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| Meeting | Health and Adult Social Care Policy and Scrutiny Committee                                       |
| Date    | 1 December 2015  |
| Present | Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson |

#### **46. Declarations of Interest**

Members were asked to declare any personal, prejudicial or disclosable pecuniary interests which they might have on the agenda. None were declared.

#### **47. Public Participation**

It was reported that no speakers had registered under the Council's Public Participation Scheme.

#### **48. Healthwatch Six Monthly Performance Update Report**

Members received a report into the performance of Healthwatch York over the past six months. Siân Balsom, the Manager of Healthwatch York and Leigh Ringfield from York Advocacy were in attendance to present the report to the Committee.

Siân talked about how Healthwatch had worked hard to establish networks and volunteers to become the public voice of health and social care.

Leigh spoke about how York Advocacy processed individual complaints and how they received requests from the CQC when CQC were conducting investigations. They also provided feedback to Healthwatch in regards to delays as they helped people in the healthcare system.

The Chair asked how often Healthwatch used its enter and review powers. These had been used twice, but the providers had been informed beforehand. They had attended the discharge lounge at York Hospital and asked if they could phone patients to ask them about their experience. On the second occasion they spent 24 hours

in Accident and Emergency to ask patients about their experience and what they were in for.

In response to Members questions, Leigh and Sian explained that;

- Improvements were needed in the complaints process which could allow for complaints to be kept open for a longer period.
- Healthwatch was a non voting member on the Vale of York CCG's Governing Board.

It was suggested by Healthwatch that if the CQC were picking up low level concerns but did not have the resources to follow them up then Healthwatch could use their enter and review powers to identify the concerns.

The Chair thanked Siân and Leigh for their attendance and report.

Resolved: (i) That the report be received and noted.

(ii) That Healthwatch's suggestion be forwarded on to the Care Quality Commission.

Reason: (i) To keep Members up to date with the performance of Healthwatch.

(ii) To ensure that the views of York are heard on a national level.

#### **49. 2015/16 Finance and Performance Monitoring Report-Health and Adult Social Care**

Members received a report which analysed the latest performance for 2015/16 and forecasted the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Interim Director of Public Health.

In response to Members' questions in was reported that;

- In regards to the overspend in the budgets there were some stable areas but also some volatile areas, where more risks could be identified such as in under spending on Deprivation of Liberties Safeguards (DOLS).

- That there would be an integrated wellness service to look at issues such as smoking cessation.
- £4000 would be spent on the Supported Living Scheme some of which was backdated money.
- Officers were in discussion to get more regular data about the proportion of adults with a learning disability who were living independently and their contact with secondary mental health services.
- A series of meetings were planned with the NHS over additional money to be spent over the winter in regards to Delayed Transfers of Care.
- There had been an increased push for the use of telecare and part of this was funded through the Better Care Fund but due to cuts to CCG funding further rolling out of telehealth could be under threat.
- In regards to the suicide case audit, this work was carried out jointly with the Adult Safeguarding Board.

Resolved: That the report be noted.

Reason: To update the Committee on the outturn financial and performance position for 2015/16.

## **50. Residential, Nursing and Homecare Services-Quality Standards**

Members received a report which updated them on the performance by York based providers of Residential, Nursing and Homecare Services against Care Quality Commission standards and the Adults Commissioning Team's Quality Assessment Framework.

It was noted that although compliance levels for York in the CQC ratings in the Good rating were lower than the national average, this was not unexpected and providers felt that this would soon rise above the national average.

Questions from Members to Officers included at what did residential homes stop being graded as 'inadequate'?

Officers responded that they worked with homes on an improvement plan to get them back to the standard they should be at. As long as people were safe, homes would be kept open for as long as it was possible to do so. There were contingency plans with other places in the city to ensure people are kept safe.

Resolved: That the report be noted.

Reason: So that Members are updated of the performance of York based care providers.

## **51. Adults Commissioning and Contracts Team-Carer's Strategy Update**

Members received the fourth annual review report on the Carer's Strategy.

Officers introduced the report by saying that the current Carer's Service did deliver but that they wished to enhance the service in the Single Point of Contact.

Members asked Officers what they thought the financial benefits would be, what role they could play in supporting carers in their wards and what they felt was their biggest challenge.

In response, Officers answered that for every additional £1 spent enhancing the current offer the Council would get £4 back.

Members could help carers by giving them an hour of their time, organising activities, organising transport, giving carers a break. Any form of support could be done on a low level.

