Notice of a public meeting of

Health Overview & Scrutiny Committee

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

Date: Wednesday, 19 December 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 interests not included on the Register of Interests
   - any prejudicial interests or
   - any disclosable pecuniary interests

   which they may have in respect of business on this agenda.

2. **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 **Tuesday 18 December 2012** at **5:00 pm**.

3. **Results of Consultation on Proposed Closure of Mill Lodge** (Pages 5 - 12)
This paper provides an update on Leeds and York Partnership NHS Foundation Trust's proposals to redesign the way that older people's mental health services are provided in York, Selby and Tadcaster. This follows comments made by Members at the Committee's meeting on 12 September 2012.

4. **Verbal Report from Leeds and York Partnership NHS Foundation Trust (Mental Health Services)**
The Chief Executive from Leeds and York Partnership NHS Foundation Trust will be in attendance at the meeting to give a verbal update on the work of the Trust, including key priorities and challenges.

5. **Local HealthWatch York: Progress Update** (Pages 13 - 18)
This report updates the Committee on the progression from LINks Local Involvement Networks) to Local HealthWatch by April 2013.

6. **2012/13 Second Quarter Financial & Performance Monitoring Report- Adult Social Services** (Pages 19 - 28)
This report analyses the latest performance for 2012/13 and forecasts 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 and Education.

7. **Update Report: Re Provision of the Travellers and Homeless Medical Service in the City of York** (Pages 29 - 32)
This report provides an update to the York Health Overview and Scrutiny Committee, about the recommissioning of the Primary Medical Services (PMS) Homeless service in York.

8. **The Local Account for Adult Social Care** (Pages 33 - 72)
This report introduces the contents of Local Account for Adult Social Care 2012.

9. Remit - Scrutiny Review into Personalisation (Pages 73 - 98)

This report presents the Health Overview and Scrutiny Committee (HOSC) with work undertaken to date by the Task Group appointed to this review, including a draft remit to work to. The Committee are asked to agree the remit in order that work can commence on this review.

10. Update Report on Proposed Changes to Children's Cardiac Services and Formation of a Joint Health Overview and Scrutiny Committee to respond to A National Consultation on Adult Cardiology Services (Pages 99 - 110)

This report provides Members with an update on the outcomes of the Review of Children's Congenital Heart Services in England, the proposed changes and the work undertaken by the regionally formed Joint Health Overview and Scrutiny Committee (Joint HOSC) around this. It also gives an update on the continuing work of the Joint HOSC, around the implementation phase of the review.

11. Work Plan (Pages 111 - 114)

Members are asked to consider the Committee's work plan for the municipal year.

12. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:
Name- Judith Betts
Telephone – 01904 551078
E-mail- 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
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- Copies of reports

Contact details are set out above

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Agenda Annex

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Scrutiny Committees

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

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

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Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item 1: 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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Leeds and York Partnership NHS
NHS Foundation Trust

Proposal to redesign older people's mental health services and enhance provision of community care and support

1. Introduction

On 12th September 2012 Leeds and York Partnership NHS Foundation Trust (LYPFT) presented a paper to York Health Overview and Scrutiny Committee, setting out a proposal to redesign the way that older people's mental health services are provided in York, Selby and Tadcaster; incorporating the development of a new dedicated care home team and reconfiguration of inpatient beds.

Whilst York Health Overview and Scrutiny Committee supported the principle of providing more care in community settings, it expressed some concerns about the proposal and asked LYPFT to return to Scrutiny in December, to provide assurance that these concerns have been addressed.

This paper sets out the Trust's response and asks for York Health Overview and Scrutiny Committee's support with our service redesign proposals.

2. Key points of the proposal

In summary, the proposal is as follows:

2.1 Development of a Care Home Team, to support the care of people with mental health problems living in residential and nursing homes.

This team will build capacity in care homes, supporting care home staff to care for people's mental health needs, reducing the need for admissions from care homes into hospitals; and reducing referrals from care homes to Community Mental Health Teams (CMHTs). The team will also help to improve the pathway from NHS inpatient services into residential and nursing homes, helping to prevent delayed discharge.

Currently our Community Units for the Elderly (CUEs) receive over 30 admissions from care homes per year. Evidence from similar developments indicates that the Care Home Team can reduce this by 50% within the first year.

We also expect a reduction in annual referrals to CMHTs from care homes of 35% in the first year, meaning that CMHTs will have additional capacity to provide an enhanced service for other service users.

This will mean there will be fewer occasions when a vulnerable older person is required to move from their home to hospital, or between homes. The proposal will improve health outcomes for these individuals and reduce their distress and that of their carers. In addition, care providers in other settings will gain greater understanding of mental health issues, promoting the provision of high quality care.

The combined impact of increased CMHT capacity alongside the new Care Home Team can also be expected to reduce the number of crisis events in the community, which lead to admission to A&E departments and the acute sector.

The Care Home Team will be part of the integrated community service and will play an important part in the dementia care pathway. Their specialist interventions and advice will help to reduce the need for medication including anti-psychotic drugs. The team will also provide training to nursing home staff where required; and will deliver a flexible service, offering support and advice over an extended working day up to 8pm.

2.2 Reconfiguration of Community Units for the Elderly

To resource this service improvement we will need to refocus some resources from inpatient to community services. The case for this is supported by the current high level of delayed discharges within our CUEs; these are people who no longer require hospital-based health assessment or treatment and whose needs would be better met in community or residential care.

An analysis of bed use in older people's services over the past year demonstrates an average of more than 20 delayed transfers of care. Addressing delays will therefore allow us to release resources currently committed to inpatient facilities and reinvest in community based services, so reducing the need for hospital admission and supporting people to remain in their home.

Addressing delays will improve outcomes for patients and service users. This is a quality improvement initiative, intended to ensure that people receive the right care, in the right place, at the right time. It is not appropriate for people to remain in hospital when they no longer need to be there.

To reflect this, Monitor (the independent regulator of Foundation Trusts) has set all Foundation Trusts (FTs) a target of reducing delayed discharges to a maximum of 7.5%. Monitor recognises that addressing delays requires effective partnership working and strong collaboration across sectors; and expects FTs to work to achieve this. Therefore even if LYPFT did not wish to reconfigure older people's services within York, we would still need to address delayed discharges within our services, in order to comply with our regulatory requirements.

We propose to reconfigure the current inpatient community units. This will allow us to vacate Mill Lodge CUE, consolidating beds into the remaining units: Meadowfields, Worsley Court and Peppermill Court. We will retain elderly assessment beds at Bootham Park Hospital.

All existing patients who need assessment or treatment in a CUE will continue to receive this care. We have had individual discussions with everyone who will be affected by this proposal; and individual plans are in place to meet their continuing needs.

Following this proposed reconfiguration we will have a total of 62 mental health beds for older people. The population of older people in the York, Selby, Tadcaster and Easingwold area is approximately 52,000[1]. This therefore equates to 1.2 beds per 1,000 population, well within the Royal College of Psychiatrists' guidelines. We are therefore fully confident that we will continue to have sufficient inpatient capacity to provide assessment and treatment to everyone who needs this service.

The location of the beds will be as shown in the table below. We always endeavour to find a bed which is conveniently located for patients and their carers; however there are times when York residents are admitted to Selby; or vice versa. Reducing the need for admission by increasing community resources will help to avoid some this in some cases.

	No. beds	**Single/mixed sex**	**Location**
Elderly Assessment Unit	16	Mixed	Bootham Park Hospital
Worsley Court	14	Mixed	Selby
Meadowfields	18	Mixed	Tadcaster Road, York
Peppermill Court	14	Males only.	Groves area of York
TOTAL	**62**		

[1] based on Neighbourhood Care Team information provided by the CCG

3. Concerns raised by York Health Overview and Scrutiny Committee

Overview and Scrutiny expressed concern that this proposal had been developed unilaterally by LYPFT; without consultation with partners. This response has therefore been jointly agreed by representatives from LYPFT, City of York Council, NHS NYY and Vale of York CCG. The content of the paper has also been discussed with colleagues from the third sector, as listed in Appendix 1.

3.1 Concern that CUEs were originally commissioned to provide long term care and that there has been no joint commissioning agreement to date to change this approach within the city.

The CUEs were built between 1989 and 1996 for the care of the confused elderly in York and district, who would previously have been housed in large mental hospitals (e.g. Clifton Hospital), to allow their care to be in a community setting. The opening of the CUEs allowed the transfer of the remaining elderly patients from Clifton Hospital, facilitating its closure. CUEs were not built as 'bed for life' facilities, but the individual patients transferred from Clifton Hospital were promised that they could remain at the CUE for the rest of their life. None of this group of patients is still with us.

As an NHS assessment and treatment facility the CUE have never been intended to provide a permanent placement for patients. Some patients funded through Continuing Health Care did continue to be placed in the CUEs however; and this has given rise to some confusion about their function. Over time people with Continuing Health Care needs have been cared for in more appropriate settings.

Changes in national policy have seen continuing emphasis on community-based care, meaning that increasingly people are cared for in their own homes. To facilitate this, health and social care resources have been increasingly refocused from residential care to community care. This proposal is fully in line with that shift in policy, which itself is in line with patient choice and improved quality and outcomes.

3.2 Concern about how the needs of the current Mill Lodge residents will be met

At the time of writing, there are currently 7 patients at Mill Lodge, which has a total of 16 beds.

Of these, 3 patients have been assessed as needing residential care; one has a place arranged and is shortly to transfer; social work colleagues are actively working to address the longer term residential needs of the other two patients.

Of the remaining 4 patients, one has recently had trial home leave with a view to potentially being discharged home. Unfortunately this has not been successful and a meeting is now to be arranged to reconsider discharge plans.

The remaining 3 patients continue to need NHS care and treatment at this time. We will continue to provide care and treatment for these individuals for as long as they need NHS care and treatment. Over the last 6 months the average monthly discharge rate has been 20.5% of available beds; therefore it is reasonable to expect that most will be discharged before Mill Lodge is vacated.

We will seek to avoid any transfers of care, to avoid disruption for patients and their carers.

3.3 Concern about the longer term impact on the whole system of care in York

In the short term, it can clearly be seen that the proposals outlined in this paper will have minimum impact on the whole system of care. There is no additional pressure on any part of the system; patients within the CUE units have always been moved on to more appropriate longer term care and this continues to be the case. LYPFT is currently providing more care and treatment in people's homes, leading to a significant overall reduction in CUE occupancy from 95% in May 2012 to 82% in November. The introduction of a Care Home Team will allow us to sustain this reduction in demand for beds and provide a better community service.

In the medium and longer term, it is the explicit intention of all key partners to work together to provide fully integrated care pathways, that will result in reduced demands on services and budgets, and a higher quality experience for patients and service users. We must invest in community alternatives to inpatient care and it is our belief that we can achieve much more in this respect. Failing to tackle this refocusing of services would be wasteful of scarce resources and would not improve outcomes for those very vulnerable people who need our services. The move to joint health and social care commissioning is designed to support this direction of travel and we have already committed to working with partners to develop clear protocols for accessing Section 117 and Continuing Health Care funding.

LYPFT is currently reviewing and redesigning the way that we provide specialist mental health services and we will collaborate with colleagues across health, social care and voluntary sectors, as well as involving people who use our services and their carers, to articulate a clear shared vision and strategy for the care of older people with mental health needs in the city. We look forward to returning to City of York Health Overview and Scrutiny Committee to share this vision and strategy in due course.

4 The outcomes of our consultation exercise

We have had only one written response to our public consultation; this being from a gentleman who was concerned about public transport (unrelated to our proposal).

Everyone who has spoken to us has understood the need for change, that hospital is not the right place for people to remain longer than they need; and is appreciative of our aim to keep people out of hospital for as long as possible. The concerns that were raised related to family members and what would happen to them. When people understood that we would not under any circumstances discharge their relatives without robust and appropriate plans in place, they were satisfied.

Offers have been made for people to visit and look around the other CUE units and everyone affected has been spoken to on a one to one basis.

All staff that would be affected by this proposal have been able to express a preference for suitable alternative employment within LYPFT and each individual will be appropriately redeployed, with no job losses.

Melanie Hird, Associate Director, York and North Yorkshire Services

Lynn Parkinson, Deputy Director, Leeds and York Partnership Foundation Trust

December 2012

Appendix 1: Consultation Plan for proposed change to Mill Lodge and development of Care Home Team

		Date	Completed
1	Production of consultation plan	Aug 3 2012	Aug 3 2012
2	Produce list of those to be consulted	w/e 17/08/12	Aug 3 2012
3	Production of a full information document to support consultation	w/e 07/09/12	September 7th 2012
4	Circulation of information including mail out and web site	w/e 07/09/12	September 7th 2012
5	Set dates and hold number of public meetings with invited parties from service users /carers /partners /stakeholders etc 'Market place' events at Mill Lodge and Worsley Court Individual meetings with service users and carers	September/ October 2012	 September 28th. October 15th.
6	Hold staff presentations Communicate to all staff involved and provide links to further information: Trust website Staffnet briefing Letter from Operational Management setting out management of change process HR, JNCC and Staff side informed	September/ October 2012 September/ October 2012	20th and 21st September 2012 September/ October 2012
7	Attend Health Scrutiny Board: North Yorkshire CC	September 2012	September 2012
8	Briefing of CCG/PCT	September 2012	September 2012
9	Presentation to CYC OSC	12th September 2012	12th September 2012
10	Briefing with paper and/or brochure via CVS to partners	September 2012	September 2012

11	Briefing with paper and/or brochure to Mental Health Forum Brochure to Older People's Assembly Brochure to York and North Yorkshire Links Brochure to York Carers Forum Brochure to York/Selby Alzheimer's Society Brochure to Selby AVS Brochure and e-brochure to Library services	October 212	October 2012
12	Meet with York Mind Executive	November 2012	November 2012
13	Presentation to NY OSC	9th November 2012	9th November 2012
14	Presentation to LYPFT Council of Governors	13th November 2012	13th November 2012
15	Meet with external partners from CCG, CoYC, NYYPCT	29th November 2012	29th November 2012
16	Meeting with York and North Yorkshire elected governors	30th November 2012	30th November 2012
17	Collate feedback and produce final recommendation	December 2012	5th December 2012
18	Further feedback to CYC OSC	19th December 2012	19th December 2012
19	Final report goes to LYFPT Board	20th December 2012	20th December 2012
20	Implementation plan	To commence January 2013	

Health Overview and Scrutiny Committee

19th December 2012

Report of the Head of Communities and Equalities

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. Local HealthWatch will be the new 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. Local Healthwatch will be closely interlinked with the new localised NHS Complaints Advocacy service provision.

3. On 4th January 2012 the Department of Health (DoH) announced that all local authorities would be required to commission independently managed Local HealthWatch and NHS Complaints Advocacy functions for their local areas by 1st April 2013.

4. Healthwatch replaces the current Local Involvement Network (LINk) arrangements as the primary vehicle for public and patient engagement in shaping / influencing health and social care services at a local level. It will report its findings to a new national body, Healthwatch England, which was launched in October 2012.

Commissioning Process – Update

5. The CYC tender process for HealthWatch and NHS Complaints Advocacy was launched on 19th September 2012, with a closing date of 31st October 2012. It was deemed as being particularly important for the Healthwatch successor body to 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. Two separate contract lots were made available as part of the same tender process - one for Local HealthWatch and one for a local NHS Complaints Advocacy service.

7. Assessment of both contract lots took place in the first two weeks of November 2012. Tenders were assessed by a panel of CYC Adult Social Care Commissioners and senior Neighbourhood Management staff. To ensure impartiality and a fresh perspective an independent lay person was also appointed to the Tender Evaluation Panel.

8. Further to a rigorous and transparent assessment process York Council for Voluntary Service have been appointed as the successful provider to establish Local Healthwatch York and York Mind have been appointed as the successful provider of NHS Complaints Advocacy services. In both cases the full contract will commence April 2013, but the providers will initiate some transitional work beforehand to ensure a smooth handover.

9. City of York Council is one of the first authorities in the country to complete the tender process for Local HealthWatch / Complaints Advocacy services.

Next Steps

10. As outlined above both HealthWatch York and the NHS Complaints Advocacy service will have a contract implementation phase from December 2012 to March 2013, prior to a formal launch in April 2013.

11. In both cases the successful providers will use the forthcoming months to concentrate on handover arrangements, contract finalisation, staff recruitment, marketing, publicity and awareness raising and establishing governance arrangements, premises etc.

12. The CANs Neighbourhood Management Team will be responsible for ongoing contract management and monitoring arrangements.

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 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 -** The contract value for the delivery of Local HealthWatch is £140,000 per annum (two-year contract) with up to £10,000 in year start-up costs (to be determined by the Council and the successful provider). The contact value for the NHS Complaints Advocacy Service will be £44, 000 per annum (two year contract) with up to £10,000 in year start-up costs (to be determined by the Council and the successful provider)

17. **Human Resources (HR)** - There are no human resource implications

18. **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

19. **Legal** - There are no legal implications

20. **Crime and Disorder -** There are no crime and disorder implications

21. **Information Technology (IT) -** There are no information technology implications

22. **Property -** There are no property implications

23. **Other** -There are no other implications

Risk Management

24. There are risks of challenge to the validity of City of York Council's procurement and commissioning procedures but steps have been taken at all stages to ensure a fair and transparent commissioning and procurement process has been adopted.

