Notice of a public meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

Date: Wednesday, 27 November 2013

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

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. Minutes (Pages 5 - 14)

To approve and sign the minutes of the meeting held on **Wednesday 23 October 2013**.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 26 November 2013** at **5:00 pm**.

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

Please note that this meeting, including public speakers, will be sound recorded to allow members of the public to listen to the proceedings without having to attend the meeting. The sound recording will be uploaded on to the Council's website following the meeting.

4. 2013/14 Second Quarter Financial and Performance Monitoring Report-Health and Wellbeing (Pages 15 - 24)

This report analyses the latest performance for 2013/14 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 Health & Wellbeing.

5. Update Report on the North Yorkshire and Humber Commissioning Support Unit (CSU) and York Teaching Hospital NHS Foundation Trust on how they are working together (Pages 25 - 28)

Debbie Ward and Janice Sunderland from North Yorkshire and Humber Commissioning Support Unit (CSU) will present an update report on how the CSU and York Teaching Hospital NHS Foundation Trust are working together.

6. The NHS Friends and Family Test-Maternity Services (Pages 29 - 38)

The Committee will receive a briefing paper from the Partnership Commissioning Unit, on behalf of the four North Yorkshire Clinical Commissioning Groups (CCGs), and Heads of Midwifery/Patient Engagement Leads from commissioned providers of local maternity services.

7. Draft Interim Report-Personalisation Scrutiny Review (Pages 39 - 126)

This report sets out the findings of the Task Group to date and highlights some emerging trends arising from the review.

8. Night Time Economy Review-Update Report (Pages 127 - 142)

This report presents updated information on the work so far completed by Members of the Health Overview and Scrutiny Committee (HOSC) in relation to the corporate review into York's Night Time Economy.

9. Work Plan Update (Pages 143 - 146)

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

10. 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
- Any special arrangements
- Copies of reports

Contact details are set out above

Agenda Annex

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- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
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Further information about what's being discussed at this meeting
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Access Arrangements
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If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

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Holding the Cabinet to Account

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

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

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

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- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- York Explore Library and the Press receive copies of **all** public agenda/reports;
- All public agenda/reports can also be accessed online at other public libraries using this link http://democracy.york.gov.uk/ieDocHome.aspx?bcr=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. Member of York NHS Foundation Teaching Trust. That his partner works at the Retreat.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.
Councillor Jeffries	Director of the York Independent Living Network.
Councillor Wiseman	Member and past employee of York Teaching Hospital NHS Foundation Trust.

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City of York Council	Committee Minutes
Meeting	Health Overview & Scrutiny Committee
Date	23 October 2013
Present	Councillors Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries, Wiseman and Fitzpatrick (Substitute for Councillor Funnell)
Apologies	Councillor Funnell

35. Declarations of Interest

At this point in the meeting, Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests attached to the agenda, that they might have had in the business on the agenda.

The list of standing interests attached to the agenda was circulated amongst Members to include any updates to their previously declared standing interests. The following personal standing interests were updated;

- Councillor Doughty- that his partner now works at the Retreat.
- Councillor Douglas- as a Council appointee to the Leeds and York NHS Partnership Trust.
- Councillor Jeffries- as the Director of York Independent Living Network.

Councillor Wiseman also declared a personal standing interest in the general remit of the Committee as a member and past employee of York Teaching Hospital NHS Foundation Trust.

No other interests were declared.

36. Minutes

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 11 September 2013 be approved and signed by the Chair as a correct record.

37. Public Participation

It was reported that there had three registrations to speak at the meeting under the Council's Public Participation Scheme.

Siân Balsom, the Manager of Healthwatch York had registered to speak under Agenda Item 3 (Public Participation) but was unable to attend the meeting. She had submitted her concerns via email and these were read out at the meeting. The email outlined two concerns that Healthwatch York had been approached about. These were the redesign of counselling services (specifically at St Andrew's) and regarding access to psychological therapies in the city.

In relation to the redesign of the counselling services, concerns had been raised about the lack of engagement with service users and the speed at which Leeds and York Partnership NHS Foundation Trust would be carrying out the redesign.

Regarding access to psychological therapies, it was stated that several hundred patients at York Hospital had been waiting over a year for access to talking therapies. Healthwatch York had been given the impression from Leeds and York Partnership NHS Foundation Trust that a further 27 full time therapists needed to be employed to adequately staff therapy across York and North Yorkshire.

Roy Goddard, a Governor of Leeds and York Partnership NHS Foundation Trust, also registered under the same item. He spoke about the length of waiting lists for Improving Access to Psychological Therapies (IAPT) services. He added that the loss of funding for services from the Vale of York Clinical Commissioning Group (VOYCCG) had attracted attention as a result of publicly reported long waiting lists. He also felt that there was an unequal distribution between funding and provision of psychological therapy services in York and North Yorkshire.

Amanda Griffiths spoke under Agenda Items 4 (Annual Report from the Chief Executive of Leeds and York Partnership NHS Foundation Trust) and 6 (Proposed changes to Psychological Therapies services in York).

She mentioned that at a recent meeting held at Bootham Park Hospital, service users were told that the proposed revised service would not suit complex Personality Disorders (PD). They were also told that the York PD service was not concordant with National Institute for Health and Care Excellence (NICE) guidelines. In relation to Community Care, she spoke about how the provision would be for areas in which the providers were specialists. She felt that the current situation in the city had left service users waiting for up to 18 months. She informed Members that as a result of this, she had to fund her own care. GPs had also been struggling to get access to secondary mental health services due to the current situation. She urged the Committee to explore other options for commissioning and providing mental health services in the city, such as through non profit services.

38. Annual Report from the Chief Executive of Leeds and York Partnership NHS Foundation Trust

Members considered an annual report from the Chief Executive of Leeds and York Partnership NHS Foundation Trust.

Discussion of this item and Agenda Item 6 (Minute Item 40 refers) took place at the same time. Details of the discussion of the two items can be found below.

The Chief Executive introduced his report and underlined that Leeds and York Partnership NHS Foundation Trust had been running mental health and learning disability services in York for twenty months. He outlined four aims that they had. These were:

- That services needed to be of a higher quality with a reduction in the variation of quality in some services.
- That there needed to be simpler and easier to access services, and that duplication of the same service should be avoided.
- That services should be more efficient and operate within the resources available.
- That as much progress as possible should be made towards establishing a Section 136 Place of Safety in York.

He stated that due to reduced budgets, changes needed to be made but that there was also the need to;

- Rebalance institutional care with community care
- For more care to be brought to people in their own homes.
- To address the under-resourced Improving Access to Psychological Therapies (IAPT) services.
- Ensure that psychological services in York connected with those in Leeds (for example Personality Disorders)
- To address accommodation issues, not just at Bootham Park Hospital but also at the adult and young people inpatient service at Limetrees.

He added that he was happy to take comments from the public speakers back to his colleagues and admitted that he would be happy to extend the timescale for public consultation on St Andrew's Counselling and Psychotherapy services.

Some Members felt that the proposals for changes to mental health services in York, were particularly concerning given that there was a reported underspend in Mental Health services in the area.

In response, Members were informed that there was a £2.8 million underspend in the services but that this money would not be immediately accessible to Leeds and York Partnership NHS Foundation Trust, but would be released in phases over the next three years. The main challenge would be how the money would be phased into continuing to provide the services.

Regarding figures relating to public consultation over the plans, the Committee were told that this information could be provided to them. In addition, further public consultation was planned in November. It was hoped that a 'focused group' of service users would help steer improvements forward, along with a detailed questionnaire about service users' experiences. This questionnaire would be repeated periodically.

Further questions from Members to the Chief Executive included;

- With Integrated Bed Management-would it be likely that York patients be accommodated elsewhere, out of the area?

- Did evidence exist to support computerised cognitive telephone services for IAPT users?

Leeds and Yorkshire Partnership Foundation Trust recognised that although a few patients were accommodated outside of York, that this was not ideal. There was limited bed space at Bootham Park Hospital, and it was hoped that a Bed Manager would improve the situation by making sure that people were not delayed, however there was still a lack of capacity. Members were informed if there was a need to increase capacity then LYPFT would increase it.

In relation to computerised cognitive telephone services for IAPT users, Members were told that although it would not work for everyone evidence had shown that intervention was taking place online through Facetime. The Chief Executive added that he felt that technology such as wi-fi connections needed greater integration into care packages as the NHS needed to think about the broad nature and type of support that they could provide.

Regarding the evidence of successful operation of two day Therapeutic Communities, Members were informed that the Personality Disorder Network in Leeds was evidence based and it was felt that York would be benefit in integrating services with Leeds.

Further discussion took place regarding the extension of public consultation over the proposed changes to mental health services in York. The Chief Executive admitted that he was reluctant to give a timeframe for the consultation, as proposals had already caused great anxiety to service users.

Members questioned whether the consultation would only be extended time wise or if it would also be on the method on which it was done. Others requested that the period be extended for another month and it be presented to Healthwatch York. The Chief Executive confirmed that he would be happy to consider Healthwatch's views on the proposals.

Resolved: (i) That the report be noted.

(ii) That the consultation period over proposed changes to psychological therapies services in York be extended by another month.

(iii) That Leeds and York Partnership NHS Foundation Trust present and take into consideration the views of Healthwatch York in regards to the next steps in future changes of services in the city.

Reason: In order to keep the Committee appraised of proposed changes to mental health services in the city.

39. Partnership Working in Mental Health Services; and an interim review of the Care Home Liaison Team

Members considered a report which updated them on;

- Partnership working in Mental Health Services
- An interim review of the Care Home Liaison Team
- The placement of service users who had been in Mill Lodge prior to its closure.

Members asked about the impact on the Council of the interim review of the Care Home Liaison Team. It was reported that although no clear data existed there had been an increase demand for care homes and increased safeguarding referrals.

Resolved: That the report be noted.

Reason: To update the Committee on the issues raised in the report.

40. Proposed changes to Psychological Therapies services in York

Members received a paper which outlined proposed changes to psychological therapies services in York, including St Andrew's Counselling and Psychotherapy Service.

Discussion of this paper took place at the same time as consideration of Agenda Item 4 (Minute 38 refers).

Resolved: That the report be noted.

Reason: To ensure that the Committee is kept updated on proposed changes to psychological therapies services in York.

41. Section 136 of the Mental Health Act- Health Based Place of Safety

Members received a report which updated them on developments regarding a Section 136 Health Based Place of Safety (HBPOS).

The Head of Mental Health and Vulnerable Adults from the NHS Partnership Commissioning Unit was in attendance at the meeting to present the report and answer Members' questions.

It was reported that although Bootham Park Hospital was not an ideal site for the facility, if a new building was commissioned this could take five years to complete. Therefore it was felt using Bootham Park Hospital was currently the best option for York.

Members asked if the building's plans had been fast tracked through the Council's Planning process. It was confirmed that there was a minimum of four weeks in order for the plans to go through the process and for a decision to be made.

Resolved: That the report be noted.

Reason: In order to update the Committee on the development of a Section 136 Health Based Place of Safety (HBPOS) in the city.

42. Presentation on 'Loneliness' from the Joseph Rowntree Foundation and Housing Trust

Members received a PowerPoint presentation and attached paper from the Joseph Rowntree Foundation and Housing Trust in regards to the issue of 'Living with Loneliness'.

It was noted that a resource kit for all on loneliness had been developed and would be available and free to download from the Joseph Rowntree website in November 2013.

It was also confirmed that the Health and Wellbeing Board would be conducting work on the issue at a future meeting.

Resolved: That the presentation and paper be noted.

Reason: In order to update the Committee on this issue.

43. Draft Final Report of Community Mental Health & Care of Young People Task Group

Members considered the draft final report from the Community Mental Health and Care of Young People Scrutiny Review.

Questions were raised about the uptake of the Mental Health Toolkit for Schools. Members were informed that those schools who had adopted it were appreciative of the toolkit, and that a third draft was in production which could lead to a greater uptake.

Members expressed their thanks to the York Youth Council for highlighting the issues that informed the review. Everybody who had given evidence for the Review were also invited to the meeting to be officially thanked for their contributions.

Resolved: (i) That the report be noted.

(ii) That the recommendations set out in the report be agreed and forwarded to Cabinet.

Reason: In order to complete this review.

44. Workplan Update

A revised work plan was circulated to Members at the meeting.

Following discussion the following amendments were agreed;

- That workplans for the Health and Wellbeing Partnership Boards be included in the Director of Health and Wellbeing's report on the work of the Health and Wellbeing Board and its work with Health OSC. This item would be presented at the Committee's meeting in November.

- That the scoping report on the Men's Health Scrutiny Review be considered at the Committee's meeting in January 2014.
- That an item on the NHS 111 Service be scheduled into the workplan for the March 2014 meeting.
- That an item from the Police in regards to training for the Place of Safety be scheduled into the workplan for the April 2014 meeting.
- That visits by Committee Members to the Accident and Emergency Department at York Hospital to support the late- night economy review be arranged.

Resolved: That the work plan be noted with the revisions detailed above.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor Doughty, Vice Chair in the Chair
[The meeting started at 5.40 pm and finished at 7.55 pm].

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Health Overview & Scrutiny Committee **27 November 2013**

Report of the Director of Adults, Children & Education

2013/14 Second Quarter Financial & Performance Monitoring Report- Health and Wellbeing

Summary

1 This report analyses the latest performance for 2013/14 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 Health & Wellbeing.

Financial Analysis

2 The new Directorate of Health & Wellbeing compromises the Adult Social Care budgets formerly within the Directorate of Adults, Children & Education, and the new Public Health budget amalgamated with some sport and active leisure and Drug & Alcohol Action Team (DAAT) budgets formerly within the Directorate of Communities and Neighbourhoods. A summary of the service plan variations is shown at table 1 below.

Table 1 – Health & Wellbeing Financial Projections Summary 2013/14 - Quarter 2 September

	2013/14 Budget £000	Projected Outturn Variation	
		£000	%
Adult Assessment & Safeguarding	27,401	+1,458	+5.3%
Adult Commissioning, Provision & Modernisation	23,759	+541	+2.3%
Public Health	826 *	-250	+30.3%
Total Health & Wellbeing	**51,986**	**+1,749**	**+3.4%**

* Net of £6.441m Public Health Grant

3 In Adult Social Services, demographic pressures continue to be evident in relation to demand for care, despite significant investment of £2.5m in the 2013/14 budget.

At present, forecasted pressures include demographic pressures (£418k), a continued increase above forecast level in the number of customers taking up Direct Payments (£348k) and use of external placements for emergency and short term breaks (£209k).

4 Home care budgets had been stable for the first four months of the year, but over the summer increased at approximately £1k a week up from £81k to £86k. This has now begun to stabilise again (£84k), but a review of new care packages coming on to the service, shows a mix of needs. Hospital discharges and new packages after a Reablement service account for approximately 1/3 of the additional service needs. The other increases have been required to supplement existing packages of care because of issues such as continence, falls, family carers becoming unavailable due to own health needs or growing dementia.

5 Over the last five months the Council has seen 3 nursing homes receive Care Quality Commission (CQC) inspection reports identifying concerns about quality of provision. This has resulted in 2 homes being restricted on new admissions funded by the authority, in line with our quality assurance framework, whilst the Council supports the homes to deliver the improvements needed. Both of these homes had been offering placements at the council's agreed fee level. This has impacted on the available market for nursing care provision new placements incurring higher costs, requiring more top ups from the council, resulting in a forecast overspend of £206k. The increased scrutiny from CQC has to be welcomed, and it is clear this is happening across the country as the commission responds to high profile failures of care elsewhere.

6 A number of unachievable budget savings also contribute to the forecasted pressure including reablement (£300k), Elderly Persons Homes (EPH) reconfiguration (£175k) and the Night Care team (£135k). With other minor pressures offset by a significant forecasted underspend on External Residential Care (£351k) due to a lower number of required placements than anticipated.

7 The Public Health grant for 2013/14 is £6.641m and there is currently a forecast surplus of £491k. It is proposed that £250k of this will be used as mitigation against overspends in adult social care where there are elements that can be funded by the public health grant, particularly around prevention work. The remaining surplus is a contingency for continuing uncertainties around the transferred contracts from the Primary Care Trust (PCT). In addition to this there is a general fund budget for public health of £754k which is primarily for sport and active leisure and some DAAT functions. No significant variations to this budget are currently expected.

8 The directorate management team are committed to exploring all options for containing expenditure within their budget for 2013/14 and are therefore looking at the following to further mitigate the current overspend projection:

- Undertake a thorough review of the most expensive care packages, with a view to exploring all options for delivery of the required care at a lower cost.
- Review the level of, and secure additional, continuing health care contributions where appropriate.
- Review all 2014/15 savings proposals with a view to stretching and implementing as many as possible earlier in the 2013/14 financial year.
- Continue to hold recruitment to vacant posts wherever possible and safe to do so.

Performance Analysis

9 Performance in Quarter 2 shows 10 of the 18 reported indicators meeting or exceeding the Q2 targets. 4 indicators have missed in year targets outside of tolerance.

10 Permanent admissions to residential & nursing care homes per 100,000 population figures remain amongst the top performers nationally.

11 Timeliness of social care packages remains high for the 2nd quarter running and shows an 8 percentage point increase since the same period last year.

12 Statement of Need and All Service reviews are on target and both represent significant increases in performance in comparison with 2012/13 at the same point in the year.

Code	Description of PI		13/14				Status
			Qtr 1	Qtr 2	Qtr 3	Year End	
A&S1C (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual	Target	25.0 %	27.0 %	29.0 %	30.0 %	Meets or Exceeds Target
		Actual	25.32 %	30.63 %			

	Budgets)						
A&S1C Part2 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments ONLY)	Target	5%	9%	14%	20.0 %	Within tolerance at Q2
		Actual	6.71 %	8.41 %			
A&S1C Part3 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	70.0 %	70.0 %	70.0 %	70.0 %	Not available for Q2.
		Actual	79.75 %	-			
A&S1C Part4 (NPI 130)	Of part 1C Part 3, percentage with DP	Target	15.0 %	17.0 %	19.0 %	20.0 %	Not available for Q2.
		Actual	17.75 %	-			
A&S1E (NPI 146)	Adults with learning disabilities in employment	Target	2%	4%	6%	9.0 %	Missing Target
		Actual	1.7%	2.11 %			
A&S1G (NPI 145)	Adults with learning disabilities in settled accommodatio n	Target	18%	37%	55%	80.0 %	Missing Target
		Actual	4.63 %	15.19 %			
A&S2A	Permanent admissions to residential & nursing care homes per 100,000 population	Target	31.00	61.00	92.00	122. 00	Meets or Exceeds Target
		Actual	20.60	57.33			
Delayed Discharges 1	Average number of Acute delayed discharges	Target	8.25	8.25	8.25	8.25	Missing Target
		Actual	12.00	11.00			

Delayed Discharges 2	Average number of reimbursable CYC delays (people) at period end	Target	4.00	4.00	4.00	4.00	Missing Target
		Actual	9.00	7.33			
Delayed Discharges 3	Average number of CYC bed days	Target	173.81	173.81	173.81	173.81	Within tolerance at Q2
		Actual	188.33	181.00			
Delayed Discharges 4	Total CYC bed days cost	Target	£52,500	£105,000	£157,500	£210,000	Within tolerance at Q2
		Actual	£40,400	£108,600			
132 - part 6	OT/OTA assessments - to be completed within 28 days	Target	90.00%	90.00%	90.00%	90.00%	Meets or Exceeds Target
		Actual	94.5%	94.5%			
A&SNPI 133	Timeliness of social care packages	Target	90.0%	90.0%	90.0%	90.0%	Meets or Exceeds Target
		Actual	92.86%	92.43%			
A&S NPI35	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Target	6%	12%	17%	25.0%	Meets or Exceeds Target
		Actual	7.4%	15.33%			
A&SD39	Statement of Needs	Target	95.0%	95.0%	95.0%	95.0%	Meets or Exceeds Target
		Actual	97.61%	97.68%			
A&SD40	All services Reviews	Target	30%	60%	80%	90.0%	Meets or Exceeds Target
		Actual	38.46%	65.13%			
RAP A6	Assessments missing Ethnicity	Target	.<5%	.<5%	.<5%	.<5%	Meets or Exceeds Target
		Actual	5.29%	4.99%			

RAP P4	Services missing Ethnicity	Target	.<5%	.<5%	.<5%	.<5 %	Meets or Exceeds Target
		Actual	3.27 %	3.17 %			

13 *Adults with learning disabilities in settled accommodation*: It is thought that a number of people who are in "settled accommodation" which has a definition that falls out of this indicator. In York we have high numbers of people living in their own tenancies (44% compared to 15% nationally).

14 *Average weekly number of CYC Acute delayed discharges, Bed Days and CYC reimbursable delays.* Delayed discharge rates continue to be a challenge. Analysis of data shows an improvement in this area in recent months in the Elderly care acute discharge pathway. Further data from non acute pathways, specifically Bootham Hospital are affecting our performance. Action is being taken with colleagues to identify potential discharges in this area earlier to continue to affect the rate and improve performance.

Council Plan

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

Implications

16 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

17 Adult Social Services budgets are under significant pressure. 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 2013/14 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

18 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 2013/14.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Richard Hartle Finance Manager Adults, Children & Education *Tel No. 554225*	Paul Edmondson-Jones Director of Health & Wellbeing
Mike Richardson Performance & Improvement Manager *Tel No. 554355*	**Report Approved** *Y* **Date** *5 November 2013*

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers
First finance and performance monitor for 2013/14, Cabinet 5 November 2013
http://modgov.york.gov.uk/ieListDocuments.aspx?CId=733&MId=7642&Ver=4

Annexes
Annex A - Abbreviations

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Annex A- Abbreviations used in this report

DAAT- Drug & Alcohol Team

CQC – Care Quality Commission

EPH – Elderly Persons Homes

PCT – Primary Care Trust

DP – Direct Payments

OT/OTA – Occupational Therapy / Occupational Therapy Assistant

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Maddy Ruff

Maddy Ruff
Managing Director

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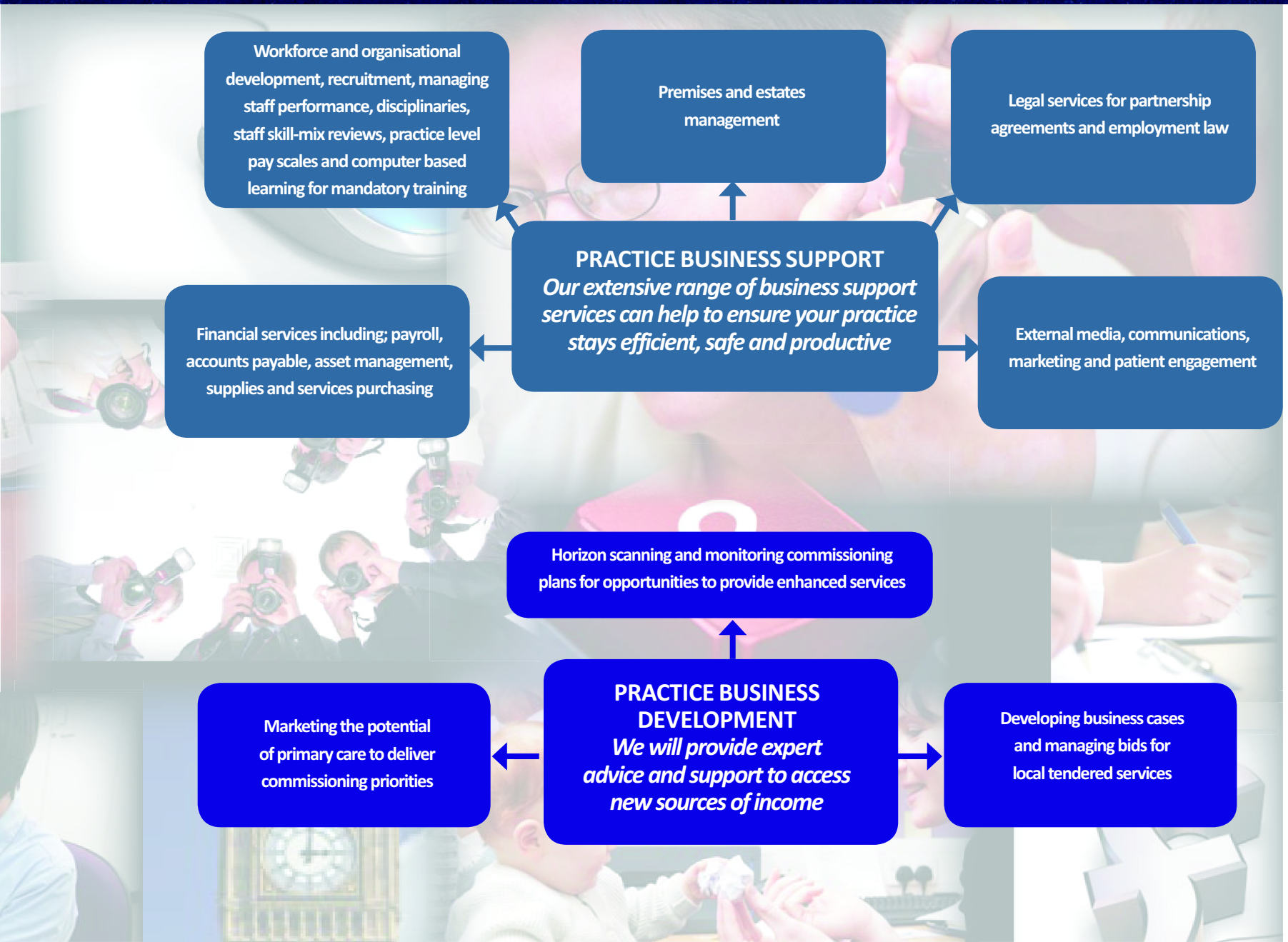

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North Yorkshire and Humber Commissioning Support Unit

NHS
Partnership Commissioning Unit
On behalf of
Hambleton, Richmondshire and Whitby CCG
Harrogate and Rural District CCG
Scarborough and Ryedale CCG
Vale of York CCG

Briefing Paper for City of York Council

Health Overview and Scrutiny Committee

27th November 2013

The NHS Friends and Family Test

Maternity Services

Version 1.0

The NHS Friends and Family Test - Maternity Services

1.0 Purpose

1.1 This briefing paper has been co-produced by the Partnership Commissioning Unit, on behalf of the four North Yorkshire Clinical Commissioning Groups (CCGs), and Heads of Midwifery/Patient Engagement Leads from commissioned providers of local maternity services.

