

Notice of a public meeting of

Health Overview & Scrutiny Committee

- To:** Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Douglas, Hodgson, Jeffries and Wiseman
- Date:** Wednesday, 28 May 2014
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
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 interestswhich they may have in respect of business on this agenda.
- 2. Minutes** (Pages 3 - 16)
To approve and sign the minutes of the meeting held on 23 April 2014.
- 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 27 May 2014 at 5:00 pm.**

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http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

4. Presentation by City of York Council's Head of Transformation about her work around Adult Social Care (Pages 17 - 20)

The Committee will receive a presentation and briefing paper from the Council's Head of Transformation about her work around Adult Social Care.

5. Be Independent Community Equipment and Response Service (Pages 21 - 36)

This report presents Members of the Health Overview and Scrutiny Committee with information (Annex A) about how Be Independent is developing new ways of delivering services in York.

6. Men's Health Scrutiny Review Topic

In December 2013, Councillor Wiseman proposed a scrutiny review topic for the Committee to undertake. At the meeting it was felt that there was not sufficient time left in the municipal year to start work on this. Therefore this topic has been brought back for Members to decide whether or not they would like to proceed with this review topic in this municipal year.

7. Possible Topics for Scrutiny Review during the Municipal Year

Members will be asked to consider a range of potential topics for scrutiny reviews during the Municipal year. These being;

- Partnership Working-Delayed Discharges
- Improving Access to Psychological Therapies (IAPT)
- Personalisation
- Delayed Transfer of Care (DTC)
- Safeguarding
- Neurology Services

8. Work Plan 2014-15 (Pages 37 - 42)

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

9. Any Other Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

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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 and
- For receiving copies in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

**Ta informacja moze być dostarczona w twoim (Polish)
własnym języku.**

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)



(01904) 551550

HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item 1: Declarations of interest.**

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

Councillor Doughty	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 Non Executive Member of Be Independent.
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 April 2014
Present	Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Douglas, Hodgson, Jeffries and Wiseman

Part A- Matters dealt with under Delegated Powers

84. Declarations of Interest

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

Councillor Funnell declared a standing personal interest in the remit of the Committee as a non Executive Member for Be Independent (a new social enterprise for warden call in the city).

No other interests were declared.

85. Minutes and Matters Arising

One Member commented on an aspect from the previous minutes about the Committee receiving quarterly finance and six monthly performance reports and how the integration and presentation of information from both separate reports to the Committee was useful. There was also concern about the length of the agenda for the meeting.

Officers noted the Member's comments about the finance and performance reports. It was also reported that some of the items on the agenda could not be delayed and three had arisen after the work plan had been agreed.

Members suggested the report on the Carer's Strategy be postponed, as it was felt that discussions on it merited a longer amount of time than might be possible. Members agreed to the postponement.

Resolved: (i) That the minutes of the Health Overview and Scrutiny Committee held on 12 March 2014 be approved and signed by the Chair.

(ii) That consideration of the Carer's Strategy Update Report (Minute Item 93 refers) report be postponed to a future meeting.

86. Public Participation

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

Siân Balsom from Healthwatch York spoke in relation to Agenda Item 9 (Leeds and York Partnership Review of St Andrew's Services).

She thanked the Committee for revisiting the review and informed the Committee that Healthwatch had worked with Leeds and York Partnership NHS Foundation Trust to extend the consultation period for the review of the services. Members were informed that further consultation events had been held in respect of this, but that there had been limited feedback from these events and no further face to face engagement. A report had been published but service users were sceptical as to how they had shaped services. Further clarity was also sought on what had changed to the services at St Andrew's as a result of the consultation. She also shared concerns about the Partnership Commissioning Unit's new engagement programme, Discover, and how Healthwatch felt that this would be consultation overload. It was also highlighted that voluntary sector partners and service users were concerned about the new programme, not least as notice of its first event on 28 April was given on 16 April.

She shared with the Committee a number of questions including;

- Which areas of mental health provision would fall under the Partnership Commissioning Unit and which would remain with the Vale of York Clinical Commissioning Group (VOYCCG)?
- How would the new programme compliment existing engagement processes?

Why was this not raised beforehand, particularly given that specially commissioned engagement for Mental Health through MIND had already been paid for by the VOYCCG?

David Smith from the Retreat spoke in relation to Agenda Item 13 (Draft Final Report-Personalisation Scrutiny Review). He shared his views with the Committee about the outcome of the review. He added that the report needed to be more open that there were particular difficulties and challenges around funding Direct Payments and about access to these for users with Mental Health issues.

87. Update from Health and Wellbeing Board

Members received the Annual Report from the Chair of Health and Wellbeing Board.

A short update was given to the Committee as to why the Chair of the Board could not attend to present the report. Both the former Chair, Councillor Simpson-Laing (who had written the report) and the new Chair, Councillor Cunningham-Cross had to attend a Cabinet meeting being held at the same time.

Some Members expressed their disappointment at the situation particularly as the start of the meeting had been brought forward to allow for the attendance of Councillor Simpson-Laing.

Officers reported that a commitment had been made to bring a report to Health OSC after every meeting of the Health and Wellbeing Board.

Members made a series of comments in relation to the report. These included;

- That the layout of the room in which a Health and Wellbeing Board Shareholder event was held in March made it inaccessible for those with mobility issues and the presentation given was not good for those with visual impairments.
- The report gave an insight into what the Chair herself had been doing but not in the activity of the Board itself.

Also, there was no reference made to what had happened as a result of the meetings that the Chair had held and/or attended.

- That there needed to be reference to Health OSC's specific scrutiny role not just as a partner in a working relationship.