Recommendations

28. 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 in the Health Overview and Scrutiny Work Plan.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Adam Gray Funding and Investment Officer Economic Devt. Unit Office of the Chief Executive Tel. 551053	**Mary Bailey** Head of Communities and Equalities

Report Approved ✓ **Date** 05.12.2012

Specialist Implications Officer(s) n/a

Wards Affected: **All** X

For further information please contact the author of the report

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Agenda Item 6

Health Overview & Scrutiny Committee **19 December 2012**

Report of the Director of Adults, Children & Education

2012/13 SECOND QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT – ADULT SOCIAL SERVICES

Summary

1 This report analyses the latest performance for 2012/13 and forecasts 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 and Education.

Financial Analysis

2 Within Adult Social Services budgets financial pressures of £3,783k are being projected. There was growth of £1,500k included in the adult social care budgets for 2012/13, but despite this it remains challenging to address the increase in demand for services. All areas of the directorate have been examined, and mitigation options within adult services of £1,165k have been identified, that bring the forecast outturn for the service down to £2,617k, representing 5.6% the £47,135k net budget.

3 Pressure on Adult Social Care budgets is, of course, very much a national and a topical issue. In the last couple of months, one Council (Barnet) has attracted national publicity for publishing a graph that shows that within 20 years, its entire budget will be swallowed up by social care costs. The LGA has also conducted a more recent modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade.

4 A further piece of work by the LGA indicated that Adult Care costs for York could increase 33% by 2020 and that being the case, even with a 2% increase in council tax each year, Adult Care would still account for half the council's expenditure in the 2019/20 financial year.

5 The latest figures for demographic trends indicate that there has been an increase of over 30% in the number of over 85's between the 2001 and 2011 census data. Further projections indicate a further 9% increase in over 85's by 2015 and 21% by 2020 with a 35% increase in over 90's by 2020. This means not just an increase in the numbers of older people requiring care, but also more people having complex and more costly care needs for longer periods of time.

6 The strategy to address these trends and their incumbent pressures has been to develop early interventions that address needs early and prevent the escalation into more complex care needs and more expensive care packages. This means that whilst the numbers of people supported by social care packages are not increasing, they have more complex needs so the costs of those packages are increasing. Local health provision is under strain and increasingly social care is being asked to support people who would previously have received health care support. With developments in medical science young people with complex needs are living for longer and moving from children's services to adult services, where they can need intensive support to keep them safe and able to live a full life. 35 young people have moved from children's to adult services in the last 2 years, which is a trend we would not have seen even 5 years ago.

7 There is also a shared ambition across local government and health agencies to see health care delivered closer to home. This is underlined in York by the need to work as a community to address the budget deficit within the local health care system. The North Yorkshire and York Review highlighted the need for more joined up working and the need to reduce hospital admissions and lengths of stay. This approach does mean that more people will require social care support and this is currently an area of major concern as early discharge from hospital leads to people with complex care needs requiring very expensive care within their community.

8 We have seen increasing numbers referred from the hospital for discharge support over the last two years:

- Average of 125 a month in 2010-11
- Average of 135 a month 2011-12 and this trend is continuing

9 People are leaving hospital on average 7 days earlier this year. This means that they require more social care for longer. This is a positive indicator for delivery of the care closer to home strategy, but progress in one part of the system brings pressures in other parts. Top level discussions are taking place with the GP commissioners and the Hospital Trust to consider this problem and seek mitigations.

10 Homecare – The Homecare service has been substantially redesigned and has been successful in signposting customers with low level needs to other forms of provision. This has meant that the number of customers has remained stable despite the growth in the number of potential customers, but it does also mean that the customers receiving the service have more complex needs. This is one reason why, despite unit costs going down following the outsourcing of the service weekly, spend on our home care contracts has increased from £54k a week in July 2011 to £80k a week in July 2012. This results in a forecast financial pressure of some £2,531k.

11 Residential and Nursing Care - The number of admissions to care homes has remained fairly stable, but as predicted the demographic pressures and the increasing ability to support people at home for longer means people are needing more intensive support as they enter care homes. This is leading to higher costs in nursing homes and, for some residents, additional 1:1 support to keep them safe. In addition, unbudgeted fee increases of 1% have been approved in April and October. All these factors have resulted in a forecast financial pressure of £492k.

12 Demographic pressures are also evident in Adult Transport with a forecast overspend of £264k.

13 Vacancies in small day services (£220k) help offset the overall forecast Adult Services overspend.

Mitigation Options

14 All areas of the directorate have been reviewed and work is ongoing within the Directorate Management Team to progress on a range of mitigation proposals, although this is not without some potential impact on customers and services:

- Vacancy freeze measures are being strictly enforced across the directorate, including relief staff and short term cover. Other expenditure will only be incurred to meet statutory obligations, or where the well being of a vulnerable person could be compromised.
- Contracts for care provision are being reviewed and opportunities taken to reduce the level of contracted spend where possible, and demand allows.
- Options for utilising reserves and grants will be taken where a consequent general fund revenue saving can be generated.
- Charges for services are being reviewed to consider the options for increased income generation.
- Vacant beds within our Elderly Persons Homes will be used whenever possible for planned respite care.
- All options to delay the start of planned investment in new or revised services will be considered.
- Decision making processes for care packages and support are being reviewed to ensure high cost arrangements are thoroughly scrutinised. All high cost packages have to be authorised by a Spend Panel, including The Assistant Director, Group Managers and Commissioning & Contracts Manager to ensure the needs are evidenced and eligible and that the costs are in line with market rates.

Performance Analysis

15 Of the 24 in year indicators, eight are green, indicating that they have achieved expected target for Q2; six are amber which indicate that although the target for Q2 has been missed, they are within an allowed tolerance and 9 are marked as red which indicate that they have missed target and are outside of tolerance. Two measures have only Q1 performance noted as due to collection and verification processes nationally, information relating to Q2 will not be available until December 2012.

Code	Council Plan Link	Description of PI	11/12		12/13				
				Year End		Qtr 1	Qtr 2	Qtr 3	**Year End**
A&S1C Part2 (NPI 130)	Protecting Vulnerable people	Customers & Carers receiving Self Directed Support (Direct Payments ONLY)	Target	-	Target	10.0%	13.5%	17.5%	**20.0%**
			Actual	-	Actual	10.6%	11.9%	-	
A&S1C REGIONAL	Protecting Vulnerable people	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	-	Target	70.0%	73.3%	76.6%	**80.0%**
			Actual	65.9%	Actual	73.6%	73.1%	-	
A&S1G (NPI 145)	Protecting Vulnerable people	Adults with learning disabilities in settled accommodation	Target	67.0%	Target	18.5%	37.0%	55.5%	**74.0%**
			Actual	73.1%	Actual	**8.0%**	**19.8%**		

Code	Council Plan Link	Description of PI	11/12		12/13				
				Year End		Qtr 1	Qtr 2	Qtr 3	**Year End**
A&S1E (NPI 146)	Protecting Vulnerable people	Adults with learning disabilities in employment	Target	5.7 %	Target	2.8 %	5.5 %	8.3 %	**10.0 %**
			Actual	10.3%	Actual	2.7 %	**8.4 %**		
A&S2A	Protecting Vulnerable people	Permanent admissions to residential & nursing care homes per 100,000 population	Target		Target	22	84	134	**214**
			Actual	214	Actual	22	82		
PAF C72	Protecting Vulnerable people	Admissions - Permanent (65+) / Per 1000 pop	Target		Target	20	81	127	**205**
			Actual	205	Actual	35	78		
PAF C73	Protecting Vulnerable people	Admissions - Permanent (18-64) / Per 1000 pop	Target		Target	2	3	7	**9**
			Actual	9	Actual	1	4	-	
Delayed Discharges 1	Protecting Vulnerable people	Average weekly number of CYC Acute delayed discharges	Target	7.98	Target	7.90	7.90	7.90	**7.98 %**
			Actual	8.69	Actual	10.46	8.67	-	
Delayed Discharges 2	Protecting Vulnerable people	Average weekly number of reimbursable delays (people)	Target	4.4	Target	3.8	3.8	3.8	**3.8**
			Actual	4	Actual	5	4		
Delayed Discharges 3	Protecting Vulnerable people	Average weekly number of bed days	Target	41.44	Target	33.3	33.3	33.3	**33.3**
			Actual	41.25	Actual	52.07	46.41		
Delayed Discharges 4	Protecting Vulnerable people	Total bed days cost	Target	215.5	Target	40.0	98.0	152.0	**215 K**
			Actual	214.5	Actual	67.70	125.30		

Code	Council Plan Link	Description of PI	11/12		12/13				
				Year End		Qtr 1	Qtr 2	Qtr 3	**Year End**
A&SNPI 132 (Part1)	Protecting Vulnerable people	Timeliness of social care assessment - Commencement of Assessment within 2 weeks.	Target	-	Target	80.0%	80.0 %	80.0%	**80.0 %**
			Actual	-	Actual	25.0%	28.8 %		
A&SNPI 132 (Part 2)	Protecting Vulnerable people	Timeliness of social care assessment - Completion of assessment in 6 weeks.	Target	-	Target	80.0%	80.0 %	80.0%	**80.0 %**
			Actual	-	Actual	42.9%	51.4 %		
A&SNPI 133	Protecting Vulnerable people	Timeliness of social care packages	Target	90.0%	Target	90.0%	90.0 %	90.0%	**90.0 %**
			Actual	88.6%	Actual	89.8%	89.1 %		
A&S NPI35	Protecting Vulnerable people	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Target	25.6%	Target	6.3 %	12.5 %	18.8%	**25.0 %**
			Actual	24.0%	Actual	9.2 %	14.6 %		
A&S NPI35 a	Protecting Vulnerable people	Joint Assessments that are unlinked on Fwi to Carer - snap shot	Target	-	Target	20	15	10	**0**
			Actual	21	Actual	20	32		

Code	Council Plan Link	Description of PI	11/12		12/13				
				Year End		Qtr 1	Qtr 2	Qtr 3	**Year End**
A&S NPI35 b	Protecting Vulnerable people	Carers Separate Assessment waiting list - snap shot	Target	-	Target	180	150	125	**100**
			Actual	207	Actual	214	179		
A&SD39	Protecting Vulnerable people	Statement of Needs	Target	96.0%	Target	97.0%	97.0%	97.0%	**97.0%**
			Actual	96.8%	Actual	96.3%	96.7%		
A&SD40	Protecting Vulnerable people	All services Reviews	Target	90.0%	Target	22.5%	45.0%	67.5%	**90.0%**
			Actual	85.8%	Actual	36.9%	56.1%		
A&SD54	Protecting Vulnerable people	Equipment - 7 days	Target		Target	96.0%	96.0%	96.0%	**96.0%**
			Actual	96.8%	Actual	97.1%	96.0%		
RAP A6	Protecting Vulnerable people	Assessments missing Ethnicity	Target	5.0%	Target	5.0%	5.0%	5.0%	**less than 5%**
			Actual	2.9%	Actual	7.1%	3.7%		
RAP P4	Protecting Vulnerable people	Services missing Ethnicity	Target	5.0%	Target	5.0%	5.0%	5.0%	**less than 5%**
			Actual	3.8%	Actual	3.7%	3.5%		
SPKPI1	Protecting Vulnerable people	Number of vulnerable people achieving independent living (%)	Target	72.9%	Target	72.3%	72.3%	72.3%	**72.3%**
			Actual	69.1%	Actual	65.5%	**Dec 12**		
SPKPI2	Protecting Vulnerable people	Number of vulnerable people who are supported to maintain independent living (%)	Target	98.6%	Target	98.6%	98.6%	98.6%	**98.6%**
			Actual	98.4%	Actual	98.1%	**Dec 12**		

16 Adults with learning disabilities in settled accommodation: Performance here has not reached target for Q1 and Q2. Some of this variation can be attributed to the way in which reviews fall due in the year, i.e. there are a larger proportion of reviews due in Q3 and Q4, however there is a reduction in the performance between this quarter and the same period last year. This may be attributed to the number of overdue reviews in quarter (51). Group managers are looking at ensuring that this backlog of reviews is dealt with.

17 *Average weekly number of CYC Acute delayed discharges / Average weekly number of bed days / Total bed days cost.* The pace and volume of hospital discharges continues to increase. The referral rate in September exceeded that of August, and for the year to date referrals are up over 8%. The measures taken to mitigate this trend have included increasing the capacity of the contracted out reablement service and work with health colleagues for earlier notification to allow anticipatory planning to take place to ensure prompt discharge.

18 *Timeliness of social care assessment - Commencement of Assessment within 2 weeks. / Timeliness of social care assessment - Completion of assessment in 6 weeks.* These local measures are not performing as expected and have failed to reach expected targets in Q1 and Q2. The fall off in performance of some of the teams which were consistently high in this measure until this year, was expected to improve in Q2, but has not. The teams have had issues with timeliness in the early part of the year due to resources managing duty responsibilities; this issue was identified and responsibilities have now been moved, and should allow for improvement, however due to the backlog of assessments accrued in this area performance is likely to get worse before it gets better.

19 *Unlinked Carers and Carers Separate Assessment waiting list*. There remains an issue where carers have not been linked on the case management system. The numbers have risen again since Q1 which was previously on target. There has been a reduction in this waiting list since last quarter from 214 to 179 including new entrants and while short of target and identified in red, represents progress. The service is now working towards a joint client and carer assessment as good practice unless there is an identified need to do separate assessments.

Council Plan

20 The information relates to the 'Protect Vulnerable People' strand of the Council Plan 2011-15.

Implications

21 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

22 The overall directorate budget is under significant pressure. This is particularly acute within Adult Social Services budgets. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2012/13 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

23 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 2012/13.

Contact Details

Authors:	**Chief Officer Responsible for the report:**
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Mike Richardson Performance & Improvement Manager *Tel No. 554355*	**Report Approved** *Y* **Date** *6 December 2012*

Specialist Implications Officer(s) None

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

For further information please contact the authors of the report

Background Papers

Second finance and performance monitor for 2012/13, Cabinet 6 November 2012

Annexes

None

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NHS
North Yorkshire and York

REPORT TO:	**York Health Overview and Scrutiny Committee**
REPORT FROM:	**John Keith, Head of Primary Care Governance**
REPORT DATE:	**06 December 2012**
REPORT STATUS:	**Final**
Ref	
REPORT SUBJECT:	**Up-date report – the re-provision of the Travellers and Homeless Medical Service in the City of York**

PURPOSE

The purpose of this report is to provide an up-date to the York Health Overview and Scrutiny Committee, about the re-commissioning of the Primary Medical Services (PMS) Homeless service in York.

BACKGROUND

The PMS Homeless service was set up in April 2000 with the aim to 'reduce health inequalities by providing effective, accessible and responsive primary health care services to homeless or Traveller clients who are not registered with a local General Practitioner (GP) or who have difficulty accessing health care services'

The service then evolved to deliver care to patients who remain homeless within the York area, but dealt with a large proportion of the patient group who have chaotic lifestyles, and problems with drugs, alcohol and mental health problems, all of which can be associated with some of the issues relating to being homeless.

In the past the service was managed under the Provider part of the NHS North Yorkshire and York (NHS NYY), prior to the completion of Transforming Community Services (TCS), however at the time the provider services were to be transferred via TCS, the PMS homeless service was to be tendered to a General Practice within York. This was not completed and the Primary Care Directorate of the NHS NYY took over the management of the service.

During the last 18 months the Primary Care Directorate has managed the service, during this time there was a full service review which determined, that in its current form the service was not clinically effective. The outcome of this review also found that the service did deliver some of the health care needs to the registered population; but it did have some short falls in the robustness of the service delivery.

Therefore as part of the service review, there were three possible options, these were proposed to ensure that the service was more robust in its delivery, the options were –

1. The service to be tendered to a General practice to deliver the full service

2. To commission a service from the most appropriate provider, to develop and run a Specialist Homeless/Traveller Team comprised of two whole time equivalent nurses, based with a current service provider in the area, and supported by GP practices who would be commissioned via a Locally Enhanced Service (LES) for the Homeless.

3. To decommission the current PMS homeless service. This would require the homeless population and travellers to be sign posted from such organisations such as hostels, Accident &Emergency (A&E) and the Walk-in Centre services to local GP surgeries for their registration.

At the time the preferred option was to commission the service as described in option two above.

These proposals were presented to both the local clinical commissioning group, and the City of York Health Overview and Scrutiny committee, who both gave it their support.

The service was then considered in three different aspects of its delivery, these were –

1. The General Medical Services (GMS) element
2. The Drugs and alcohol misuse element
3. The mental health element

<u>The GMS element</u>

Within the proposed option it was envisaged that this element would be commissioned via a locally enhanced service (LES), with up to three York GP practices signing up to it. However; the final result due to the financial implications of the NHS NYY, it was felt that the registered patient population would be able to register with any GP practice in the York area; this did however enable patient choice and not restrict the patients to any one practice.

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There was a number of patients identified, who were deemed to be more vulnerable or in need of more support. It was decided that these patients would be supported in registering at one practice, which be able to give the patients extra support and time, the practice is to be paid for this extra support via a LES, at present the practice has registered approximately 50 patients.

The PMS Homeless practice did have a registered population of 195 patients; these patients have been supported in their re-registered with the other practices in the York area, including the Practice, which has registered the more vulnerable patients.

