day services were expanded at that time as a cost effective and clinically efficient method of providing support to people and their families. Today the traditional day hospital model is seen as out-dated; community-based NHS treatment, care and support is provided according to individual need.

#### **Day Services**

Day hospitals vary in design, purpose, function, staffing and profile of patients across the country; a standardised definition is therefore not possible. The term 'day hospital' refers to a facility that is managed by the NHS. 'Day care' facilities are usually managed by voluntary agencies or local authorities. Day hospitals provide assessment, treatment and ongoing support, delivered by a multi disciplinary team including Local Authority Social Care staff. Day care facilities prioritise quality of life, socialisation and support. Roles can become blurred, hence the importance of clearly defining the role and function of all day facilities.

Currently within York and North Yorkshire, the Leeds and York Partnership Foundation Trust (LYPFT) provide day services for older people as detailed in the table below.

	<b>Days Provided</b>	<b>Places per day</b>	<b>Functional Illness day service provided</b>
Mill Lodge (York)	Mon to Friday (5 day)	15	Thursday - 15 places
Worsley Court (Selby )	Tues and Friday (2 days)	10	None Provided
Meadowfields (York)	Mon to Friday (5 days)	15	Thursday - 12 places

The functional mental illness service provides support for people who do not have a dementia.

Some people will derive benefit from attending both types of day services (day hospital and day care); however as demand increases it is important to be clear about the purpose and expected outcomes from each service, supporting the development of expertise in each service. People attending will then have a service that is designed around their needs.

Many people using our NHS day services have been doing so for many years and a significant number of those people are likely to require day care (socialisation and interaction) rather than assessment or support due to a health need. Mental health staff are currently working with Local Authority colleagues to review individuals receiving day services to ensure they are receiving the correct support for their needs, in the most appropriate setting. We anticipate that this review will support the greater use of individual budgets for some people.

### **Next Steps**

LYPFT welcomes the opportunity to work with partner agencies to review current day care services across the city and to plan for future developments. We have a regular Service Improvement Group in place (a sub-group to the Contract Monitoring Board) with membership from LYPFT, NHS North Yorkshire and York (our current health commissioners), the Vale of York Clinical Commissioning Group (our future health commissioners, City of York Council and North Yorkshire County Council. In addition we are participating in a stakeholder day planned by NHS NYY in September 2012 where service users and carers, service providers and commissioners will come together to better understand the needs of people across the locality.

The Trust is also implementing a programme of service transformation within the York locality, aimed at improving service user experience and service user outcomes by redesigning the way that services are provided. These services are within scope of that work.

In this context the Trust does not consider that a Scrutiny Review is currently indicated; we believe that working with both Local Authority and voluntary sector partners we are well placed to develop a range of services that offer people choice and self determination in how they wish to manage and live life well when experiencing a mental health problem.

We will of course ensure that the Health Overview and Scrutiny Committee is fully informed of our service redesign plans as they develop.

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