Resolved: That the report be noted.

Reason: To appraise the Health Overview and Scrutiny Committee with the work of the Chair of the Health and Wellbeing Board.

88. Draft Framework - Working Relationships between Health Overview and Scrutiny Committee, Health and Wellbeing Board and Healthwatch York

Members considered a report which presented the first draft of the framework setting out the working relationship between the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Healthwatch York as the lead for the patient voice.

Resolved: That the report be noted.

Reason: To establish a robust working relationship between key Boards in the City.

89. Merger Between York Medical Group and Minster Health

Members considered a report which asked them to acknowledge the merging of York Medical Group and Minster Health for the reasons outlined in the report.

Some Members felt the merger was logical and were surprised that this had not already been carried out. Others asked what risk assessments had been carried out in regards to the impact the merger could have on residents.

The authors of the report were in attendance at the meeting. They felt that there would not be a negative impact from the merger and felt that it would offer patients more choice.

For example they could offer early morning and late night surgeries and they would also provide British Sign Language and webcam appointments.

Resolved: (i) That the report be noted.

(ii) That the merger of York Medical Group and Minster Health be agreed and formally endorsed.

Reason: So that the practices provide a better experience for their patients.

90. Vale of York GP Federation

Members considered a report and received a presentation on the formation of the Vale of York GP Federation.

Iain Murray, Associated Project Manager from NHS North Yorkshire and the Humber Commissioning Support Unit attended the meeting to answer Members questions.

Members asked a series of questions about the report, these included;

- Why was no risk analysis included in the report? Was there a danger that the Federation could split the Vale of York Clinical Commissioning Group if there were disagreements? (VOYCCG)
- Why had Gillygate Practice contributed funding for the Federation's establishment but had not joined?
- Would there be a limit as to how many Practices could join the Federation?
- Would a Federation of Practices make it easier for patients to get appointments?
- Would telephone services take into account textphone communication for deaf and hearing impaired people like Typetalk?

Members received the following responses;

- There would not be a danger of the Federation splitting the VOYCCG as their aims would be aligned. It was felt that a Federation would allow for best practice to be shared more widely.

- Gillygate had contributed funding for its work in the formation of the Federation to be formally recognised, even though it had decided to not join.
- That as a West Yorkshire Federation of 30 practices functioned well, so if more practices in York wished to join the Federation it would be fine.
- That the Federation were thinking about rolling out a new appointment system, and therefore it might improve access to appointments.
- The use of Typetalk on telephone services within the Federation had not been carried out yet, but was on the agenda to be done.

Officers reported that the Council had contracts with a number of different GP practices in the York, but these were disparate and so they welcomed the establishment of a Federation.

The Chair allowed for the Chairman of York Hospital NHS Foundation Trust, who was in attendance, to speak about how the Federation would affect York Hospital.

He felt supportive of the idea as having groups of surgeries in the city would give more co-ordinated care with referrals to and follow ups from surgeries to the hospital.

The Chair thanked the Associate Project Manager for his attendance at the meeting and suggested that the Commissioning Support Unit be invited back to the Committee in the future.

Resolved: That the report and presentation be noted.

Reason: In order for the Committee to be kept informed of the formation of the Vale of York GP Federation.

91. Section 136 Place of Safety Update

Members received a report which presented them with statistical information from North Yorkshire Police on those detained under Section 136 of the Mental Health Act (1983) during the period of March 2013 and February 2014 and taken to North Yorkshire Police Custody Suites.

Inspector Bill Scott, the Mental Health Lead from North Yorkshire Police was in attendance at the meeting to answer Members' questions.

In relation to details of training for the Section 136 Place of Safety (which were highlighted at Annex B to the report), it was reported that an online training package in respect of mental health and policing had been offered as it would have taken approximately forty days to complete face to face training. Training would be offered to operational managers first as they would cascade the information down to other staff and would act as a point of information for them.

One Member of the Committee shared her concerns about discretion and privacy in the Place of Safety facility. She pointed out that one of the rooms was being used as a staff entrance. It was noted that the Police had not been aware of the room being used in this way.

The report highlighted a marked reduction in detentions since the opening of the unit and Members questioned whether the Police had previously been detaining the right people. It was felt that if the drop in detentions was a result of increased working relationships between partners that this needed to be highlighted.

The manager of the Emergency Department at York Hospital NHS Foundation Trust, Wendy Quinn, informed the Committee that mental health related attendances were relatively high but that a 'red flag' system was in development which would identify patients to the Section 136 suite that would have not been previously known to the Police.

Inspector Scott also informed Members that the Police had introduced a street triage system. Two policemen would be on shift to give advice to other officers when advice was needed when dealing with a person with mental health issues.

Resolved: That the report be noted.

Reason: To keep Members informed of developments associated with providing a Place of Safety for York and North Yorkshire.

92. Leeds and York Partnership Review of St Andrew's Services

Members considered a written report and verbal update which provided them with an update on the Leeds and York Partnership NHS Foundation Trust review together with proposals for the development of an integrated personality disorder service in York and North Yorkshire.

The Chief Operating Officer from Leeds and York Partnership NHS Foundation Trust was in attendance to present the report. She explained that following additional consultation that more detail had been added into the proposals. In addition, group therapy had now been reintroduced into the service provided and letters had been written to those who had contributed to the consultation to inform them of the changes made.

It was also noted that there was an intention for additional consultation events to take place.

Resolved: That the report be noted.

Reason: To keep Members updated on the review and the proposals on development of an integrated personality disorder service in York and North Yorkshire.