This has included efforts by the staff at the service in supporting the patients with the process of re-registering, including accompanying the patients to the Practice of their choice, introducing them to the Practice staff and helping them with the registration forms.

The Drugs and Alcohol misuse element

Whilst the service was running from the Monkgate site, a large proportion of the work has been to enable the treatment and support to the patients who have drug and alcohol addiction problems; this was supported by additional funding from the Drug and Alcohol Action Team (DAAT), within the City of York Council.

At first, it was envisaged that this funding would continue and the service would form part of a paratactic service maintained by one of two nurses, however following a review of the service delivery by the DAAT. It was decided that the funding would be used to support an existing service in the City, run by Lifeline, which is an organisation that supplies a support and treatment service to this client group.

It was then agreed that the patients who require this treatment would be transferred to Lifeline to continue their treatment, the staff who were currently managing these patients in the PMS Homeless service again supported this.

Along with the service that was transferred to Lifeline, there was an additional service delivered by a dual diagnosis nurse, supporting a number of patients with both addiction issues and mental health issues.

This service is to be commissioned and delivered by the Leeds and York mental health partnership, who now provide the Mental health services in the York area.

The Mental Health Element

The PMS Homeless service was set up to delivered in general GP services, however over the time of the service was been delivered, a proportion of the patients presented with either Drug and alcohol issues, there has also been a large proportion of the registered patient who suffer from mental health illness.

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In order to effectively manage these patients there has been a very close working relationship with the community Psychiatric nurse, along with the community Psychologist.

This work will still continue as it is commissioned separately to the PMS homeless service, and the staff concerned currently see patients who are registered at other practices in the York area.

Conclusion

The service has now been closed and all the patients either have registered with a practice of their choice, or have been encouraged to register with a practice that will support them if they have been identified as requiring additional support. All patients who were receiving treatment for their drug and / or alcohol issues have now been registered with the local provider of this service, the patients who were receiving mental health treatments have continued with their existing service.

There has been some slippage in the ending of the service and it is envisaged that all staff either will have left the service by the start of December 2012, to other agencies in the area via a Transfer of Undertakings (Protection of Employment) (TUPE) arrangement, or have been made redundant.

ACTION

The Committee is asked to **consider** the above report as part of their discussion.

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Agenda Item 8

Health Overview & Scrutiny Committee **19 December 2012**

Report of the Director of Adults, Children & Education

2012 Local Account for Adult Social Care

Summary

1. This report introduces the contents of Local Account for Adult Social Care 2012. (Appendix 1).

2. This is the second annual Local Account which has been created to describe the performance of Adults Services in the ACE Directorate.

Background

3. In 2010 the Government introduced the '*Reducing the Burden*' initiative, and as part of this the requirement for Local Authorities to be judged under a formal Annual Performance Assessment by the Care Quality Commission (CQC) was removed.

4. The Department of Health publication 'Transparency in Outcomes – A Framework for Adult Social Care' recommended the creation of a public facing local account document as a way of highlighting performance in councils, and allowing the public to hold the local authority to account for its performance in Adults Social Care.

5. The Local Account is seen as an integral part of the Sector Led Improvement Initiative and serves as the way in which other authorities can review, challenge and support improvements performance of another local authority. During 2012 the Yorkshire and Humber Regional sector led improvement initiative has been developed substantially, and utilises the Local Accounts published in the region as the initial stage in this process.

6. The Local Account 2012 highlights a number of achievements and areas of good performance:

    a. *Value for money:*
    The Adult Social Care budget in 2011-12 accounted for 17% of the entire council budget. This is lower than the 19% of budget which is the average council budget spent on adult social care in comparable local authorities.

City of York has the lowest calculated spend per head of population on adult social care at £206 per year, compared to an average of £273 pounds in areas of similar size. We spend around 10% of our budget on care management and professional support, which is advised optimum level for care assessment and review processes.

b. *Self Reported Quality of Life:* results for York were higher in every reported category than the regional and the average across other unitary authorities.

c. *Access to information:* Over 81% of people responding to our survey said they found information and advice about services easy to access. This was higher than the Yorkshire and Humber regional average and the average for other unitary authorities.

d. *Making people feel safe*: 83% of those responding to our survey said that the care and support services the received helped them feel safe, this is higher than the regional average and higher than the average of the other unitary authorities.

7. The Local Account has also highlighted 14 areas of improvement.

a. To reduce the waiting lists for Carers assessments.

b. To increase direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.

c. To implement an online market place which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.

d. To provide information and advice on the range of options for choosing my support staff and support in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.

e. To ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making.

f. To continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress and invite a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.

g. To review our sheltered employment service at Yorkcraft, and to support people to get jobs in the wider economy.

h. To investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.

i. To continue to increase the availability of reablement care during 2013 and undertake and evaluation of reablement services in reducing the use of long term care.

j. To support the creation of Neighbourhood Care Teams across the city.

k. To work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.

l. To share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.

m. To ensure that more than 90% of protection plans are signed where consent has been received.

n. To work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.

o. To work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

8. The improvements highlighted in the Local Account will be fed into service plans for 2013 to be tracked through the directorate performance management framework for delivery. The Local Accounts of all 15 local authorities across the Yorkshire and Humber region are also being shared and used to promote sector led regional improvement work.

Consultation

9. Since its publication online the Local Account 2011 received 699 'hits'. Analysis of the source of these was inconclusive as to whether these were from members of the public or from local authorities including internal City of York Council searches. The 2011 document provided a number of methods by which readers could feedback on the content including a dedicated email address, by post, by telephone and an online survey. We received no formal feedback on the documents as a result of its publication.

10. The Local Account 2012 contains feedback from national and local satisfaction surveys about services and experiences of social care. The responses have shaped the priorities for the coming year.

11. The lack of public feedback on the Local Account was something common to all councils in the region. To address this for 2013, it is intended that the Local Account is actively promoted at user groups and boards within the city to specifically illicit feedback and comment on style and content, and these comments will feature in the future versions of the Local Account.

12. Following approval, the content of the Local Account will be developed into a public version of the document with a limited print run in order that it can be accessed in the city's libraries and offices. A branded version of this document will be made available on line, and an "Easy Read" version will be made available.

Council Plan

13. The content of the Local Account has direct links to the priorities established to protect vulnerable people in the Council plan for 2011-15; specifically in its establishment of local priorities in support of:

    a. investment in services to support people in the community, including telecare and reablement provision
    b. safeguarding adults
    c. promoting independence through individual budgets

Implications

Equalities

14. The Local Account has to be accessible and as such advice and guidance in the production of an easy read version of the document will be sought through equality officers.

Other

15. There are no financial, human resource, legal, crime and disorder, information technology or property implications arising from this report.

Risk Management

16. There are no known risks in the publication of the Local Account 2012.

Recommendations

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

Reason: To update the Committee on the Local Account for Social Care 2012.

Author:	**Chief Officer Responsible for the report:**
Mike Richardson	**Peter Dwyer**
Performance & Improvement Manager	**Director of Adults, Children and Education**
Tel No. 554355	

Report Approved ✓ **Date**

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

For further information please contact the author of the report

Background Papers:
None

Annexes
Local Account for Adult Social Care 2012.

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Local Account for Adult Social Care 2012

Foreword from the Director

I am pleased to welcome you to the City of York Local Account for Adult Social Care for 2012. This is an important opportunity for us to engage with you about our work in adult social care over the past year. This report will highlight areas where we believe we have performed well and of even more importance those areas where we need to continue with you to improve our services.

I believe that our services overall represent excellent value for money and achieve a lower spend per head of population than areas of a similar size. However, like all areas of the country, York is facing the challenge of increasing numbers of people needing higher levels of support and care. These numbers are expected to continue to grow and the available money will continue to shrink.

Inevitably we will have to take some tough decisions around how services are delivered and needs met. Be assured that we will continue to look for greater efficiencies in what we do and use all the tools at our disposal to strive for the delivery of the high quality care and support local citizens require and deserve.

We will continue to work to prevent people becoming dependent on social care where we can, helping people stay healthy and independent in their communities and homes. For those who need our services we will use reablement services and supporting technology to help people regain and keep their independence. For those who need long term care, we will support them and their carers to have both choice and control about their own care.

We are aware of the challenges ahead, and have highlighted those areas that need our attention and improvement during 2013, but we also continue to see improving outcomes for people using our services in the city in a period of significant challenge. Many of the challenges for the public sector can be better faced by greater integration of health and social care. I am confident that the new Health and Wellbeing arrangements being introduced will see a move toward more seamless enhanced community based provision.

Most of all we would like to hear from you about what you think of our assessment of performance, and the priorities and activity we have set out for the coming year. You can do this through the internet or by post; the details for making your comments are shown at the end of this document. But this is not just about commentary on our words and analysis; it is about engagement in genuine debate about solutions and improvement. I look forward to your feedback and future conversations.

Pete Dwyer- **Director of Adults, Children and Education**

Table of Contents

York: a beautiful and thriving city.

Most people in York can expect to have a good quality of life, and we are privileged to live in an historic city with great opportunities. We can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives.

People in York in 2012 can expect to live longer too. Advances in medical care and public health mean that many people with complex conditions and disabilities are living longer. These changes in the make-up of our city place increased demands on health and social care services in York at a time where overall budgets are under pressure.

The increase in the population requiring care is seen very clearly in our data. We are supporting over one thousand more people with care services compared with four years ago.

Importantly and encouragingly that increase has been in support to maintain independence in the community and not in increases in numbers of care home placements... There is a steady increase in people accessing services which help keep them independent in their homes, such as items of equipment or adaptations to the property. We have also seen an increase in the use of Telecare and Warden Call services, keeping people safe and confident. Fewer numbers of people are receiving traditional services such as home or day care in this time, but the data is telling us that those people who need to use our more intensive services need more specialised and complex support and care for a longer period of time.

We know that there are a great many carers in York who support friends and family, and we can expect this number to rise. Recent estimates suggest there were over 18,500 adult carers in York in 2010 with over 3000 people providing at least fifty hours of care a week, and nearly 1500 carers were assessed as carrying out substantial and regular care. We want to recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York. We will endeavour to provide support which genuinely makes carers' lives easier and lets them know we value their contribution.

It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from depression to enduring conditions such as dementia. Our services need to be prepared for a growth in these conditions.

York is a beautiful and thriving city, and as it grows and changes we, in dialogue with local residents, want to make sure that our services continue to improve and develop to meet the needs of its citizens.

Our Priorities

The priorities for Adult Social Care in York are based this report around the 4 key domains outlined by the government in its "Transparency in outcomes: a framework for adult social care".

- Enhancing quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm.

These outcomes are aligned with our wider City of York Council plan 2011-2015 which, alongside other key priorities, sets out our commitment to protect vulnerable people in the city. As part of our contribution to this we are committing to meet these priority areas:

- Providing great facilities that support dedicated high quality care for people with dementia and other specialist needs.
- Investing in Telecare equipment and doubling the capacity of the Reablement Service to support more people to continue to live in their own homes.
- Operating effective safeguards to protect vulnerable adults whilst also promoting individual budgets so people can exercise greater choice and control over their lives.
- Ensuring that more people will live for longer in their own homes.
- Focusing on independence and greater choice and control over their lives for vulnerable people.
- Year on year capacity of the community based services will increase to support more people in the home of their choice and enjoying an improved quality of life.

The City of York Report Health and Wellbeing in York, Joint Strategic Needs Assessment 2012 (JSNA) identified four main themes that have a direct impact on what we plan to do:

- We must intervene early to keep people healthy and independent.
- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population

Use of Resources

The growing numbers of people accessing social care older in the population, together with more people with complex needs and learning disabilities living longer are impacting on social care budgets across the country. The Local Government Association conducted a modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade.

At Local level, the Independent Review of Health Services in North Yorkshire and York published in 2011 highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year. The report outline the additional efficiency savings required to meet the increased demand for services.

The review made recommendations about how Health Services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This document affirms and builds on the recommendations in the Review. The North Yorkshire Review 2 is now being carried out to continue this work. Both reviews will have implications on our strategies and plans for the future.

Analysis of our spending on Adult Social Care shows:

The Adult Social Care budget in 2011-12 accounted for 17% of the entire council budget. This is lower than the 19% of budget which is the average council budget spent on adult social care in comparable local authorities.

City of York has the lowest spend per head of population on adult social care at £206 per year, compared to an average of £273 pounds in areas of similar size.

- We spend less on mental health and older people support.
- We spend more than the national average on learning disability support
- We are in the middle-range for the proportion of each customer group's budget on home care, day care and residential care, for customers without a Learning Disability. For customers with a learning disability we spend a higher on community based support and less on residential care.

We spend around 10% of our budget on care management and professional support, which is advised optimum level for care assessment and review processes.

- Community based services and homecare services in all customer groups continue to put pressure on the Adult Social Care budgets, but this is especially true for customers with a Learning Disability.

- There are specific additional high cost residential and nursing care placements.

- There are cost pressures in the Transitions services, as children with highly complex care needs move into adult's services.

The combination of an ageing population containing increasing numbers of higher dependence across all ages, more stringent financial times and our commitment to enhancing outcomes with the residents of York, means that our challenge for the coming year is clear: ensuring the availability of high quality appropriate levels of care in financially challenging times. Solutions to that quest are not easy and will require openness, creativity and innovation. They will not be achieved in isolation and without the powerful engagement of local people, user groups and our partners across health, housing and the voluntary and community sector.

Quality of life for people with care and support needs

Key Outcomes:

- *People manage their own support as much as they wish and are in control of what, how and when support is delivered.*
- *Carers have a good quality of life*
- *People are able to find employment when they want and maintain a family, social and worthwhile life avoiding loneliness and isolation*

Last year we said we would…

- **Enable self funders to access financial advice.** ✔ In 2012 we entered into a partnership with CareAware, who give free telephone advice on all aspects of care funding information. If, from their discussions with the customer, it is determined that the customer needs more specialist financial advice CareAware will then refer them on to their partner independent financial advice firm, called Care Asset Management. Any initial numbers utilizing?

- **Undertake a flexible carers support scheme grant survey and a carers survey to look at the best way of distributing funds to make the most impact on carers lives and wellbeing.** ✔ We spoke to 50 carers during this survey asking them if they felt the grant had supported them in their caring role. 96% of those asked said that that the current grant available to carers had helped in their caring role. 88% of those asked felt it had helped to improve their quality of life and some recipients said that receiving the grant had given them a real boost.

- **Further promote self assessments.** ✔ Residents in York have access to an online Supported Self Assessment, which is helps people to stay independent in their homes by finding solutions and advice on equipment and services. The website is receiving on average over 603 unique hits per month with 8% of these unique visitors going on to assess themselves. If you are resident within the City of York Council area you can access the service at Equip Yourself York.

- **To promote personal budgets and proactively discuss the financial options with customer right from the first contact.** ✔ The number of Personal Budgets and Self Directed Support is growing in York and has increased from 25% to 32%of all people accessing any kind of support from the Council between 2010-11 and 2011-12. If we look just at those people who require ongoing support this number raises to 63% of people supported. The rise has not been at the same rate as the regional average or that of other unitary authorities and represents a challenge for the coming year.

- **To improve our systems to help deliver information and advice about self directed support.** ✔ The CYC Customer Access and Assessment Team (CAAT) is the first point of contact for any adult social care enquiries for new customers and or their carers. Enquiries in the first instance will be received by our Customer Contact Workers whose role is one of prevention by providing information and advice to customers and their carers. In October 2012 we went live with our online directory “My Life – My Choice” detailing the services available. In a survey of Users and Carers undertaken at the beginning of the year the results showed that the proportion of people who found it easy to access information and advice about services was significantly higher than the regional average and that of other unitary authorities.

- **We intend to make Quality Assurance (QA) reports available to all on request and to be styled in an appropriate format to circulate to survey responders, prospective residents/relatives, customers and other professionals.** ✔ As part of our commitment to improving access to information from our quality assurance work on services there has been an agreement to share the results of the surveys on request.

A list of the QA surveys completed in 2012 is available on our website and copies of this information can be obtained by writing or emailing the Council.

- **Carry out a survey of customers of our assessment and personalisation service in 2012 to obtain feedback on their experience and quality of personalised support, assessment and support planning, individual budgets, self assessment, achievement of outcomes. *Ongoing*.** In September 2012 we started work using POET - the (Personal Budgets Outcomes and Evaluation Tool) - which has been developed over a number of years by "In Control" and the Centre for Disability Research at Lancaster University. Its aim is to provide a national benchmark on the impact that personal budgets are having on people's lives. Through this we are gathering the views and experiences of personal budget recipients and carers will be analysis the findings with our partners in 2013.

Overall Quality of Life:
The overall quality of life is an important indicator of how we are doing to make sure that people using our services can maintain a good standard of living in a way they had said is important for them. These are: being clean and presentable, getting the right amount of food and drink, having a clean and comfortable home, feeling safe, having control over daily life, having social contact with people, the way people are treated and spending time doing enjoyable things that are valued or enjoyed.

We asked people using care services to self report against those things which contributed to their Quality of life and the results for York were higher in every reported category than the regional and the average across other unitary authorities

Supporting Carers in maintaining their quality of life:
As part of our emerging *Health and Wellbeing Strategy* for the city we have committed to recognizing and promoting the vital role of unpaid carers who contribute so much to health and wellbeing in York. We will have said we will provide support which genuinely makes carers lives easier and lets them know that we value their contribution.