1.2 The purpose of the briefing paper is to provide a mid-cycle briefing to the Overview and Scrutiny Committee (OSC) so that the committee:

- Understand how the national NHS Friends and Family Test will be implemented in maternity services.
- Understand how local maternity service providers are planning to engage with service users.
- Understand how the committee can access results of FFT and link into local forums to seek assurances that health providers are seeking user engagement and participation.

2.0 Background

2.1 The Friends and Family Test (FFT) aims to provide a simple, headline metric which, when combined with follow-up questions, can be used across the maternity pathway to drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by NHS patients and service users.

2.2 The implementation of the FFT across all NHS services is an integral part of NHS England's Business Plan, and is designed to help service users, commissioners and practitioners.

2.3 Implementation of the national FFT for acute in-patients and patients discharged from A&E became mandatory on 1st April

2013. Implementation across maternity services builds on this initial roll-out and full national implementation commenced 1st October 2013.

2.4 To support this, from 1st October 2013, Standard NHS Contracts will include a requirement that this work be delivered by providers of all NHS-funded maternity services.

3.0 Maternity Services Survey Methodology

3.1 Women across all four stages of the maternity pathway will be surveyed (antenatal, labour ward/birthing unit/homebirth, postnatal ward and postnatal community). There is an expectation of a 15% overall response rate for the provider.

3.2 There is no single survey methodology required and the decision regarding this is taken locally. Options for maximising the response rate include: online feedback; SMS/text message; smart phone apps; tablet devices; voting booth kiosks; telephone interviews; paper based questionnaires; postcard solutions, to be either completed on site or mailed back to the provider.

3.3 Each woman will be asked up to four FFT questions at key stages of the maternity pathway:

- How likely are you to recommend our antenatal service to friends and family if they needed similar care or treatment?
- How likely are you to recommend our <labour ward/birthing unit/homebirth service> to friends and family if they needed similar care or treatment?
- How likely are you to recommend our postnatal ward to friends and family if they needed similar care or treatment?
- How likely are you to recommend our postnatal community service to friends and family if they needed similar care or treatment?

The answer scale below must be used:

- Extremely likely
- Likely
- Neither likely nor unlikely

- Unlikely
- Extremely unlikely
- Don't know

3.4 Providers must ask at least one free text supplementary follow-up question at the same time as the FFT questions described above, in order to seek more detail that can help recognise excellence and drive improvements. The number of follow-up questions can be determined locally, although a simple enquiry as to 'What is the main reason for the answer you have chosen?' is recommended. In addition, providers could also offer the opportunity of a follow-up conversation, to take place separately at a later date, to specifically follow-up comments in more detail. This would require women agreeing to give up their anonymity.

3.5 All women should be included and encouraged to respond. All Trusts should be mindful of their responsibilities under the Public Sector Equality Duty in the Equalities Act 2010. There are also obligations under the NHS Constitution to ensure that the approaches chosen by the Trust meet the duty to promote equality through the services the Trust provides, and to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

3.6 Trusts are expected that the overall approach to survey methodology will help to ensure that feedback is representative from all service user groups for example for women whose first language isn't English, options to answer in their own language.

3.7 Each midwifery service will receive a score for antenatal services, birth, post natal ward and post natal community provision.

4.0 Local Approaches to Friends and Family Test Methodology

South Tees NHS Foundation Trust Maternity Services

4.1 Within, Friarage Hospital, Northallerton, the service is engaging with women and asking the FFT questions at the following touch points:-

- Issuing women with a business card at 36 weeks gestation directing the women to a website to submit their feedback regarding their antenatal care.
- Issuing women with a business card at post delivery – home confinement directing the women to a website to submit their feedback.
- A double sided post delivery audit tool regarding their labour and immediate postnatal care. The tool shall be completed prior to discharge and placed in a sealed box as they leave the ward.
- Issuing women with a business card prior to discharge from community post natal care - directing the women to a website to submit their feedback.

4.2 The business card directs women to the 'I Want Great Care' website which can be accessed at https://www.iwantgreatcare.org/. The survey commenced prior to the implementation date of 1st October 2013 to identify any difficulties prior to the national launch.

4.3 Friarage midwives are keen to engage with the FFT initiative and see this as enhancing other user engagement and participation systems already in place, for example the active FAB forum that carry out patient experience activity. As this group regularly produce reports and participate in sharing their feedback, the FFT feedback will be incorporated into this process. This involves regular presentations to staff, and "You said, We did" boards. Information will also feed into the Trust quarterly patient experience report which is shared with the Trust Integrated Governance Committee as well as local Clinical Commissioning Groups.

Harrogate and District NHS Foundation Trust

4.4 The survey methodology has also been piloted in Harrogate hospital during September. Data is being collected from all the specified touch points.

Touch points one to three are collected via paper surveys. Approaches are being taken to ensure that data collection is compliant and reaches as many women as possible.

4.5 An innovative partnership approach to touch point 4 is being explored with local children's centres, whereby a SMS text message will be sent to women. It is hoped that this will reduce any bias and women will feel more able to provide a true reflection on the post natal care they received.

4.6 Any qualitative data collected will be reviewed and if required further investigation will be undertaken.

York Teaching Hospitals NHS Foundation Trust

4.7 Scarborough and York maternity service have been piloting the FFT over the last month to identify any difficulties prior to national launch. A Trust Working Group has been exploring best approaches to collecting the data. The Trust is aiming for a 20% response rate.

4.8 The Trust has opted to utilise the Picker Institute (http://www.pickereurope.org/fftsolution/) to support the survey methodology. This solution uses postcards with QR (Quick Response) codes and an online option to gather feedback from patients. Due to the short timing between touch points two and three, it has been decided to combine these survey requests into a single postcard. Additional qualitative data will be collected via a supplementary question "is there anything we could change that would improve your experience?"

4.9 Feedback for September 2013 yielded a response rate of 39.55% (613 responses). 81% of women said they were 'extremely likely' to recommend the service to their friends and family and 17% 'Likely.' The comments were very good overall, however there is a theme around postnatal care on the York Hospital site which the trust is discussing and will develop an action plan. A 'you said, we did' board is to be developed with the Supervisors of Midwives to feedback to service users any actions taken.

4.10 The Trust is engaging with their Maternity Services Liaison Committee and will provide regular survey feedback to the committee.

5.0 Publication requirements

5.1 The results of the test will be made available to the public via the NHS Choices website from February 2014. The raw data will be available on the central government website at www.gov.uk. The FFT results will be also be published locally and will be subject to scrutiny by a number of local groups for example Clinical Commissioning Groups, Maternity Services Liaison Committees and Overview and Health Scrutiny Committees.

6.0 Conclusion - Benefits of the Friends and Family Test within Maternity Services

6.1 The FFT is a tool for insight into good service and is also used to support improvement. It is a quick, consistent, standardised metric that will provide organisations, employees and the public with a simple, easily understandable headline indication, based on near real-time feedback.

6.2 It will mean that staff from maternity community teams to wards and boards will have access to up-to-date feedback from women on their experience of maternity services and thus will be informed and empowered to take immediate action to tackle areas of poor quality patient experience and build upon success.

6.3 Women (both mothers and mothers to be) will be able to compare the quality of experience that their nearest provider offers against other services; they can thus engage the local provider to improve services or recognise success or they may decide to choose an alternative provider.

6.4 Commissioners will have an up-to-date and comparable measure to use to benchmark providers, drive improvements and use in contract discussions.

6.5 The headline nature of the test will, alongside other intelligence, enable organisations such as Health Watch and health and wellbeing boards to be informed about local quality.

7.0 Recommendations

7.1 The committee is asked to note the content of the report and consider approaches as to how FFT feedback may helpfully supplement other local intelligence regarding the quality of maternity services.

7.2 Partnership Commissioning Unit, the Lead Cabinet Member for Children and Young People and the Chair of the Overview and Scrutiny Committee to strengthen existing relationships to ensure there are clear communication pathways to support stakeholder engagement, and facilitate scrutiny and challenge to services commissioned for children, young people and their families.

Helen Billson

Senior Commissioning Specialist

Partnership Commissioning Unit

11.11.13

Annex A- Abbreviations used in this report

A&E – Accident and Emergency

FFT – Friends and Family Test

CCG – Clinical Commissioning Group

NHS – National Health Service

SMS – Short Message Service

QR – Quick Response

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Health Overview & Scrutiny Committee **27 November 2013**

Report of the Personalisation Scrutiny Review Task Group

Draft Interim Report – Personalisation Scrutiny Review

Summary

1. This report sets out the findings of the Task Group to date and highlights some emerging trends arising from the review.

Background

2. The idea of doing some work around Personalisation had been an ongoing aim of the Health Overview and Scrutiny Committee for some time, issues around take up and administration of personal budgets having been raised on several occasions at various meetings of the Committee. The topic was put forward as a suggestion at the Scrutiny Work Planning event in May 2012.

3. The Health Overview and Scrutiny Committee considered a briefing note on this topic at their meeting on 23 July 2012. This is attached at **Annex A** to this report. They chose to proceed with the review and appointed a three member Task Group[1] to undertake the work. Their first task was to set a remit for the work.

4. The Task Group met to set a remit on 13 November 2012. To assist them they invited the Assistant Director of Assessment and Safeguarding and the Group Manager at City of York Council, Councillor Jeffries as Co-Chair of the Independent Living Network and the Chief Executive at York Mind to the meeting.

5. The Task Group again considered the information at **Annex A** and also some additional information from the Assistant Director of Assessment and Safeguarding as follows:

[1] The Task Group was comprised of Councillors Funnell (Chair), Doughty and Cuthbertson

- Think Local Act Personal – *Making it Real* (marking progress towards personalised, community-based support) – **Annex B**
- Think Local Act Personal – Making sure personal budgets work for older people – **Annex C**

6. These documents are part of the Think Local Act Personal programme which is a sector wide commitment to transform adult social care through personalisation and community based support. Among other things it provides statements about what should be in place to make personalisation work. York is not currently signed up to the programme but has committed to work towards the same goals.

7. The Task Group and other invitees discussed this information, in particular that the main premise of *Making it Real* was co-production[2]. They particularly highlighted the ten markers set out on page 5 of **Annex B** and were especially glad to note that while York was not formally signed up to the *Making it Real* Programme it was still committed to delivering on the ten markers.

8. It was acknowledged that there was a need to change the way services were delivered and communities and individuals needed to be much more involved in deciding what was best for them. A significant number of people were now living with long term conditions and at the moment much of the energy and spend was channelled into the medicine linked with these rather than into social care/living.

9. The Task Group felt that any remit needed to explore how well personalisation was being rolled out in York, what was working, what was not working and what an individual's experiences were. They also acknowledged that personalisation was a very wide reaching agenda with many strands; it was not just about personal budgets. It included:

    - Information and advice (having the information I need when I need it)

[2] Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.

- Active and supportive communities (keeping friend, family and place)
- Flexible integrated care and support (my support, my own way)
- Workforce (my support staff)
- Risk enablement (feeling in control and safe)
- Personal budgets and self funding (my money)

10. Taking all information to date into consideration the Task Group set the following remit:

Aim

11. 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.

12. This remit was subsequently reported back to and agreed by the Health Overview and Scrutiny Committee at their meeting on 19th December 2012. The Task Group's request to use an independent facilitator to help them with this review, particularly in terms of planning and running the workshop mentioned in key objective (i) of the remit was also approved.

Setting the Scene

What is Personalisation?

13. The Community Care website[3] describes personalisation as being a social care approach defined by the Department of Health as meaning that "every person who received support, whether provided by statutory services or funded by themselves, will have

[3] www.CommunityCare.co.uk

choice and control over the shape of that support in all care setting"

14. While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation is also about ensuring that services are tailored to the needs of every individual, rather than delivered in a one size fits all fashion. It also encompasses the provision of improved information and advice on care and support for families, investment in preventative services to reduce or delay people's need for care and the promotion of independence and self-reliance among individuals and communities. As such, personalisation has significant implications for everyone involved in the social care sector.'

15. The Task Group initially spoke about what they ultimately hoped to achieve from this review and responses included transformation of service delivery, to *push* personalisation and what it can offer to those with mental health issues, improvements for the residents of the city, a multi-disciplinary and partnership approach to service delivery, creative and innovative ways of working, establishing a solid base to work from and build upon, finding a common language and joining things up to provide a seamless service, maximising the choice and control York residents have over their lives in a challenging financial environment and to help people to understand that personalisation is not just about direct payments. This means that personal budget holders have control over the way their money is spent, so they can plan their own lives but still receive the support they need to manage their money and decide how best they can live their lives

Achieving the Objectives

16. The Task Group set about the work of achieving its stated objectives, firstly it considered how to meet the first objective:

'*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'*

The Group chose to bring all these people together in two workshops for the dual purpose of 'bringing people with common interests together' and to help identify what was good and bad in

our current approach. They met on 17 January 2013 to plan these workshops with the involvement of the following:

- Councillor Jeffries – Co-Chair of the Independent Living Network
- David Smith – Former Chief Executive York Mind
- George Wood – York Old People's Assembly
- Siân Balsom – York HealthWatch
- Tricia Nicoll – Independent facilitator

17. The independent facilitator appointed for the workshops suggested that the themes the Task Group had identified complemented the markers for change set out within the *Making it Real* document at **Annex B** to this report and it was agreed that she would develop a workshop using the key themes and criteria from this document.

18. Further discussion led to the suggestion that two shorter workshops at different times of the day might be more suitable and maximise attendance. These were subsequently arranged for 1pm to 3pm and 4.30pm to 6.30pm on Tuesday 23rd April 2013 and were held at the Council's Headquarters at West Offices.

The Workshops

19. The notes from both workshops are attached at **Annex D** and these set out clearly how the workshops were conducted around the *Making It Real* themes and identified what was working well and what not. It should always be remembered that the workshops were averagely well to poorly attended and therefore were not necessarily a truly representative sample of opinion on the success of personal budgets: Nonetheless, these workshops provided an opportunity for people using the services and for family carers in York to share their experiences.

20. Discussions at the workshops took place around 6 categories:

    (1) Information;

    (2) Community;

    (3) Choosing my support;

    (4) Support staff;

(5) Feeling in control & safe; and

(6) Money

The workshop sessions included small groups considering these themes and recording what was working well in York and what was not working so well. These revealed:

i) Information

- Working well - 8 comments. Community facilitators were said to be a good source of information as were other service users

- Not working well - 24 comments. There was concern about how to get information on little things, such as putting on a coat. Access to information was said to be limited and there was a need to know where to look for information.

ii) Community

- Working well - 10 comments. People said they were able to live independently with access to family and friends. They had a feeling of being in control

- Not working well - 15 comments. There were feelings of social isolation, not helped by “poor” transport links. While peer support was valuable it was not enough and more needed to be done by community networks. There was also concern that not enough was being done to open up employment opportunities.

iii) Choosing my support

- Working well - 12 comments. This was said to be a good way to promote a sense of value. People liked the idea of being in control of their support.

- Not working well - 21 comments. There were concerns as to whether the service was flexible enough. The process of getting support was frustrating and challenging and would only work with the support of family and friends. It was felt there was too much pressure on care managers to work quickly rather than well.

iv) Support staff

- Working well - 6 comments. Staff employed directly were more flexible and the Independent Living Scheme helped get support as and when needed.

- Not working well - 9 comments. The most critical comment was “Washed ... Fed ... You’re done!” Older people felt constrained by the shift patterns of home care staff. Peer support was said to be lacking in York while there was little support on employment issues.

v) Feeling in control and safe

- Working well - 3 comments. Being in control was said to be about being ordinary and sometimes things did no wrong.

- Not working well - 10 comments. Some said they did not feel safe in their community. A lack of control over shared spaces in residential care meant not feeling at home.

iv) Money

- Working well - 2 comments. It gave people independence over their budgets.

- Not working well - 18 comments. There was a feeling this was a fight, not a right. There were concerns about contributions to budgets and that debts were not taken into account. Some were worried that the service was not flexible enough to respond to changes in buying services and that block contracts were too rigid.

21. At the end of each workshop, participants were asked to suggest what needed to change to make things better and this is what the majority concluded:

- That care managers be kept up to date with personal budgets and they are allowed responsibility and flexibility;

- A need for more investment in and training for support staff;

- An honest, open assessment process that people understood;

- More creative use of volunteers to tackle social isolation;

- Ensuring social services staff understood about Personalisation;

- That care agencies should be given contracts based on quality care, not just the cheapest;

- That information was accessible.

22. Having gathered some evidence from services users and carers and brought them together to share experiences, the Task Group then looked at other significant data to help it achieve its second objective:

'*to ultimately identify key priorities for the city around Personalisation to make improvements on.'*

The POET Survey

23. The POET (Personal Outcomes and Evaluation Tool) survey was commissioned by City of York Council and carried out by In Control - a national charity which helps people to live the life they choose - to provide data collected from personal budget holders in the area. It compares numerical responses of personal budget holders to the survey in this area to those from other budget holders in other parts of England. The outcomes are attached at **Annex E** to this report.

24. Again, it should be noted that in total only 34 personal budget holders in the city completed the survey (200 people who had access to a personal budget to fund their social care support were contacted and invited to take part out of a total of 1,566 eligible in the city). So, it is difficult to argue with complete certainty that the responses given are truly representative of all personal budget holders in the area. Nonetheless, it is possible to identify some key learning points for the future. Equally, it is arguable that the low response rate to the survey and the workshops could reflect some concerns around 'accessibility to information' identified as a potential area of improvement through the workshops.

25. In the survey, the data attached for York is benchmarked against the responses of 1,114 personal budget holders throughout England.

26. It is clear to see that some similarities have emerged between York and national responses, e.g. the vast majority of personal budget holders both in York and nationally felt their views were very much or mostly included in their support plan and that people who felt their views were more fully included in their support plan were more likely to report positive outcomes across all 14 outcomes domains.

27. From the Poet Survey, the Task Group were able to identify the following trends for York personal budget holders:

- At least 60% of personal budget holders in the City of York reported that their personal budget had made a positive difference to them in nine of the 14 outcome areas they were asked about - dignity in support, mental wellbeing, getting the support you need, feeling safe, staying independent, control of support, physical health, control of important things in life and relationships with paid support.

- A majority of personal budget holders in the City of York reported that personal budgets had made no difference in four areas of life: getting a paid job, being part of local community, where or who you live with and relationships with friends. However, generally less than 12% of personal budget holders in the City of York reported a negative impact of personal budgets in any of these areas of life.

- York was below the “made things better” national average in relationships with friends; relationships with family and dignity in support but above the national average in relationships with paid support; feeling safe; getting support; control of support; staying independent; control of important things and physical health.

- Just over two thirds of the personal budget recipients in York (68%) said they had been told the amount of money in their personal budget, a lower figure than personal budget holders in other parts of England (77%).

Other Information Gathered

28. The Task Group also received details of the Council's public accessible leaflets 'My Life My Choice' explaining the personalisation approach in York.

http://www.york.gov.uk/site/scripts/google_results.aspx?q=my+life+my+choice+leaflets

29. Members were keen to establish whether the information the Council provided on personalisation was provided and presented in an appropriate way to the maximum benefit of service users and carers.

30. Pursuant to their concerns that the information should presented in the right way, Members discussed keeping the language used as simple as possible and in that regard had reference to Social Care Jargon Buster, a summary of the 52 most commonly used social care words and phrases and what they mean, produced by the Social Care Institute for Excellence (**Annex F**).

Emerging Trends

31. From the survey it is evident that:

- A majority of personal budget holders in York felt the council had made things easy for them in six of the nine aspects of the personal budget process in the survey - getting advice and support, assessing needs, understanding restrictions, control of money, planning and managing support, and making views known and making a complaint.

- As was the case nationally, the areas that York respondents were least likely to report as easy was choosing different services.

- In only one of the nine areas - getting the support wanted - were personal budget holders in York less likely than people elsewhere to report that the council made the process easy.

- In some areas York had both a higher number of people reporting good outcomes and a higher number reporting a worse outcome, suggesting that we have some good practice, but this is not consistent i.e. Easy to complain *and* difficult to complain; Easy to plan and manage support *and* difficult to plan and manage support

32. From the workshops held, the majority of attendees expressed concerns around the following:

    - That care managers be kept up to date with personal budgets and they are allowed responsibility and flexibility;
    - A need for more investment in and training for support staff;
    - An honest, open assessment process that people understood;
    - More creative use of volunteers to tackle social isolation;
    - Ensuring social services staff understood about Personalisation;
    - That care agencies should be given contracts based on quality care, not just the cheapest;
    - That information was accessible.

    In relation to the following:

    - Ensuring social services staff understood about Personalisation;
    - That information was accessible

33. Members have, so far, looked at the information provided on its website by the Council and at the Social Care Jargon Buster as identified in paragraph 30 above.

Consultation

34. As part of its review to date, the Task Group has ensured that it has co-opted a wide range of organisations to widen its understanding of the impact of the personalisation agenda and to secure the widest possible consultation and views.

As can be evidenced by the Workshops set out in paragraphs 19-22 above, the Task Group undertook further detailed consultation of service users and carers.

Analysis

35. At their meeting on 18 September 2013 the Task Group identified its three key emerging priorities under Objective ii) of its remit. These can be summarised as:

- A need for better engagement with service users as evidenced by the low turnout at the workshops and the lack of cohesive stories about what was working well.

- A need to improve the Council's care management culture and consultation as evidenced anecdotally from the workshops (see paragraph 21).

- A potential review of the Council's existing arrangements relating to the provision of mental health support i.e. how should resources be used to the best effect to enable people to have greater choice?

36. Having identified the above three priority improvement areas, the Task Group were offered the opportunity to work with In Control to help establish these priority areas and clarify any implications associated with them.

Options

37. Members can choose to:

(i) Note the Interim Report

(ii) Indicate what further work, if any, the Task Group might wish to do in order to finalise its emerging priorities including whether or not to work with In Control as outlined above.

Council Plan

38. This review is directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Implications

39. Any implications associated with any recommendations that the Task Group chooses to make in some key priority areas for developing the Council's approach to personalisation will be identified in the Task Group's final report, once those recommendations have been finalised.

Risk Management

40. There are no risks associated with the recommendations in this interim report. However, any risks which may potentially arise from any final recommendations to be made by the Task Group will be identified in the final report to Members.

Summary Conclusions to Date

41. In some areas York had both a higher number of people reporting good outcomes and a higher number reporting a worse outcome, suggesting that we have some good practice, but this is not consistent.

42. Although the number of people at the workshops was low, several conclusions emerged that are identified in paragraph 22.

43. During the workshops concerns were expressed about the provision of information and the language used.

Recommendations

44. The Committee is asked to note the interim report and identify whether there are any other areas of work which it feels the Task Group should undertake prior to producing its final report.

    Reason: To enable the review to proceed in accordance with scrutiny processes

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Report Approved ✓ **Date** 13/11/2013

Wards Affected: **All** ✓

For further information please contact the authors of the report

Background Papers: None

Annexes

Annex A: Briefing paper for Personalisation topic (Online only)
Annex B: Think Local Act Personal – Making It Real (Online only)
Annex C: Think Local Act Personal – Making sure personal budgets work for older people (Online only)
Annex D: Summary of Personalisation workshops (Online only)
Annex E: Poets Survey (Online only)
Annex F: Social Care Jargon Buster (Online only)

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.