93. Carers Strategy Update Report

It was agreed by Members to postpone consideration of this item as it was felt that that there would not be sufficient time to consider it fully.

Resolved: That consideration of the report be postponed to a later date.

Reason: In order for sufficient time to be given for the consideration of the report.

94. Residential, Nursing & Homecare Services - Quality Monitoring

Members received a report which provided them with a six monthly update on Residential/Nursing Care and Homecare in York. The report also provided them with a summary of the current performance of providers against Care Quality Commission (CQC) Standards and the Council's own standards for performance and quality.

Officers informed Members that a common concern for them was about leadership and management. They felt that the issues were not only uniquely about pay offered to managers but also the length of time that they were at a Home and the nature of the market.

Questions from Members included;

- If the CQC said that the Residential/Nursing Care and Homecare provision in York was not fit, could all users be accommodated?
- Could more information be given on the Council Care Home due to open in 2016?

It was reported that in the event of over capacity then spaces would be found in homes on the immediate boundaries of the city, as it was known that there were vacancies here.

It was noted that as a legal process was currently being undertaken in regards to the new Council Care Home the only information that could be given to Members was that Officers were assured that the timescales given matched the Council's targets.

In regards to issues over incorrect medical records, the Council was currently investigating using a computer system similar to one used at the Hospital to minimise human error when dealing with medication. It was also reported that a medication pilot had been carried out with one surgery. Officers informed Members that if they so wished a copy of the evaluation pilot could be brought back to the Committee for consideration.

Resolved: That the performance and standards of provision across the care service in York be noted.

Reason: To update Members on the current performance of providers against CQC Standards and the Council's own standards for performance and quality.

95. Joint Health Overview & Scrutiny Committee (Yorkshire and Humber)

[See under Part B minute.]

Members considered a report which provided them with the new Joint Arrangements for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC) in relation to the new review of Congenital Heart Disease Services. The report also included a request for Members to reconfirm support for JHOSC.

Councillor Wiseman who attended the last meeting of the JHOSC on 10 April 2014, in place of the Chair spoke to the Committee about the meeting and its outcomes.

She told Members how she had felt that NHS England had taken on board the JHOSC's views and that the new review of Congenital Heart Disease was underway as a result of the work of the JHOSC.

The Committee nominated Councillor Wiseman to be appointed to serve on the JHOSC.

Resolved: That the report be noted.

Reason: In order that the Council's voice is heard in relation to NHS England's new review of Congenital Heart Disease Services.

96. Draft Final Report - Personalisation Scrutiny Review

Members received a draft final report on the Personalisation Scrutiny Review which set out the findings of the Task arising from their review.

Discussion between Members took place during which it was decided to finish the review and sign off the suggested recommendations.

Some Members felt dissatisfied with the report. Others felt that the review had missed an opportunity to look at Personalisation in Mental Health care.

The Chair felt that a future review could focus on the specific topic of Personalisation in Mental Health care.

However, it was noted by Officers that the recommendations from the review could inform and be used by them in their work in the Rewiring Public Services review.

It was agreed that the Chair, Vice Chair, Director of Public Health and Wellbeing, a representative from Leeds and York Partnership NHS Foundation Trust, David Smith from The Retreat and Siân Balsom from Healthwatch York work together via email to formulate wording.

Resolved: (i) That all recommendations identified in paragraph 56 of the report be agreed and forwarded to Cabinet.

(ii) That an additional recommendation be added to those forwarded to Cabinet following discussion and submission of wording from the Chair, Vice Chair, Director of Public Health and Wellbeing and partners involved in the review to the Scrutiny Officer.¹

Reason: To complete this review.

Action Required

1. Produce additional recommendation to include in SE final report to Cabinet.

97. Work Plan 2013-14

Members considered the Committee's work plan for 2013-14.

Resolved: That the work plan be agreed.

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

98. Work Plan 2014-15

Members considered the Committee's work plan for the new municipal year, 2014-15.

Discussion took place on the proposed scrutiny topics included in the work plan. It was agreed that the following topics be taken forward by the Committee;

- Partnership Working-Hospital Discharges
- Improving Access to Psychological Therapies
- Delayed Transfer of Care
- Multi Agency Safeguard Hubs (a quick look at this topic)
- Neurological Conditions
- Personalisation (with a new remit)

Resolved: That the work plan be agreed with additional topics inserted.

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

Part B- Matters Referred to Full Council

99. Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber)

[See under Part A minute.]

Members considered a report which provided them with the new Joint Arrangements for the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC) in relation to the new review of Congenital Heart Disease Services. The report also included a request for Members to reconfirm support for JHOSC.

Councillor Wiseman who attended the last meeting of the JHOSC on 10 April 2014, in place of the Chair spoke to the Committee about the meeting and its outcomes.

She told Members how she had felt that NHS England had taken on board the JHOSC's views and that the new review of Congenital Heart Disease was underway as a result of the work of the JHOSC.

The Committee nominated Councillor Wiseman to be appointed to serve on the JHOSC.

Recommend:

- i. That Council reconfirms its support for the establishment of a Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber), in relation to NHS England's new review of Congenital Heart Disease services.
- ii. That Council delegates relevant functions, as set out in Annex A to the report, that shall be exercisable by the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (JHOSC), subject to such terms and conditions therein.
- iii. That Councillor Wiseman be appointed to serve on the JHOSC in relation to the new review of Congenital Heart Disease services.
- iv. That Council confirm its support for the financial contribution of £1000 to Leeds City Council for the financial year 2014/15 to help cover administrative costs, printing, postage, room hire and other materials and an element of officer time in relation to the work of the JHOSC.