Our Carers Strategy 2011-2015 has set out how we are working to help carers enjoy a life outside caring. Our successes have been to introduce a Carer's Discount Card supported by 50 local businesses, a Carer's Emergency Card Scheme which currently has over 400 carers of all ages registered. We have continued to high levels of self directed support to carers in the city. The numbers of carers receiving services remained stable in the last year, and the vast majority of this was through a direct payment made through the Flexible Carers Support Grant.

Support for carers delivered through direct payments has remained stable between since 2010-11 and is higher than the average in the region.

Flexible Carers Support Grant: Mr J cares for his wife and their 3 children who are all under 10. He has used his grant to help pay for driving lessons and says that this has been brilliant and a real boost. It has also been of practical benefit for whole family, giving them a sense of independence and freedom.

Area for Improvement: Our performance data shows there was a 10.3% reduction Carers receiving information and advice as well as a backlog for new Carers Assessments. We will work to reduce the waiting lists for Carers assessments.

We will continue development of support services for carers who are key in the delivery of care in our city and improve our assessment and support for this vital group, and we will reduce delays in getting the right support to people and reduce unnecessary cost. We will listen to and support Carers, ensuring that they feel that they are respected as equal partners throughout the care process.

Managing your own support and being in control

As we move to a system where adults are able to take greater control of their lives, we want to provide the best information to allow people to retain independence and give people greater choice and control over how their needs should be met. This will be done through allowing people to take-up the offer of direct payments and individual budgets.

Direct payments are cash payments given to service users instead of supplying the community care services they have been assessed as needing. The payment will be sufficient to allow the service user to buy their own services to meet their needs. The payment can only be spent on services that meet eligible needs.

Individual Budgets are an allocation of funding given to people after an assessment has been made. People can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave the council with the responsibility to commission the services. Or they can take have some combination of the two.

We continue to increase the number of personal budgets in York with 63% of those who need ongoing support and who are eligible for a personal budget now having some form of self directed support. The number of these people accessing a direct payment has stayed the same. Self directed support is more popular in the younger adults groups (18 to 64 years) with the greatest increases being in people with a Learning Disability and Younger Adults.

Area for Improvement: Increase in direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.

Direct Payments have been shown to offer people a greater sense of being in control of their lives and we want to encourage more people to use these but understand that the market needs to be available for people to spend their money in creative ways that truly offer choice. In 2013 will be engaging with providers in the city to further develop the market place ready for wider use of direct payments.

Area for Improvement: We will be implementing an online market place called "Connect to Support", which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.

Area for Improvement: Delivery of *information and advice on the range of options for choosing my support staff and support* in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.

We will continue to develop personal budgets and direct payments for everyone and play our part in the development of a local marketplace of care so these can be spent in creative and supportive ways. We will develop our workforce and support and develop our staff to meet the challenges and this changing environment.

In our annual survey we asked whether people felt they were in control of their daily life and the percentage of those who answered that they had "adequate" control or, "as much control as they wanted" over their daily life was higher than the regional averages and the average of other unitary local authorities.

Making it Real!

Making it Real: Marking progress towards personalised, community based support

Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of *Making it Real* is for people to have more choice and control so they can live full and independent lives.

We are committed to delivering the support and services described by people who use services and carers in the "What we want" sections of *Making it Real*. We will use our new Health and Wellbeing Board, and new Partnerships Boards, to oversee the delivery of the City's Health and Wellbeing Strategy and the priories for service change.

We are about to embark on the development of our engagement strategy for these Boards, and will use the markers in *Making it Real* to support this.

Area for Improvement: We will ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making

Area for Improvement: We will continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress using the West Midlands Assessment Tool as part of a Health Overview and Scrutiny Committee review of Personalisation, inviting a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.

Supporting Employment, Families and Communities:
Evidence shows that people who are working are more likely to have a better quality of life. The proportion of adults with learning disabilities and those with Mental Health problems are our measures to track the success in these groups.

10.3% of those people with Learning Disabilities receiving care managed support and 10.2% of people in contact with secondary mental health services were in employment at the end of 2011-12, these figures are higher the Yorkshire and Humber regional average and average of other unitary authorities in the country.

Despite this positive picture in comparison with other areas, we are aware that there remain high levels of unemployment in both the Learning Disabled and Mental Health customer groups compared to the levels in the city as a whole.

Area for Improvement. During 2013-14 we will be reviewing our sheltered employment service at our Yorkcraft, which is currently part of the City of York Council's *Workstep* Programme. The scheme provides employment for people with disabilities. We will be working to provide support for people in these customer groups to get jobs in the wider economy.

Access to stable accommodation gives people a strong basis for safety and social inclusion as well as maintaining links with family and friends.

The proportion of adults with learning disabilities and of people in contact with secondary mental health services who live in their own home or with their family in York is lower than the regional average.

Area for Improvement: Investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.

Delaying and reducing the need for care and support

Key Outcomes:

Everyone can access information and support to help manage their care needs

Prevention, Intervention and reablement

Support in the most appropriate setting to regain independence

Last year we said we would…

- **Extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.** ✔ In line with our strategy to support more people through information advice and signposting, 47% of customers contacting the department are helped at the 'front door' or are signposted to other relevant organizations for help and support, and do not require any traditional social care services. We will be working with user led groups and the voluntary sector to invest some of the savings made by changing our eligibility criteria to Substantial and critical to support more peer support initiatives.

- **Reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.** ✘ Against a backdrop of an increasing number of referrals at the hospital for support with discharge which increased by 8 % from the previous year, we have managed to keep the overall delays at the same level as last year. However rates of delayed discharges in the city were maintained at the same level as in 2010-11 and we did not succeed in reducing them.

- **To support the development of community health capacity to deliver 'step down' care and make links to ensure this works in partnership with our reablement service.** ✔ We funded an increase in community health capacity from the 'Health Gain' money from the Primary Care Trust to enable a step down intermediate care response to be set up and allow resources to be moved from the acute hospital to community health care. We are working with community health and Primary Care, led by the new Clinical Commissioning Group, to develop new ways to work together in Neighbourhood Care Teams approach which will plan better for people in their own communities before they need to go into hospital.

- **Increase the capacity of our reablement service through a tender exercise with the independent sector.** ✔ A new reablement service, commissioned from the independent sector to increase capacity and work with the new intensive support service commenced at the end of March 2012. By September 2012 the new service was providing more than double the face to face care with over 550 hours a week available. We anticipated that 60% of people would need reduced care packages at the end of their reablement service. In September 70% needed a reduced care package at the end of their Reablement service.
-

Information and support to help manage their care needs

Ensuring that people can access the right information in support of their health and care is vital. York has performed extremely well in making sure that information about services is easy to find.

The 'My Life My Choice York' information portal for customers and staff went live in 2012 containing information on community support and social care in the City of York.

www.mylifemychoice.york.gov.uk

Over 81% of people responding to our survey said they found information and advice about services easy to access. This was higher than the Yorkshire and Humber regional average and the average for other unitary authorities.

Area for Improvement: In 2013 we plan expand our online information and links to available services. To provide real time information on community support and services in the city. The new system called "Connect to Support" will be interactive so that customers can purchase their care and support online if they choose.

In 2011-12 we undertook a significant restructure of the information and advice services in York to create a Customer Advice and Assessment Team. This team is the first point of contact for many people looking for help with social care. The team provides information and advice to customers and their carers about options for services as will as helping people make contact with the voluntary and charitable organisations and with health services.

Prevention, Intervention and reablement

During 2011/12 over 2500 pieces of equipment were issued to customers to keep people safe and independent in their homes. Some of this equipment adapts the homes to make it easier for people to continue to live as they want, making it easier for people to wash and bathe as well as getting around their homes. Some of the equipment is more technological, such as sensors and detectors to alert services if people fall in their homes. This technology is known as Telecare.

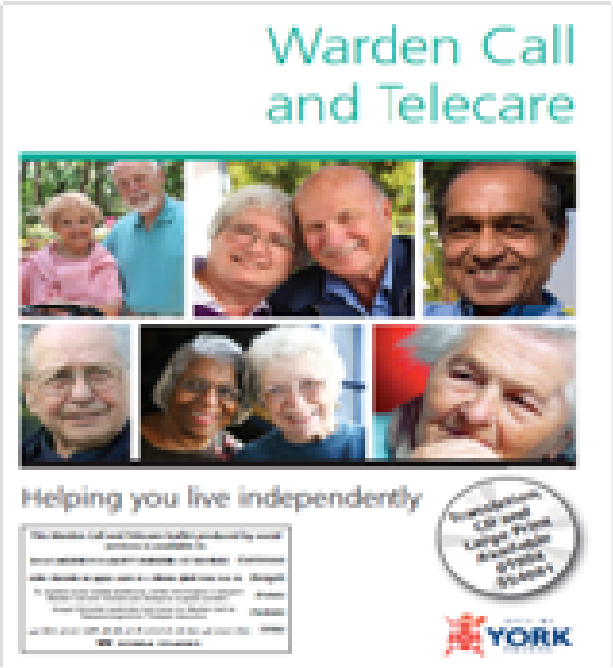
Telecare, alongside the 24 hour a day Warden Call services, provides additional assurance to people living in heir home. On its own this may help people stay independent and prevent them from having to go into full time residential care, for others, it supports other formal care packages, ensuring that the person remains as independent and safe as possible.

In 2012 we asked customers Warden Call and Telecare how they had been helped to stay independent. 92% of those asked said it had a positive impact on their lives, helping them stay independent and where they wanted to be, with 12% said that it was definitely helping them to stay in their own home. 92% said it has had a positive effect on confidence and safety.

We have piloted using Telecare to a help people take their medication, alongside professional support from a local pharmacist. We are also investigating using Telecare as a regular part of any support plan for people being helped by the Reablement service

We are expanding our use Telecare and Warden Call services and are delivering the council's £1.2M capital investment in Telecare over the next 5 years

A recipient of Warden Call/Telecare service: Miss C is a bi-lateral amputee who had lives independently in her own adapted home. In 2012 she had a serious fall. “They saved my life; I fell and broke 2 vertebrae. Without Warden Call I would definitely be in a home. I tell everyone how good the service is.”



For those who are looking for adaptations and equipment to help them stay independent we have created an Independent Living and Assessment Centre (ILAC). This is a new facility that provides face-to-face advice to enable disabled or elderly people. The ILAC is a specially adapted flat containing aids and equipment in the kitchen, bedroom and bathroom that customers and their carers can trial with the help of occupational therapy staff.

During 2012 we undertook a survey of people using our independent living and assessment centre, the majority were delighted and felt that the equipment had improved their situation greatly, their quality of life and in particular and restored a level of independence to them. Many people of the positive effect the he equipment had, particularly with helping with bathing.

You can arrange to come and visit the ILAC by contacting out Customer Advice and Assessment Team. Alternatively, you can assess your own needs or search for advice by visiting www.equip-yourself-york.org.uk. You can complete the online assessment yourself or with help from a friend or relative.

Support in the most appropriate setting to regain independence

Reablement services are provided to everyone who need care and are designed to enable people to regain their skills and abilities in daily living after a period of hospital care, illness or disability. We believe this is crucial to people in maintaining their independence longer and promoting better health and wellbeing.

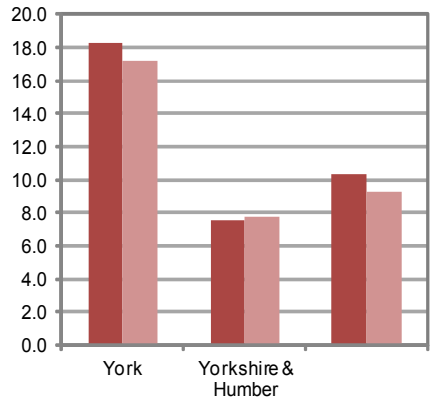
Reablement services are available for everyone who is assessed as needing social care for a period of 6 weeks to increase independence or regain their skills and abilities after long term hospital care, illness or disability.

Area for Improvement: Continue to increase the availability of reablement care during 2013 and undertake and evaluation of reablement services in reducing the use of long term care.

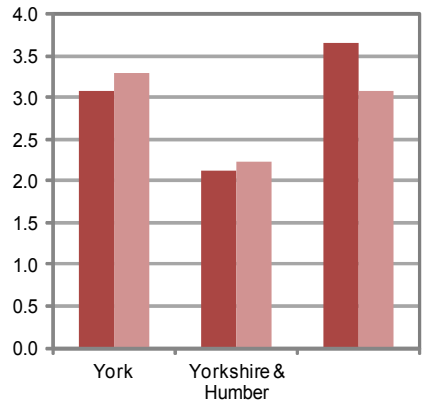
Despite some progress in reducing delayed discharges from hospital into the community since 2010-11, they remain higher in York than the regional average and the average of other unitary authorities.

Source: ASCOF 2C Delayed transfers of care from hospital per 100,000 population. The Information Centre for Health and Social Care, 12 September 2012.

9.2.a 2C(1) Delayed transfers



9.2.b 2C(2) Delays attributable to social care



Between 2011 and 2012 we have seen an average length of stay in hospital reduce by one week. We have also seen a 10% increase in the number of discharges to social care between the two years.

When analysing all the discharges we supported, we achieved a 29% reduction in the average time for a person to be discharged from hospital care, from seventeen days in 2011, to twelve in 2012.

The increase in speed of transfer from hospital together with the increase in the number coming through has led to pressure within the system and we need to ensure the resources move across the system with the patients.

We are aware that people with multiple long term conditions account for a significant number of the admissions and time spent in hospital, and are working with our health colleagues to create joint Health and Social Care Teams known as Neighbourhood Care Teams. The teams will actively support people who have left hospital or are at risk of admission to stay in the community with health and social care.

Area for Improvement: To support the creation of Neighbourhood Care Teams across the city. These teams will provide care to reduce admissions to hospital and focus the money saved to care for people in their own homes where possible.

Area for Improvement: To work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.

Area for Improvement: We will look to meet the rising level of demand for support with diminishing budgets, especially for people with more complex needs, through reviewing services to ensure they are the most effective and efficient they can be and will prevent and delay the need for costly acute services through the development and expansion of reablement preventative and home based services.

Area for Improvement: We will work with our partners across the health community, the voluntary and community sector and local residents to deliver a joined up and seamless service, supporting people to receive the information and advice, care or treatment in most appropriate place.

Area for Improvement: We will increase the availability of early intervention and reablement services so that people and their carers are supported to be less dependent on intensive services, and will continue to invest in the contribution of technology to keeping people safe and independent through wider use of Telecare services.

A Positive Experience of Care & Support

Key Outcomes

- People are satisfied with their experience of care
- People understand their choices and what they are entitled to and who to contact when they need help
- People are treated with respect the dignity and support is sensitive to the circumstances of each individual

Last year we said we would…

- **Following the completion of a major consultation exercise within the residential services, one of the recommended outcomes is to have a quality champion within the service to secure ownership of quality and to facilitate the sharing of good practice between teams. *Partially completed.*** As part of the drive to improve performance and quality across adult social care, managers within each level of the organization will engage in peer support and challenge within a performance clinic. The intention is to improve performance of the entire systems of care and to share good practice between teams. The first of these challenge clinics began in April 2012.

- **A carer's survey is being carried out in 2011 which will provide benchmarks for the national survey in 2013. 5% of carers and 20% of carers of people with learning disabilities are to be targeted.**

We will specifically ask carers whether they feel they have been involved as much as they wanted to be in discussions about the support or services provided to the person they care for. ✔ The initial carer's survey was undertaken October 2011 – January 2012. 90 carers were surveyed and the information was used to support improvements and support of the carer's survey and a strategy to support the continued use of the flexible carers grant. A second, much larger, survey of more than 700 carers was commenced in September 2012, and the results will be published in 2013.

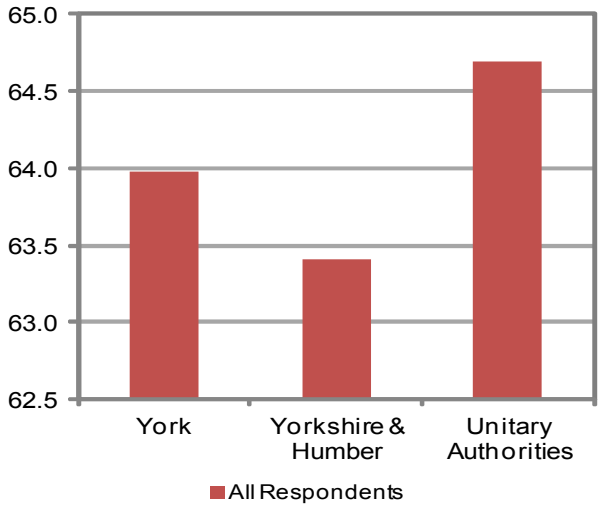
- **We shall be carrying out a survey of relatives who are willing to talk to us about their relative's end of life care within the council's residential care homes as part of the 2012/13 quality assurance programme.** ***Partially completed.*** This is at the planning stage and is due for completion by the end of the 2012/13 Quality Assurance cycle. Subject to approval we are proposing to speak with the relatives of customers who have been in both in house and private provision and who have died in the last twelve months.