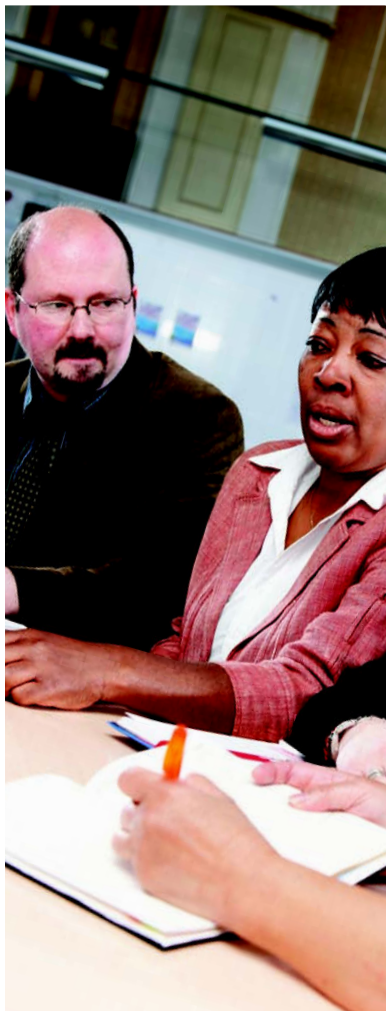
Kathy Clark

Interim Assistant Director Assessment and Safeguarding

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."

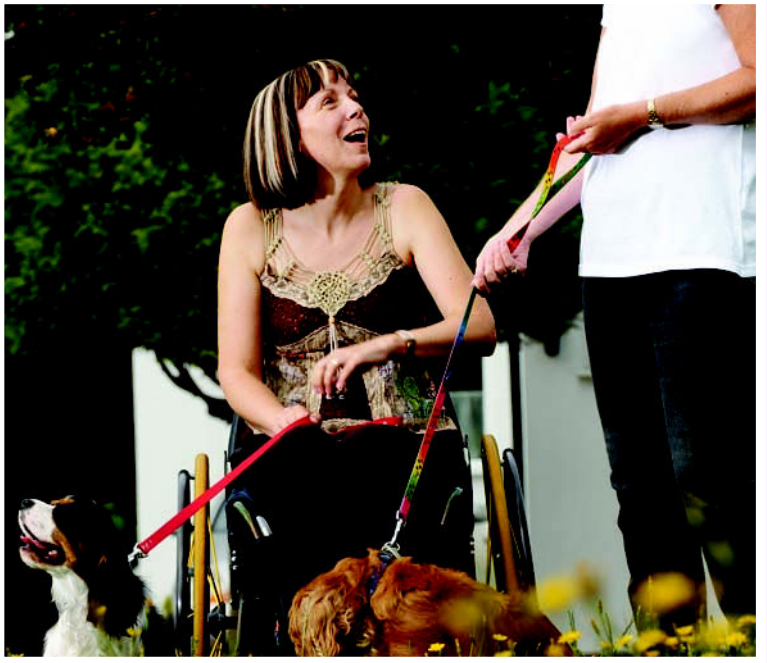
WHAT I WANT...

"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.

WHAT I WANT...

4) Workforce: my support staff

"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.

WHAT I WANT...

5) Risk enablement: feeling in control and safe

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

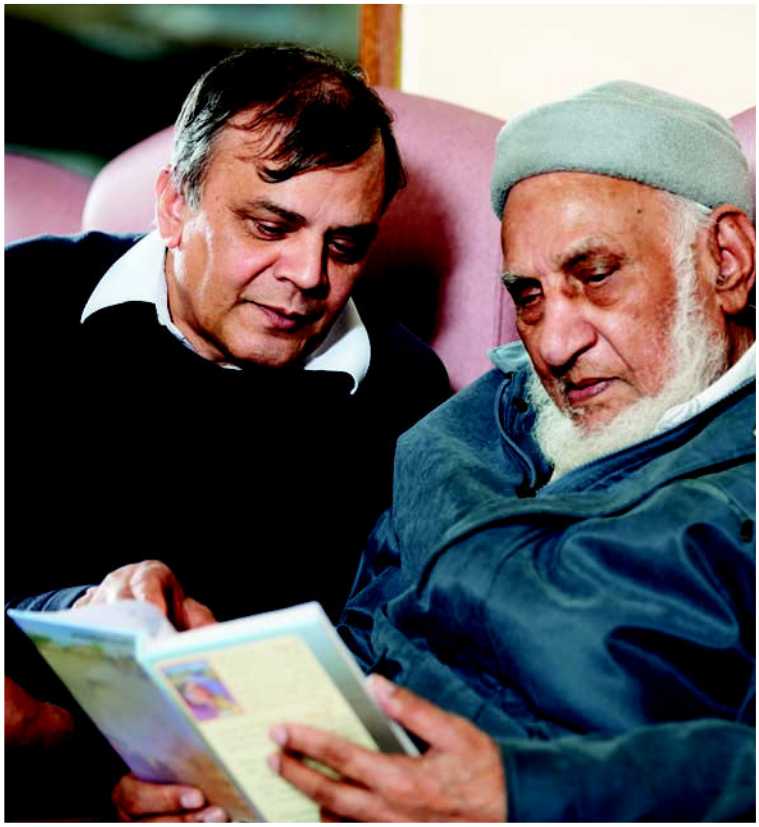
"I feel safe, I can live the life I want and I am supported to manage any risks."

"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."

IN PRACTICE...

- 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.



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*.

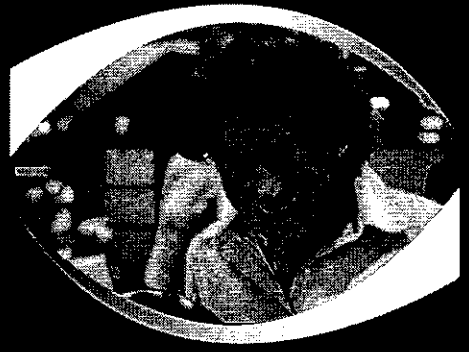
In response, Think Local Act Personal (TLAP) agreed to lead a review of personal budgets for older people including people with dementia. It is doing this alongside its partners the Social Care Institute for Excellence (SCIE), and with a steering group from ADASS, Department of Health, Alzheimer's Society,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

Contact us

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scie social care institute for excellence

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York Health Overview and Scrutiny Committee Personalisation Review

Summary of issues raised during workshops May 2013

Introduction

As part of the Heath Overview and Scrutiny review into Personalisation, Tricia Nicoll Consulting was commissioned to facilitate two workshops for people who use services and family carers and other people involved in the Personalisation agenda. These were held on 23rd April 2013 at the City of York Council West Offices. The aim of the workshops was to offer participants the chance to share their views and experiences of how Personalisation and self-directed support is working in York and to offer suggestions for what needs to change. 15 people attended the first workshop and 9 people attended the second workshop.

The workshops used the Think Local Act Personal *Making it Real* markers for progress (www.thinklocalactpersonal.org.uk/MIR) as a framework:

1. Information and advice: having the information I need, when I need it
2. Active and supportive communities: keeping friends, family and place
3. Flexible integrated care and support: my support, my own way
4. Workforce: my support staff
5. Risk enablement: feeling in control and safe
6. Personal budgets and self-funding: my money

For each of these markers, participants were asked to consider;

★ What is working well at the moment in York?
★ What is not working so well at the moment in York?
★ What needs to change?

There is a photographic report of both events available, showing people's responses across all the markers. This report is a summary of the issues.

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*

What's working well at the moment in York?

People were particularly happy with the information and support provided by the Independent Living Scheme (ILS) and by the Community Facilitators, both of whom were seen as extremely valuable resources. There was complete support for the theory behind Personalisation and self-directed support and how this is articulated by City of York through My Life My Choice. People talked about getting good information from other people who use services and family carers and from user-led groups such as Lives Unlimited.

What's not working so well at the moment in York?

Participants felt that the knowledge of staff within the Council is patchy and that organisations and services do not always share information; *'if I walked into West Offices and asked about Personalisation and how I could get information, what would happen?'* People talked about not knowing where to go for information, about needing to ask for rather than automatically receiving it, about a reliance on families and loved ones to source the information they need, and about language being confusing (individual budget, personal budget, Direct Payment, Personalisation). People questioned the 'buy in' from some staff about Personalisation as a way of thinking and working, and, in particular cited the experience of older people and people living with mental health issues; do they get the right message about Personalisation? Participants wanted to see more sharing of stories of people's experience of self-directed support - how things can be different.

Participants' ideas about what needs to change:

- Care Managers are kept up to date with personal budgets
- Ensure social services staff understand about Personalisation
- Promote/sell Personalisation as the 'the way'

- The public to have/be equal stakeholders in decision making. Consultation to be taken seriously
- Prepare a comprehensive database in partnership with Healthwatch
- Better transition support from children's to adult services
- Information is accessible (we all know what we mean by that - recognisable standards)

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*
- *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*

What's working well at the moment in York?

Everyone talked about how self-directed support and personal budgets have given them the chance to live ordinary lives and be involved in their communities, with access to live, learn and progress at their own pace, supported by family and friends.

A specific comment was made about how getting support from personal assistants had 'set boundaries' in the person's relationship with their family and enabled them to become a mother/friend again. Another participant talked about how it had, *'lifted worry about my mother's wellbeing'.*

What's not working so well at the moment in York?

Several participants felt that social isolation is still a problem. They shared practical problems, e.g. with the way transport is organised in the city (focused on into and out of the centre rather than on more circular routes) and in the accessibility of buildings - including availability of changing places. Participants also noted a more fundamental issue about how we view older and disabled people and acknowledge the skills and knowledge people bring to their communities; moving from a deficit focus to an asset-based approach requires more investment than currently exists in community support systems, e.g. time-banking.

Participants' ideas about what needs to change:

- Care Management could work in creative ways - in area teams
- The Police are able to support people experiencing hate crime to stop it happening. Reporting a hate crime is easy
- More creative use of volunteers in communities - tackling social isolation etc
- All agencies work together to make York a welcoming place for all citizens
- Society - people's views need to change and reduce ignorance
- I feel part of my community and play an active role in it
- Neighbourhood based teams - with other departments as well as health, developing community care/enabling networks

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, cooperative 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*

What's working well at the moment in York?

Participants talked about the importance of being genuinely in control of choosing support staff (for themselves or for a loved one) and how the self-directed support process has enabled this to happen. Support from personal assistants has enabled people to get support that is more flexible, is from people who share the same interests and who facilitate greater independence and a, *'better quality of life'*

The role of ILS in supporting people to put together a job description, advertise and recruit for personal assistants was really appreciated.

What's not working so well at the moment in York?

The biggest issue people brought was, *'the gap between rhetoric and reality'.* Participants all shared examples of issues with the end to end process of self-directed support; assessment taking a long time, support plans being completed by a worker and issues around changing eligibility and charging; *'the process of getting a personal budget/Direct Payment was frustrating and challenging'.*

Participants reported a specific issue in mental health services with people not being offered the opportunity to know their personal budget; '*no one understands the system and people get passed round and around'.*

Some people felt that they were not allowed to make their own decisions about the support they get and that they had a, *'feeling of no choice or control'.* Some people said that they could not find the right person to speak to about getting the support they want.

People talked about the need for good support in the self-directed support process; *'impartial, independent brokerage and support planning'* and some people felt there was an over reliance on the role of a supportive family, particularly if someone has complex and complicated needs.

Some participants talked about the lack of a varied marketplace to choose services from.

Participants' ideas about what needs to change:

- Ensure support plans promote recovery and independence and reduce reliance: improve their quality
- Offer choice, e.g. Brokerage or training to manage own budget - not just ILS
- Allow Care Managers responsibility and flexibility - they know the family don't they?

4. Workforce: my support staff

- *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*

What's working well at the moment in York?

Again, the importance of being able to directly employ personal assistants was seen as central to Personalisation and self-directed support, and the role of ILS in supporting people through the employment process was really appreciated. Participants talked about getting continuity, flexibility and more person-centered support through personal assistants.

What's not working so well at the moment in York?

The main issue participants shared was the difference in the experience of people who are not managing their own budget and who are using Council managed or agency staff; *'there is limited choice if you are not managing your own budget'*. In

particular, people talked about the inflexibility of Home Care shift patterns and of support being very task focused; *'washed …. Fed … you're done'*. People also felt frustrated when they did have good support from an agency and then the rules appeared to change about what tasks carers could carry out.

Another key issue for people was the limited range of formal peer support in York; *'peer support is valuable but there is not enough'*.

Some people felt that there was little support around employment issues for personal assistants.

Some people were concerned that, if they were successful in using self-directed support then their budget would be cut.

Participants' ideas about what needs to change:

- Support planning cafe - open to the public
- Set up a support network for individual employers to support and share experiences
- Nothing about us without us
- Things to be user-led and support to be user-decided
- Underpin everything with the social model of disability
- Create simple contracts/structures to facilitate creative carer/personal assistant working
- Care agencies get contracts based on quality of care, not just based on the cheapest
- Training, supervision and team leading for personal assistants should be included in budgets
- Providing care is seen as a vocation and is celebrated
- Before embarking on employing personal assistants, training and support manual given to the person/main support/family member
- Forum or lobby a service group to promote Personalisation and share experiences
- Set up own personal assistants group of family members to collectively manage our budgets
- Positively support and fund user-led organisations to give information and support to other people

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's working well at the moment in York?

Participants reflected that the framework of self-directed support enables everyone to take a more practical and pragmatic approach to risk and accept that, *'being in control is about being ordinary and sometimes things go wrong'.*

What's not working so well at the moment in York?

People talked about having to, *'wait until its too late'* before things got changed, and of a feeling that, *'City of York Council don't want Personalisation to work - too costly?'*. Some people shared an anxiety about support from personal assistants; *'great when all in place but who can help when it goes wrong? What is my back-up support system?'* There was a sense of a huge time commitment and contribution from wider family and other networks in ensuring plans are successful.

People brought specific examples of not feeling safe at home or in their local community and people agreed that, *'we need to tackle disability hate crimes to allow me to feel safe…'.*

There were no suggestions about what needs to change.

6. Personalisation 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)*
- *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*

What's working well at the moment in York?

Participants appreciated the principles of Personalisation and that Direct Payments and personal assistants give people more independence. One person reflected that, *'the flexible use of Direct Payments allows me to employ personal assistants to help me in work'.*

What's not working so well at the moment in York?

Participants had many concerns about the process of assessment and calculating an indicative budget, the result of which people felt varied depending on who supported the assessment process; '*assessments and the process of getting a budget is traumatic.'* and *'It feels like a fight not a right - we all want it to work don't we?'*

People talked about confusion over what personal budgets can be spent on.

Financial contributions were an issue, with some people not having the financial assessment process explained to them. People also shared frustrations about the lack of an independent appeals process if they were unhappy about their indicative budget.

People felt that the unpicking of block contracts is an issue, with a reliance on providers to lead this work, and there was a particular frustration at the lack of use of individual service funds.

There are specific issues in mental health services, where people appear not to be able to find out their indicative budget.

Participants' ideas about what needs to change:

- Look at the hourly rate for Direct Payments - is it giving you full choice in who you can employ (compared with agencies)?
- Why is York Direct Payments rate lower than other local authorities?
- Make better use of resources
- Think about creative solutions, not default positions
- Need an honest and open assessment process that families and everyone understands
- The process of getting a personal budget is easy and understandable
- Person-centred review process
- Centralised funding pot, i.e. Simplified
- Support voluntary sector to transform into fee-paying providers

York Health Overview and Scrutiny Committee Personalisation Review

Notes from session one
1.00pm - 3.00pm on 23rd April 2013

On 23rd April 2013, City of York Council held two sessions for people who use services and support and family carers in York. They were a chance for people to share their experiences of how things are working now as well as to consider the priorities for the future. The focus was on making services and support more person-centred and is part of the Health Overview and Scrutiny Committee Personalisation Review. These are the notes from session one.

We used the *Making it Real* process as a framework for people to think about how Personalisation is working. *Making it Real* sets out what people who use services and family 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.

http://www.thinklocalactpersonal.org.uk/Browse/mir/ or search online for '*Making it Real*'

As citizens, some people will need extra support to live a full and active life, or they will know or support someone who does.

Personalisation is about making sure that when this support is needed, people are able to live as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

Through Personalisation, City of York Council want to make sure that:

- The City offers the opportunity for everyone to live full and active lives
- People can easily find good clear information and advice
- People can find support to live their life as they wish, stay well and independent
- Support is co-ordinated, flexible and readily available when needed
- Anyone who is eligible for social care support will have access to a personal budget and know what money they have to plan their support
- People will have control over the way the money is spent, so they can plan their own lives
- People will receive the support they need to manage the money and decide how best they can live their lives

For more information about Personalisation in York, please go to the My Life My Choice pages of the City of York council website: www.york.gov.uk

Making it Real asks people to think about how well Personalisation is working under six themes:

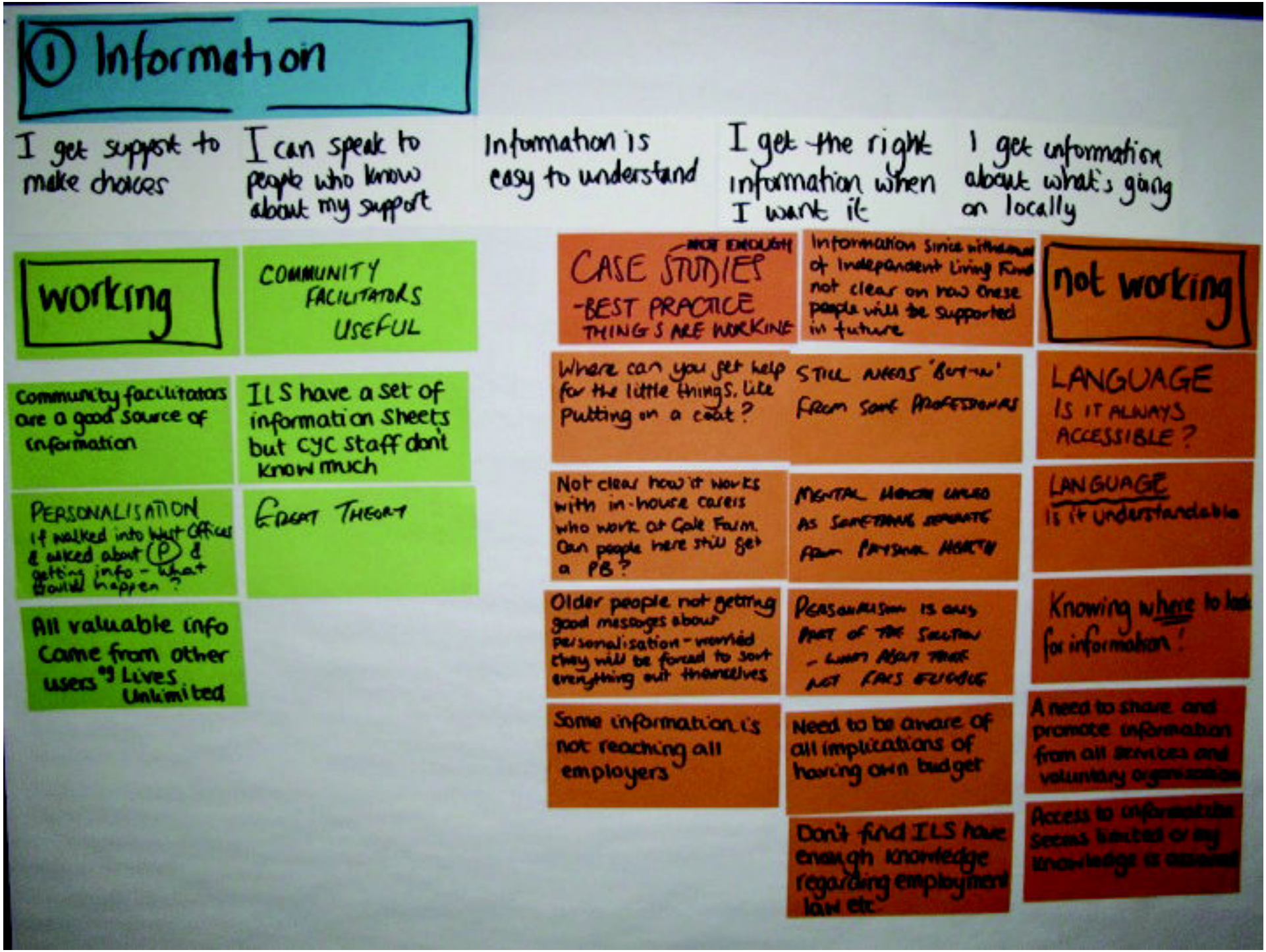
1. Information and advice: having the information I need, when I need it
2. Active and supportive communities: keeping friends, family and place
3. Flexible integrated care and support: my support, my own way
4. Workforce: my support staff
5. Risk enablement: feeling in control and safe
6. Personalisation and self-funding: my money

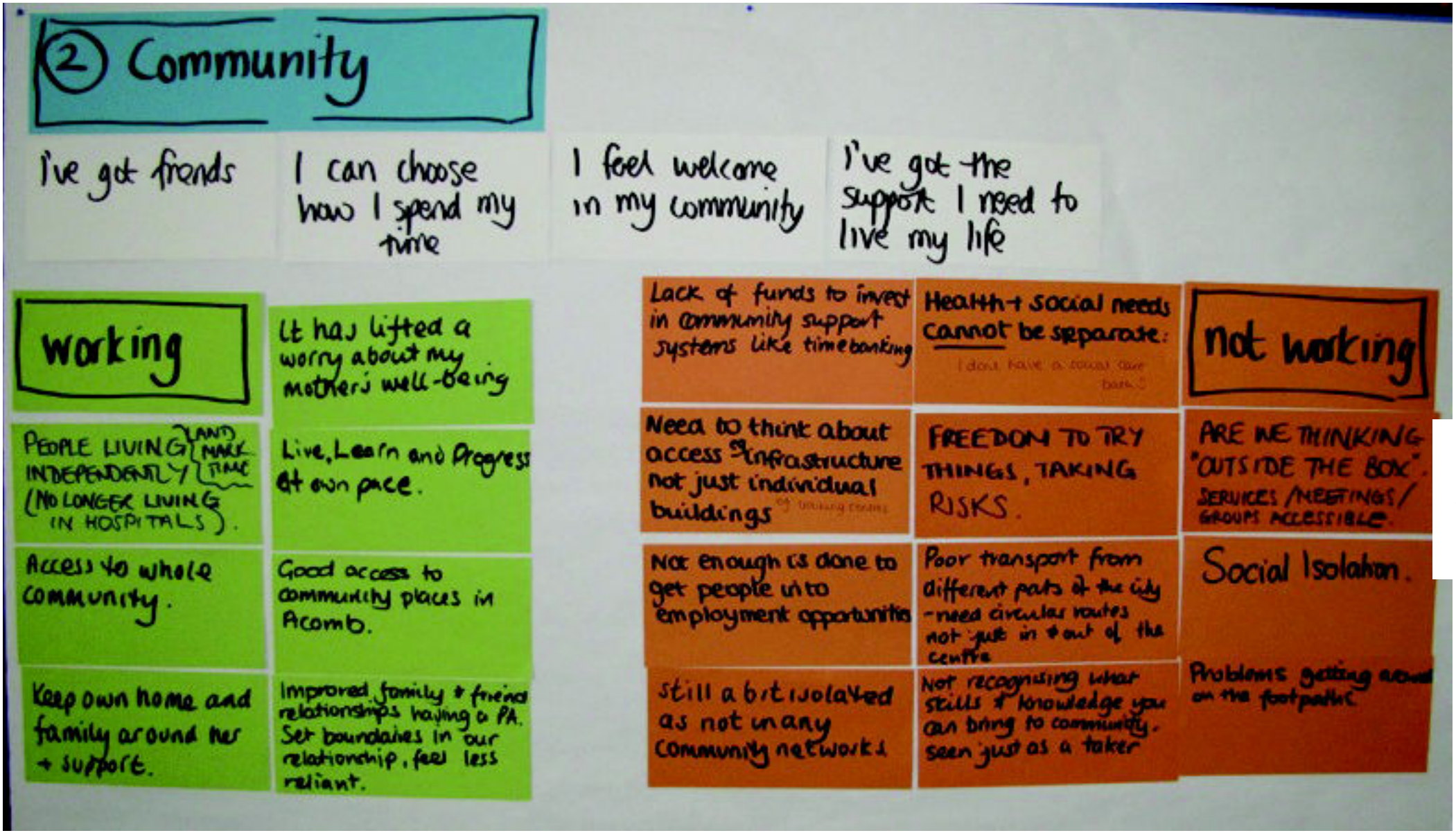
We started the session by working in small groups to think about each of these themes. We recorded what we thought is working well in York and what is not working so well. We used green and orange cards:

Things that are working well…

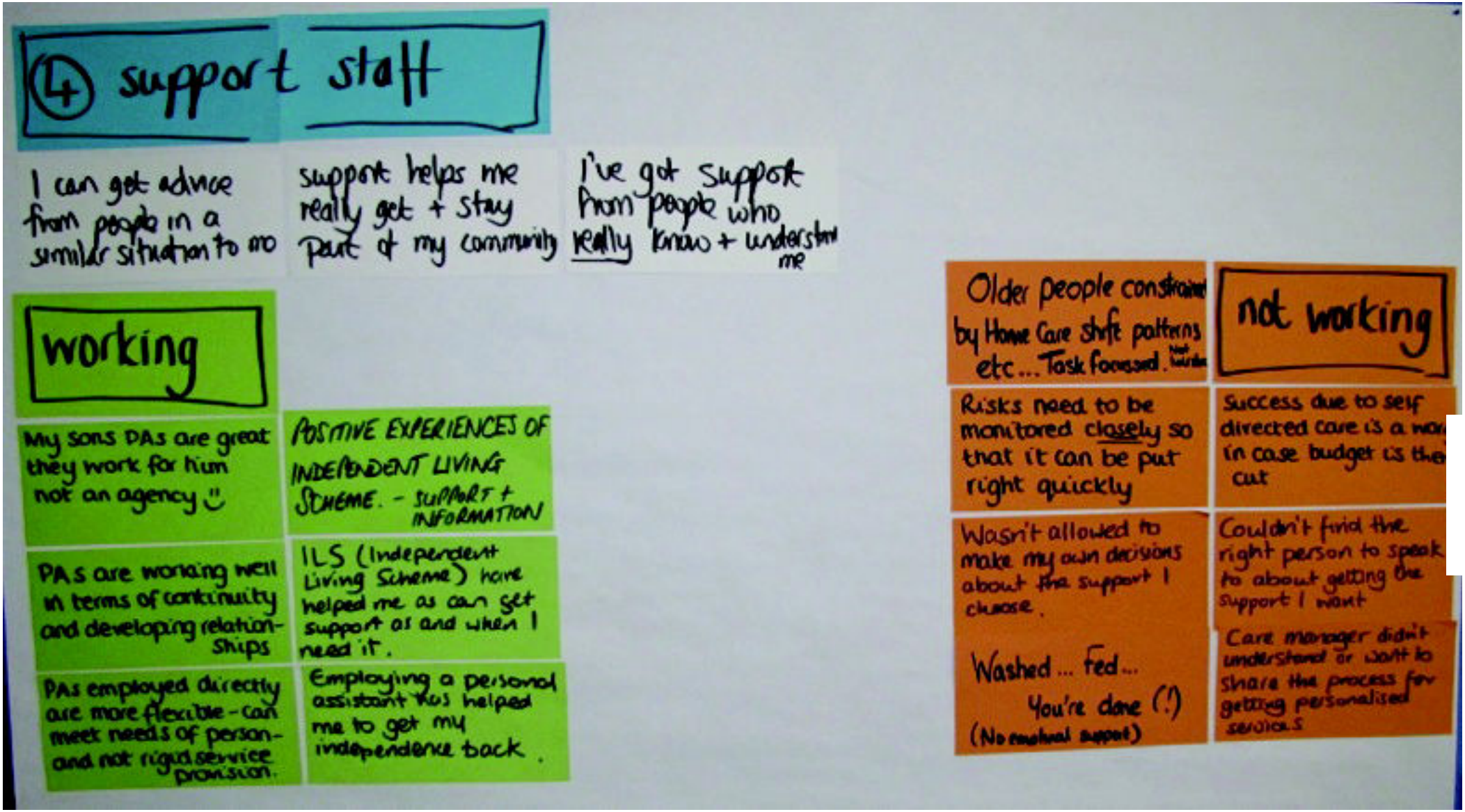
Things that are NOT working so well…

The photos over the next few pages show what you said.

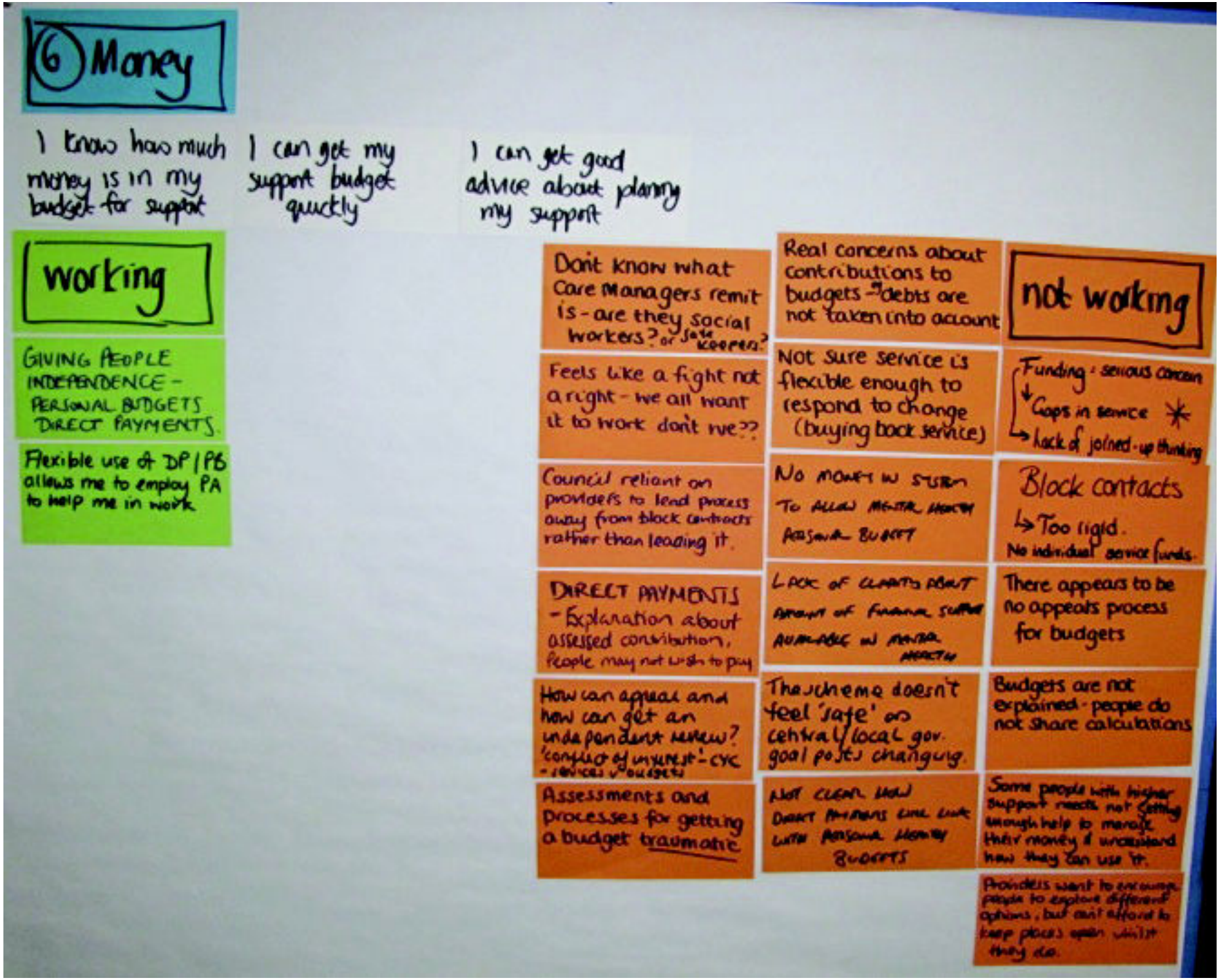

① Information
I get support to make choices
I can speak to people who know about my support
Information is easy to understand
I get the right information when I want it
I get information about what's going on locally
working
COMMUNITY FACILITATORS USEFUL
Community facilitators are a good source of information
ILS have a set of information sheets but CYC staff don't know much
PERSONALISATION
If walked into Hub Office & asked about (P) & getting info - what would happen?
GREAT THEORY
All valuable info came from other users "Lives Unlimited
not working
CASE STUDIES - MORE ENOUGH
-BEST PRACTICE THINGS ARE WORKING
Information since withdrawal of Independent Living Fund not clear on how these people will be supported in future
Where can you get help for the little things. Like putting on a coat?
STILL NEEDS 'BUY-IN' FROM SOME PROFESSIONALS
LANGUAGE
IS IT ALWAYS ACCESSIBLE?
Not clear how it works with in-house carers who work at Gale Farm. Can people here still get a PB?
MENTAL HEALTH LINKED AS SOMETHING SEPARATE FROM PHYSICAL HEALTH
LANGUAGE
Is it understandable
Older people not getting good messages about personalisation - worried they will be forced to sort everything out themselves
PERSONALISATION IS ONLY PART OF THE SOLUTION - LOWER LEVEL NEEDS NOT FAIRS ELIGIBLE
Knowing where to look for information!
Some information is not reaching all employers
Need to be aware of all implications of having own budget
A need to share and promote information from all services and voluntary organisations
Don't find ILS have enough knowledge regarding employment law etc
Access to information seems limited or my knowledge is


2 Community
I've got friends
I can choose how I spend my time
I feel welcome in my community
I've got the support I need to live my life
working
It has lifted a worry about my mother's well-being
PEOPLE LIVING INDEPENDENTLY (NO LONGER LIVING IN HOSPITALS). LAND MARK TIME
Live, Learn and Progress at own pace.
Access to whole community.
Good access to community places in Acomb.
Keep own home and family around her + support.
Improved family + friend relationships having a PA. Set boundaries in our relationship, feel less reliant.
Lack of funds to invest in community support systems like timebanking
Health + social needs cannot be separate:
Need to think about access & infrastructure not just individual buildings
FREEDOM TO TRY THINGS, TAKING RISKS.
Not enough is done to get people into employment opportunities
Poor transport from different parts of the city - need circular routes not just in + out of the centre
still a bit isolated as not in any community networks
Not recognising what skills + knowledge you can bring to community. seen just as a taker
not working
ARE WE THINKING "OUTSIDE THE BOX". SERVICES / MEETINGS / GROUPS ACCESSIBLE.
Social Isolation.
Problems getting around on the footpaths


3 Choosing my support
I can change my support if I choose
I have the support I want
I've got someone to talk to about changing my support
working
Able address all needs + health is affected by well being + quality of life
CHOOSING WHO SUPPORTS YOU (INVOLVED IN INTERVIEW PROCESS.
For my son it was important to choose his support - people with the same interests
SERVICE USERS WHO HAVE CAPACITY - HAVE THE FINAL SAY
Great to have DP/PB once it's set up
FLEXIBILITY OF SUPPORT FROM P.A.'s (ONE TO ONE)
IB is a good way to promote sense of value and being in control
Our son is becoming more independent
The gap between rhetoric and reality. Going to an assessment and finding your support plan is already completed before you talk
A lot left for Carers to do + find out themselves. Not much information from Care Manages
Lack of support / withdrawal of support for moderate needs means I struggle with basic tasks, like having a bath
Personalisation will only work if there is enough family support.
NEED IMPARTIAL INFORMATION BACKGROUND, SUPPORT PLANNING
Process of getting a DP/PB frustrating and challenging
Too much pressure on care managers to work quickly rather than well.
not working
Choosing who supports me - difficult for individuals with v. complex needs.
LACK OF SIGNPOSTING FOR PEOPLE TO CHOOSE SERVICES FROM
DP1 form is causing lots of problem. Saying it's not received / got lost. Causing delays to payments
ISSUES AROUND THE GAP BETWEEN HEALTH + SOCIAL CARE, AND WANTING TO


4 support staff
I can get advice from people in a similar situation to me
support helps me really get + stay part of my community
I've got support from people who really know + understand me
working
My sons PAs are great they work for him not an agency :)
POSITIVE EXPERIENCES OF INDEPENDENT LIVING SCHEME. - SUPPORT + INFORMATION
PAs are working well in terms of continuity and developing relationships
ILS (Independent Living Scheme) have helped me as can get support as and when I need it.
PAs employed directly are more flexible - can meet needs of person- and not rigid service provision.
Employing a personal assistant has helped me to get my independence back.
Older people constrained by Home Care shift patterns etc... Task focussed.
Risks need to be monitored closely so that it can be put right quickly
Wasn't allowed to make my own decisions about the support I choose.
Washed... Fed... You're done (!)
(No emotional support)
not working
Success due to self directed care is a wor in case budget is the cut
Couldn't find the right person to speak to about getting the support I want
Care manager didn't understand or want to share the process for getting personalised services

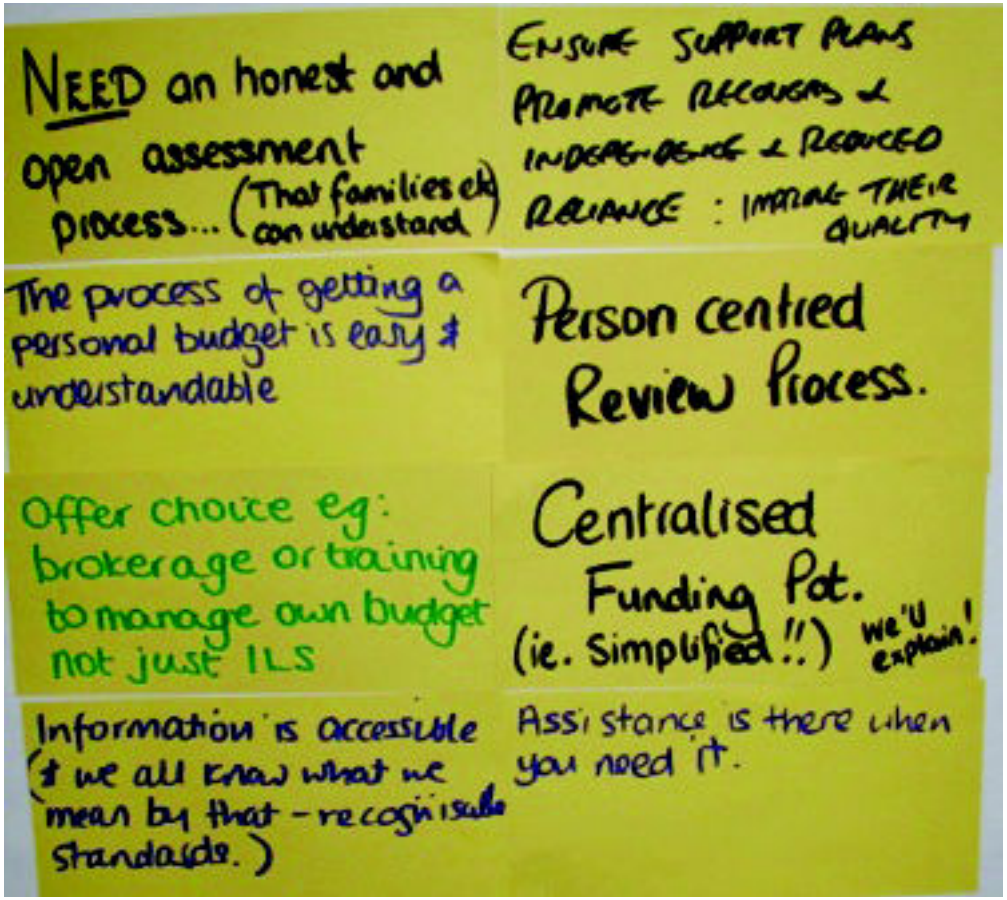

5 feeling in control and safe
things get fixed quickly ... before they go badly wrong
I feel safe where I live
I can take risks (safely!)
I've got plans for if things go wrong
Working
Being in control is about being ordinary and sometimes things go wrong
Lack of control over shared spaces in residential care means don't feel safe, don't feel at home.
There is a feeling that CYC don't want personalisation to work - too costly?
not working
Warden call - waited 40 mins for a response to a fire. What options are there really? choice ≠ control.
Need to tackle disability hate crimes to allow me to feel safe in my community
Older people - box tickling is not a personal prod
PAs great when all in place, but who can help me when it goes wrong? What is my back-up support system?
TIME commitment from family members is very high - can be a barrier to IB
I don't feel safe in my community
You need to acknowledge stress and work for family members

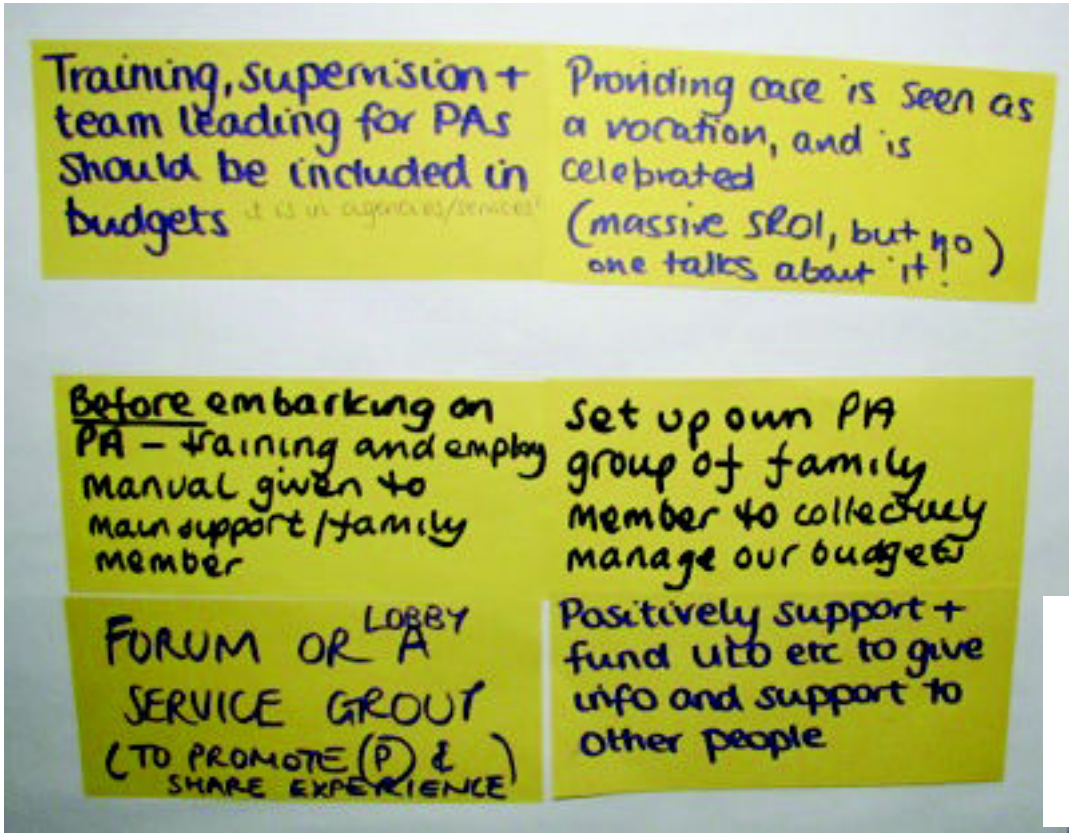

6 Money
I know how much money is in my budget for support
I can get my support budget quickly
I can get good advice about planning my support
working
GIVING PEOPLE INDEPENDENCE - PERSONAL BUDGETS DIRECT PAYMENTS.
Flexible use of DP/PB allows me to employ PA to help me in work
Don't know what Care Managers remit is - are they social workers? or safe keepers?
Feels like a fight not a right - we all want it to work don't we??
Council reliant on providers to lead process away from block contracts rather than leading it.
DIRECT PAYMENTS - Explanation about assessed contribution, People may not wish to pay
How can appeal and how can get an independent review? 'conflict of interest' - CYC - services v budgets
Assessments and processes for getting a budget traumatic
Real concerns about contributions to budgets - debts are not taken into account
Not sure service is flexible enough to respond to change (buying back service)
No money in system to allow mental health personal budget
Lack of clarity about amount of financial support available in mental health
The scheme doesn't feel 'safe' as central/local gov. goal posts changing.
Not clear how Direct Payments link with personal Health Budgets
not working
Funding - serious concern
Gaps in service
lack of joined-up thinking
Block contracts
Too rigid.
No individual service funds.
There appears to be no appeals process for budgets
Budgets are not explained - people do not share calculations
Some people with higher support needs not getting enough help to manage their money & understand how they can use it.
Providers want to encourage people to explore different options, but can't afford to keep places open whilst they do.

What needs to change?

Everyone then imagined they were in charge and shared what they would change….

The photos on the next few pages show what you said.


NEED an honest and open assessment process... (That families etc can understand)
ENSURE SUPPORT PLANS PROMOTE RECOVERY & INDEPENDENCE & REDUCED RELIANCE : IMPROVE THEIR QUALITY
The process of getting a personal budget is easy & understandable
Person centred Review Process.
Offer choice eg: brokerage or training to manage own budget not just ILS
Centralised Funding Pot. (ie. Simplified!!) We'll explain!
Information is accessible (if we all know what we mean by that - recognisable standards.)
Assistance is there when you need it.


Training, supervision + team leading for PAs should be included in budgets
Providing care is seen as a vocation, and is celebrated (massive SROI, but no one talks about it!)
Before embarking on PA - training and employ manual given to main support/family member
Set up own PA group of family member to collectively manage our budgets
FORUM OR LOBBY A SERVICE GROUP (TO PROMOTE (P) & SHARE EXPERIENCE)
Positively support + fund ULO etc to give info and support to other people


The police are able to support people experiencing hate crime to stop it happening. Reporting a hate crime is easy.
More creative use of Volunteers in communities → Tackling social isolation etc.
SOCIETY
- PEOPLE'S VIEWS NEED TO CHANGE
REDUCE IGNORANCE
All agencies work together to make York a friendly welcoming place for all citizens
I feel part of my community & play an active role in it


SUPPORT VOLUNTARY SECTOR TO TRANSFORM INTO FEE-CHARGING PROVIDERS
DECOMMISSION EXISTING SERVICES TO RELEASE FUNDS FOR PERSONALISED PAYMENTS
Better transition services from age 18 → Adult services...

What next?

This session was part of the Scrutiny Review into Personalisation in York. Outcomes from this review will be pulled together into a series of recommendations. If you came to this session, you will be invited to attend a future meeting of the Health Overview and Scrutiny Committee at which the priorities for action will be discussed.

For more information about the review, contact:

Tracy Wallis
Tracy.wallis@york.gov.uk

Thankyou for taking the time to come to the session and for sharing your thoughts and ideas.