Reason: In order that the Council's voice is heard in relation to NHS England's new review of Congenital Heart Disease Services.

Councillor C Funnell, Chair
[The meeting started at 5.30 pm and finished at 7.00 pm].

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Health Overview & Scrutiny Committee**28 May 2014**

Better Care Fund

Briefing paper**What is the Better Care Fund?**

- It has long been recognised that there is a need for greater integration of health and social care, because this can support people better and improve their health and wellbeing by ensuring continuity of care, while making best use of resources.
- In June 2013, as part of the Government's Spending Round, a £3.8 billion pooled fund was announced to promote joint working between the health service, and care and support in 2015/16.
- The Better Care Fund is not new money. It includes existing NHS and social care funding, which will be jointly invested as the biggest ever financial incentive for health and social care to work together and improve outcomes for people.
- £1bn of the Better Care Fund will be tied to local performance. Areas will be assessed against how well health and social care work together to improve outcomes, based upon:
 - ✓ Emergency admissions;
 - ✓ Delayed transfers of care;
 - ✓ Effectiveness of reablement;
 - ✓ Admissions to residential care; and
 - ✓ Patient and user experience

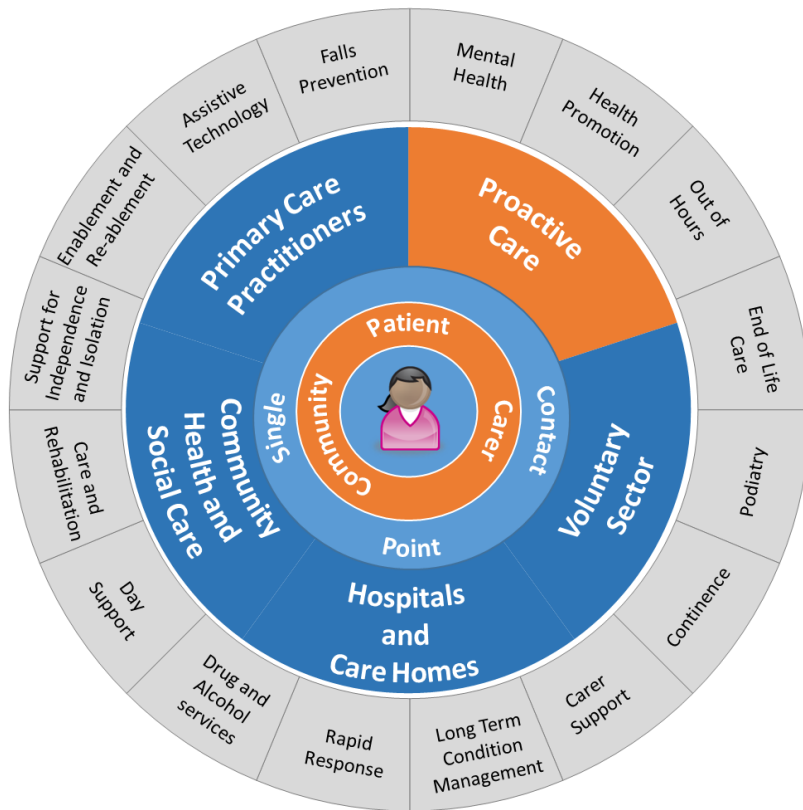
What does Better Care mean in York

- In York, this means that in 2015/16 there will be a pooled budget of £12 million to invest in joint working between NHS Vale of York Clinical Commissioning Group and City of York Council. This budget will grow as the schemes develop.
- This will help us deliver some of our projects in 2015/16 within our longer term five year integration plan.
- York's Better Care Fund plan is focused around three key themes:
 - ✓ Care Hubs
 - ✓ Shared Care Records
 - ✓ Single Contact Point

Care Hubs – an example of how the fund will be used in York

- A Care Hub is a team of health and social care practitioners working together from different organisations and disciplines. The Care Hub team could include a nurse, social care worker, GP, occupational therapist, pharmacist, and a Counsellor from a local provider. Care Hubs will be based in a community setting, such as a local GP surgery.
- Care Hubs will work with individuals to identify their health and care needs now and in the future. They will promote their independence, reduce the risk of conditions escalating and/or relapse in health and wellbeing, to reduce the need for people to attend emergency departments.
- Care Hubs are still developing and we are working with a group of GP practices called Priory Medical Group to test different ways of working before they are introduced across the city from 2015/16.
- The introduction of Care Hubs is linked to a number of other projects we are working on as part of our five year integration plan and the Better Care Fund. These include:
 - ✓ 7 day working

- ✓ Sharing health and social care data - without this our vision for joined up patient centred care will not happen.
- ✓ Protecting adult social care services and implementing the Care Bill.



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Health Overview and Scrutiny Committee**28 May 2014**

Report of the Assistant Director, Governance & ICT

Be Independent Community Equipment and Response Service**Summary**

1. This report presents Members of the Health Overview and Scrutiny Committee with information (Annex A) about how Be Independent is developing new ways of delivering services in York.

Background

2. In early 2013 two City of York Council services – Warden Call and Community Equipment Loan – were allowed to form a Community Interest Company to secure the future of both services. As a result Be Independent, as an independent social enterprise, will provide a service for both statutory agencies and the public through the provision of community equipment loan and telecare services. Be Independent is a staff led organisation; a form of social enterprise where any profits made by the service is reinvested back into the service.

Consultation

3. The information contained in Annex A has been provided by the Chief Executive of Be Independent, who will be at the meeting to answer any questions.