- **We will ensure that the results of the consultation on the proposed major changes in our residential care homes will drive our transformation programme.** ✔ After consultation with a wide range of stakeholders the Council's Cabinet endorsed a three phase modernisation programme which see the existing nine EPHs close and be replaced by state of the art residential care facilities. Following this decision, the first two homes, Fordlands and Oliver House, were successfully closed by mid-March 2012, with the 25 residents moving to other Council run homes.

People are satisfied with their experience of care

In the adult social care survey for 2011-12 we asked about the overall satisfaction of people who use services with their care and support. We found that the majority were satisfied to some degree and that in York, this number was higher than the regional average and slightly lower than the unitary authority average.

Source: ASCOF 3A Overall satisfaction of people who use services



In 2012 we ran our own survey of carers and asked how satisfied they were with the care and support services that they, and the person they cared for, had received from Social Services in the last 12 months. The majority of them were quite to extremely satisfied and only 6% of responders said they were dissatisfied with the care and support received.

"Social Services and the Council have been excellent. I would like to say thank you for everything they've done. It's comforting to know someone is at the end of the phone if we need them". Mrs A, **recipient of Carer's and Occupational Therapy services:**

People understand their choices and what they are entitled to, and who to contact when they need help:

In 2012 the Council undertook *The Big York Survey* identified that helping people to find the support they need was considered important, and was ranked as the top priority in the Fair Access to Care Survey.

We have been successful in providing information to people in York who use services about what is available and through the online directory of services and a dedicated staff team to assess, offer advice and information and let people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

We undertake financial assessments on everyone requiring Adult Social Care so that we can determine the level of financial support they are entitled to, and whether they are in receipt of all the benefits that they are entitled to.

People are treated with respect the dignity and support is sensitive to the circumstances of each individual

We work to make sure that support is sensitive to the circumstances of each individual and that the services they receive allow them to maintain their dignity through cleanliness, managing their appearance and control over their daily life.

The majority, 82%, of people surveyed agree that care and support services do help them have control over their daily life and 96% said they feel adequately clean and presentable or able to present themselves the way they like. The overwhelming majority of the sample said that they are satisfied with the cleanliness and comfort of their home, with 97% saying it is at least adequately clean and comfortable.

In a survey of people using our Independent Living and Assessment Centre we asked whether all Social Services staff you came into contact with helpful and courteous. 99% of those responding agreed that the staff were friendly and helpful and courteous.

"I love it, I feel safe, not lonely like at home. You feel as if you're one of them. I have great respect for them. They have all the time in the world for you. They'd turn themselves inside out to help you. I'm happy to be here, we live the life of Riley. I wouldn't live anywhere else". Mrs T, **A recipient of residential care.**

Customer Survey 2012 – What you told us:

The percentage of people who reported ***having control over their daily life*** was higher in York than the averages for the region and other unitary authorities.

People who are said they were ***happy with their appearance*** was higher in York than the averages for the region and other unitary authorities.

People who feel they food and drink when they want and felt their home was ***clean and comfortable*** was higher in York than the averages for the region and other unitary authorities.

People who have ***as much social contact as they want*** and were able to spend time ***doing things they value or enjoy*** was higher in York than the averages for the region and other unitary authorities.

People who feel they are treated with dignity was higher in York than the averages for the region and other unitary authorities.

With almost 400 responses to questions on quality and dignity, our 2012 survey of care users was essential to our understanding of how services were working for people. Everyone is invited to make their comments and can do so by using the online survey for carers and care users, or write in to us. Please see the contact details in the **HAVE YOUR SAY** Section.

Complaints and Customer feedback:
There were a total of 61 complaints made regarding adults social care in 2011-12, 37 of which were upheld in full or in part. 73% of these were Stage 1 complaints, regarding unsatisfactory service or experience not directly related to care where there was no impact or risk to provision of care. 23% were at Stage 2, which is identified as service or experience below reasonable expectations in several ways, but not causing lasting problems and 2 complaints were made at Stage 3, which is the most serious level and are made in regard of issues regarding standards and quality of care. Only one of these stage 3 complaints was upheld.

Re-occurring themes from complaints made over the period have been around the information made available for the relatives of families going into long term residential care.

Area for improvement: To work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

Safeguarding and Risk

Key Outcomes:

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected, as far as possible, from avoidable harm, disease and injuries

Last year we said we would…

- **Establish a stand alone *Safeguarding Adults Team* with staff members whose dedicated role is to investigate abuse and develop the pathway with our providers so that we know that all safeguarding referrals are dealt with in a consistent manner.**

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- ✔ We now have a specialist Safeguarding team who undertake the investigations that the Council is responsible for. We have agreed a new protocol with other investigating agencies to route all safeguarding referrals through the new dedicated Safeguarding Team, to ensure consistency over the initial safeguarding assessment and with advice and guidance available to agencies. New procedures were developed internally to ensure greater consistency with the multi agency procedures.

- **Improve our safeguarding processes, including learning from safeguarding children's services, to provider better guidance to those investigating alleged abuse and those managing these cases.** ✔ The new safeguarding process went live in October 2012. Best practice and lessons have been taken from children's safeguarding services which have positively influenced the guidance for chairing strategy and case conferences.

- **Work through York Safeguarding Adults Board to develop a "York Picture" to inform safeguarding priorities for partners across the city.** ✔ The piece of work on the York picture of safeguarding was completed as planned and has been presented to the city's safeguarding board. The priorities for the Safeguarding Board for 2012=13 are related to prevention, personalisation, improving quality and developing strategic links. They have has been shaped by the work on the York context

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Everyone enjoys physical safety and feels secure

We want people who need social care support to feel safe in their community and we will continue to protect vulnerable adults. When we asked our service users whether they felt safe in their day to day lives, two-thirds of people said they felt as safe as they wanted to and 30% generally feel adequately safe.

We can see in the analysis that women in our survey group are reporting feeling less safe overall and lower levels of safety than the regional and unitary authority average. The converse is true of men who feel safer overall and report higher feelings of safety than in the comparison groups. Younger adults (18-65) report much higher levels of safety than older people (65+) and while our Younger adult group reported higher levels of feeling safe than in comparison areas, they also reported feeling safer than the older people who responded.

Area for Improvement. We will share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.

We asked if the services they received helped them feel safer and 83% of those responding said that the care and support services the received helped them feel safe, this is higher than the regional average and higher than the average of the other unitary authorities.

We can see in the analysis that the receipt of services had the largest impact for women who reported that this made them feel safe and age groups reported higher feelings of safety because of their service than in other areas with younger adults reporting higher feelings of safety than older adults.

A recipient of Warden Call Services:

- *"I didn't think I'd feel so safe. I turn the living room light off at night and don't look back." (Mrs Y, a recently widowed lady.)*

People are free from physical and emotional abuse, harassment, and neglect and self-harm

The Council acts as the lead agency for safeguarding ensuring that safeguarding referrals are dealt with in a consistent way across all agencies in the City. The newly established Safeguarding Adults Team investigates abuse where the individual is already known to social care, or where they are not known to any other agency. This team also offers advice and support both within council services, and outside of the Council to partner agencies and the public regarding safeguarding matters.

The information on the cases which are progressing through the team shows that the rate of Safeguarding Alerts received by the team at York the same as the England average. The highest number of alerts and referrals continue to be received regarding older people, with 35% of these contacts concerned people over 85.

Information gathered over the year shows an increase in alerts received by the team, and of the alerts received, 31% progressed to full investigation which is an increase of 14% from the previous year. The number of substantiated allegations has also increased, from only 10 in 2011, to 105 in 2012. Overall, these statistics represent a noteworthy increase in work completed by CYC to safeguard adults at risk.

A recipient of Safeguarding services: Mrs F is 79 years old and lives on her own. Following a burglary she felt contacted the Council she was referred to the Adults Safeguarding Team. She said that after a long time of not feeling that safe, they treated her like a human being "Someone was listening to me at last. They did absolutely everything they could have", she said.

Area for Improvement: The one area where our performance is considerably lower than other authorities is the numbers of people who have a signed plan to show how they will be protected. In 2013 we will ensure that more than 90% of protection plans are signed where consent has been received.

In 2001-12 no referrals had been received in respect of people with substance misuse related needs, and this is now subject to joint consideration with the Council's Drug and Alcohol commissioners.

Area for Improvement: We will work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.

People are protected, as far as possible, from avoidable harm, disease and injuries

Our vision is for York to be a community where all residents enjoy long, healthy and independent lives, by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape. *Health &Wellbeing in York, Our strategy 2013-16*

The 2013-16 Health and Wellbeing plan includes specific commitment to helping Individuals and communities to become better informed about how they can improve their own health and wellbeing. The creation of joint campaigns plans and the coordination of citywide health and wellbeing campaigns which often occur separately through individual organizations will mean that messages will be more coherent and consistent and aim to keep people safe and healthier in their communities for longer.

Regular supervision of our staff and training and development courses are in place to ensure that people work safely and are protected from injury. In each of our services the management teams work to identify potential areas of poor practice, hazards and risks and will resolve these where they find them. Our safeguarding procedures are specifically designed to provide a response where there is evidence of poor practice that might lead to serious harm.

We will continue to deliver effective safeguarding for adults by maintaining affordable, safe, good quality care within the resources available, working with partners to improve health and wellbeing, prevent dependency on long term support, preventing abuse and neglect in all its forms.

Commissioning For Care

The Commissioning process is how the Council decides how best to spend its money to support the deliver of services in Adult Social Care and is at the heart of good quality services and a developing market. In 2012-13 there are a number of factors that are driving commissioning decisions.

Personalisation and Prevention Agenda:
Adults Commissioning is working to develop the marketplace and encourage preventative services aimed at helping people to address their needs before crisis point or acute care is needed. We want to encourage more community and peer based support and we would want to see a wider range of providers into the city making their services accessible to people directly. We are working to create an online marketplace allowing people who fund their own care or who have taken a personal budget to be able to make their own choice of high quality provision.

The Financial Situation and Efficiencies.
Commissioning has a responsibility to spend the Council's money in the most effective way especially in light of the savings required and the growing demand for our services. This requires analysis and review of how services are currently provided and decisions about how they might be changed to get more return for the money spent. We are in the midst of a programme to develop new residential care services for older people. We are reviewing our supported employment services, and day support services and respite care services to ensure they can meet future demand and offer the best value for money.

Analysis of need and new services.
Commissioning works closely with other key partners to identify any rising needs in the city. We work with housing and with children's services, and continue to build better relationships with health to gain an insight into the types of services needed. Our joint strategic needs assessment shows us how dementia services and the aging population require specific commissioning activity to deliver new services. We expect the changes to develop Healthwatch and the active Clinical Commissioning Group (CCG) in the city to further influence the services we commission.

Maintaining Safety and Quality in Services
Quality Assurance and Contract Management of the services we commission is of the highest importance. We operate a robust contract management process and quality assurance to continue to ensure that we have oversight of the experience of the people who use these services.

Conclusions and Summary of Improvements

In spite of the enormous economic challenges facing all local authorities, and the challenge of a growing population, we continue to look for further improvement in our and we are committed to working closely with our partners in Health to provide a more joined up experience of health and social care. This is the summary of the improvements we are committing to over the coming year:

1. We will work to reduce the waiting lists for Carer's assessments.

2. We will work to increase direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.

3. We will be implementing an online market place called "Connect to Support", which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.

4. We will provide information and advice on the range of options for choosing my support staff and support in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.

5. We will ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making

6. We will continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress using the West Midlands Assessment Tool as part of a Health Overview and Scrutiny Committee review of Personalisation, inviting a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.

7. We will be reviewing our sheltered employment service at our Yorkcraft, which is currently part of the City of York Council's *Workstep* Programme. We will be working to provide support for people in these customer groups to get jobs in the wider economy.

8. We will investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.

9. We will continue to increase the availability of reablement care during 2013 and undertake and evaluation of reablement services in reducing the use of long term care.

10. We will support the creation of Neighbourhood Care Teams across the city.

11. We will work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.

12. We will share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.

13. We will ensure that more than 90% of protection plans are signed where consent has been received.

14. We will work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.

15. We will work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

Glossary of Common Adult Social Care Terms:

- **Advocacy** - Process of representing the cause and/or acting on behalf of another person, enabling them to express their opinions.
- **Assessed Needs** - The needs of an individual that have been identified as a result of an Assessment. In the case of Social Services subject to Eligibility Criteria.
- **Assessment** - The process whereby the needs of an individual are identified and their impact on independence, daily functioning and quality of life are evaluated so that appropriate care can be planned. It identifies problems and includes all relevant viewpoints. It should be self-contained and time limited culminating in the clear identification of needs and the objectives for how these needs will be met. Where services might be required by more than one agency, multi-agency assessments may be undertaken.

- **Care Manager** - Someone who: Formulates and co-ordinates the care plan and co-ordinates the commissioning of services and people , is responsible for overseeing the care package and is named contact person for individuals with complex social and health care needs
- **Care Package** - A group of services brought together to achieve one or more objectives of a Care Plan.
- **Care Pathway** - An agreed and explicit route taken by individuals through Health and Social Services. It should encompass agreements between respective professionals, to determine when and where, treatment and care will take place.
- **Care Plan** - Is a written statement of service(s) an individual can expect to receive following an assessment of need to achieve the desired outcomes identified and providing a review date and other details.
- **Carer** - Somebody who provides substantial care on a regular basis for another individual aged 18 or over.
    - **Formal Carer** is a person whose job it is to provide personal care and support to a service user.
    - **Informal carer** is a person, such as a relative or friend who provides personal care and support to an individual.
- **Community Care** - The provision of services and support to people who need such services to be able to live independently in their own homes, or in homely surroundings (including residential and nursing homes).
- **Consent** - Permission that is given by an individual for a course of action to be taken.
- **Contact Assessment** - The first contact between an individual and professionals which establishes the nature of the presenting problem and whether there are other potential wider needs. Basic personal information is taken or verified.
- **Day Care** - Provided within Centres to which users travel or are transported. Service providers will vary from statutory agencies such as Health or Social Services to the independent and voluntary sector, and may cater for users with high dependency needs in conjunction with home care and residential provision, and be integral to an intermediate care programme.
- **Delayed Discharge** - Situation when a service user is in hospital and ready for discharge, but whose discharge is delayed is delayed for a variety of reasons.
- **Direct Payments** - Payments made by Social care and health services that enable users the opportunity of purchasing and organising their own care services as an alternative to having them directly provided by Social care and health services.
- **Eligibility Criteria** - The criteria used by councils and health providers to determine whether a person is eligible for service provision. The criteria will take into account the service user's needs and the resources available. Eligibility covers both whether any service will be offered and, if it is, what service, their volume, and (where relevant) frequency.

- **Extra care Housing** - A style of housing and care for individuals that falls between established patterns of sheltered housing and accommodation, and care provided in more traditional residential care homes. Also known as Very Sheltered Housing.
- **Fair Access to Care Services/Eligibility Criteria (FACS)** - The principle that Social Services departments should operate within one eligibility decision for adults seeking social care support. This eligibility criteria is based on a national framework which prioritises risks faced by individuals into four bands, and authorities are expected to adopt these bands in determining their own criteria, with an emphasis on a preventative approach to adult social care.
- **Independence** - Managing everyday living skills to maximise ability, taking account of the support available and needed.
- **Independent Sector** - Includes both private and voluntary social care providers, who may be contracted to provide services on behalf of statutory agencies.
- **Intermediate Care –** Services for people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long term residential care or continuing NHS inpatient care. Provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery with a planned outcome of maximising independence and typically enabling service users to resume living at home. Time limited, normally no longer than six weeks
- **Joint Funding** - Where two or more agencies, usually Health and Social care and health services agree to share the cost of running a project or service.
- **Key Holder** - A person authorised to keep another person's key.
- **Learning Disability** - Having a significantly reduced ability to understand new or complex information or to learn new skills, or having a reduced ability to cope independently, which started before adulthood and has a lasting effect on a person's development
- **Long Term Conditions** - Refers to support services provided over a prolonged period of time or on a permanent basis to individuals who have difficulties associated with long term illness, or disability
- **Multi-Agency** - A group of representatives from different organisations working together towards a common goal.
- **Outcome** - The end result of the service provided, which can be used to measure the effectiveness of the service for the individual.
- **Providers** - An individual or organisation providing a health, social care or housing service.
- **Rapid Response Service** - A specific service designed to respond rapidly to prevent hospital admission and to facilitate early discharge from A & E.
- **Re-assessment** - A re-evaluation of the needs of a service user, prompted by either a scheduled review, or a contact indicating a change in their circumstances.
- **Referral** - A formal request for an assessment of a person's needs.

- **Referrer** - A person contacting agencies about carrying out an assessment
- **Residential Accommodation** - May take the form of either nursing, or residential care home, that provides 24 hrs care to individuals who, on assessment, have been assessed as no longer being able to be supported at home. Residential accommodation can be either long or short stay.
- **Respite Care** - Designated beds within residential home and hospital settings, available usually on a pre-planned basis to allow a short period of care, often to provide carer relief/support.
- **Review** - This refers to re-assessment of service user's needs and issues, and consideration of the extent to which services are to meet the stated objectives, achieve the desired outcomes and respond to changes in circumstances or service criteria.
- **Risk Assessment** - The assessment of a person's health, their safety, well being and their ability to manage essential daily routines and the impact this has on carers and staff.
- **Self Funding** - When an individual has sufficient funds and is able to make arrangements for and pay privately for their care services.
- **Service User** - An Individual who is in receipt of services from health, social care or housing services.
- **Specialist Assessment** - An assessment undertaken by either a health or social care professional.
- **Valuing People** - A Government White Paper published in March 2001, which detailed the national development of services for people with learning disabilities.