Session facilitated by Tricia Nicoll
Tricia@tricianicoll.com

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York Health Overview and Scrutiny Committee Personalisation Review

Notes from session two
4.30pm - 6.30pm on 23rd April 2013

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Things that are NOT working so well…

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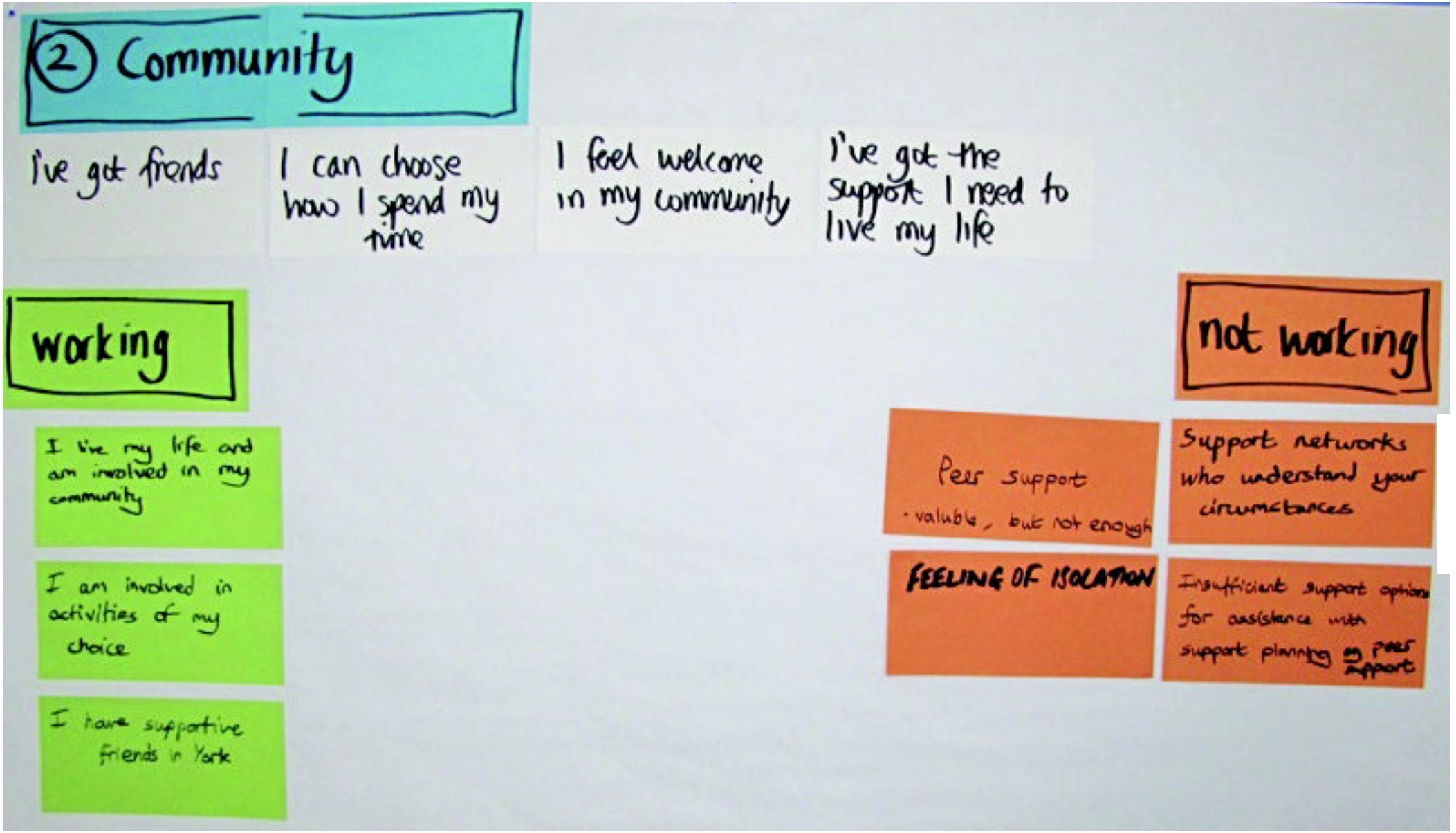
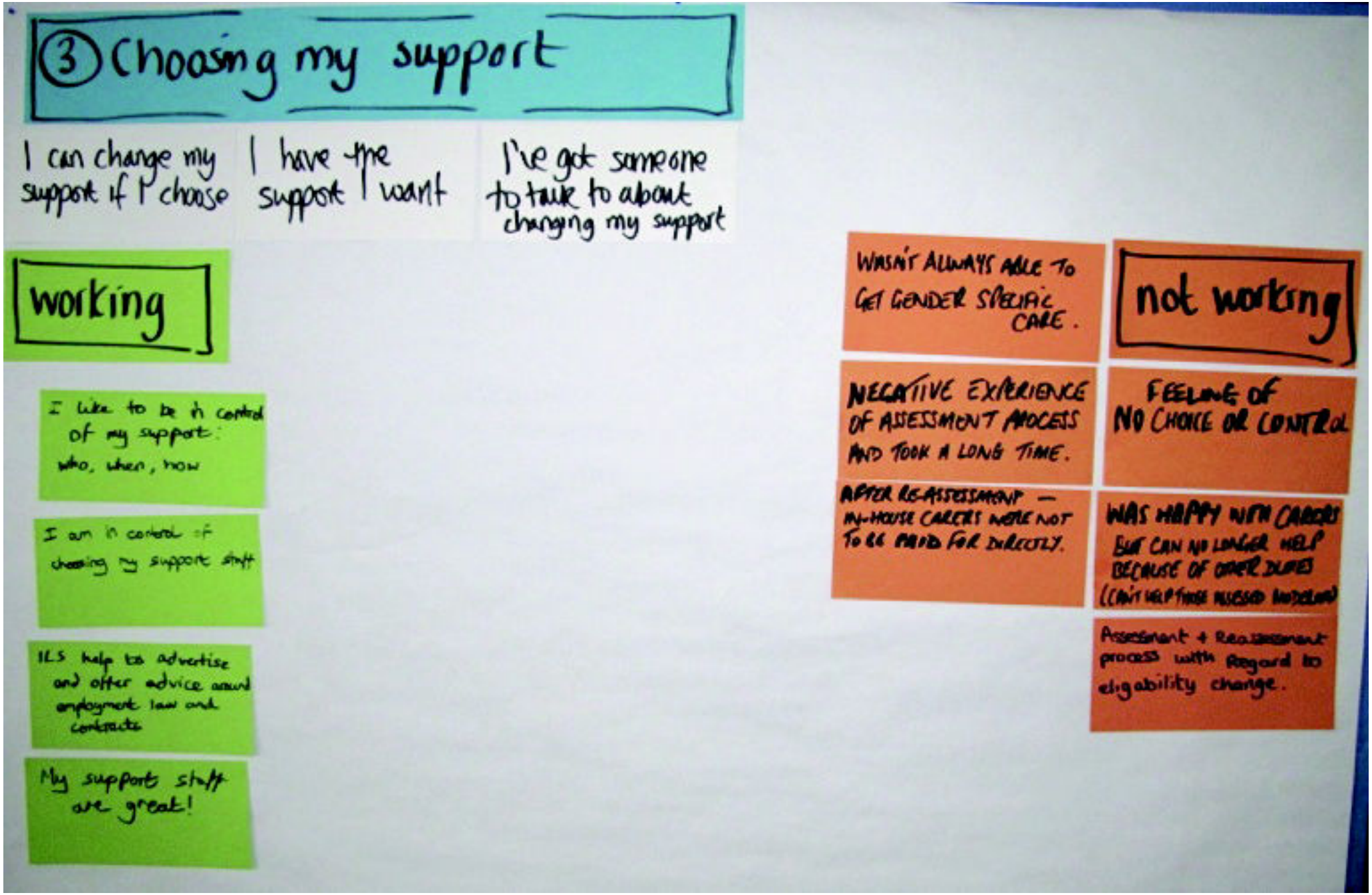
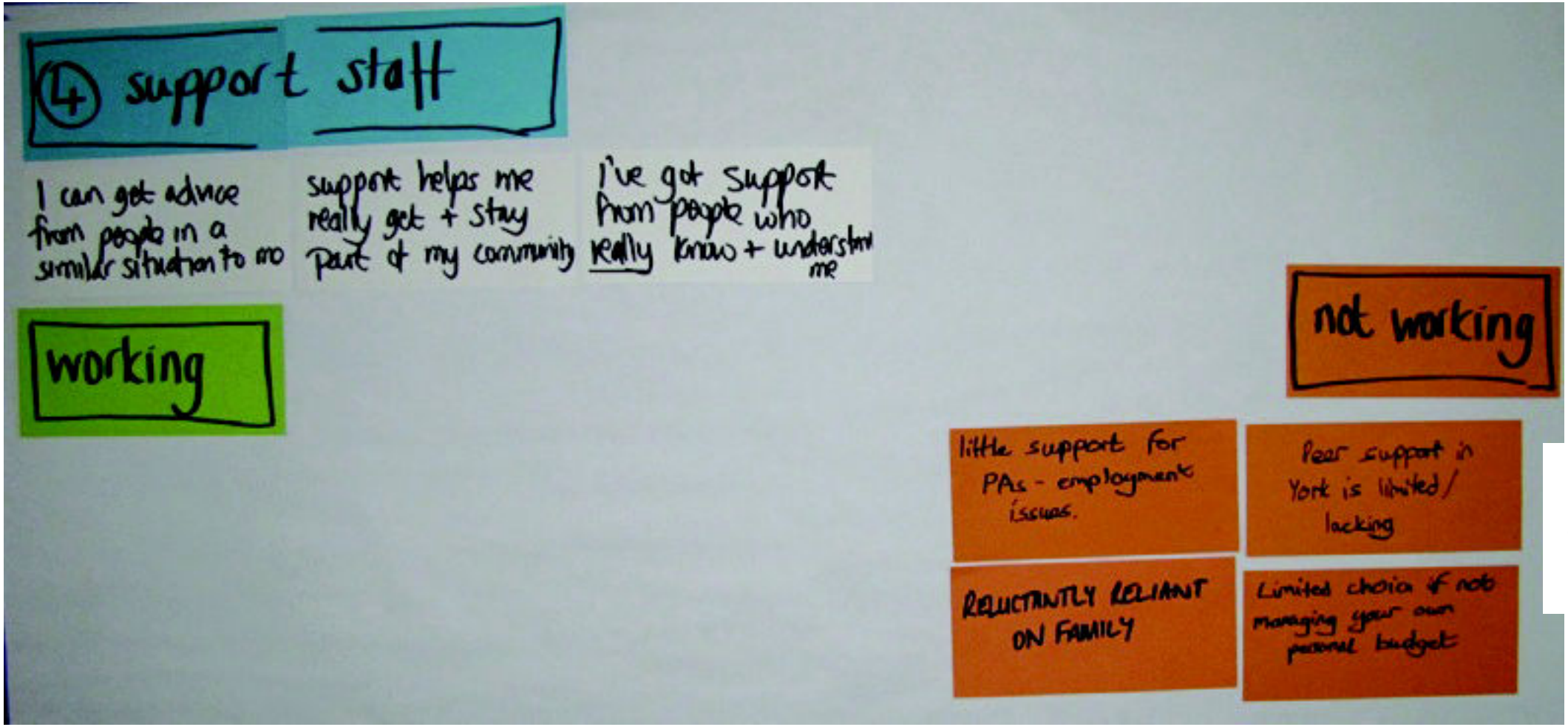
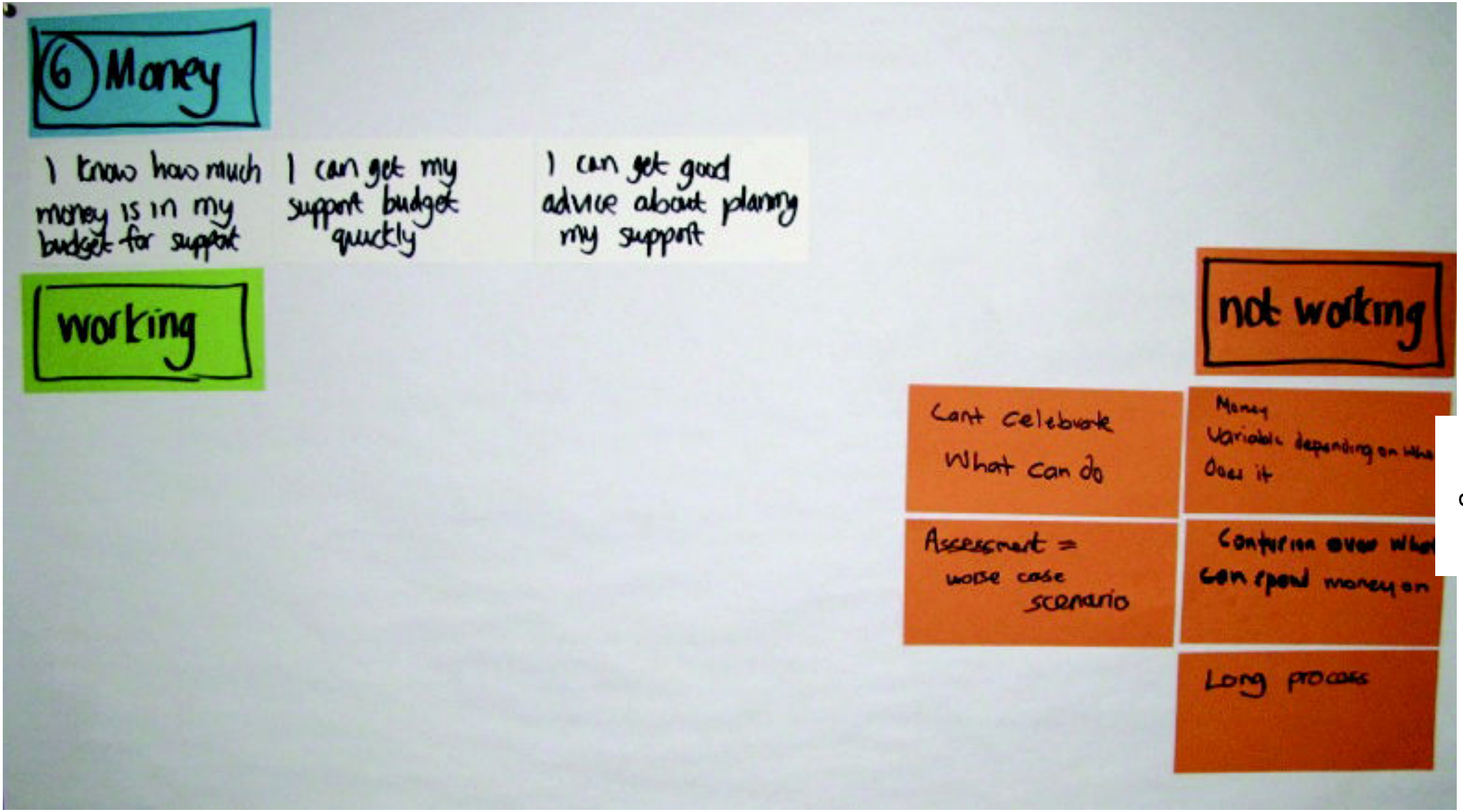
① Information
I get support to make choices
I can speak to people who know about my support
Information is easy to understand
I get the right information when I want it
I get information about what's going on locally
working
My life : My choice we like it!
ILS
not working
Sign-posting
Not easy to find
LETTER OF REASSESSMENT NOT BACKED UP WITH INFORMATION OR ASSURANCES.
Internet only?
STAFF CONFUSED ABOUT WHAT THEY CAN DO. CARERS BEING USED FOR OTHER DUTIES - HEATING FOOD ETC.
Terminology : DP, PB, IB
HAVE TO ASK NO-ONE TELLS YOU.
Info on services/ groups/options/ choices at the right time


2 Community
I've got friends
I can choose how I spend my time
I feel welcome in my community
I've got the support I need to live my life
working
I live my life and am involved in my community
I am involved in activities of my choice
I have supportive friends in York
not working
Peer support
- valuable, but not enough
Support networks who understand your circumstances
FEELING OF ISOLATION
Insufficient support options for assistance with support planning eg peer support


3 Choosing my support
I can change my support if I choose
I have the support I want
I've got someone to talk to about changing my support
working
I like to be in control of my support: who, when, how
I am in control of choosing my support staff
ILS help to advertise and offer advice around employment law and contracts
My support staff are great!
not working
WASN'T ALWAYS ABLE TO GET GENDER SPECIFIC CARE.
NEGATIVE EXPERIENCE OF ASSESSMENT PROCESS AND TOOK A LONG TIME.
AFTER REASSESSMENT — MY HOUSE CARERS NEED NOT TO BE PAID FOR DIRECTLY.
FEELING OF NO CHOICE OR CONTROL
WAS HAPPY WITH CARERS BUT CAN NO LONGER HELP BECAUSE OF OTHER DUTIES
Assessment + Reassessment process with regard to eligability change.


4 support staff
I can get advice from people in a similar situation to me
support helps me really get + stay part of my community
I've got support from people who really know + understand me
working
not working
little support for PAs - employment issues.
Peer support in York is limited / lacking
RELUCTANTLY RELIANT ON FAMILY
Limited choice if not managing your own personal budget

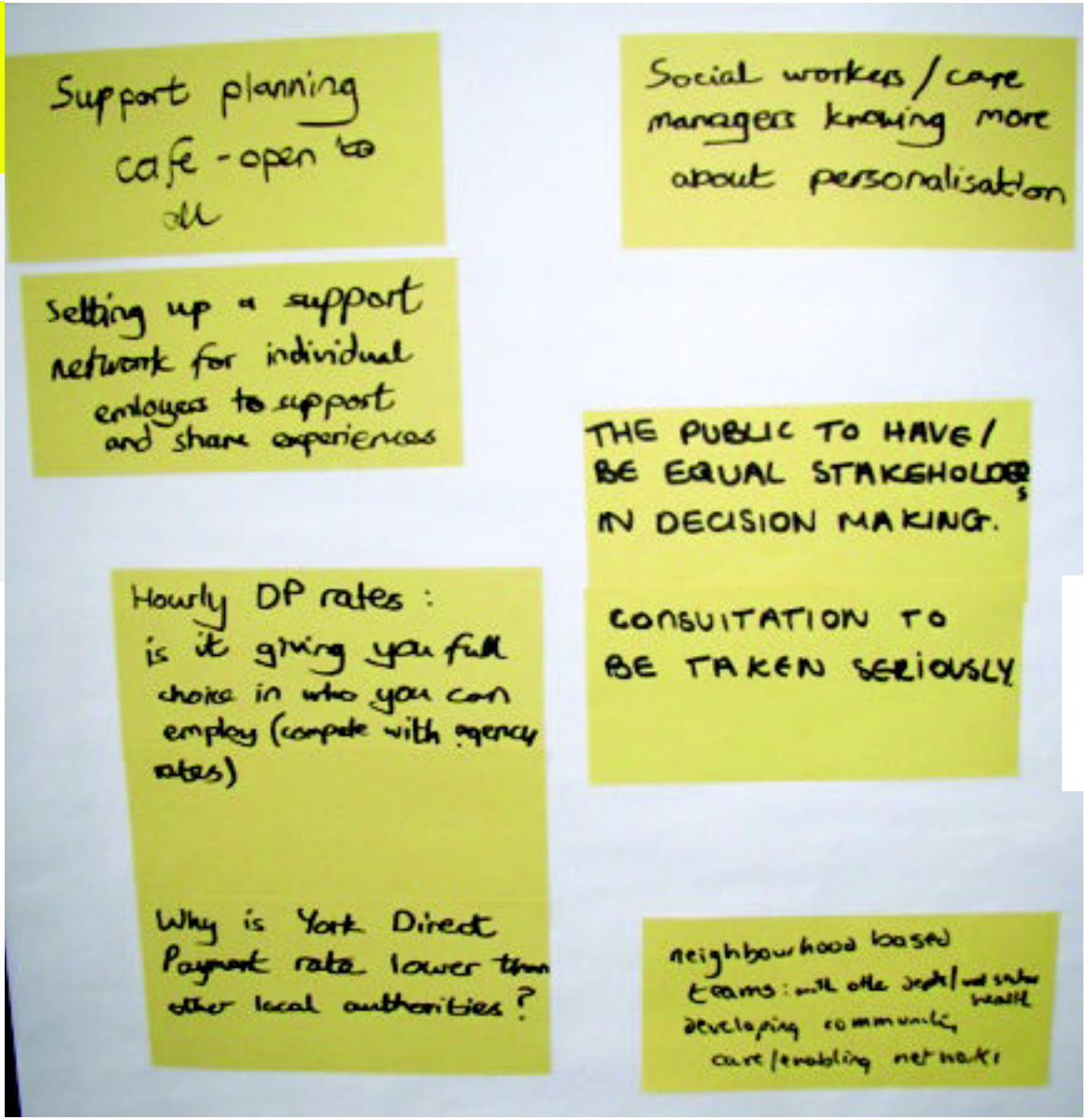

5 feeling in control and safe
things get fixed quickly - - - before they go badly wrong
I feel safe where I live
I can take risks (safely!)
I've got plans for if things go wrong
working
I am in control
I take risks
not working
HAVING TO WAIT TIL ITS TOO LATE

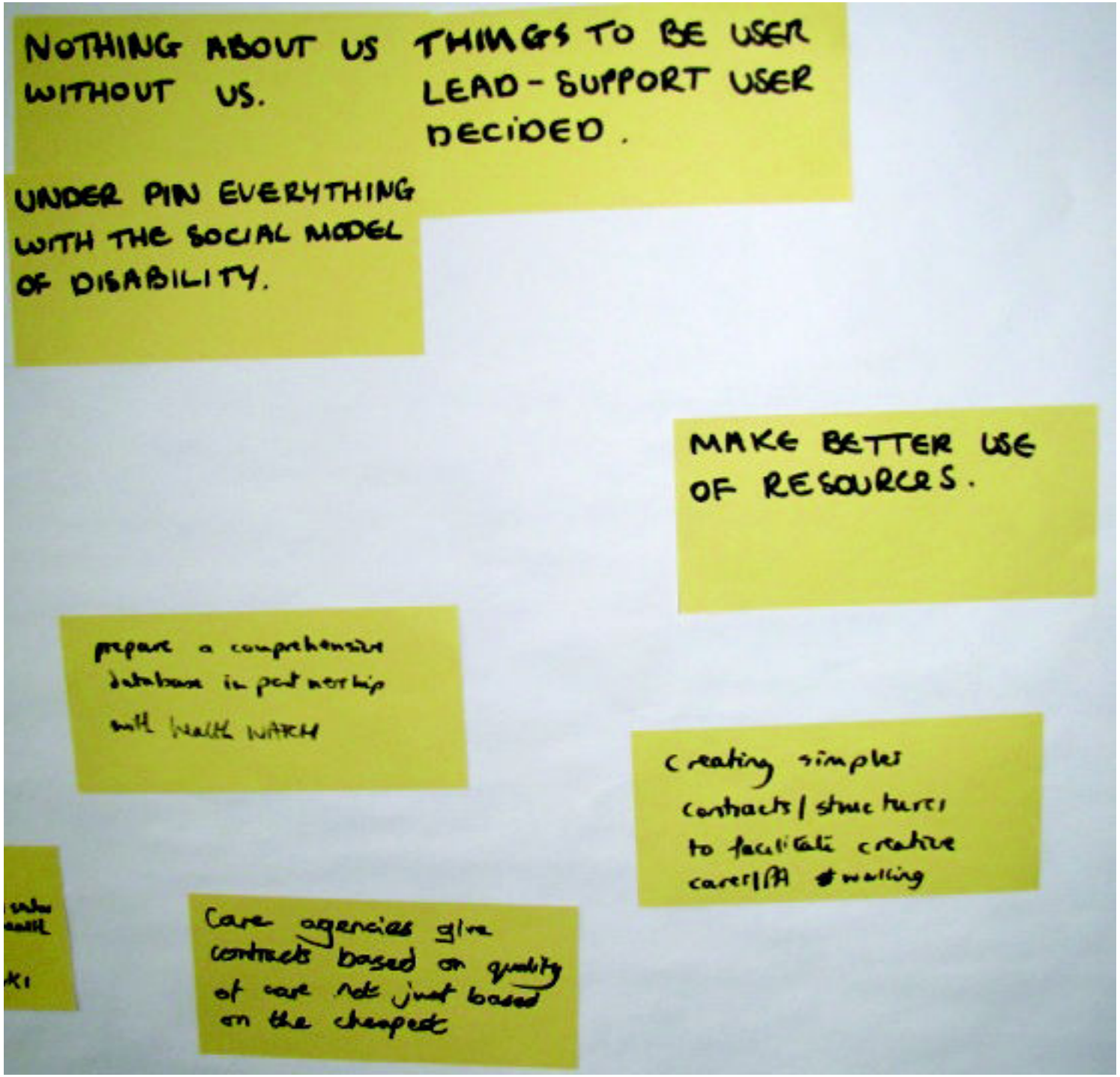

6 Money
I know how much money is in my budget for support
I can get my support budget quickly
I can get good advice about planning my support
working
not working
Cant celebrate
What can do
Money
Variable depending on
Does it
Assessment =
worse case
scenario
Long process

What needs to change?

Everyone then imagined they were in charge and shared what they would change….

The photos on the next two pages show what you said.




NOTHING ABOUT US WITHOUT US.
THINGS TO BE USER LEAD - SUPPORT USER DECIDED.
UNDER PIN EVERYTHING WITH THE SOCIAL MODEL OF DISABILITY.
MAKE BETTER USE OF RESOURCES.
prepare a comprehensive database in partnership with Health WATCH
creating simpler contracts / structures to facilitate creative care/PA working
Care agencies give contracts based on quality of care not just based on the cheapest

What next?

This session was part of the Scrutiny Review into Personalisation in York. Outcomes from this review will be pulled together into a series of recommendations. If you came to this session, you will be invited to attend a future meeting of the Health Overview and Scrutiny Committee at which the priorities for action will be discussed.

For more information about the review, contact:

Tracy Wallis
Tracy.wallis@york.gov.uk

Thankyou for taking the time to come to the session and for sharing your thoughts and ideas.

Session facilitated by Tricia Nicoll
Tricia@tricianicoll.com

The POET Survey
City of York Council Data Report: December 2012
Personal budget recipients

Introduction

This report presents data collected from personal budget holders in the City of York using the POET survey tool. It also compares the numerical responses of personal budget holders to the POET survey in the City of York with the responses we have from personal budget holders in other parts of England.

Who took part in the survey?

In total, 34 personal budget holders in the City of York completed the POET survey. We are able to benchmark the City of York data against responses from 1,114 personal budget holders in other parts of England. As people could choose not to complete particular questions within the survey, the totals reported throughout the report are unlikely to add up to these overall totals.