Options

4. There are no specific options for the Committee to consider, however Members are asked to note the information included in this report and its annex and make any comment they feel necessary.

Analysis

5. Not Applicable.

Council Plan

6. This report is directly linked to the “Protect the Vulnerable” element of the Council Plan 2011-2015.

Implications

7. There are no implications arising directly from this report although, in regard to equalities, there is a need to ensure that those using the services provided by Be Independent are treated with respect and dignity and there is adequate provision to meet their needs.

Risk Management

8. There are no risks associated directly with this report.

Recommendations

Members of the Health Overview and Scrutiny Committee are asked to note and comment on the content of this report and its annex.

Reason: To keep Members informed of developments associated with Be Independent.

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Report Date 16/05/2014
Approved

Wards Affected:

All

For further information please contact the author of the report

Annex

Annex A – Be Independent report.

Abbreviations used in this report and its annexes

CELTAS – Community Equipment Loan and Telecare Services

CIC – Community Interest Company

CYC – City of York Council

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Be Independent Community Equipment and Response Service CIC

A new way of delivering services

Background

On the 1st April 2014 two City of York Council (CYC) Services were transformed into a social enterprise with this vision:

We will create a high quality, comprehensive and sustainable telecare and equipment service that redefines care delivery, and helps people manage their lives and stay independent in their own homes through life enhancing equipment solutions.

Back in May 2013 Cabinet agreed to allow the Warden Call and Community Equipment Loan Service to form a Community Interest Company in order to secure the future of both services. The teams had accessed central government funding to support them through the business planning process and had also had further funding agreed to support the team through the implementation phase.

Over the months of work the consultancy and legal support proved to be invaluable as this was the first time both CYC and the staff had endeavoured to do this. However what did help was the fact that we have support at the highest levels within CYC and passion within our service to make this work.

Be Independent being an independent social enterprise will provide a unique service for both statutory agencies and the general public through the provision of Community Equipment Loan and Telecare Services.

Be Independent will be the answer to the increasing demand for community response and equipment services. The public want easy access to the services, and for self-funded customers at a cost they can afford. Statutory agencies want (1) access to services and equipment in a timely manner that is responsive to their service user's clinical/social needs and (2) to work as part of the integrated pathway of care providing expert support and advice.

The purpose of Be Independent is to be the organisation of choice that works in partnership with their customers to best understand their needs through the provision of a community response service, equipment and expert advice and support to assist people to live their chosen lifestyle.

We will raise awareness and increase access of our services and equipment to the local community (both statutory service users and the general public) by sharing our specialist knowledge with health and social care professionals and the public, and offer a wide range of services and products so that individuals have access to services/products and the knowledge to assist others and/or help themselves when faced with an environmental challenge or functional limitation that impacts on their lifestyle.

We believe that CELTAS services are best delivered through a social enterprise as it will:

- Make the services more flexible and responsive to client needs;
- Enable new business opportunities to be realised to help secure financial efficiency and sustainability;
- Encourage staff working within the new organisation to be more motivated and driven to work harder, smarter and more consistently as they have greater ownership of and involvement with the business; and
- Ensure the service is as good as it can be by re-investing its financial surplus in the organisation to fund development of the service, technology and workforce.

Governance

As a CIC we have the flexibility to offer staff ownership in the form of membership of the enterprise. This would be difficult if not impossible as a charity as Trustees of charities must be unpaid. The Community Interest Company form also provides a degree of regulation and an asset lock. The asset lock ensures that assets are only ever used to deliver our business/social objectives.

Be Independent has a governance structure that is proportionate and appropriate to the scale of the organisation. We have two forms of membership of the new enterprise:

Staff would be “Staff Members” with the power to nominate and elect a “Staff Director” from their group to take a position on the Board of the new enterprise.

There will be six “Members” who will be responsible for the strategic management of the business and will hold the statutory responsibilities of Company Directors under Company Law.

Alongside the “Staff Director”, will be the Chief Executive Officer, The Director of operations and three Non-Executive Directors.

The Board delegates the day to day running of Be Independent to a Management Team which besides the CEO will include the Head of Operations and Head of Finance. (Note: The Head of Finance is a function and not a separate post). The management team will report performance to the Board on a regular basis, possibly every month initially.

In addition to the governance structure proposed above, three Advisory Committees will be established to enable different key stakeholders/stakeholder groups, including users, to be involved and have their input to the new organisation. Whilst these committees would not have any formal decision making abilities, we anticipate that any key outcomes/requests/etc. from these meetings would be tabled at the Management Team meeting, and latterly the Board meeting.

We will establish a sustainable organisation that our customers want to buy from and of which staff are proud to be a part. We will explore further opportunities to grow our customer base beyond York without compromising the delivery of services to our core customer base.

We believe that “one size does not fit all” and therefore we will seek to work with our customers and deliver services with them and for them, not to them. We will differentiate our services to meet their needs by involving stakeholders in an Advisory Committee to review operational performance and consult on key business development matters.

Our new organisation holds the following mission, values and objectives

Mission

Our mission sets out how we will achieve this vision. We will achieve our vision by:

- Supporting social, health and well-being by offering advice, signposting and a wide range of solutions to our customers;
- Working with partner organisations across all sectors to prevent hospital admissions and prolonging, wherever possible, a quality of life at home;
- Providing support and reassurance for both formal and informal carers; and

- Being committed to equality and fairness.

Strategic Objectives

The new organisation will continue to provide the high quality service to its existing customers while reaching out to more people and searching for more efficient and effective solutions for all customers. These objectives look to benefit both the customer of the service and the wider community. We will work closely with partner organisations to fulfil these and they will challenge us to improve and be successful.