The biggest challenge remained in getting carers to approach Officers. However, there was a strategy in place to overcome this.

Resolved: That the report be noted.

Reason: That the Committee is kept informed of the Council's Carer's Strategy.

## **52. Update Report on the re-procurement of Musculoskeletal Services**

Consideration was given to a report which gave an update on why the Musculoskeletal mobilisation process was stopped and what potential impacts this might have had on service users.

Dr Tim Maycock, from the Vale of York Clinical Commissioning Group introduced the report and answered Members questions.

One Member asked a question about the backlog and numbers of referrals to the service. He asked for the reasoning of delivering the services on multiple sites.

It was reported that additional capacity had been brought in from private providers to deal with the backlog. He explained that he did not have the specific numbers but would pass on as much as this information as he could.

In response to delivering services on multiple sites, that these services did not lend themselves to a centralised hub model.

Councillor Barnes asked whether it was felt that the due diligence had been put in place after the provider had scaled down the services.

Dr Maycock explained to the Committee that there were a number of issues, such as when major procurements came together at one time this had a tendency to stretch capacity and as one provider wound down, there was a difficulty in procuring one service on its own.

Councillor Richardson gave an example of one hospital department which was due to have its contract sorted out but had been delayed by the new provider. This had affected patients who had attended the hospital in July who had been told that they would have no service in November.

Another Member asked whether the procurement system was fit for purpose. An additional question was asked whether the hospital could have bid for the work.

Dr Maycock answered that without procurement there would not be the tools to ensure quality but that he was personally a proponent of collaborative working, and that it was difficult to separate one service away from another. In response to the second question, the CCG

could have accepted a second placed bidder but it would have delayed the service provision.

One Member suggested that the Committee request a written report on the lessons learnt from the situation. The Chair proposed that the CCG be invited to attend to present the report.

Resolved: (i) That the report be noted.

(ii) That the CCG be invited to a future meeting to provide a written report on lessons learnt from the stoppage of Musculoskeletal services.

Reason: To ensure that the Committee is kept up to date on the potential effects for both existing and new users of the service.

### **53. Update on the Older Persons' Accommodation Programme**

Members considered a report which provided them with an update on the status of the Council's Older Persons' Accommodation Programme.

Councillor Cannon commented that there had been a perceived lack of consultation over the Moving Homes Safely protocol and current Older Person's Homes residents who had to move a great distance away.

Officers explained to Members that;

- They refuted the view that consultation had been poor as they had consulted one on one with residents in the Older Persons' Homes and widely with a range of organisations and through questionnaires.
- The questionnaires had concluded that the Homes were not fit for purpose.
- The Homes did not fit people with complex needs.
- The majority of residents who lived in Oakhaven did not come from Acomb.

- There needed to be a better spread of Care Homes geographically across the city, they were focused mainly in the East.
- Consultation had started with a Care Manager looking at the options with each person and their family, with their move prior to the end of the financial year.
- They were aware of the impact of the loss of capacity and the effect that Delayed Transfers of Care would have on the remaining homes.

In response to Members questions it was noted that Haxby Hall, as the largest home would be the last home that would be considered for closure, particularly as residents from Oliver House were being moved there. To clarify dates, Grove House would be closing in February and Oakhaven would be closing in March.

One Member asked what assurances would be in place if a Care Home provider ran into financial trouble. Officers felt that a Care Home could be run sustainably but they were actively working on contingency planning.

Resolved: (i) That the update be noted.

(ii) That regular updates are presented to future meetings.

Reason: So that Members have a full overview of the Older Persons' Accommodation Programme.

#### **54. Work Plan 2015-16**

Consideration was given to the Committee's work plan for 2015/16.

Following discussion it was agreed that the next Committee meeting would take place at 4.00 pm instead of 5.30 pm.

The Chair stated that the CCG would be invited back to give an update on the MSK Services.

Councillor Barnes raised two issues, firstly Local Authority precepts to cover the cost of social care which he felt should be discussed within the Committee with regards to the budget and in order to make a recommendation to Full Council.

Secondly, he referred to the membership of the Committee. He felt that the Committee could ask to co-opt a Member and asked for this to be investigated.

In regards to the Local Authority precepts, Officers advised that they would forward this on to the Director of Adult Social Care. Regarding the co-option, this would be referred on to the Head of Civic and Democratic Services.

Resolved: That the work plan be agreed with the following amendment;

- To invite the CCG to give a written update on the Musculoskeletal Services (MSK) in York.

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

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.35 pm].