The graphs in figures 1 to 6 show the characteristics of the City of York personal budget holders responding to the survey compared to respondents from other local authorities in England. City of York respondents were more likely to be female, they were more likely to be aged under 45 years of age, and more likely to report having a physical disability or health condition. City of York respondents were significantly less diverse than other respondents in terms of ethnicity and religion, and were more likely to report their sexual orientation.

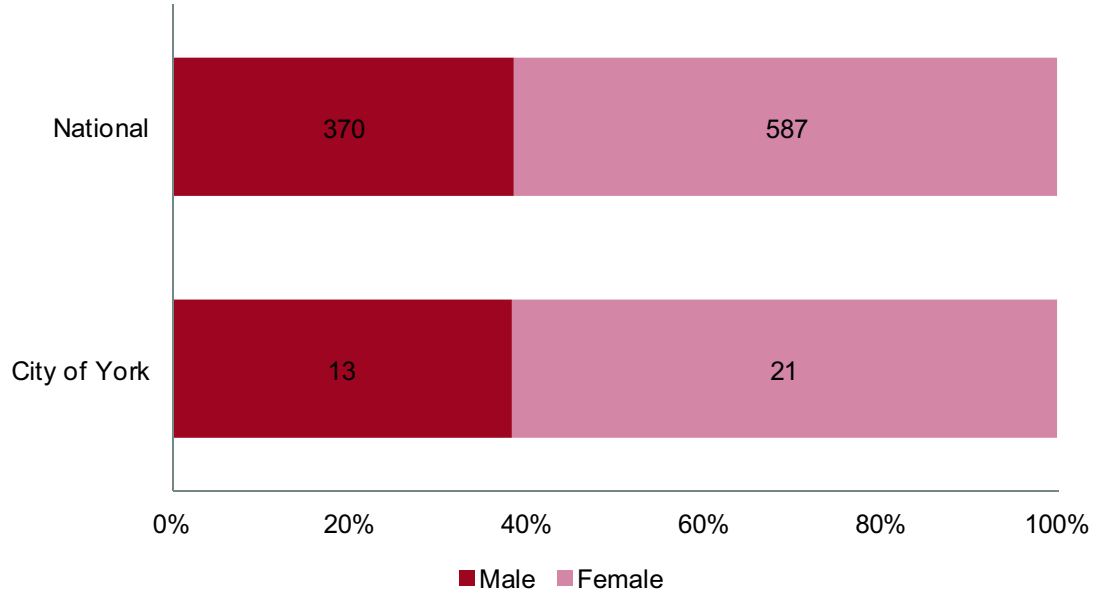


Figure 1. Personal budget recipients: Gender

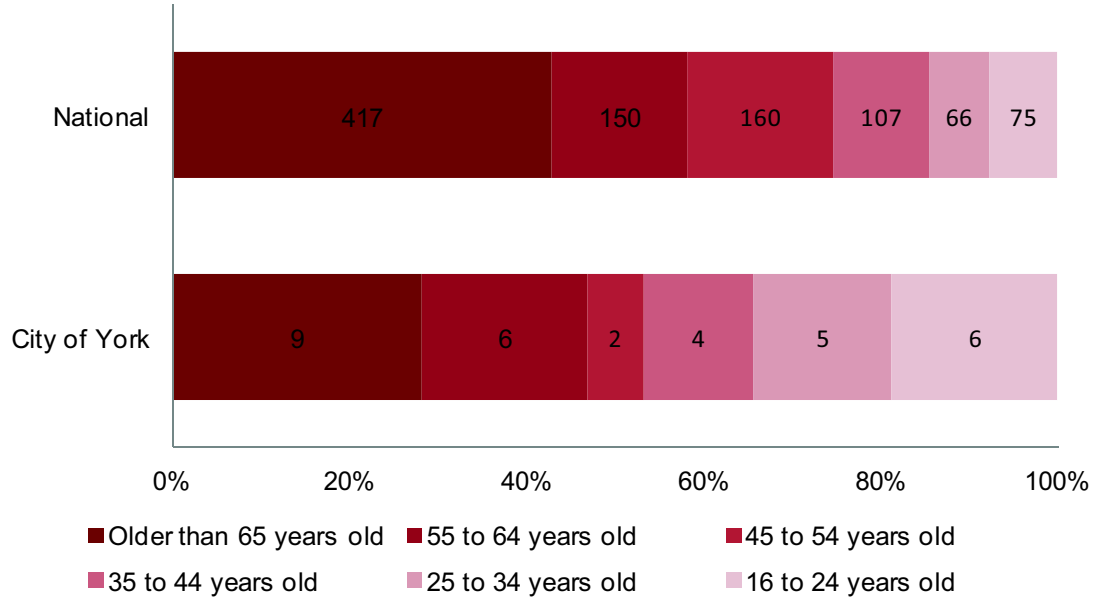


Figure 2. Personal budget recipients: Age

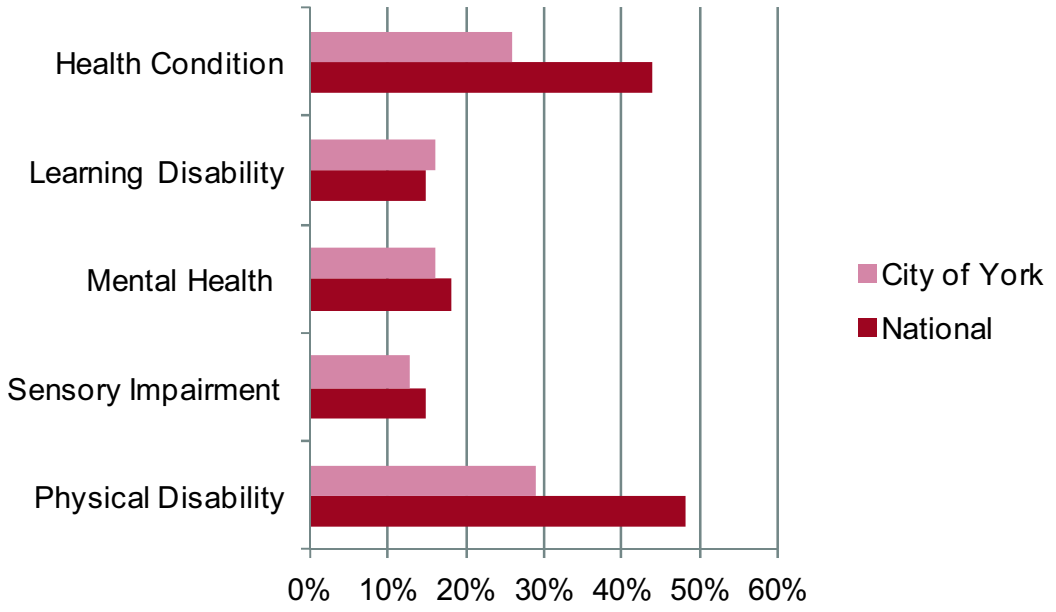
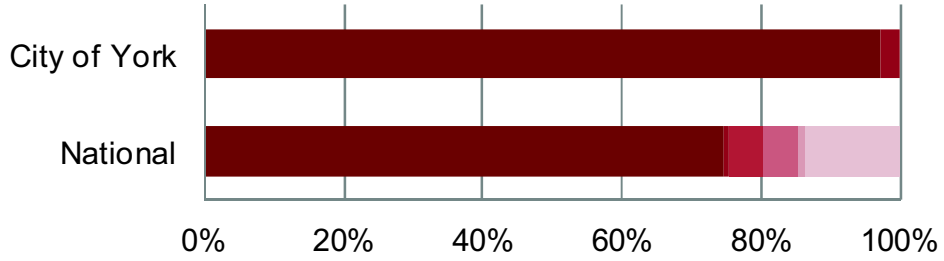
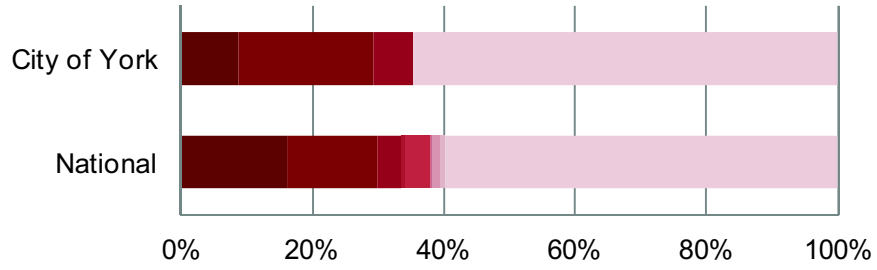


Figure 3. Personal budget recipients: Disability



	National	City of York
Any White	831	33
Mixed	10	1
Asian/Asian British	54	0
Black,B.British	55	0
Chinese,Other	13	0
No Info	151	0

Figure 4. Personal budget recipients: Ethnicity



	National	City of York
No information	180	3
No religion	153	7
Any other religion	38	2
Sikh	10	0
Muslim	42	0
Jewish	5	0
Hindu	12	0
Buddhist	8	0
Christian	666	22

Figure 5. Personal budget recipients: Religion

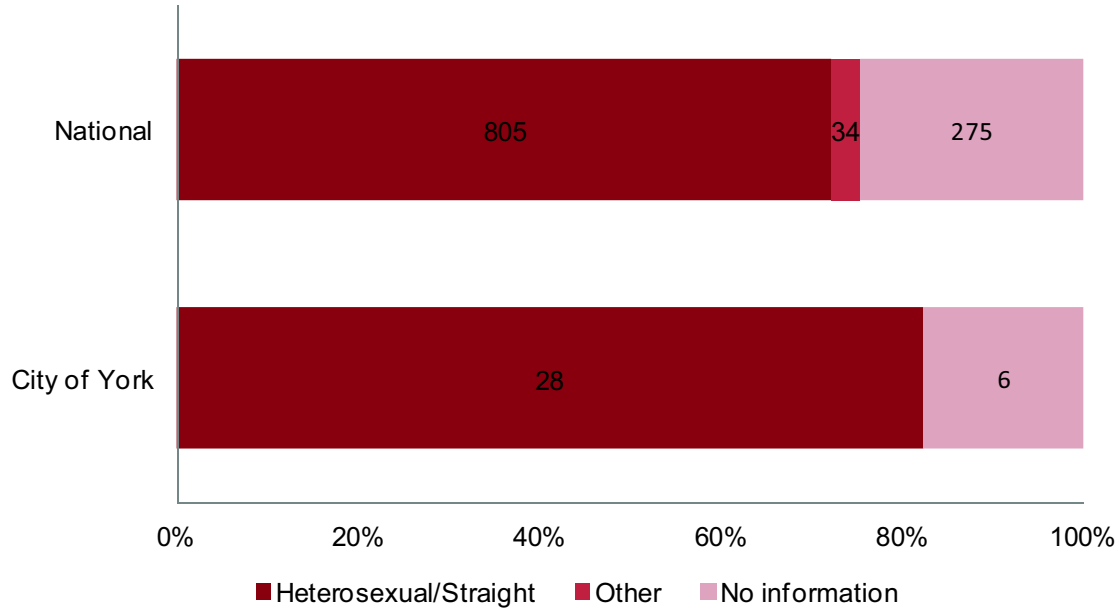


Figure 6. Personal budget recipients: Sexuality

How did people answer the questions?

The graph below shows how people answered the questions in the POET survey. In the City of York approximately 35% of personal budget holders answered the questions on their own, with all other respondents having help from someone else.

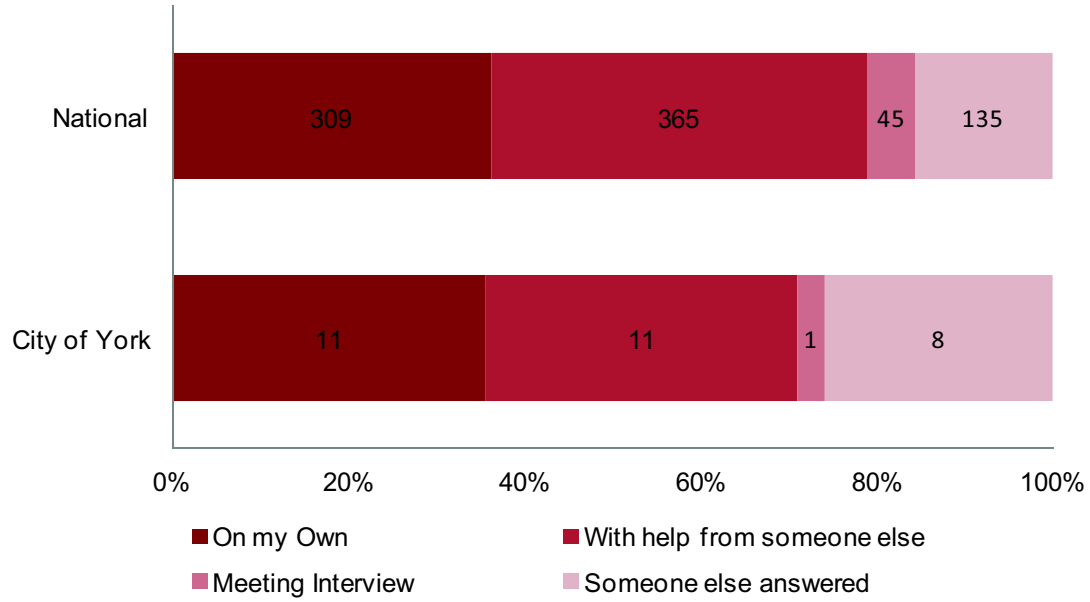


Figure 7. Personal budget recipients: How people answered the questions

How long have people held a personal budget?

The graph below shows the length of time that personal budget holders had held their personal budget. For personal budget holders in the City of York, a similar percentage of people had been using their budgets for three years or longer compared to people in other parts of England, with a higher proportion locally holding their budget for between one and three years.

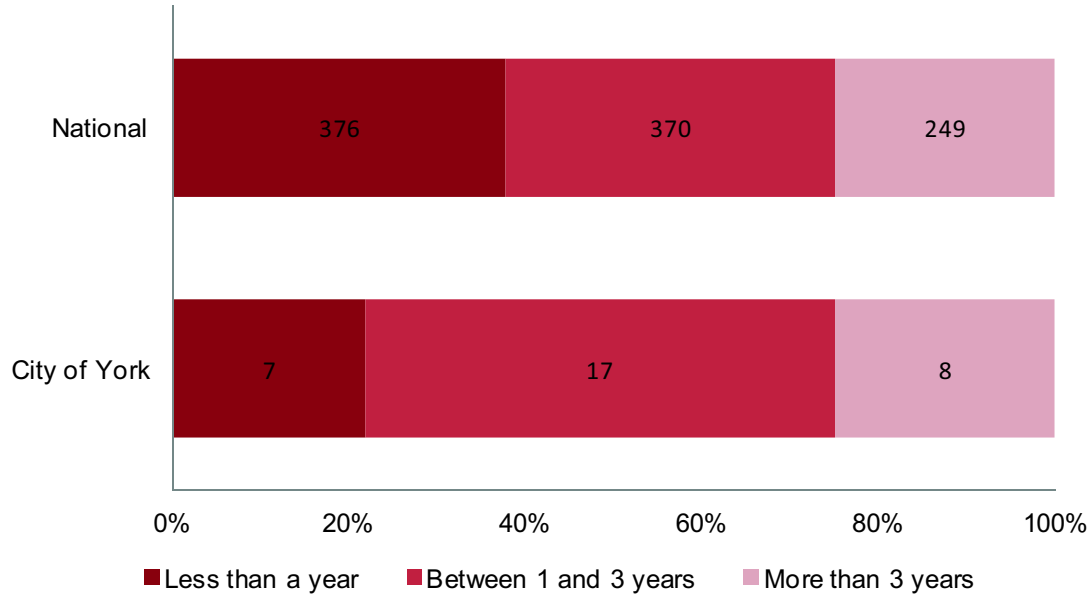


Figure 8. Personal budget recipients: How long have people held a personal budget?

Did people get local authority support before their personal budget?

The graph below shows how many personal budget holders had been receiving local authority support before they got their personal budget. For personal budget holders in the City of York approximately 60% of personal budget holders had been receiving local authority support before their personal budget; a slightly lower figure than that for personal budget holders in other parts of England.

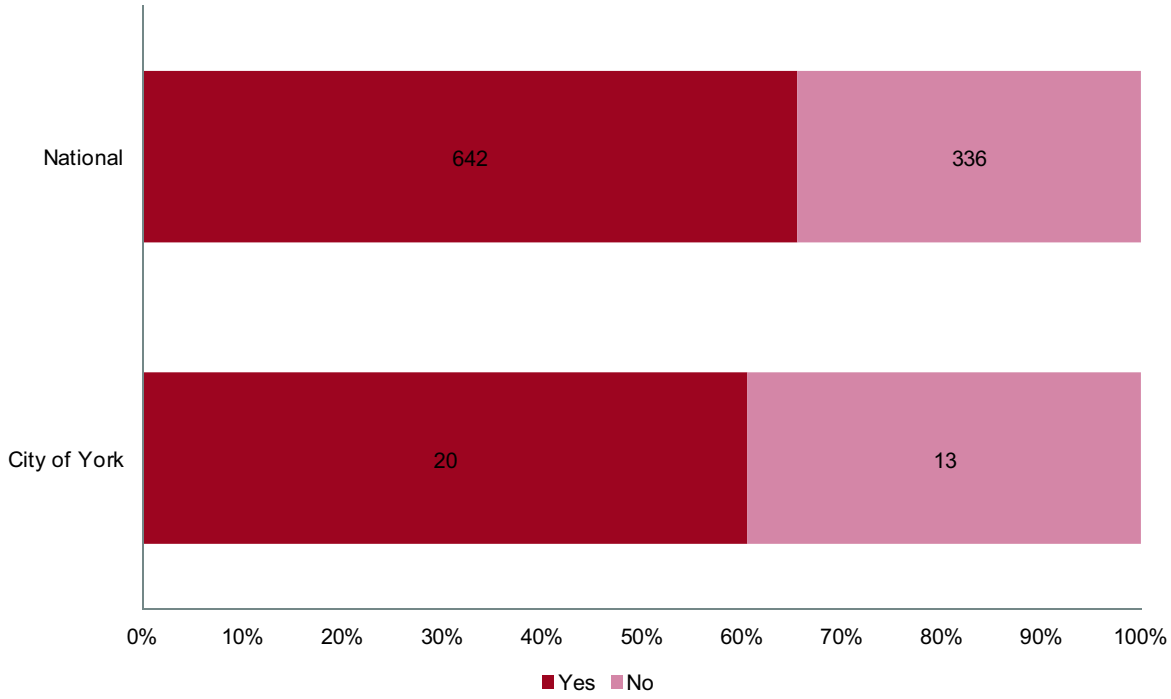


Figure 9. Personal budget recipients: Did people get local authority support before their personal budget?

How do people manage their personal budgets?

The graph in figure 10 shows how people managed their personal budgets. In the City of York, personal budget holders were most likely (44%) to have a direct payment paid directly to them. Direct payments looked after by someone else were also reported by 22% of personal budget holders in the City of York. Significantly more personal budget holders in the City of York reported using an individual service fund when compared to elsewhere in England. A lower proportion of personal budget holders in the City of York reported that they did not know whether they had a personal budget or not.

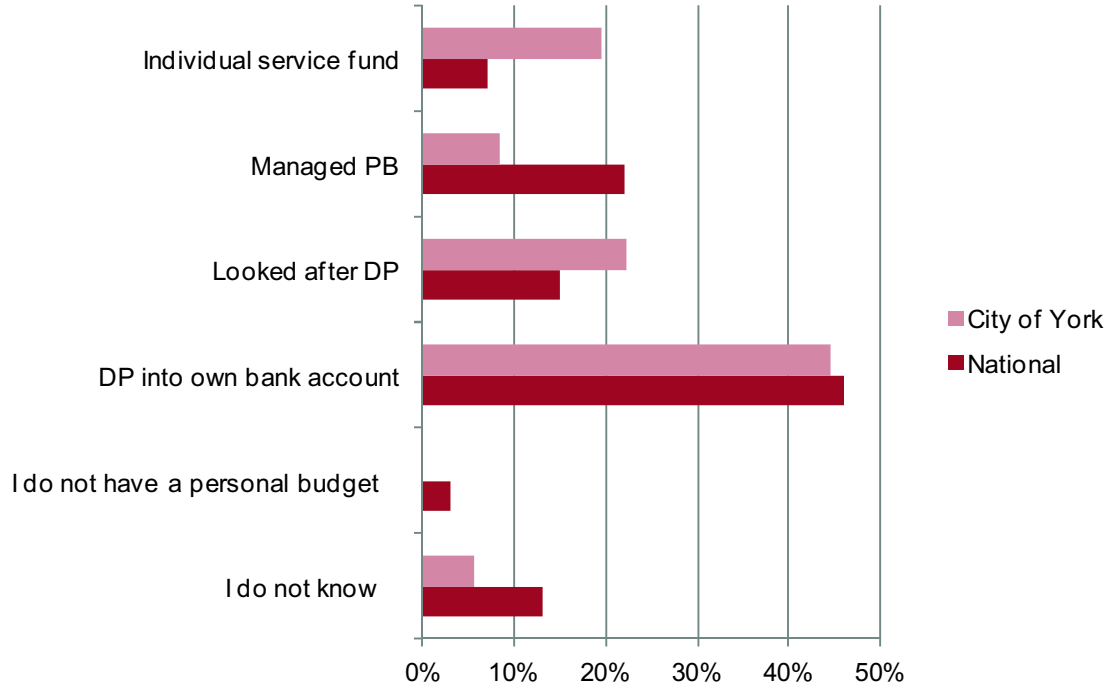


Figure 10. Personal budget recipients: How was the personal budget managed?

The level of personal budgets and support for planning

The POET survey asked personal budget holders whether they were told the weekly amount of their personal budget and whether they could provide an estimate of the amount. The survey also asked a range of questions about how people were supported when planning their personal budget, and whether their views were included in the personal budget support plan.

Over two thirds of the City of York personal budget recipients (68%) said they had been told the amount of money in their personal budget, a lower figure than personal budget holders in other parts of England (77%).

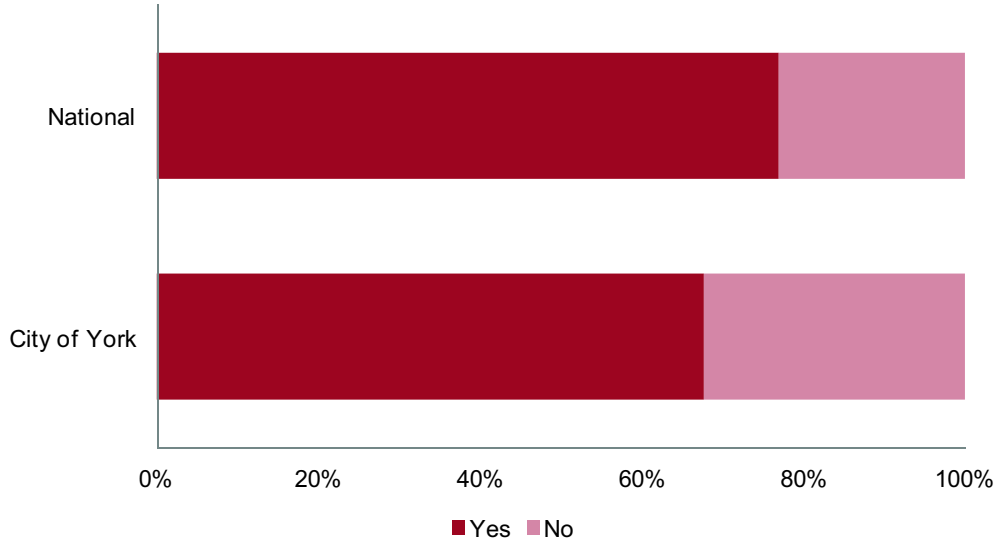


Figure 11. Personal budget recipients: Have you been told how much your support costs each week?

The graph below shows whether personal budget holders reported getting help to plan their personal budget. Nearly 77% of personal budget holders in the City of York reported that they had received help to plan their personal budget, a slightly lower proportion than personal budget holders in other parts of England.

Secondly, the graph below shows who helped people to plan their personal budgets. In the City of York, the most common sources of support were help from someone from the council (46%) and from family/friends (33%).