Strategic Objective Group	Strategic Objective	Year 1	Year 2	Year 3	Year 4	Year 5
Accessibility	To provide an efficient emergency response service to vulnerable people.	X	X	X	X	X
	To offer equipment services as a universal service to support primary prevention.	X	X	X	X	X
	Increase the uptake of equipment services by communicating the potential benefits to service users and carers and by providing Telecare opportunities in a diverse range of existing service settings across health, housing and social care.	X	X	X	X	X
	Increased access through extended opening hours, online ordering and the development of a retail outlet.		X	X	X	X

	Work in partnership to ensure that equipment services are more widely accessible, acceptable and understood by all those who could benefit from Telecare and other equipment solutions.	X	X	X	X	X
Employer of choice	To create an organisation that values and supports its members and one that encourages personal development.	X	X	X	X	X
	To employ and provide, where possible, apprenticeships to support young people into the work place.		x	x	x	x
	To support the City of York Council pledge regarding provision of a 'living wage' to all employees.	x	x	x	x	x
The safe use and care of equipment and telecare	Develop and offer training packages for both statutory and private agencies relating to equipment, telecare and the prevention agenda.		x	x	x	x
Sustainable and flexible organisation	Upgrading of existing stock through the reinvestment of cost savings and profits.		x	x	x	x
	Develop and increase stakeholder involvement and include service users in the future direction of the organisation.	x	x	x	x	x

	Deliver growth in the telecare service and ensure targets for delivery and installation are maintained.	x	x	x	x	x
	To secure contracts with public sector and private agencies to provide equipment, telecare and telehealth.		x	x	x	x

Social and Environmental Objectives

These objectives are aspirations of positive intention towards the local area, aiming to promote prosperity and develop a strong relationship with the locals in order to co-exist harmoniously. They indicate what this organisation will 'give back' to the wider community.

Social Objective Group	Social/Environment Objective	Year 1	Year 2	Year 3	Year 4	Year 5
Job Creation	The organisation will grow its infrastructure in line with increasing demand on its services and will seek to employ locally.		x	x	x	x
	Look to develop supportive work placements and supported employment where possible for people with disabilities.			x	x	x

	Will provide apprenticeship programmes where possible to support young people into employment.		X	X	X	X
Partnership working to support the Public Health priorities	Making York a great place for older people to live where they can maintain their independence as long as possible.	X	X	X	X	X
	Improving mental health and intervening early supporting the early awareness of dementia.	X	X	X	X	X
	Reducing health inequalities and help to find solutions to prevent loneliness and isolation.	X	X	X	X	X
Environmentally conscious	The organisation will seek to monitor, regulate and reduce its carbon footprint where possible.		X	X	X	X
	Will continue to refurbish all low cost equipment until an environmentally friendly alternative has been sought.	X	X	X	X	X
Carers support	Wherever possible the organisation will provide equipment solutions, advice and training to support informal carers.	X	X	X	X	X

Values

Our customers are at the centre of everything we do; we know that every customer is unique and we will treat them that way. Our values will be at the heart of the organisation and will create our culture and influence the way our organisation and its members conduct themselves:

- **COMMITMENT** - We pride ourselves on our commitment to maintaining the public trust and respect through a commitment to the highest standards of customer service.
- **INTEGRITY** – We will be truthful, open and honest; we will maintain consistency in our actions, values and principles.
- **RESPECT** – We keep our promises. All actions are guided by absolute honesty, fairness and respect for every individual.
- **SERVICE EXCELLENCE** - We strive to be the best that we can be and to deliver excellence in everything we do.
- **PASSION** – We will use energy, dedication and commitment to make a difference by helping our customers improve their health and to change their lives for the better.
- **COMMUNITY** - We are perceived as a trusted partner and dependable community resource.
- **TEAMWORK** - Respect the value and contribution of each individual.