Useful Contacts:

Customer Access and Assessment Team

PO Box 402, York YO1 6ZE.

Tel: 01904 555111 fax: (01904) 554055

email: **adult.socialsupport @york.gov.uk**

Text referral only: 07534437804

opening Times - 8.30am to 5pm Monday to Friday

Equip Yourself. Online self-assessment and advice: **www.equip-yourself-york.org.uk**

Complaints & Feedback and General Council Enquiries

City of York Council, Library Square, York, YO1 7DU Tel: (01904) 551550, Fax: (01904) 553560, Minicom: (01904) 553562 - Opening Times - 8am to 7pm

Directory of Services: Information on community support and social care in the City of York. **www.mylifemychoice.york.gov.uk**

Emergency duty team - tel: 0845 034 9417, fax: 01609 532009,

email: edt@northyorks.gov.uk
Mondays to Thursdays: 5.00pm to 8.30am Weekends: 4.30pm on Fridays until 8.30am on Mondays Bank holidays: on duty all over the bank holidays

For Further Information – Internet Links:

Carers Strategy: http://www.york.gov.uk/health/carers/strategy/

Health & Wellbeing Strategy: TBC.

JSNA: http://www.york.gov.uk/health/yorknhs/healthandwellbeing

City of York Council Plan: http://www.york.gov.uk/council/plan/

Department of Health: http://www.dh.gov.uk/en/index.htm

Care Quality Commission: http://www.cqc.org.uk/

Dream Again – York's Strategic Plan for Children and Young People: http://www.yor-ok.org.uk/Workforce/About%20YorOK/dreamagain

Survey & Feedback

Have your say!

We encourage feedback on all our activity and services, positive or negative it helps us to address problems and shape the services for the future. With specific reference to this document we would like to know:

- **Do you agree with the priorities we have set for ourselves for the coming year? What would you add or remove?**
- **Are there any other areas of adult social care you feel we should focus on as a priority?**
- **Have you found the Local Account easy to access and understand? What changes would you like to see in the future?**

Please also feel free to comment on any aspect of adult social care in York.
Please make it clear whether you are a service user, a carer, a family member, or other interested party.

We will incorporate these views in our planning and preparation of next year's Local Account, the Joint Strategic Needs Assessment for the city, and where applicable notify our partners of these issues. You are welcome to contact us by post or email.

By Post:

Adults Children & Education (ACE)
10-12 George Hudson Street
York
YO1 6ZE

By email:

haveyoursay@york.gov.uk

Online:

www.Surveymonkeylink.co.uk

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Health Overview and Scrutiny Committee **19th December 2012**

Report of the Assistant Director Governance and ICT

Remit – Scrutiny Review into Personalisation

Summary

1. This report presents the Health Overview and Scrutiny Committee (HOSC) with work undertaken to date by the Task Group appointed to this review, including a draft remit to work to. The Committee are asked to agree the remit in order that work can commence on this review.

Background

2. The idea of doing some work around the Personalisation Agenda has been an ongoing aim of this Committee for some time. It had been raised on several occasions at various HOSC meetings and was formally raised at the Scrutiny Work Planning event in May 2012.

3. At a meeting of the HOSC on 23rd July 2012 a briefing note was presented to the Committee around Personalisation issues and at this stage they formally identified the need to do some review work in this area. This set out what was already happening in York and suggestions for some focuses for any Scrutiny Review that might take place. A copy of this briefing note, which Members have considered before, is attached at **Annex A** to this agenda and is available **online only**.

4. It was agreed that a Task Group[1] formed from Members of the Committee would undertake the bulk of the work on this review.

[1] The Task Group is comprised of Councillor Funnell, Councillor Cuthbertson and Councillor Doughty.

The first meeting of the Task Group

5. The Task Group met for the first time on 13th November 2012 to set a remit for the review. Councillor Jeffries, the Chief Executive from MIND, the Assistant Director Assessment and Safeguarding and Group Manager from City of York Council were also in attendance at the meeting.

6. The Assistant Director Assessment and Safeguarding circulated two additional papers at the meeting to assist Members in deciding the focus for the review and to set the remit to work to. These were 'Making it Real – Making Progress Towards Personalised, Community Based Support' and 'Making Sure Personal Budgets Work for Older People'. These are attached **online only** at **Annexes B** and **C** respectively to this report.

7. On consideration of these **Annexes**, the Task Group understood that the whole outlook of the Making It Real initiative was around co-production. The document itself had been produced by Think Local Act Personal (TLAP) which is the sector wide commitment to transform adult social care through personalisation and community based support. Discussions around this document were positive and supportive but highlighted a need to significantly change the way services were run, with a focus around community working.

8. The Task Group wanted to understand how well personalised budgets were being rolled out in York, what was working and what wasn't. They agreed that as part of the future work of the review they would need to ask individuals their experiences of personalisation.

9. It was quickly understood that the Personalisation Agenda was vast and had many strands, not just those around personal budgets. Work needed to be done around how best to deliver this in York and how best to increase individual's knowledge about what was available to them.

10. After further discussion the Task Group decided on the following remit to work to:

    Aim

    To review, with key partners, in the city areas of strength and areas for development around Personalisation to enable people to exercise as much choice and control over their lives as possible.

Key Objectives

i. To bring together residents and service and support providers, in a workshop environment, to identify the areas of strength and weakness in City of York Council's current approach to personalisation.

ii. And from the above to ultimately identify key priorities for the city around Personalisation to make improvements on.

Initial Work

11. The Task Group felt that, in the first instance they should have a planning meeting involving several key people in order to prepare for the workshop with residents and service and support providers. This would be an opportunity for the Task Group to look at developing and planning the workshop and to focus it in order to fit within the remit outlined above. One initial idea was to use the making it real statements to develop a survey, potentially using Survey Monkey, for support and service providers to complete from their perspective or the perspective of their organisations outlining their own views and those of the people they work with. Outcomes from the initial planning meeting and the results of the survey could then be uses to identify focused themes to take to the workshop for further discussion.

12. It is hoped that this planning meeting can take place on the afternoon of Thursday 17th January with an independent facilitator; however this is as yet to be finalised. Invites will be sent out to various organisations including the Carer's Forum, MIND, Independent Living Network, Independent Care Group and the Independent Living Scheme.

Consultation

13. To date consultation has taken place with Councillor Jeffries, in her capacity as Vice-Chair of the Independent Living Network, the Chief Executive at MIND and various Council officers. Further consultation will take place with other organisations and residents as the review progresses.

Options

14. Members have the following options:

Option 1 Agree to the remit and key objectives for this review as set out in **Paragraph 10** of this review

Option 2 Amend the remit and key objectives for this review

Analysis

15. Once the remit and key objectives for this review have been agreed by the Health Overview and Scrutiny Committee then work on the review can begin.

Council Plan 2011-2015

16. This review is directly linked to the 'protect vulnerable people' element of the Council Plan 2011-15.

Implications

17. **Financial** – There are no direct financial implications associated with the recommendations within this report; however implications may arise as the review progresses and these will be addressed accordingly. There may also be a fee for any independent facilitator used; if this is the case then this will be paid for from this Committee's allocation of the scrutiny budget (dependent on cost).

18. **Human Resources** – There are no direct Human Resources implications associated with the recommendations within this report; however implications may arise as the review progresses and these will be addressed accordingly.

19. There are no other known implications associated with the recommendations arising from this review.

Risk Management

20. There are no risks associated with the recommendations within this report. Should risks arise as the review progresses these will be identified and clearly set out in the final report arising from the review.

Recommendations

21. Members are asked to approve the remit set out at **Paragraph 10** to this report.

    Reason: To enable the Task Group to commence this review.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Tracy Wallis Scrutiny Officer Scrutiny Services TEL: 01904 551714	Andrew Docherty Assistant Director Governance and ICT TEL: 01904 551004

Report Approved ✓ **Date** 07.12.2012

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:

None

Annexes (available online only)

Annex A Briefing Paper for Health Overview and Scrutiny Committee – 23rd July 2012

Annex B Making it Real – Making progress towards personalised, community based support

Annex C Making sure personal budgets work for older people

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Annex A

Briefing paper for potential scrutiny topic - Personalisation

Health Overview and Scrutiny Committee 23rd 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

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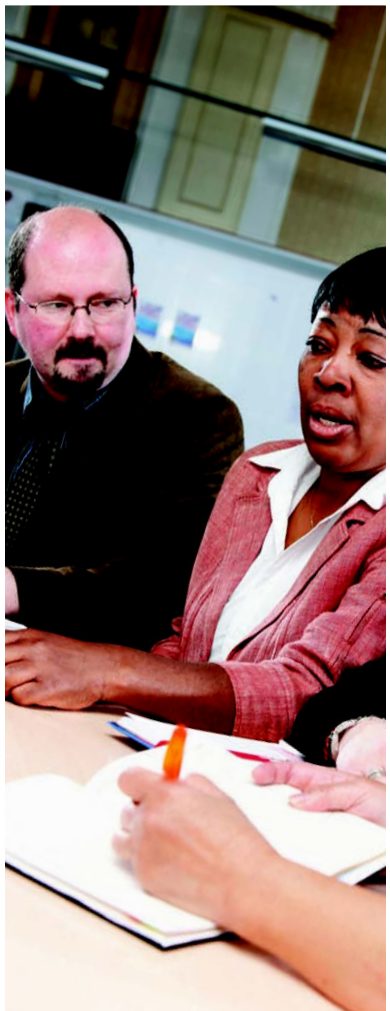
think local act personal

MAKING IT REAL

Marking progress towards personalised, community based support.



What is Making it Real?

"A truly honestly co-produced product – extremely good practice"

Bill Davidson member of the National Co-production Advisory Group and co-chair of Think Local Act Personal

***Think Local Act Personal* (TLAP) is the sector wide commitment to transform adult social care through personalisation and community-based support. It committed over 30 national organisations to work together and to develop, as one of the key priorities, a set of markers. These markers are being used to support all those working towards personalisation. This will help organisations check their progress and decide what they need to do to keep moving forward to deliver real change and positive outcomes with people.**

The result is *Making it Real*, a framework developed by the whole Partnership, but very much led by members of the National Co-production Advisory Group, which is made up of people who use services and carers. This signals a new phase in which we use a citizen-focussed agenda to change the kind of information that the sector values, and the way in which we judge success.

Making it Real highlights the issues most important to the quality of people's lives. It helps the sector take responsibility for change and publicly share the progress being made.

Making it Real is built around "I" statements. These express what people want to see and experience; and what they would expect to find if personalisation is really working well. We used these statements, for example, to guide our response to the government's *Caring for Our Future* White Paper and the members of our Partnership will use it to check their progress and guide their actions.

What it is not...

Making it Real is not a performance management tool. *Think Local Act Personal* is a voluntary movement for change – the sector taking on ownership and responsibility for personalisation. We think that councils and organisations will want to sign up to *Making It Real* as a way of helping them to check and build on their progress with personalisation, and also as a way of letting others know how they are

doing – especially their local community and the people they serve.

How will it help?

The markers are a practical tool grounded in the expectations of citizens that can be used to develop business or improvement plans, and can help with putting together local accounts from individual services to wider systems.

Using *Making it Real* means that councils, organisations and all partners can look at their current practice, identify areas for change and develop plans for action. It can be used by any organisation involved in providing care and support including councils, providers of home based support and those providing residential and nursing care.

Making it Real can also be used by people who use services and carers to check out how well their aspirations are being met. *Making it Real* supports co-production with local commissioners and providers.

Links with the work of our partners

We are very pleased that the Association of Directors of Adult Social Services (ADASS) and key national service provider groups have endorsed *Making it Real* as part of their membership of the *Think Local, Act Personal* Partnership. They will be encouraging their own members to make good use of *Making it Real* in their work.

The Care Quality Commission have undertaken a mapping exercise to see how the markers fit with relevant essential standards of safety and quality.

The Towards Excellence in Adult Social Care programme and the ADASS personalisation policy network have both endorsed Making it Real and prioritised its implementation as part of their support for Think Local Act Personal in the regions. The Local Government Association Community Wellbeing Board have also signed up to Making it Real.

The Department of Health have also declared their intention that the work on *Making it Real* will complement and inform the development of their Outcomes Framework – ensuring that citizen experience and sector leadership is central.

Across the country, TLAP Partner organisations have led self-organised events and meetings to ensure that *Making it Real* is shared at a national, regional and local level. Strong connections with user led organisations, including the DPULO Ambassadors are being continuously developed to ensure Making it Real is fully co-produced.

What does it mean for you?

Following a short period of testing with different kinds of organisations from various parts of the sector, everyone involved in social care has been invited to:

- declare a commitment to use the markers, and to
- publicly share actions they will be taking to make progress towards achieving them.

A web-based process has been developed to enable organisations to publicly declare their commitment to Making it Real. This will also help them to co-produce action plans with people who use services, carers and citizens so that the delivery of personalisation in social care can be improved.

Not all the markers will be relevant to all, so organisations are encouraged to sign up to the ones that are the most meaningful for the people who use their services.

If you sign up to report on your action plan and progress, you will also be authorised to display the *Think Local, Act Personal* logo as a signal that you are fully committed to moving forward with personalisation.

What's next?

Since the official launch of Making it Real at Community Care Live in May 2012, organisations have been able to sign up and declare a commitment to personalising social care, and using Making it Real to report on the progress being made.

To get involved, register your details on the Making it Real website **www.think localactpersonal.org.uk/Browse/mir**.

The website also includes a range of support materials, easy read and large print versions of documents, case studies, films and examples of Making it Real action plans.

What will happen to the information?

The key to *Making it Real* is that progress is reported publicly – most importantly for your local community and the people who use your services.

We will use this information and information from other sources to build a national picture of progress and the challenges requiring action.

For more information please visit:
www.thinklocalactpersonal.org.uk

Marking progress towards personalised, community-based support

To demonstrate commitment to personalisation and community based support, we invite councils, sector organisations and groups to sign up to *Think Local, Act Personal's Making it Real* markers. This means a commitment to:

- Ensuring people have ***real*** control over the resources used to secure care and support.
- Demonstrating the difference being made to someone's life through open, transparent and independent processes.
- Actively engaging local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support.
- Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems.
- Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries.
- Enabling people to develop networks of support in their local communities and to increase community connections.
- Taking time to listen to a person's own voice, particularly those whose views are not easily heard.
- Fully consider and understand the needs of families and carers when planning support and care, including young carers.
- Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disability.
- Taking into account a person's whole life, including physical, mental, emotional and spiritual needs.

Marking Progress – Key Themes and Criteria

"I" statements include people who use services, including self-funders and carers.

WHAT I WANT...

1) Information and Advice: having the information I need, when I need it

"I have the information and support I need in order to remain as independent as possible."

"I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."

"I can speak to people who know something about care and support and can make things happen."

"I have help to make informed choices if I need and want it."

"I know where to get information about what is going on in my community."

IN PRACTICE...

- Trusted information sources, are established and maintained that are accurate, free at the point of delivery, and linked to local and community information sources.
- Skilled and culturally sensitive advisory services are available to help people access support, and to think through support to think through their options and secure solutions.
- A range of information sources are made available to meet individual communication needs, inluding the use of interactive technology which encourage an active dialogue and empower individuals to make their own choices.
- Local advice and support includes user led organisations, disabled people's and carer's organisations, self advocacy and peer support.
- Local, consistent information and support that relates to legislation around recruitment, employment and management of personal assistants and other personal staff is available.

2) Active and supportive communities: keeping friends, family and place

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

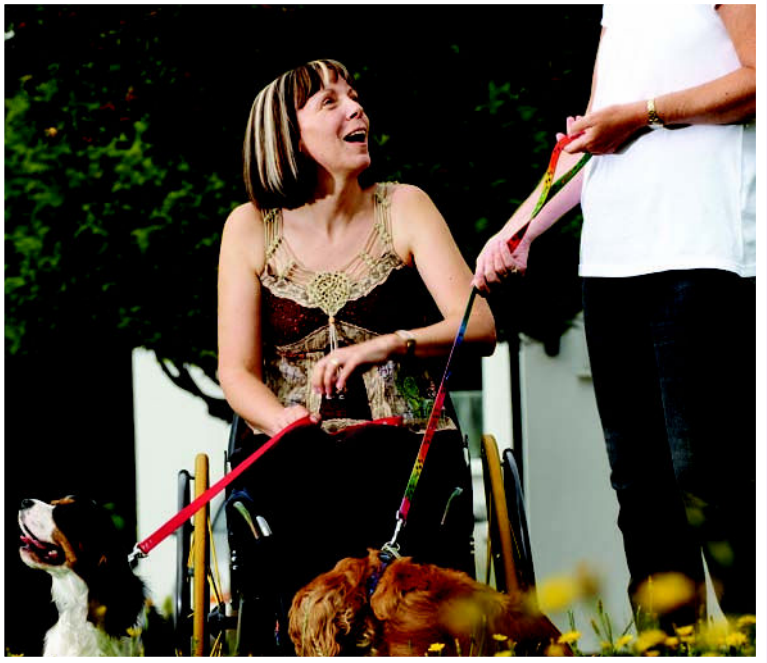
WHAT I WANT...