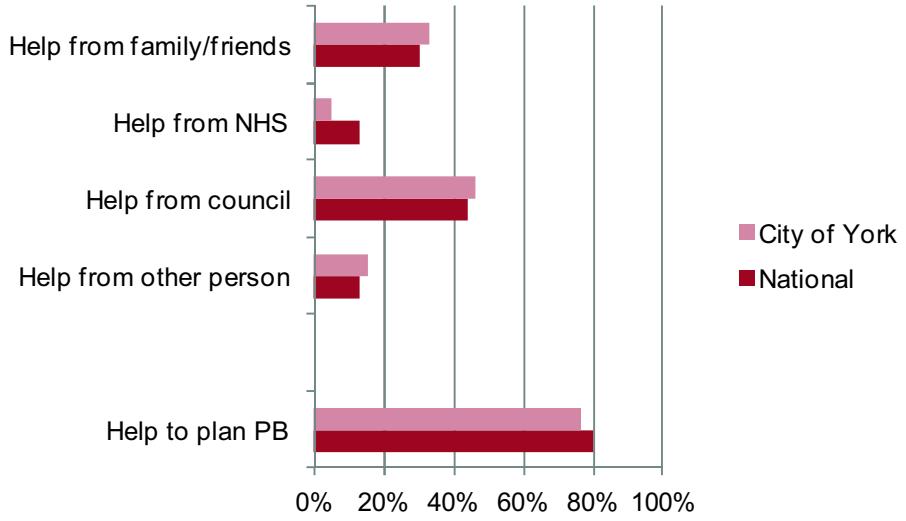


Figure 12. Personal budget recipients: planning support

Finally, the graph below summarises whether personal budget holders felt their views were fully included in the support plan for their personal budget or not. In the City of York, just over 91% of personal budget holders felt their views were very much or mostly included in their support plan, slightly higher figures as for personal budget holders in other parts of England.

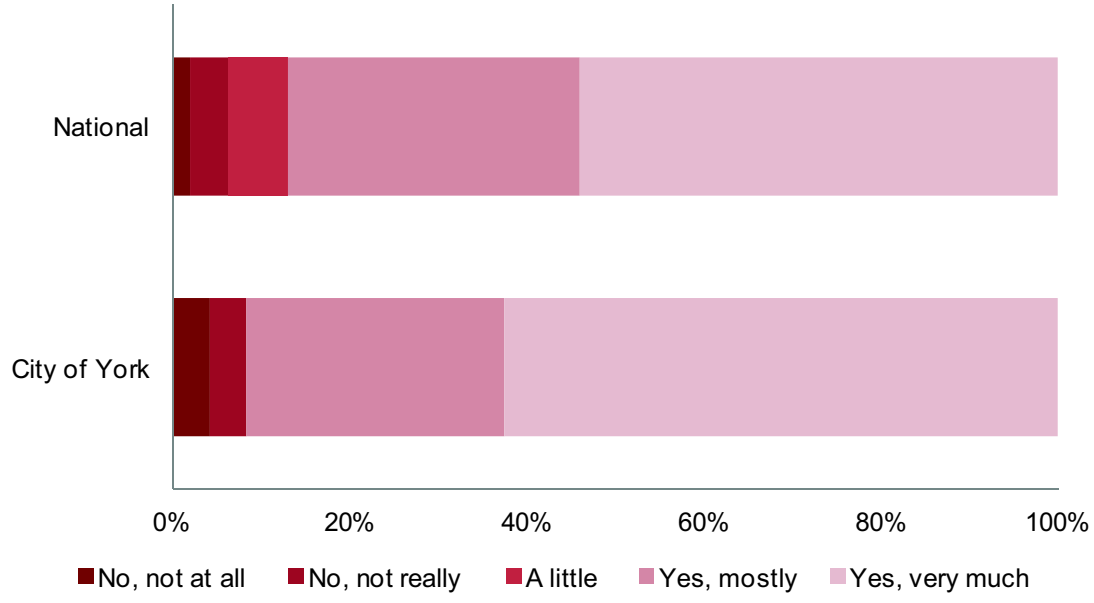


Figure 13. Personal budget recipients: Were your views fully included in support plan?

The role of the council in supporting personal budgets

As the graph below reports, the POET survey asked several questions about how the council was performing throughout the personal budget process.

A majority of personal budget holders in the City of York reported that the council had made things easy for them in six of the nine aspects of the personal budget process we asked about; getting advice and support, assessing needs, understanding restrictions, control of money, planning and managing support, and making views known and making a complaint.

As was the case nationally, the areas we asked about that respondents in the City of York were least likely to report as easy was choosing different services.

In only one of the nine areas, personal budget holders in the City of York were less likely than people elsewhere to report that the council made the process easy. This was getting the support wanted.

In the City of York, similar to elsewhere in England, approximately 12%-24% of personal budget holders reported that the council had made things difficult for all nine aspects of the personal budget process we asked about. Approximately 24% said it was difficult to make views known and make a complaint and have control of money.

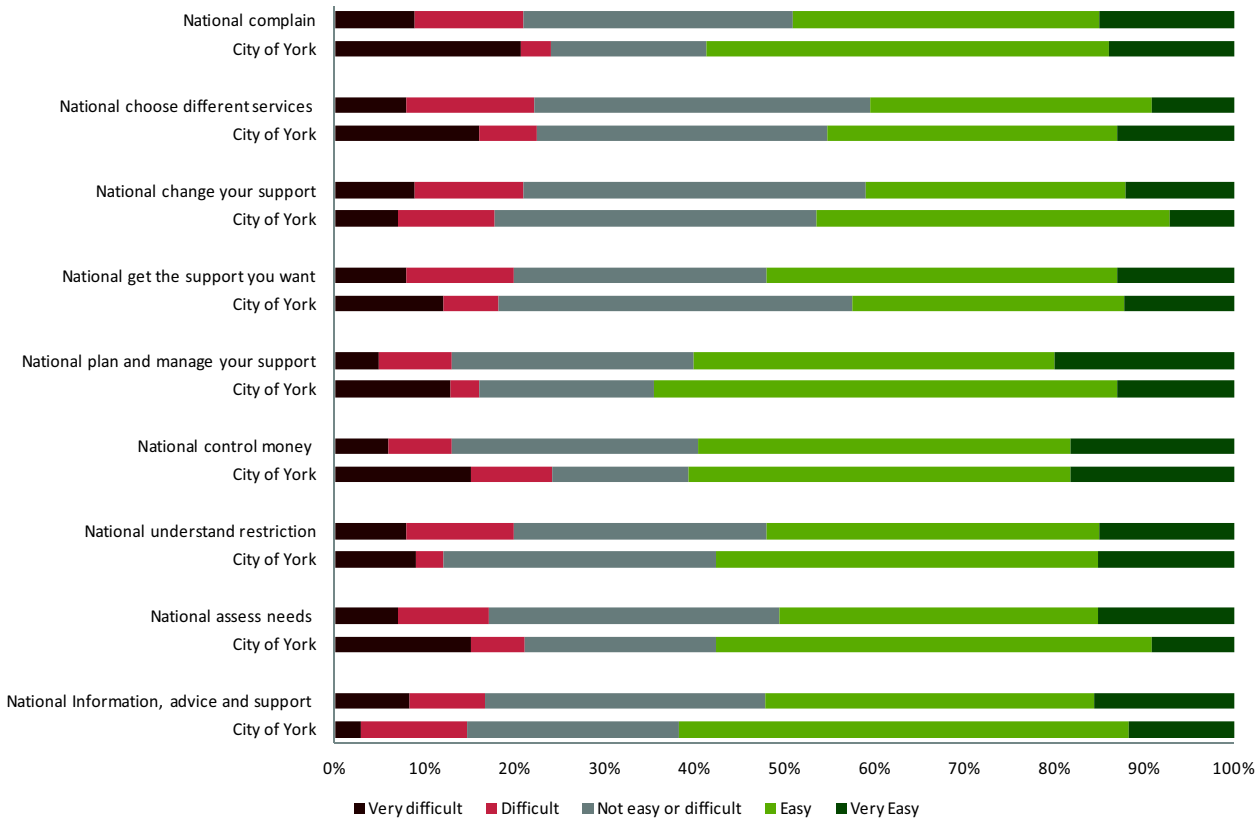


Figure 14. How easy was the personal budget process?

Have personal budgets made a difference to people's lives?

The POET survey asks personal budget holders whether their personal budgets have made a difference to various aspects of their lives, and if so whether this difference has been positive or negative.

The graph below summarises the findings from the set of questions we asked for personal budget holders. At least 60% of personal budget holders in the City of York reported that their personal budget had made a positive difference to them in nine of the 14 outcome areas we asked about; dignity in support, mental wellbeing, getting the support you need, feeling safe, staying independent, control of support, physical health, control of important things in life and relationships with paid support. A majority of people reported that the personal budget had had a positive impact on their lives in one further area. However in the areas of getting a paid job, less than 17% reported a positive impact.

With the exceptions of relationships with family, relationships with friends and dignity in support, personal budget holders in the City of York were more likely to report that their personal budget had had a positive impact compared to personal budget holders in other parts of England.

A majority of personal budget holders in the City of York reported that personal budgets had made no difference in four areas of life: getting a paid job, being part of local community, where or who you live with and relationships with friends.

However, generally less than 12% of personal budget holders in the City of York reported a negative impact of personal budgets in any of these areas of life.

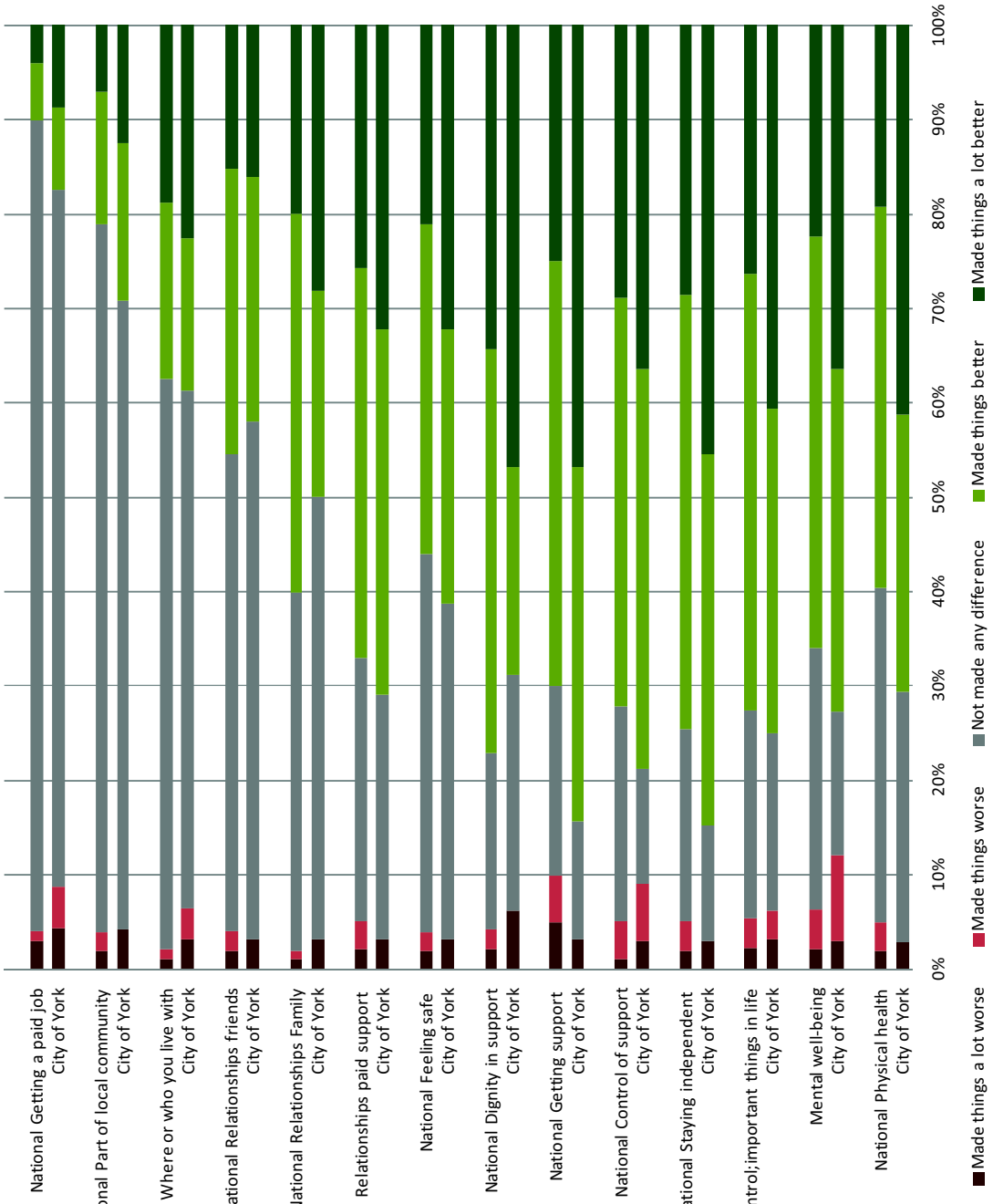


Figure 15. Has your personal budget changed these things at all?

Conclusion

Throughout this report local findings have been benchmarked against national data. This is intended to provide an indicative relative position. Care should be taken however when making precise direct comparisons. This is because responses varied greatly across local authorities, levels of satisfaction being spread across a wide range, the national figures here are averages of these ranges. Responses also varied somewhat across social care groups and across personal budget types, proportions of these sub groups varied from local authority to local authority. It is not necessarily the case that where scores indicate a less or more positive impact of personal budgets than in other parts of England that this is due to the performance of the council. The National Personal Budget Survey found and reported a number of key process conditions that coincided with better or worse outcomes. Where local performance appears to be low these process factors may be at play, and provide a steer where local authorities are seeking to improve in an outcome domain.

http://www.in-control.org.uk/4466.aspx

think local act personal

Social Care Jargon Buster

52 of the most commonly used social care words and phrases and what they mean

scie social care institute for excellence

TERM	DEFINITION
1) Abuse	**Harm that is caused by anyone who has power over another person**, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.
2) Adult social care	**Care and support for adults who need extra help to manage their lives and be independent** – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Adult social care includes **assessment** of people's needs, provision of services or allocation of funds to enable you to purchase your own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.
3) Advocacy	**Help to enable you to get the care and support you need that is independent of your local council.** An **advocate** can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations. The advocate is there to represent your interests, which they can do by supporting you to speak, or by speaking on your behalf. They do not speak for the council or any other organisation. If you wish to speak up for yourself to make your needs and wishes heard, this is known as **self-advocacy**.
4) Aids and adaptations	**Help to make things easier for you around the home**. If you are struggling or disabled, you may need special equipment to enable you to live more comfortably and independently. You may also need changes to your home to make it easier and safer to get around. Aids and adaptations include things like grab rails, ramps, walk-in showers and stair-lifts.
5) Assessment See also: Pre-assessment Self-assessment	**The process of working out what your needs are**. A **community care assessment** looks at how you are managing everyday activities such as looking after yourself, household tasks and getting out and about. You are entitled to an assessment if you have social care needs, and your views are central to this process.
6) Benefits	**Payments from the Government that you may receive because of your age, disability, income or caring responsibilities**. Some benefits are universal – paid to everyone regardless of their income. Others are paid to people who have particular types of needs, regardless of their income. And others are means-tested – only paid to people whose income or savings fall below a certain level. Benefits in England are paid by the Department of Work and Pensions, not your local council.

TERM	DEFINITION
7) Broker (also called 'care navigator') See also: Advocacy Signposting	**Someone whose job it is to provide you with advice and information about what services are available in your area, so that you can choose to purchase the care and support that best meets your needs**. They can also help you think about different ways that you can get support, for example by making arrangements with friends and family. A broker can help you think about what you need, find services and work out the cost. **Brokerage** can be provided by local councils, voluntary organisations or private companies.
8) Care plan See also: Support plan	**A written plan after you have had an assessment, setting out what your care and support needs are, how they will be met** (including what you or anyone who cares for you will do) and what services you will receive. You should have the opportunity to be fully involved in the plan and to say what your own priorities are. If you are in a care home or attend a day service, the plan for your daily care may also be called a care plan.
9) Carer	**A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled** and could not manage without this help. This is distinct from a **care worker**, who is paid to support people.
10) Care Worker	**A person who is paid to support someone who is ill, struggling or disabled and could not manage without this help.**
11) Client contribution See also: Self-funding	**The amount you may need to pay towards the cost of the social care services you receive.** Whether you need to pay, and the amount you need to pay, depends on your local council's charging policy, although residential care charges are set nationally. Councils receive guidance from the Government on how much they can charge.
12) Client group	**A group of people with social care needs who fit within a broad single category.** Client groups include older people, people with physical disability, people with learning disability, people with mental health problems, and so on.
13) Commissioner	**A person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available.** Sometimes the commissioner will pay for services, but not always. Your local council is the commissioner for adult social care. NHS care is commissioned separately by local clinical commissioning groups. In many areas health and social care commissioners' work together to make sure that the right services are in place for the local population.
14) Community care services	**Social care services that can help you live a full, independent life and to remain in your own home** for as long as possible.
15) Community health services	**Health services that are provided outside hospitals**, such as district nursing.

TERM	DEFINITION
16) Continuing health care	**Ongoing care outside hospital for someone who is ill or disabled, arranged and funded by the NHS.** This type of care can be provided anywhere, and can include the full cost of a place in a nursing home. It is provided when your need for day to day support is mostly due to your need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to receive it.
17) Co-production	**When you as an individual are involved as an equal partner in designing the support and services you receive.** Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.
18) Direct payments See also: Personal budget	**Money that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support**, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of **personal budget**.
19) Eligibility	**When your needs meet your council's criteria for council-funded care and support.** Your local council decides who should get support, based on your level of need and the resources available in your area. The **eligibility threshold** is the level at which your needs reach the point that your council will provide funding. If the council assesses your needs and decides they are below this threshold, you will not qualify for council-funded care.
20) Home care	**Care provided in your own home by paid care workers** to help you with your daily life. It is also known as **domiciliary care**. Home care workers are usually employed by an independent agency, and the service may be arranged by your local council or by you (or someone acting on your behalf).
21) Independent living	**The right to choose the way you live your life.** It does not necessarily mean living by yourself or doing everything for yourself. It means the right to receive the assistance and support you need so you can participate in your community and live the life you want.
22) Integrated Care	**Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual, their carer and family.** This may also involve integration with other services for example housing.

TERM	DEFINITION
23) Occupational therapist	**A professional with specialist training in working with people with different types of disability or mental health needs**. An OT can help you learn new skills or regain lost skills, and can arrange for aids and adaptations you need in your home. Occupational therapists are employed both by the NHS and by local councils.
24) Older people	**Older people are the largest group of people who use adult social care services. Many councils define people over the age of 50 as 'older', but social care services for older people are usually for people over the age of 65** – unless you have particular needs that make you eligible before this age.
25) Outcomes	**In social care, an 'outcome' refers to an aim or objective you would like to achieve** or need to happen – for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.
26) Personal assistant	**Someone you choose and employ to provide the support you need, in the way that suits you best.** This may include cooking, cleaning, help with personal care such as washing and dressing, and other things such as getting out and about in your community. Your personal assistant can be paid through **direct payments** or a **personal budget**.
27) Personal budget	**Money that is allocated to you by your local council to pay for care or support to meet your assessed needs.** The money comes solely from adult social care. You can take your personal budget as a **direct payment**, or choose to leave the council to arrange services (sometimes known as a **managed budget**) – or a combination of the two. An alternative is an **individual service fund**, which is a personal budget that a care provider manages on your behalf. A **personal health budget** may also be available: it is a plan for your health care that you develop and control, knowing how much NHS money is available.
28) Personalisation	**A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life.** It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.
29) Pre-assessment	**The point at which you make contact with your local council** and a decision is made about whether a full **assessment** is necessary. This is based on the information given by you or the person who refers you to adult social care. It is often conducted over the phone.

TERM	DEFINITION
30) Preventive services	**Services you may receive to prevent more serious problems developing.** These include things like **reablement, telecare**, befriending schemes and falls prevention services. The aim is to help you stay independent and maintain your quality of life, as well as to save money in the long term and avoid admissions to hospital or residential care.
31) Primary care	**The part of the NHS that is the first point of contact for patients. This includes GPs, community nurses, pharmacists and dentists.**
32) Reablement	**A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability**. It is similar to **rehabilitation**, which helps people recover from physical or mental illness. Your council may offer a reablement service for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.
33) Referral	**A request for an assessment of a person's needs, or for support from a social care organisation**. A referral to adult social care may be made by your GP, another health professional or anyone else who supports you. You can also refer yourself, or a member of your family, by contacting the adult social care department at your local council.
34) Residential care	**Care in a care home**, with or without nursing, for older people or people with disabilities who require 24-hour care. Care homes offer trained staff and an adapted environment suitable for the needs of ill, frail or disabled people.
35) Resource Allocation System	**The system some councils use to decide how much money people get for their support.** There are clear rules, so everyone can see that money is given out fairly. Once your needs have been assessed, you will be allocated an indicative budget – so that you know how much money you have to spend on care and support. The purpose of an indicative budget is to help you plan the care and support that will help you meet your assessed needs – it might not be the final amount that you get, as you may find that it is not enough (or is more than enough) to meet those needs.
36) Respite care	**A service giving carers a break, by providing short-term care for the person with care needs** in their own home or in a residential setting. It can mean a few hours during the day or evening, 'night sitting', or a longer-term break. It can also benefit the person with care needs by giving them the chance to try new activities and meet new people.
37) Review	**When you receive a re-assessment of your needs and you and the people in your life look at whether the services you are receiving are meeting your needs** and helping you achieve your chosen **outcomes**. Changes can then be made if necessary.

TERM	DEFINITION
38) Rights	**What you are entitled to receive, and how you should be treated, as a citizen.** If you have a disability or mental health problem, are an older person or act as a carer for someone else, you have the right to have your needs assessed by your local council. You have a right to a service or direct payment if your assessment puts you above the **eligibility threshold** your council is using. You and your carers have a right to be consulted about your assessment and about any changes in the services you receive.
39) Risk assessment	**An assessment of your health, safety, wellbeing and ability to manage your essential daily routines.** You might also hear the term **risk enablement**, which means finding a way of managing any risks effectively so that you can still do the things you want to do.
40) Safeguarding	**The process of ensuring that adults at risk are not being abused, neglected or exploited**, and ensuring that people who are deemed 'unsuitable' do not work with them. If you believe that you or someone you know is being abused, you should let the adult social care department at your local council know. They should carry out an investigation and put a protection plan in place if abuse is happening. Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local **safeguarding boards**.
41) Self-assessment See also: Pre-assessment	**A form or questionnaire that you complete yourself, either on paper or online, explaining your circumstances and why you need support.** A social care worker or advocate can help you do this. If your council asks you to complete a self-assessment form, it will use this information to decide if you are eligible for social care services or if you need a full **assessment** by a social worker.
42) Self-directed support See also: Personalisation	**An approach to social care that puts you at the centre of the support planning process, so that you can make choices about the services you receive**. It should help you feel in control of your care, so that it meets your needs as an individual.
43) Self-funding	**When you arrange and pay for your own care services and do not receive financial help from the council.**
44) People who use services	**Anyone who uses care services, whether you are in your own home, in residential care or in hospital**. The NHS is likely to describe you as a 'patient', while the council and other care providers may also describe you as a 'client' or 'service user'. You may also be described as a 'cared-for person', in relation to your carer.
45) Signposting See also: Broker	**Pointing people in the direction of information that they should find useful**. Your local council should signpost you towards information about social care and **benefits** through its helpline or call centre (if it has one), website and through local services such as libraries and health centres.

TERM	DEFINITION
46) Single assessment process	**An attempt to coordinate assessment and care planning across the NHS and councils, so that procedures aren't repeated and information is shared appropriately.** It was introduced because people sometimes have a wide range of needs and can end up being assessed more often than necessary, and information can end up getting lost. The single assessment process is widely used for older people, and increasingly for other adults with care needs.
47) Social worker	**A professional who works with individual people and families to help improve their lives by arranging to put in place the things they need.** This includes helping to protect adults and children from harm or abuse, and supporting people to live independently. Social workers support people and help them find the services they need. They may have a role as a **care manager**, arranging care for **service users**. Many are employed by councils in adult social care teams; others work in the NHS or independent organisations.
48) Support plan	**A plan you develop that says how you will spend your personal budget to get the life you want.** You need to map out your week, define the **outcomes** you hope to achieve, and show how the money will be used to make these happen. Your local council must agree the plan before it makes money available to you.
49) Telecare	**Technology that enables you to remain independent and safe in your own home**, by linking your home with a monitoring centre that can respond to problems. Examples are pendant alarms that you wear round your neck, automatic pill dispensers, and sensors placed in your home to detect if you have fallen or to recognise risks such as smoke, floods or gas-leaks. The monitoring centre is staffed by trained operators who can arrange for someone to come to your home or contact your family, doctor or emergency services.
50) Universal services	**Services such as transport, leisure, health and education that should be available to everyone in a local area** and are not dependent on **assessment** or **eligibility**.
51) Voluntary organisations	**Organisations that are independent of the Government and local councils**. Their job is to benefit the people they serve, not to make a profit. The people who work for voluntary organisations are not necessarily volunteers – many will be paid for the work they do. Social care services are often provided by local voluntary organisations, by arrangement with the council or with you as an individual. Some are user-led organisations, which means they are run by and for the people the organisation is designed to benefit – e.g. disabled people.
52) Wellbeing	**Being in a position where you have good physical and mental health, control over your day-to-day life, good relationships, enough money, and the opportunity to take part in the activities that interest you.**

Acknowledgements: *Social Care Jargon Buster* was commissioned by Think Local Act Personal and undertaken by the Social Care Institute for Excellence (SCIE). We are very grateful for the contribution of the project steering group including representatives from Association of Directors of Adult Social Services, Age UK, Carers Trust, Department of Health, Independent Age, Local Government Association, National Coproduction Advisory Group, Royal College of General Practitioners, SCOPE and Voiceability.