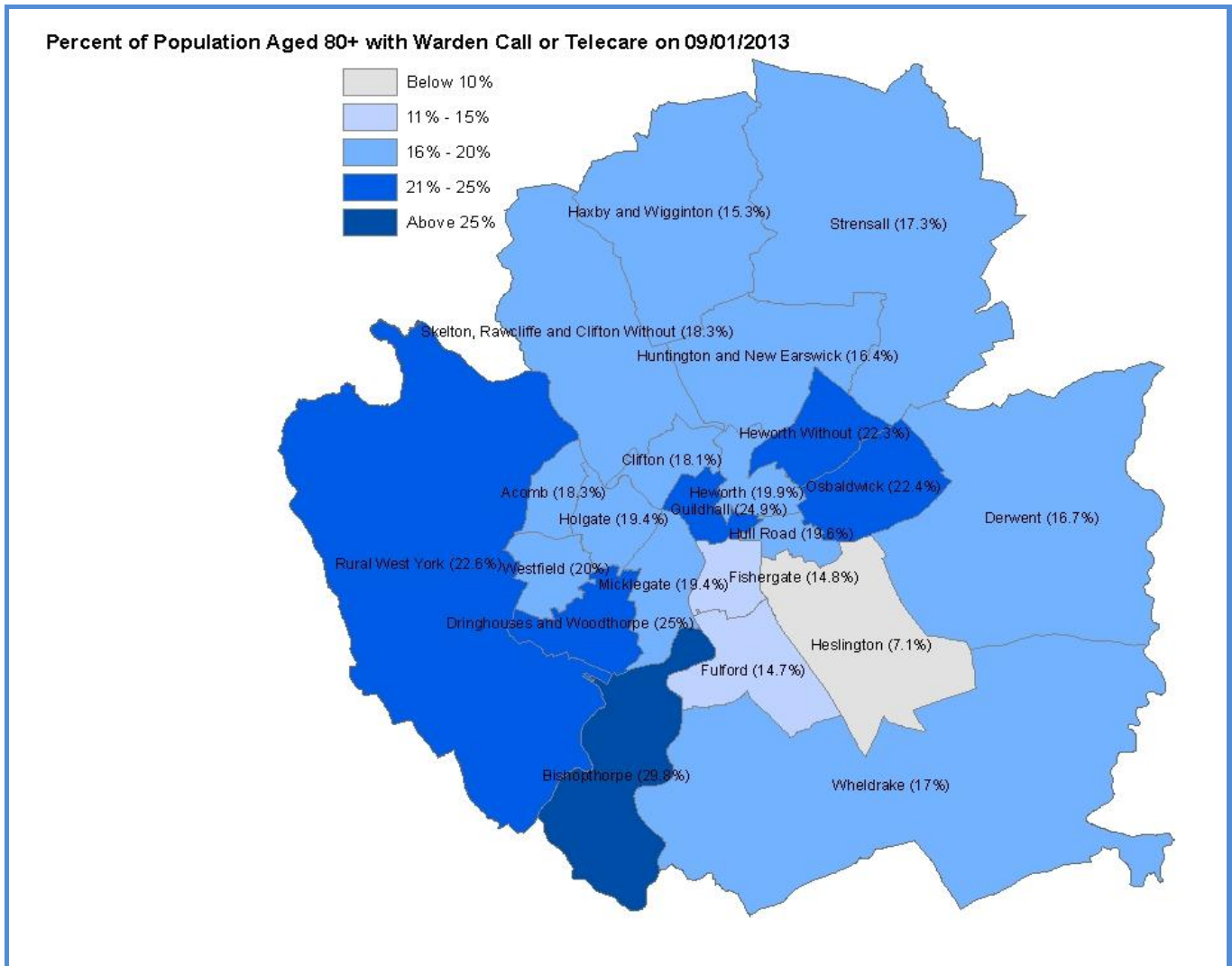
Ambitions

The local market for Warden Call/Telecare in the York area appears to reflect closely the national position. The city has a population of 198,000 with people aged 65+ making up 17.8%¹ of the total.

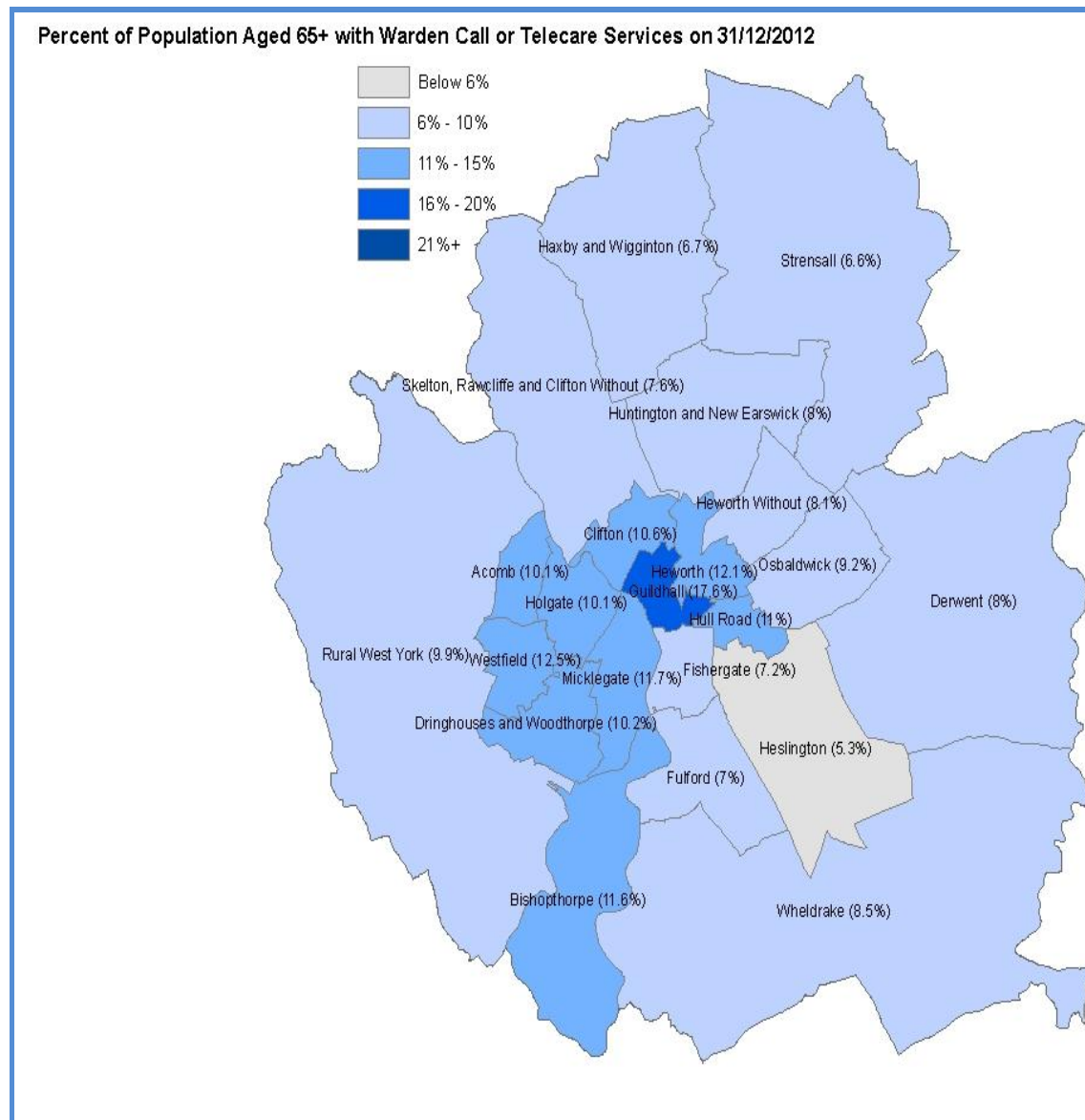
Local demographic information show us that the service is currently only being provided to a small percentage of possible customers. Looking at the number of customers aged 80+ receiving a service from CELTAS compared to the whole population in York of people who are 80+, the data shown below indicates that there is a lot of potential market growth within York.