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

"I feel welcomed and included in my local community."

"I feel valued for the contribution that I can make to my community."

- People are supported to access a range of networks, relationships and activities to maximise independence, health and well-being and community connections (including public health).
- There is investment in community activity and community based care and support which involves and is contributed to by people who use services, their families and carers.
- Effective programmes are available that maximise people's health and well-being and enable them to recover and stay well.
- Longer term community support and not just immediate crisis is considered and planned for. A shift in resources towards supportive community activity is apparent.
- Systems and organisational culture support both people and carers to achieve and sustain employment if they are able to work.



IN PRACTICE...

WHAT I WANT...

3) Flexible integrated care and support: my support, my own way

"I am in control of planning my care and support."

"I have care and support that is directed by me and responsive to my needs."

"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."

"I have a clear line of communication, action and follow up."

IN PRACTICE...

- People who use services and carers are able to exercise the maximum possible choice over how they are supported and are able to direct the support delivered.
- Support is genuinely available across a range of settings – starting with a person's own home or, where people choose, shared living arrangements or residential care.
- Processes are streamlined so that access to support is simple, rapid and proportionate to risk. Assessments are kept to a minimum, are portable, where possible, and do not cause difficulty or distress.
- People who access support and their carers, know what they are entitled to and who is responsible for doing what.
- Collaborative relationships are in place at all levels so that organisations work together to deliver high quality support.
- Support is 'joined-up', so that people and carers do not experience delays in accessing support or fall between the gaps, and there are minimal disruptions when making changes.
- Transition from childhood to adulthood support services are pre-planned and well managed, so that support is centred on the individual, rather than services and organisational boundaries.
- Commissioners and providers of services enable people who access support to build their personal, social and support networks.

4) Workforce: my support staff

WHAT I WANT...

"I have good information and advice on the range of options for choosing my support staff."

"I have considerate support delivered by competent people."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I am supported by people who help me to make links in my local community."

IN PRACTICE...

- People who receive direct payments, self-funders and carers are supported in the recruitment, employment and management of personal assistants and other personal staff including advice about legal issues. People using council managed personal budgets have maximum possible influence over choice of support staff.
- There is development of different kinds of workforce and ways of working, including new roles for workers who work across health and social care.
- Staff have the values, attitude, motivation, confidence, training, supervision and tools required to facilitate the outcomes that people who use services and carers want for themselves.
- The workforce is supported, respected and valued.
- There are easy and accessible processes to enhance security and safety in the employment of staff.
- The formal and informal workforce is increasingly focused on and able to help people build and sustain community connections.

5) Risk enablement: feeling in control and safe

"I can plan ahead and keep control in a crisis."

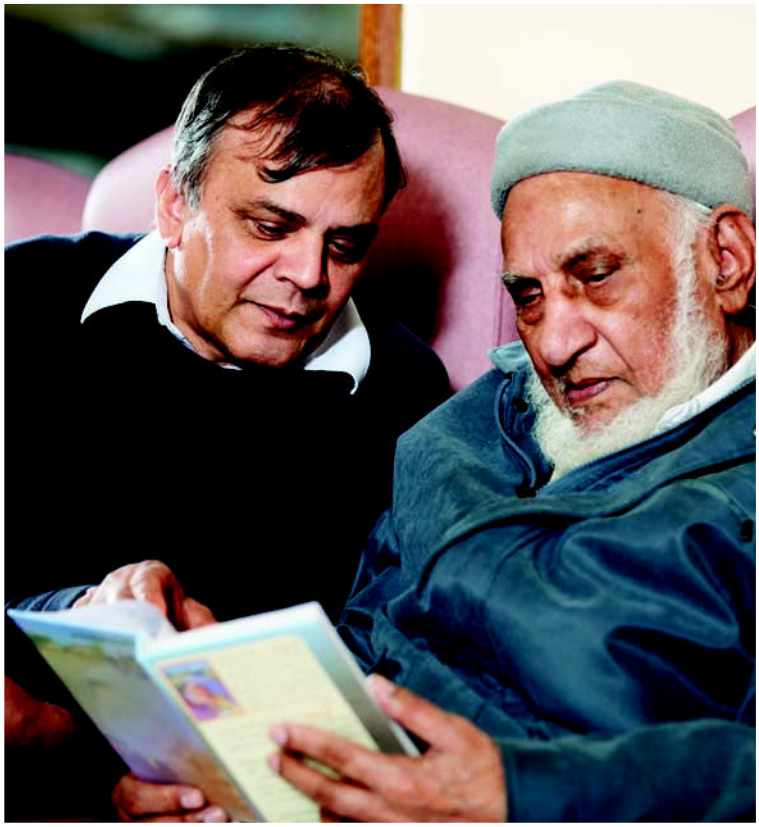
"I feel safe, I can live the life I want and I am supported to manage any risks."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have systems in place so that I can get help at an early stage to avoid a crisis."

WHAT I WANT...

- People who use services and carers are supported to weigh up risks and benefits, including planning for problems which may arise.
- Management of risk is proportionate to individual circumstances. Safeguarding approaches are also proportionate and they are co-ordinated so that everyone understands their role.
- Where they want and need it, people are supported to manage their personal budget (or as appropriate their own money for purchasing care and support), and to maximise their opportunities and manage risk in a positive way.
- Good information and advice, including easy ways of reporting concerns, are widely available, supported by public awareness-raising and accessible literature.
- People who use services and carers are informed at the outset about what they should expect from services and how to raise any concerns if necessary.



IN PRACTICE...

6) Personal budgets and self-funding: my money

"I can decide the kind of support I need and when, where and how to receive it".

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget)."

WHAT I WANT...

" I can get access to the money quickly without having to go through over-complicated procedures."

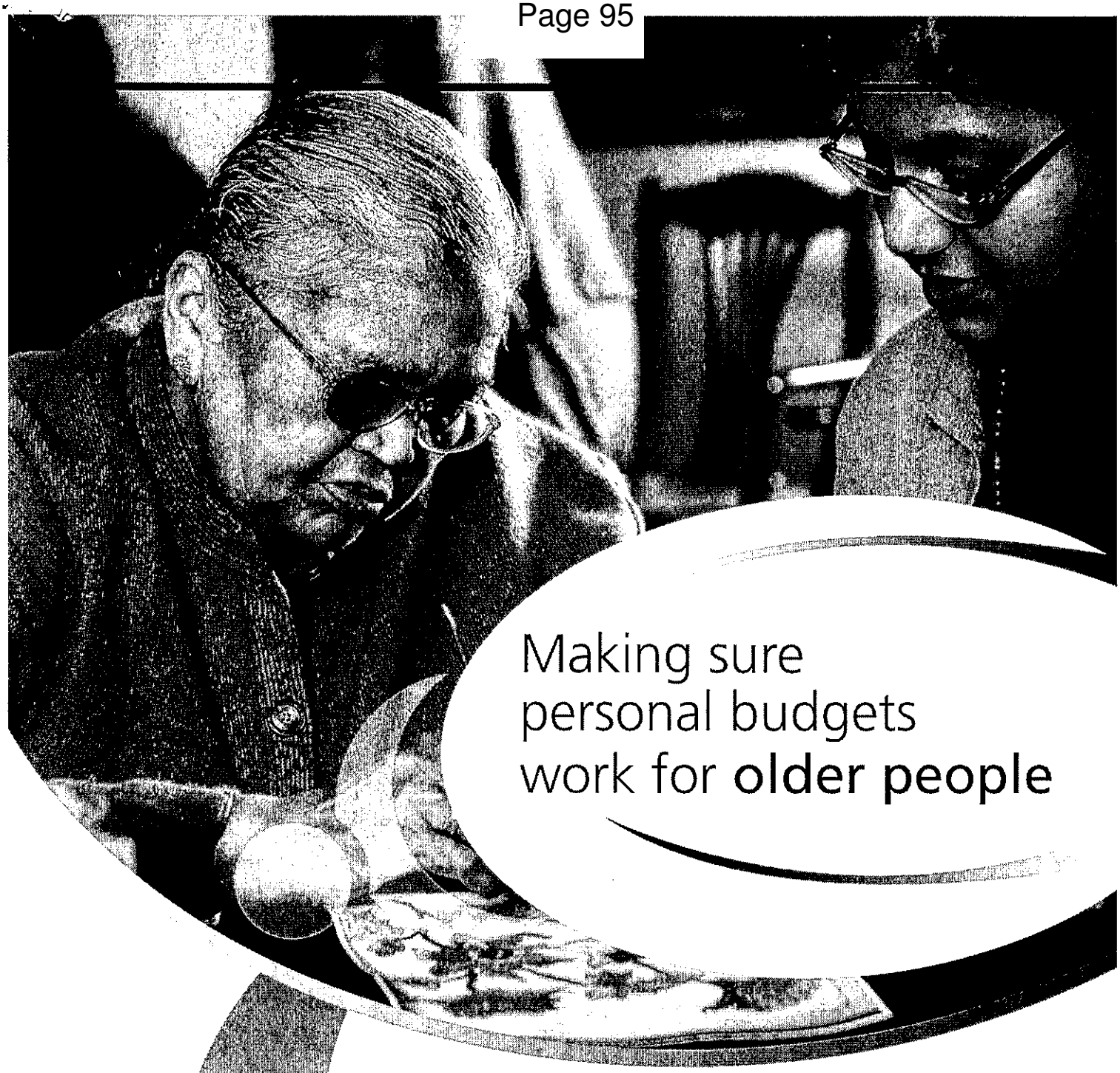
"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

IN PRACTICE...

- Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control.
- Council managed personal budgets offer genuine opportunities for real self-direction.
- People who use social care (whether people who use services or carers) are able to direct the available resource. Processes and restrictions on use of budget are minimal.
- There is a market of diverse and culturally appropriate support and services that people who use services and carers can access. People have maximum choice and control over a range of good value, safe and high quality supports.
- People who use services and carers are given information about options for the management of their personal budgets, including support through a trust, voluntary or other organisation.
- Self-funders receive the information and advice that they need and are supported to have maximum choice and control.
- Councils understand how people are spending their money on care and support, track the outcomes achieved with people using social care and carers, and use this information to improve delivery.

To sign up to Making it Real, visit:
www.thinklocalactpersonal.org.uk/MIR

Think Local, Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk



Making sure personal budgets work for **older people**

BRIEFING FOR THE NATIONAL CHILDREN'S & ADULTS SERVICES CONFERENCE

October 2012

scie social care institute for excellence

think local act personal

Older people form the largest proportion of users of adult social care, and the largest part of adult social services expenditure goes on the over 65s. We must make sure this group benefits well from personal budgets (PBs).

Issues concerning PBs for older people and their carers have been prominent since the original DH research on individual budgets in 2005. In April 2012, ADASS published *The Case for Tomorrow*, calling for "an overhaul" of personal budgets for older people. They did this because they identified a range of challenges that the association believes need to be addressed - These built on issues identified by others, including the Alzheimer's Society in their report on personal budgets for people with dementia *Getting Personal*.

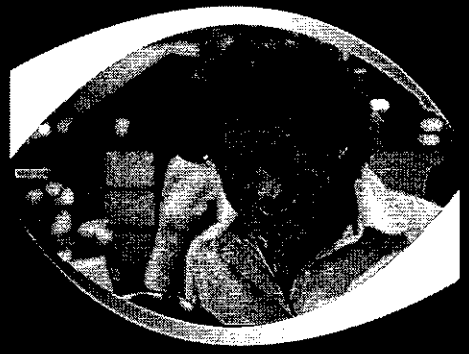
In response, Think Local Act Personal (TLAP) agreed to lead a review of personal budgets for older people including people with dementia. It is doing this alongside its partners the Social Care Institute for Excellence (SCIE), and with a steering group from ADASS, Department of Health, Alzheimer's Society, Age UK and the Standing Commission on Carers.

This review, led by Martin Routledge from TLAP working closely with Sarah Carr from SCIE, started in July. To date it has reviewed key challenges to successful implementation of personal budgets for older people and has started to identify positive practice and solutions.

Data and research confirms:

- Strong average progress with numbers for people aged 65 and over, but with very high variability from council to council.
- Significant increase in numbers has been via more managed personal budgets.
- Steady numbers for direct payments, but these remain significantly lower for older people than for under 65s. Again there is significant variation in direct payment numbers across councils and regions.
- For people receiving PBs generally positive outcomes in most areas of life, (found by the National Personal Budget survey) and generally few reported negative effects.
- Significant frustrations with personal budgets processes.
- Good indications of the factors that lead to positive outcomes, which are currently less present for older than younger people and with big cross council variation.

From looking at council returns to the ADASS PB survey, the review has identified that most are identifying significant challenges in implementing personal budgets with older people – and in particular achieving good numbers while also being confident they are making a positive difference. However we have also highlighted that there is considerable emerging positive practice in each of the areas identified as challenging.



Challenges and examples of emerging positive practice

1 Reluctance to use personal budgets and especially direct payments amongst older people and their carers for reasons including preferring existing arrangements, fear of loss or reduction of service, fear of trying new alternatives, complexity, time consuming processes and burdens of responsibility.

- Some councils have provided creative support to think about outcomes and non traditional models of support; often working closely with trusted voluntary organisations like Age UK or Alzheimer's Society to provide training, information and advice.
- Other councils are undertaking systems reviews to reduce form filling, dispense with panels for smaller support packages, introducing pre-paid envelopes and changing time tables for financial monitoring.
- Yet others are providing a wider range of options for money management including e-cards, managed service accounts, third party agreements with voluntary organisations and individual service funds, particularly for those who don't have families or friends who can provide support.

2 The circumstances within which older people use social care including crisis situations, rapidly fluctuating needs and modest budgets focused on personal care.

- Some councils are re-thinking PBs as one element of the social care pathway and are linking their re-ablement strategies to personal budget processes and practice.
- Others are providing assistive technology, community equipment and specialist services at point of pre-determination of eligibility, followed by a proportionate support planning process that allows time for older people to consider their options once they have stabilised, and recuperated.

3 Workforce issues including cultural, training and practice development issues.

- A range of approaches have been identified to help staff adapt, including systematic and medium term training and development investments for front line staff.
- Some councils have developed comprehensive staff guidance and quick look guides or toolkits produced for staff to support older people with options. Others have employed senior practitioners to mentor and coach workers.
- Other councils are restructuring teams to amalgamate older people services with younger adults staff to help with cultural change or are working with user led organisations to help change staff culture.

4 Lack of suitable information, advice and guidance including limited knowledge and understanding of personal budgets and direct payments. Trusted information sources are not always providing positive advice.

- Some councils are focusing on educating GPs, district nurses and other health staff so that first conversations with older people are positive about options for directing own care through personal budgets.
- Other councils are coproducing information kits and leaflets with user-led organisations or are working with voluntary sector like Age UK on provision of information.

5 Lack of suitable support for people to plan and make good use of personal budgets.

- Some councils are externalising their brokerage function and actively seeking user-led or carers organisations to become new providers of this service.
- Other councils are using community groups and peer support networks to assist with support planning, or are working with family members (where they are able to) to share roles.

Challenges and examples of emerging positive practice (continued...)

6 **Lack of market development, including existing contracts that constrain creativity, people buying what they bought before and difficulties commissioning smaller packages with providers unwilling to support at lower costs.**

- Some councils are commissioning support from specific organisations through spot contracts while others are remodelling individual service funds that supports more direct relationships between providers and the older person.
- Reorganising in house supports to better support people with managed personal budgets has been found to a helpful approach, as too paying attention to workforce supply and suitability e.g. personal assistant registers and apprenticeship schemes, and expanding involvement of third party support agencies.

7 **A focus on helping people stay safe**

- Some councils are coordinating safeguarding and information teams.
- Others are focusing on risk enablement systems.

Next steps

The full review will be published shortly on **www.thinklocalactpersonal.org.uk.**

From October 2012 to March 2013, we will focus on drawing out the promising approaches to tackle the challenges highlighted. That's where we need your help. If you're one of the councils making good progress in implementing personal budgets for older people or a provider, support agency or user/carer organisation making a difference in this area, please get in touch thinklocalactpersonal@scie.org.uk .

We will be commissioning further work around some of the specific elements of positive practice, with a specific emphasis on cost effective and sustainable approaches. This will become the basis for recommendations to central and local government and others to improve results for older people. These recommendations will place personal budgets firmly in the context of other elements of systems and practices to support the health and well being of older people.

We'll develop recommendations for implementation by national and local government so that in 2013/14, we can move ahead with sharing this practice regionally and nationally.

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CITY OF YORK COUNCIL

Health Overview and Scrutiny Committee **19th December 2012**

Report of the Assistant Director Governance and ICT

Update Report:
Review of Children's Congenital Heart Services in England
Proposed Changes to Adult Cardiology Services across the Region

Summary

1. This report provides Members with an update on the outcomes of the Review of Children's Congenital Heart Services in England, the proposed changes and the work undertaken by the regionally formed Joint Health Overview and Scrutiny Committee (Joint HOSC) around this. It also gives an update on the continuing work of the Joint HOSC, around the implementation phase of the review.

2. Councillor Funnell is the current York representative on this Committee, with Councillor Doughty acting as substitute.