We would also like to extend particular thanks to all those involved in the wider consultations contributing to the development of this resource including people who use services, carers, representatives from local authorities and key stakeholders from across the sector.

Health Overview & Scrutiny Committee 27 November 2013

Report of the Assistant Director Governance and ICT

Night Time Economy Review – update report

Summary

1. This report presents updated information on the work so far completed by Members of the Health Overview and Scrutiny Committee (OSC) in relation to the corporate review into York's night time economy.

Background

2. At its meeting on 24 June 2013, the Corporate Scrutiny Management Committee (CSMC) expressed interest in developing a theme around the Night Time Economy worthy of 'corporate review', and received a briefing paper in support.

3. The briefing suggested a number of possible areas for review associated with the Night Time Economy which would support the Council's current key priorities in its Council Plan 2011-2015. They agreed to proceed with the theme and requested each of the Overview and Scrutiny Committees identify a suitable review remit in line with their individual terms of reference.

4. The Health OSC acknowledged that the Night Time Economy presented a number of challenges from a health standpoint, in particular a peak in violent crime and anti-social behaviour in the evening and night (particularly on Saturdays), putting a strain on resources at York Hospital's Accident and Emergency Department (A&E - now the Emergency Department) between midnight and 2am, and at their meeting on 11 September 2013 agreed the remit:

Aim

5. ‘To work with key partners to identify the relevant issues within the ‘health environment’ (including the impact on A&E at peak times) and suggest what measures need to be taken in order to address the issues identified’

Objectives

6. To support the remit above, the Committee agreed the draft timetable shown at Annex A and the following objectives:

   i. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department.

   ii. Investigate potential health risks to residents and visitors to York City Centre at night and early morning.

   iii. Evaluate responses staff consultation and hospital questionnaire to understand people’s perception about visiting A&E at night.

   iv. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York.

Consultation

7. The Director of Public Health provided a list of key organisations that could be consulted to support the review including representatives of the Emergency Department (ED) at York Teaching Hospitals NHS Foundation Trust (YTHNFT); the Vale of York Clinical Commissioning Group; the GP Out of Hours Service; Yorkshire Ambulance service and York Street Angels.

8. In line with other Night Time Economy reviews being carried out by the other Overview and Scrutiny Committees, Health OSC agreed to consult with ED attendees during planned night visits to the ED as well as a survey of ED staff. The findings from these visits and from the consultation will be presented in a future report.

Information Gathered to Date

York Hospitals Emergency Department

9. In support of Objective (i) two committee Members met with the Programme Director - Service Development and Improvement, the Directorate Manager for York Emergency Department and a Consultant in Emergency Medicine.

10. They provided information on the ED's "flag system" used to record reasons for attendance using a number of categories, including mental health, domestic violence and alcohol.

11. In 2007 the National Bureau of Statistics reported that a quarter of York's population were in the higher risk category related to alcohol. However, because of the way attendances were being coded in the flag system, the statistics were found to be not properly reflecting the true picture e.g. someone admitted to the ED with a head injury was being coded as such, not as someone who was under the influence.

12. In order to address this issue, in 2011 the ED carried out an audit. Data was collected for one week per quarter throughout the year, based on date, arrival time, sex, age, postcode, arrival method, disposal type, alcohol involvement and diagnosis.

13. During 2011 total ED attendances were 74,128 and in the four weeks audit period total attendances were 5,704. Of the total in the audit period, just 47 were flagged under the old criteria as being related to alcohol. Using the audit results, that figure rose to 533 for the same period, accounting for 6% of the total number of attendances during the day and almost 20% at night.

14. Based on the data collected during the audit period the estimated burden on the ED indicated 9.8% of total attendances were due to alcohol, i.e. 7,742 alcohol related ED attendances from a total attendance of 74,128.

15. Of the 553 alcohol related attendances in the audit period the following diagnoses were made:

- 34% (186) trauma[1];
- 19% (103) adult medical;
- 18% (98) mental health
- 11% (62) social / behavioural;
- 11% (63) head injuries.

16. Members were made aware that from the postcode data collected 62% of the total number of alcohol related attendances were from the City of York with a significant percentage of the remainder coming from neighbouring areas (11% from Selby, for example). At the weekend the percentage for York postcodes dipped to 54%, still more than half the total number of alcohol related attendances.

17. It was stressed to Members that it was not a tourist problem, a student problem or a stag or hen party problem – it was a York problem.

18. To further support Objective (i) members were made aware that the majority of alcohol related attendances were at night.

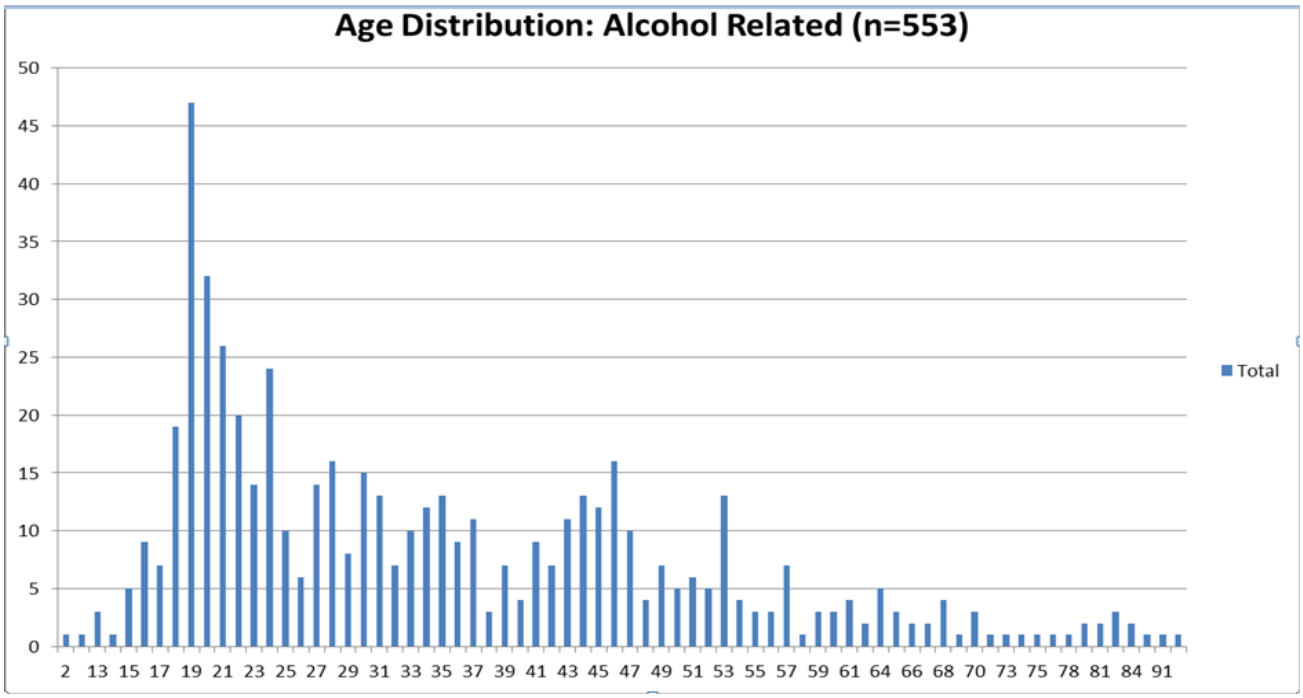
    Attendances: Day (9am-9pm) v Night (9pm v 9am)

	No alcohol	Alcohol related	Total	Proportion
Day	3,914	249	4,163	5.98%
Night	1,237	304	1,541	19.73%
Total	5,151	553	5,704	9.69%

19. The audit period review revealed the rise in alcohol related admissions at night led to a spike in these admissions from 11pm to 5am peaking at 1am.

20. In the audit period the average age of the total 5,704 ED attendees was 40.4 years while the average for the 553 alcohol related attendees was 34.6 years, covering a span from 2 to 91 years, as shown in the graph below:

[1] Trauma is defined as a physiological wound caused by an external source. It can also be described as a “physical wound or injury, such as a fracture or blow”.



21. It is evident there was a spike in alcohol related admissions at age 19 and 20 but the graph shows this is not just a young person's problem.

Under 30	30 or over
Total attendances = 2,411	Total attendances = 3293
Due to alcohol = 263	Due to alcohol = 290
10.91%	8.81%

22. And it was not just men. Of the total number of alcohol related admissions 36% were women. Results from the audit period found:

Female attendances = 2,725	Male attendances = 2,979
Due to alcohol = 199	Due to alcohol = 354
7.3%	11.88%

23. Effect on Ambulance Service
Members were informed that 18% of the 1,655 ambulance attendances at ED during the audit period were alcohol related. Of the alcohol related arrivals at ED during that period 54.6% (302 people) arrived by ambulance while of the non-alcohol related arrivals 26.27% arrived by ambulance. If the 18% alcohol related ambulance attendances were removed from the equation the ambulance service would hit all its turnaround targets.

24. To further support Objective (ii) a number of Committee Members have met with the Ambulance Service since the publication of this report and their findings will be included in a future report.

25. Effect on length of Stay
Alcohol related attendances during the audit period accounted for 9.6% of admissions staying in the department between two and three hours; 13.7% between three and four hours; 14.9% between four and six hours and 20% over six hours. It means a disproportionate number of patients go into breach i.e. over four hours. Many of the alcohol related attendances were not considered to be a healthcare issue but a protection issue.

26. In addition, half of all patients coming to ED with mental health issues are under the influence of alcohol. Before they can be seen by a psychiatrist they have to be sober, and can block a cubicle or a bed for several hours.

27. For example, a 29-year-old man was brought in by ambulance and was too drunk to speak or stand up. He slept in a cubicle for two hours and it was a further two hours before he was sober enough to stand up – with two security men in attendance to stop him wandering off around the department and falling over. When he was finally able to stand properly he needed to pass water but was still too drunk to fill a bottle and urinated all over the cubicle. He had money and keys for accommodation and finally left after five hours following an ambulance journey, multiple observations, a security presence, and a blocked cubicle.

28. Effect on Hospital Staff and Other patients
Members appreciated that the length of stay for alcohol related attendees had huge implications for staff and other attendees with some patients having to wait in inappropriate places for hours. Staff had to deal with intoxicated people who were often confused, unable to stand up and abusive. In many instances these people were accompanied by friends in a similar state. Some ED staff also reported they were not keen to stay in the department because of the abuse they got. However this did not stop them giving all their patients the care they needed.

GP Out of Hours Service

29. The Out of Hours service operates when GP surgeries are closed. It is for urgent and serious medical problems that cannot wait until the next day. The service operates out of York Hospital and is located in the ED department. Information to the Committee from the acting Clinical Director for Unscheduled Care which covers the GP Out of Hours (OOH) service revealed the Night-Time Economy had almost no impact on the service but accepted it did have a considerable impact on the ED itself. While OOH doctors are at the hospital patients have to be referred to them.

Vale of York Clinical Commissioning Group

30. The CCG is responsible for the planning and purchasing of the vast majority of health services across the area. This includes hospital care, mental health and community services.

31. To further progress work on Objective (i) a meeting was held with the Senior Improvement and Innovation Manager of the Vale of York Clinical Commissioning Manager on 4 October.

32. It was noted that the CCG had Emergency Care Practitioners based at GP surgeries across the area. One of their roles is to enable patients to be treated in their own home so they do not need to attend ED. The Emergency Care Practitioners are able to carry out minor medical procedures such as stitching and can also administer some medications such as antibiotics.

33. The CCG also compiles data around hospital admissions which revealed that most of their attendance data around alcohol comes in as cuts and minor injuries and most are at night.

34. It was also noted the figures reveal a peak around the younger part of the population and that half are discharged without treatment, indicating these are the ones who are not medically unwell and do not need to be admitted to hospital.

Street Angels

35. To support Objective (ii) a meeting was held with Street Angels team leaders on 11 November 2013 to discuss their work and how they help ease the strain on the hospital's Emergency Department.

36. Street Angels York is a Church-led initiative that is made up of volunteers who want to help make York city centre a safer and better place. Volunteers walk the city streets in the late evenings into the early hours of Saturday and Sunday caring for, practically helping, and listening to people, especially those in vulnerable or difficult situations.

37. All the volunteers are trained and the team leaders were keen to stress that they did not go looking for trouble but they work with people who are in trouble. Their role is to look out for people in a vulnerable situation such as those who have had too much alcohol and those who had become separated from their group or party.

38. The Street Angels have two forms of contact “casual” and “significant”. Significant contact is where team members spent a lot more time with those people in need and these are recorded at the end of the night. In York centre there are between two and six recorded significant contacts each night they are on patrol.

39. As a result they estimate that their work is able to prevent an average of five ED attendances every weekend, approximately 260 a year. Street Angels consider it their duty to care for these people to enable them to get home safely. A lot of the people they care for are very drunk and the Street Angels sit with them, usually in their minibus, until they are sober enough to make their way home.

40. Example 1: A Street Angels Team needed to help a very drunk girl who it later transpired has just broken up with her boyfriend. She was on anti-depressants and was not supposed to drink, but she did. She was frothing at the mouth and clearly distressed. They called for paramedics to assess her but rather then send her to hospital they stayed with her until she was well enough to get home.

41. Example 2: Volunteers were concerned about a man in his 40s. He was dressed in a suit and had blood on his face. They followed him and he pulled a tag off his wrist and threw it away. The tag revealed he had discharged himself from Bootham Park Hospital. He then broke a bottle and tried to cut his own throat. They called the ambulance services and the police also attended. The police stood back while paramedics spoke to the man and resolved the situation.

    The Volunteers praised the way in which the police and paramedics regularly work together in this way to achieve best outcomes for people in distress.

42. Example 3: They noticed a young man acting strangely. He was dressed in combat gear and would not speak to the volunteers.

He began jumping on the stalls at Newgate Market. The police were called but they told the volunteers there was nothing they could do unless he committed a crime. It transpired the man had mental health issues and had not had his medication that day. It took the volunteers two to three hours to encourage him to take a Mars Bar.

43. Example 4: A man started lashing out and caught one of the Street Angels. They were concerned for their own safety and the safety of passers by. The man lashed out again then fell to the floor and banged his head and was able to be helped and treated.

44. The volunteers have also helped people who have had seizures and others who have threatened to jump off bridges.

45. In support of Objective (ii) the volunteers identified several issues they considered presented health risks.

46. Issue 1: The spiking of drinks is said to be a growing risk to people using licensed premises. Drinks can be spiked by extra shots of alcohol or by drugs. In the main this involves younger females who are sometimes abandoned in the street because people think they are drunk when often they are not.

47. Issue 2: The volunteers reported there was a significant amount of "pre-loading" in York. This is when people drink cheaper alcohol at home or elsewhere before coming to the city centre.

48. Issue 3: Some girls get drunk and become very vulnerable because of the predatory nature of some of the men in the city centre. Street Angels are trained to notice anything unusual and look at the age and attire of people in the city centre. On occasions such as university Freshers' Week they noted an increase in the number of 30-40 year old men in the centre. If the volunteers notice girls in a vulnerable situation they stay with them until they are reunited with their friends or are able to get home safely. *"We feel we have prevented a lot of rapes."*

49. Issue 4: There is a lot of broken glass on the city centre streets at night bringing the potential for injury. The night-time patrols are often called to help with minor injuries caused by broken glass.

    At the end of an evening out women who have been wearing heels often go barefoot, sometimes resulting in their feet being cut.

50. Street Angels – who give flip-flops to these people - asked the committee to back the Pop-Campaign – a petition to get glass banned from late-night city centre bars and clubs (for further information see:

www.**pop-campaign**.co.uk/).

51. Street Angels confirmed the campaign had been rolled out by some local authorities with a great deal of success. It was launched in 2004 after a worker was assaulted on Christmas Eve when he tried to assist and protect a female colleague. He was attacked with a glass bottle and was left fighting for his life after his face and throat were slashed.

52. They would also back any campaign that addresses the binge drinking culture or examines how some pubs and clubs are able to offer low priced drinks to attract people to their premises.

53. The team leaders wanted the committee to note that the city centre police, ambulance service and door staff are all helpful and professional but they understood their frustrations.

Analysis

54. The Committee should note that 19.73% of the night time attendances during the audit period were alcohol related. However there is no definitive evidence to prove the spike in Emergency Department attendances on Friday and Saturday nights (as detailed in paragraphs 18 & 19 above) is as a direct result of the city centre's late night economy, as it is not known what percentage of the attendances are as a result of drinking in licensed premises in the city centre, at home or elsewhere.

55. The Committee may wish to consider whether it is reasonable to conclude that the huge influx of people frequenting licensed premises in the centre at the weekend has a significant bearing on the figures – particularly alcohol related attendances.

56. Similarly there is no concrete evidence to confirm the high percentage of alcohol related diagnoses of trauma; social / behavioural; mental health and head injuries can be put down to violent crime or anti-social behaviour linked to the city centre night-time economy. But, again bearing in mind the influx of people into the city centre on a Friday and Saturday night, it would suggest it played a significant part.

57. In regard to the length of time attendees spent in the ED, Members recognised that alcohol related attendees spend a disproportionate length of time in ED as highlighted in paragraphs 25-27.

58. Members also recognised it was unpleasant for other patients to be in a department where people were drunk, and agreed that patients with a need to attend ED should expect a better experience.

59. Members might therefore conclude from the evidence provided that the high number of alcohol related attendances at night is putting a strain on staff, their time, beds and cubicles and waiting times at the Emergency Department and on the Ambulance Service, as evidenced in paragraphs 13-19; 13 and 25-27.

60. In regard to the issues raised by Street Angels (as shown in paragraphs 35-53 above) the Committee noted their efforts to reduce the numbers attending the ED, expressed their appreciation in the work done by Street Angels, and questioned whether more could be done to support their volunteers.

61. In regard to the issue of broken glass on city centre streets, the Committee noted that the NTE Review being undertaken by the Community Safety Overview & Scrutiny Committee would be addressing the issues of commercial waste and detritus on city centre streets during the evening.

62. Finally, whilst recognising that much of the information gathered to date relates to the effects of alcohol consumption on the resources of health partners, the Committee might wish to consider what, if any, other night time economy related activities may be having an impact on ED at peak times.

To Progress the Review

63. The committee should note there is still a need to evaluate the responses from the emergency department staff survey and patient consultation to understand people's perceptions of visiting the emergency department - Objective (iii).

64. In addition, to achieve Objective (iv) the Committee has to examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking in an effort to identify successful campaigns for future use in York.

65. Following this it is suggested the Committee put the review on the agenda at a future meeting to discuss the findings to date, agree what, if any, additional information is required and formulate recommendations to CSMC.

Implications

66. The implications associated with the recommendations arising from this review will be will be identified and included in the Draft Final Report once work on this review has been completed.

Council Plan 2011-15

67. This review relates to the following key element of the Council Plan 2011-2015: 'to protect vulnerable people'.

Risk Management

68. There are no risks associated with this report. Any risks arising from the recommendations in the Final Draft Report will be identified and addressed accordingly.

Recommendations

69. Having considered the information provided within the report the Committee are recommended to note the work on the Review to date and the measures needed to progress the Review.

Reason: To ensure compliance with scrutiny procedures, protocols and workplans.

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Report Approved ✓ **Date** 18 Nov 2013

Wards Affected: All ✓

Background Papers: None

Annexes:

Annex A – Review timetable
Annex B – Abbreviations

Annex A- Night Time Economy Review

Aim: To work with key partners to identify the relevant issues within the 'health environment' (including the impact on A& E at peak times) and suggest what measures need to be taken in order to address the issues identified

Objectives	Method	Meeting Date
1. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department.	Meet with representatives of York Hospital Trust, Vale of York CCG and the Yorkshire Ambulance Service to identify problems Visit hospital ED to witness events in the department and impact on resources.	3 October 4 October 22 November 15 November 16 November
2. Investigate potential health risks to residents and visitors to York City Centre at night and early morning 3. Evaluate responses from staff consultation and the hospital questionnaire to understand people's perception about visiting A&E at night.	Meet with representatives of: i) Street Angels York, and ii) Yorkshire Ambulance Service to identify specific areas of risk.	i) 11 November ii) 22 November

4. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York.	Meet with representatives of Public Health, Police and other support services	
	Consider Draft Final Report and identify suitable recommendations	January 2014 Committee meeting

Annex B- Abbreviations used in this report and its annexes

A&E – Accident and Emergency

CCG – Clinical Commissioning Group

Cllr- Councillor

CSMC - Corporate Scrutiny Management Committee

ED – Emergency Department

GP – General Practitioner

Health OSC – Health Overview and Scrutiny Committee

OOH – Out Of Hours

NTE – Night-Time Economy

YTHNFT - York Teaching Hospitals NHS Foundation Trust

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Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
11 September 2013	**New Themed Meeting Approach: Overview of Health Partners** 1.Update on implementation of the recommendations arising from the end of life care scrutiny review 2.Annual report from Chief Executive at York Teaching Hospital NHS Foundation Trust, including o Liverpool care pathway o Francis report progress 3.Annual report from Chief Executive of York Ambulance Trust 4.Update on the implementation of the NHS 111 service 5.Joint update from Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together 6.Public Health Service Plan? **Monitoring Role:** 7.(a) First Quarter CYC Finance & Performance Monitoring Report (b) Director of Public Health to report on the work of the HWB and how Health OSC and HWB work together **Scrutiny and Task Group reports:** 9. Briefing Paper on Health OSC Remit for Corporate Night Time Economy Review **Managing the Business:** 10. Workplan Update

23rd October 2013	**New themed approach: Mental Health and Medical Services for Travellers** 1.Annual report to the committee from the Chief Executive of Leeds and York Partnerships NHS Foundation Trust 2.Monitor of partnership working and implementation of learning about partnerships (report from Leeds and York Partnerships NHS Foundation Trust on the way that older people's mental health services are provided) *3. Report on proposed changes to psychological therapies services at St Andrew's in York.* 4. Report Section 136 of the mental health act – provision of a place of safety **Scrutiny and Task Group reports:** 5. Draft final report of Community Mental Health & Care of Young People Task Group 6. Presentation on 'loneliness' from Tracey Robbins JRF / JRHT Neighbourhood Approaches to Loneliness team **Managing the Business:** 7.Workplan Update
27th November 2013	**Themed approach: Health and Social Care** 1. Second Quarter CYC Finance & Performance Monitoring Report 2. Update report on the CSU and York Teaching Hospital on how they are working together by Debbie Ward and Janice Sunderland of NY&H CSU 3. Friends and Family Test – Maternity Services **Scrutiny and Task Group reports:** 4. Draft interim report of Personalisation Task Group 5. Update report on Night Time Economy review **Managing the Business:** 6.Workplan Update

18th December 2013	**Themed approach: Community Health Services** 1.Care Quality Commission (tbc) **Monitoring Role:** 2.Report on the work of the HWB and how Health OSC and HWB work together 3.Consider the workplans of partnership boards. **Managing the Business:** 4. Workplan Update
15th January 2014	**Themed approach:** **Scrutiny and Task Group reports:** 1. Scoping report on Men's Health Review. 2. Interim report on Night-Time Economy Scrutiny Review? **Managing the Business:** 3.Workplan Update
19th February 2014	**Themed approach:** 1. Annual Report on the Carer's Strategy? (tbc) 2. Update on implementation of the recommendations arising from the End of Life Care Scrutiny Review 3. Update on Francis Report (tbc) **Scrutiny and Task Group reports:** 4. Draft final report on Night-Time Economy Scrutiny Review **Managing the Business:** 2.Workplan Update

12th March 2014	**Themed approach:** **Monitoring Role:** 1.Third Quarter CYC Finance & Performance Monitoring Report 2. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow) 3. Update report on introduction NHS 111 services 4. Update report on use of additional funding for York Teaching Hospital (likely to have been used to supplement staffing during winter period) **Managing the Business:** 1.Workplan Update
23rd April 2014	**Themed approach:** 1. Update report from Police on provision of Place of Safety at Bootham Hospital **Managing the Business:** 1.Workplan Update

Abbreviations:

tbc – to be confirmed
HWB – Health & Wellbeing Board
CSU – Commissioning Support Unit
NY&H – North Yorkshire and Humber