¹ Source: 2011 census

In total there are 1,928 people recorded who are currently receiving one or more of these services out of an estimated 80+ population of 9,897 people in York. This equates to a market penetration of only 19.5%.



When looking at the equivalent number of customers over the age of 65 the percentage falls even lower indicating that the growth potential for the service is within this age range is even higher.



In our first two years we are aiming to maximise income generation from a number of workstreams without increasing our overheads. We will be seeking to make use of existing resources by streamlining our processes, creating efficiencies and encouraging flexibility in the way all of our employees work.

We have three separate routes of income generation that we intend to pursue each of which if successful will help us to maximise our income and provide financial savings for the Council and economic stability for our organisation.

As a social enterprise we will be re-investing our profits into the business to ensure we can sustain our growth, keep up with demand and continue to provide a quality service to more people living in York.

We also have the option to bid for more contracts outside of York as and when they arise – ensuring always that we are not compromising our core services.

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Health Overview & Scrutiny Committee Work Plan 2014-2015

Meeting Date	Work Programme
28 May 2014	<p>Themed approach</p> <ol style="list-style-type: none"> 1. Presentation by City of York Council Head of Transformation about her work around Adult Social Care. 2. Be Independent report about the development of this new Community Interest Company and how it provides community equipment loan and telecare service. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 3. Men's Health Scrutiny Review. 4. Possible Topics for Scrutiny Review during the Municipal Year. <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update.
2 July 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Attendance of the Cabinet Member for Health and Community Engagement. 2. CCG Update report on five-year strategy for Integrated Health Care in York. 3. Annual Report on Carer's Strategy. 4. Year End Finance & Performance Monitoring Report. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 5. Safeguarding Vulnerable Adults Annual Assurance Report. 6. Update report – provision of medical services for travellers and the homeless. <p>Managing the Business</p> <ol style="list-style-type: none"> 7. Work Plan Update.

<p>10 September 2014</p>	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. 1st Quarter Finance and Performance Monitoring Report. 2. Annual report to the Committee from Chief Executive at York Teaching Hospital NHS Foundation Trust. 3. Annual report from Chief Executive of York Ambulance Service. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 4. Update of implementation of recommendations arising from Personalisation Scrutiny Review. <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update.
<p>15 October 2014</p>	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Annual report to the Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update.
<p>26 November 2014</p>	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report.

	<p>Managing the Business 3. Work Plan Update</p>
17 December 2014	<p>Themed approach: 1.</p> <p>Scrutiny and Task Group reports: 2.</p> <p>Managing the Business 3. Work Plan Update</p>
14 January 2015	<p>Themed approach: 1.</p> <p>Scrutiny and Task Group reports: 2. Health & Wellbeing Board Update Report</p> <p>Managing the Business 3. Work Plan Update</p>
18 February 2015	<p>Themed approach: 1. 3rd Quarter Finance and Performance Monitoring Report</p> <p>Scrutiny and Task Group reports: 2. Health & Wellbeing Board Update Report</p>

	<p>Managing the Business</p> <p>3. Work Plan Update</p>
25 March 2015	<p>Themed approach:</p> <p>1.</p> <p>Scrutiny and Task Group reports:</p> <p>2. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services</p> <p>3. Annual report on Carers’ Strategy</p> <p>4. Health & Wellbeing Board Update Report</p> <p>Managing the Business</p> <p>5. Work Plan Update</p> <p>6. Draft Work Plan for 2015-2016</p>

Potential Scrutiny Reviews

- **Partnership Working – Hospital Discharges:** To examine the relationship between Social Services, Ambulance Services and the hospital, and how this potentially affects the hospital meeting its targets.
- **IAPT (Improving Access to Psychological Therapies):** To examine York’s IAPT performance in terms of access and waiting times and to look at ways of opening up access through the voluntary sector and other providers.

- **Personalisation:** To revisit the topic of Personalisation with a refined remit looking at how resources can be disinvested before they can be reinvested, particularly in relation to mental health services and commissioning as contracts are being reviewed. The learning from this more focused review to be shared across all personalisation services.
- **DTOC (Delayed Transfer of Care):** To investigate the reasons why a high number of people who are ready to leave hospital are not discharged on time due to a lack of community care facilities and identify the problems faced by those providing health and social care services in the city including the Council and the NHS.
- **Safeguarding** – A possible review of Multi-Agency Safeguarding Hubs to ensure that social workers and the other agencies involved are working together effectively and efficiently to protect vulnerable adults.
- **Neurology Services:** A possible review of neurological services after concern was expressed by a member at the April 2014 Health OSC meeting that there was no longer a ward at York Hospital to treat patients with multiple sclerosis (MS), Parkinson’s Disease, epilepsy etc.

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