3. The report also informs Members of a forthcoming national consultation on services for adults living with congenital heart disease and asks Members to approve the formation of a further Joint HOSC to consider the proposals and implications for Yorkshire and the Humber patients arising from the review of NHS services.

Background

Review of Children's Congenital Heart Services in England

4. In March 2011, a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC) was formed to consider the proposed changes to Children's Congenital Heart Services in England (including the reconfiguration options and future location of surgical centres) and to respond to the formal consultation.

5. The Joint HOSC submitted its formal response to the consultation on 5 October 2011 and subsequently issued a formal report to the Joint Committee of Primary Care Trusts (JCPCT), as the appropriate decision-making body, on 10 October 2011.

6. All reports, including the formal response of the Joint HOSC and the final decision of the JCPCT on the reconfiguration options and future location of surgical centres (taken on 4th July 2012) can be found via the link below:

   http://democracy.leeds.gov.uk/ieListMeetings.aspx?CId=793&Year=2012

7. This link contains all papers considered by the Joint HOSC from its first meeting through to the formal response submitted by the Joint HOSC to the JCPCT. It also contains all papers related to the continuing work of the Joint HOSC up to the present day. The volume of papers is vast and it is, unfortunately, not practicable to reproduce these as part of this report, as they run to several thousand pages.

8. In brief the JCPCT, at its meeting on 4th July 2012, agreed consultation 'Option B' for implementation. They also agreed the designation of congenital heart networks should be led by the following surgical centres.

   - Newcastle Upon Tyne Hospitals NHS Foundation Trust
   - Alder Hey Children's Hospital NHS Foundation Trust
   - Birmingham Children's Hospital NHS Foundation Trust
   - University Hospitals of Bristol NHS Foundation Trust
   - Southampton University Hospitals NHS Foundation Trust
   - Great Ormond Street Hospital for Children NHS Foundation Trust
   - Guy's and St Thomas' NHS Foundation Trust

9. This means that children's cardiac surgical services and interventional cardiology services would no longer be available in Leeds.

10. At its meeting on 24 July 2012, the Joint HOSC considered the JCPCT's decision, the associated decision-making business case, alongside the JCPCT's formal response to the Joint HOSC's previous [October 2011] report. At that meeting, the Joint HOSC agreed to refer the JCPCT's decision to the Secretary of State for Health – on the basis of that decision not being in the interest of the local NHS.

11. In October 2012 the Secretary of State for Health commissioned the Independent Reconfiguration Panel (IRP) to undertake a full review into the decision made by the JCPCT.

This was following referrals from Lincolnshire County Council's Health Scrutiny Committee and Leicester, Leicestershire and Rutland's Joint Health Overview and Scrutiny Committee.

12. It should be noted that since the Secretary of State's announcement to commission a full review by the IRP, the JCPCT has stated that it will work closely with the IRP to assist them to in whatever way possible. The JCPCT has also expressed concerns around delaying the implementation process and that planning for implementation will continue with the professional associations.

13. At its meeting on 16 November 2012, the Joint HOSC considered a draft report to support the referral of the JCPCT's decision to the Secretary of State for Health and made the following resolutions:

(a) That, subject to the amendments identified and discussed at the meeting, the report be agreed in support of the Committee's previous decision to refer the matter to the Secretary of State for Health (minute 59 refers) – on the basis of the decision of the Joint Committee of Primary Care Trusts not being in the best interest of local health services across Yorkshire and the Humber, nor the children and families they serve.

(b) That, following the amendments, the Joint Committee's final report be issued to the Secretary of State for Health, as soon as practicable.

(c) That, in formalising the Joint Committee's referral, the following areas be drawn to the attention of the Secretary of State for Health, recommending these be incorporated into revised terms of reference for the Independent Reconfiguration Panel's review of the Safe and Sustainable review of children's congenital cardiac services in England:

- *The validity of the Kennedy Panel 'Quality Assessments' in light of recent and/or forthcoming Care Quality Commission reports and/or compliance notices issued to current providers previously assessed by the Kennedy Panel.*

- *The extent to which the JCPCT took account of the IRP's previous advice (endorsed by the Secretary of State for Health) that the JCPCT should give due consideration to comments from the Joint Health Overview and Scrutiny Committee (Yorkshire*

  and the Humber) in relation to the PwC report on assumed patient flows and manageable clinical networks.

- *The implications of an unpopular solution imposed by the JCPCT for patient choice within the NHS.*

- *Issues associated with potential obstetric referral patterns, the impact these may have on patient numbers at the proposed designated surgical centres and to what extent such matters were taken into account within the JCPCT's decision-making processes.*

- *The JCPCT's use of population projections/ estimates to determine potential future demand for services, both in terms of using the most up-to-date information and the lack of consideration of regional variations that may impact on the long term sustainability of specific/ individual surgical centres.*

- *The appropriateness, or otherwise, of the JCPCT' and its supporting secretariat refusing legitimate requests from the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) for access to non-confidential information during its scrutiny inquiry.*

14. The Joint HOSC's report, together with the supporting appendices and the initial report (published in October 2011), are available on Leeds City Council's website using the following links:

November 2012 (Report):
http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20(final)%20-%20November%202012.pdf

November 2012 (Appendices):
http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20(appendices)%20-%20November%202012.pdf

October 2011 (Report & Appendices):
http://www.leeds.gov.uk/docs/Children's%20Cardiac%20Report%20(final)%20-%20October%202011.pdf

15. Copies of the above reports are being distributed to various stakeholders and interested parties, including Members of Parliament (MPs) and all Council Leaders across Yorkshire and the Humber.

Summary of main issues identified by the Joint HOSC

16. There are a number of significant issues highlighted in both of the Joint HOSC's reports (October 2011 and November 2012).

Nonetheless, the overall view is that, as a result of the JCPCT's decision and without the retention of the surgical centre at Leeds Children's Hospital, the overall patient experience for children and families across Yorkshire and the Humber will be significantly worse. The conclusions reached by the Joint HOSC are based on a number of reasons, in particular:

- The range of interdependent surgical services, maternity and neonatal services are not co-located at proposed alternative surgical centres available to Yorkshire and the Humber children and their families;

- The dismantling of the already well-established and very strong cardiac network across Yorkshire and the Humber – and the implications for patients with the proposed Cardiology Centre at Leeds essentially working across multiple networks;

- The current seamless transition between cardiac services for children and adults across Yorkshire and the Humber;

- Considerable additional journey times and travel costs – alongside associated increased accommodation, childcare and living expense costs and increased stress and strain on family life at an already stressful and difficult time;

- The implications of patient choice and the subsequent patient flows – resulting in too onerous caseloads (i.e. overloading) in some surgical centres, with other centres unable to achieve the stated minimum number of 400 surgical procedures.

17. The Joint HOSC remains unconvinced by the adequacy of the Public Consultation conducted by the JCPCT – bearing in mind that the public were supplied with potentially misleading and unreliable information from Professor Kennedy's assessment panel, and unreasonably denied access to other information necessary to make an informed response. The Joint HOSC's reports highlight this issue and also raise concerns around a number of other areas – including the Health Impact Assessments and the sensitivity testing undertaken by the JCPCT.

18. The Joint HOSC believes the above aspects warrant specific and more detailed consideration as part of the review of the JCPCT's decision and associated decision-making processes.

19. The Secretary of State for Health has passed the issues raised by the Joint HOSC to the Independent Reconfiguration Panel (IRP) for initial assessment and requested the outcome to be reported by 7 December 2012. On 10 December 2012, it was confirmed that the IRP had advised the Secretary of State for Health that the Joint HOSC's referral warranted a full review and could form part of the review already commenced by the IRP. The Secretary of State for Health accepted this advice and asked the IRP to report back on its findings by 28 March 2013 (which represents a month extension to the original review timetable).

20. However, it should be noted that it is not clear whether or not the IRP's terms of reference will be revised to reflect the points identified by the Joint HOSC.

Other matters for consideration

21. It should also be noted that at a further meeting of the Joint HOSC on 3 December 2012, Members considered a range of further information and agreed to forward these to the Secretary of State for Health for consideration and inclusion within the IRP's current review. The details included:

    a) Spending patterns for Nationally Commissioned Services – which may have influenced the JCPCT's decision;

    b) Membership and attendance details of the JCPCT and various supporting/ advisory bodies – which the Joint HOSC believes warrant further and more detailed examination, in terms of the governance and general transparency arrangements associated with the review; and,

    c) A transport impact assessment produced by a Lead Clinician at Leeds Teaching Hospitals NHS Trust (LTHT).

22. These details are in the process of being referred to the Secretary of State for consideration in line with the Joint HOSC's resolutions.

Implementation Phase of the Review

23. At a meeting of the Joint HOSC on 24th July 2012 it was agreed that the Terms of Reference for the Committee be changed to cover the implementation stage of the review so that the work of the Committee could continue and their views be expressed.

24. At its meeting on 16 November 2012, the Joint HOSC identified some concerns regarding the implementation phase of the review and the implementation plan presented at the meeting.

National Review on Adult Congenital Heart Disease

25. The national NHS Specialised Commissioning Team is proposing to review services for Adults with Congenital Heart Disease (ACHD). This is a separate review to the Safe and Sustainable review of Children's Congenital Cardiac Services. There is a proposed national consultation on ACHD due to start in the Summer/Autumn 2013.

26. As part of its work, it should be noted that the Joint HOSC identified specific concerns regarding the separate consideration of congenital cardiac services for children and adults. These were identified in the Joint HOSC's response to the national consultation submitted to the JCPCT in October 2011 and the relevant extracts are detailed below:

'We are aware that the minimum number of surgical procedures, within designated centres and those undertaken by individual surgeons, are a cornerstone to the proposals put forward. We note the rationale behind the minimum numbers, but remain to be convinced by the clinical evidence used to support the number of procedures presented in the proposals.

We understand that the NHS is reviewing the provision of congenital cardiac services via two separate but related reviews and that the process for the designation of adult congenital services will proceed in 2011. This will include reference to the separate standards that have been developed by a separate expert group which were published in 2009. In preparing this report, it should be noted that we have not sought to consider these service standards.

As previously stated, we have been advised that in Leeds the same surgeons treat children and adults on the same site and there is continuity of care for patients from childhood through into adulthood. We also understand that elsewhere in the country; other surgeons also treat both children and adult congenital cardiac patients.

We received evidence that Adult congenital heart surgery is currently spread across 21 hospitals, many without the expertise and regular experience of operating on congenital heart problems. This is clearly not safe or sustainable.

We understand that when reviewing any service, it is necessary to define the scope of the review.
We also understand that this can be a complex exercise in itself. Nonetheless, we believe that the consideration of children's and adult's congenital cardiac services as two separate reviews is too simplistic an approach and represents an artificial separation of existing clinical practice.

We firmly believe that on a similar basis to the sustainability issues put forward in the children's congenital cardiac services consultation document, and ***by considering adult congenital services separately, the outcome from the children's congenital cardiac services review will almost certainly pre-determine the outcome of the adult's services review.***

Adult congenital heart patients at the Leeds Centre have also made their views clear that they feel disenfranchised by the fact that their service is not being consulted upon jointly with the children's service in this review.

Furthermore, by considering the number of paediatric and adult cardiac surgical procedures in totality, we believe this provides a completely different landscape and, in our view, would significantly affect the number of surgical centres required across the country. We learnt that there were 859 adult congenital heart surgical procedures carried out across the country last year. Enough to justify retaining another two centres if the suggested minimum number of 400 surgical procedures is applied.

As previously stated, we understand that with three surgeons in post, 392 surgical procedures (adults and children combined) were undertaken last year at the current surgical centre in Leeds.

Although we have not been provided with any detailed projections, we are advised that the adult population requiring cardiac surgery in the future is likely to rise significantly in the coming years and, at some point in the future, may actually rise higher than the number of surgical procedures undertaken on children. This is in part due to the advances in this field of medicine and the increase in survival rates for children into adulthood.

As such, simply by continuing to treat patient numbers arising in Yorkshire and the Humber, we would question whether in reality there are indeed any sustainability issues around the surgical centre in Leeds. Similar considerations may also be true for other areas.

We understand that similar concerns around the exclusion of the number of adult procedures have been raised by other professional bodies. We understand that concerns have been raised both in terms of absolute patient numbers and also around pre-determination. Such concerns appear to remain unaddressed.

Recommendation 5:
Adult cardiac services and the overall number of congenital cardiac surgical procedures carried out should be considered within the scope of this review and used to help determine the future configuration of surgical centres. As a minimum there should be a moratorium on any decision to designate children's cardiac surgical centres until the review of the adult congenital cardiac services is completed and the two can be considered together.'

27. These concerns were reinforced in the Joint HOSC's second report (November 2012).

28. Nonetheless, in anticipation of a national consultation in the Summer/Autumn of 2013 on proposals for ACHD services, the Committee may like to give consideration to establishing a further regional Joint HOSC – on the basis that the proposals are likely to represent a substantial variation/development of services across several local authority boundaries. Specific Terms of Reference are yet to be drafted and will need to be agreed by the relevant Joint HOSC (if established), but the overall purpose of such a Joint HOSC would be to specifically consider and respond to any proposals put forward.

29. Any such arrangements to establish a Joint HOSC would need to be in line with the agreed Joint Health Scrutiny Protocol.

Consultation

30. Consultation has taken place throughout the Joint HOSC's review. Details of all those consulted can be found in the papers associated with the review and these can be accessed via the link at Paragraph 6 of this report.

Options

31. Members are asked to note the updates contained within this report; more specifically they are asked to confirm whether they agree to the establishment of a further regional Joint HOSC to consider and respond

to any proposals put forward into the proposed national review of services for Adults with Congenital Heart Disease.

Analysis

32. The Joint Health OSC and subsequently the review into children's congenital cardiac services have been and continues to be administered by Leeds City Council. The Joint HOSC is formed with representatives from across the Yorkshire and Humber Region. Analysis of all the information received as part of the review is contained within the papers they have produced. Members are asked to note the continuing work of the Joint HOSC and direct any comments they might wish to make to the Chair of this Committee so that they can be fed back to the Joint HOSC.

33. In addition to this the Committee are, today, asked to give consideration to whether they agree to the establishment of a further regional Joint HOSC to consider and respond to any proposals put forward into the proposed national review of services for Adults with Congenital Heart Disease.

34. In principle, this would seem to be a sensible way forward. However, Members should note that once the consultation document is available they will need to initially agree whether they think the proposals constitute a substantial variation to service. However, notwithstanding this, and to enable the region to prepare for administering another Joint HOSC, it would be pertinent to consider nominating the Chair, with Vice-Chair acting as substitute, to any Joint HOSC formed.

Dependent on the number of authorities involved in the review there may be further places available, however these will need to be in line with the Regional Joint Health Scrutiny Protocol.

Council Plan

35. This report details the work of the Joint HOSC in relation to a national consultation regarding the provision of Children's Congenital Cardiac Services and the decisions taken thereafter. It is not directly linked to the five priorities the Council has set.

Implications

36. **Financial** - There are no direct financial implications linked to the recommendations in this report.

37. **Human Resources** – There are no known Human Resources implications linked to the recommendations in this report.

38. There are no known other implications associated with the recommendations within this report.

Risk Management

39. There are no risks associated with the recommendations within this report.

Recommendations

40. Members are asked to:

- Note the update in this report
- Agree to nominate the Chair (with Vice-Chair acting as substitute) to any further Joint HOSC established to consider the proposed review into Adults with Congenital Heart Disease.

Reason: To keep the Committee informed of the work of the Joint HOSC.

Contact Details

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Report Approved ✓ **Date** *07.12.12*

Specialist Implications Officer(s) None

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:

All background papers are available via the link at Paragraph 6 to this report.

Annexes

None

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o Health Overview & Scrutiny Committee Work Plan 2012/2013

Meeting Date	Work Programme
19th December 2012	1. Results of Consultation on Proposed Closure of Mill Lodge (CCG, PCT, CYC to attend) 2. Verbal Report from Leeds & York Partnership NHS Foundation Trust (Mental Health Services) 3. Local Health Watch York: Progress Report 4. Second Quarter CYC Finance & Performance Monitoring Report 5. Update Report: Re-provision of the Travellers and Homeless Medical Service in City of York 6. The Local Account for Adult Social Care 7. Remit - Scrutiny Review into Personalisation 8. Update Report on Proposed Changes to Children's Cardiac Services and Formation of a Joint Health Overview and Scrutiny Committee to respond to A National Consultation on Adult Cardiology Services 9. Workplan for 2012-13

16th January 2013	1. Health Watch Procurement Monitoring Report 2. Safeguarding Assurance report 3. Report – Care Quality Commission – Quality Monitoring – Residential, Nursing and Homecare Services 4. Update on the North Yorkshire Review 5. Update on Implementation of the NHS 111 Service 6. Update from Leeds & York Partnership NHS Foundation Trust (Access to Talking Therapies/Improving Access to Psychological Therapy(IAPT)) 7. Workplan for 2012-13
20th February 2013	1. Health Watch Procurement Monitoring Report 2. Update Report on the Carer's Strategy and Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review 3. Final Report of End of Life Care Review 4. Workplan for 2012-13
13th March 2013	1. Health Watch Procurement Monitoring Report 2. Third Quarter CYC Finance & Performance Monitoring Report 3. Annual Report of the Director of Public Health 5. Workplan for 2012-13
24th April 2013	1. Health Watch Procurement Monitoring Report 2. Workplan for 2012-13

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