
MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	16 JANUARY 2013
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), FRASER, RICHARDSON, CUTHBERTSON, BOYCE (SUBSTITUTE FOR COUNCILLOR RICHES) AND BURTON (SUBSTITUTE FOR COUNCILLOR HODGSON)
APOLOGIES	COUNCILLORS HODGSON & RICHES

58. DECLARATIONS OF INTEREST

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

None were declared.

59. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 11 December 2012 be approved and signed by the Chair.

60. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

61. SAFEGUARDING VULNERABLE ADULTS ASSURANCE REPORT

Members received a report which provided them with an update on the Safeguarding Adults activity and improvement work within the city.

Questions from Members to Officers focused on several areas, these included;

- Vulnerable Adult Safeguarding referrals that had not been determined or had been deemed as being inconclusive.
- Recording of these safeguarding investigations.
- Who had the responsibility of carrying out the safeguarding investigations?
- Why the performance indicator from April 2011 to November 2012 (as shown in Annex A to the report) of the percentage of initial assessments being sent for comment within 2 days of alert had reduced.
- Why there was no information shown in Annex A which related to the number of adults at risk with key information missing.

Members were informed that York's performance was better than comparator authorities, with lower numbers being concluded in this way. Some of the reasons why investigations were not determined or inconclusive were: where Officers had not been able to establish whether the referral related to a safeguarding issue, or when a conclusion on an action that needed to be taken in response had not yet been reached.

On recording safeguarding alerts from health partners, Members were informed that Officers recognised that a technical issue had prevented them from being able to record whether action had been taken or not. This is being addressed. It was noted that this often relied on both health partners and Officers working together. Safeguarding has to remain everybody's business, and the Council does not have the resources, or any additional funding from other partners, to undertake all investigations within the city. There is a protocol between agencies about who will lead on an investigation. The outstanding work is to ensure that we can register the health investigations and include them in the data in future.

In response to the question about percentage reduction in initial assessments being sent for comment within 2 days of alert, Members were informed that this is currently under investigation and will be reviewed at the next 'performance clinic' for the Adults Assessment and Safeguarding Teams in the Council.

Regarding the missing information about adults at risk from the Council's Safeguarding Performance table in Annex A to the report, it was noted that there are times when information is shared but details such as name and address of the adults at risk were not available. This can make it more difficult for an assessment to take place, and could explain some of the longer assessment times. Therefore the amount of missing information could not be counted and included in the figures. It was also noted that whistleblowers who alerted the Council to cases at risk may not wish to give out certain personal details, which could reveal their identity.

Members requested that a further amount of information be included in a further safeguarding vulnerable adults assurance report from Officers, such as the number of Protection Plans in place in the city, and implications from national reports such as the Winterbourne View Review and the Francis Report.

RESOLVED: That the report be noted and a further report be scheduled into the Committee's work plan for June 2013 on the 'Annual Assurance in terms of Governance Arrangements'.

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

62. QUALITY MONITORING-RESIDENTIAL, NURSING & HOMECARE SERVICES

Members received a report which provided them with an overview of the processes in place to monitor the quality of services delivered by Residential/Nursing Care and Home Care in York.

It 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 were also asked whether the new providers of Home Care in York had obtained CQC accreditation and whether the Council was referring to these providers, placing customers with the new providers or signposting them towards their services.

In response to Members' concerns on the usage of CQC validation, Officers reported that the Council itself carried out exhaustive assessments on all Residential/Nursing Care and Home Care providers and used this information alongside the inspection detail from CQC. Officers confirmed that they did not simply rely on CQC inspection detail for monitoring and performance managing of services.

It was also noted that if a provider continued to fail to make urgent improvements to care then the Council would immediately suspend business with them. If no action was taken by the provider, the Council would offer customers the opportunity to move to another provider. It was highlighted that some customers chose to stay with a provider that was under investigation because they felt the service, or rather the specific carers working for the provider, personally offered a good standard of care to them.

Further questions from Members were raised relating to how service user surveys were carried out. Officers reported that these often took place over the telephone and also gave users a chance to talk about life in general. Comments from these surveys were then cross referenced with a Council database, so that Officers knew how to make the most appropriate contact in the future.

Officers informed the Committee that a new framework for monitoring Quality standards in Nursing Care and Residential and Home Care services in the city would be introduced later on in the year.

Members suggested that Officers involve lay members when consultation took place on the new framework. They also added that a focus on night care in Care Homes also be a significant part of the framework.

- RESOLVED: (i) That the report be noted.
- (ii) That a shortened version of the report be received and considered by the Committee on a six monthly basis to consider the performance and standards of provision across care services in York.

REASON: To inform Members of the quality of provision across Residential and Home Care Services in York.

63. VERBAL UPDATE FROM CHAIR-PROPOSED CHANGES TO CHILDREN'S CARDIAC SERVICES

The Chair gave Members a verbal update regarding the proposed changes to Children's Cardiac Services in the region. The Chair commented that she had been in contact with colleagues in Leeds.

RESOLVED: That the update be noted.

REASON: In order to keep Members informed of current developments in regards to changes to Children's Cardiac Services.

64. WORK PLAN 2012-13

Members considered the Committee's updated Work Plan for 2012-13.

Discussion on the work plan took place regarding the item on the North Yorkshire Review, which was due to be considered at the Committee's meeting in February. It was suggested that representatives from York Hospital, NHS North Yorkshire and York and the Vale of York Clinical Commissioning Group be requested to attend.

RESOLVED: That the following changes be made to the Committee's work plan¹;

- (i) June 2013 - Annual Assurance in terms of Governance Arrangements'.

- (ii) June 2013 – Quality Monitoring of Residential, Nursing and Homecare Services
- (iii) That representatives from York Hospital, NHS North Yorkshire and York and the Vale of York Clinical Commissioning Group be invited to attend the Committee's meeting in February.

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

Action Required

1. To update the Committee's Work Plan.

TW

Councillor C Funnell, Chair

[The meeting started at 5.30 pm and finished at 6.45 pm].