

Agenda

**Meeting: Care and Independence
Overview & Scrutiny Committee**

**Venue: Brierley Room, County Hall,
Northallerton DL7 8AD
(See location plan overleaf)**

Date: Thursday 21 April 2016 at 10.30 am

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Business

1. **Minutes of the meeting held on 21 January 2016**

(Pages 5 to 8)

2. **Any Declarations of Interest**
3. **Public Questions or Statements.**

Members of the public may ask questions or make statements at this meeting if they have given notice to Ray Busby Policy & Partnerships (*contact details below*) no later than midday on Monday 18 April 2016, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);

- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

4. **Update on the Domiciliary Care Contracts in Harrogate and Selby: Dialogue With representatives of two provides**
5. **Advocacy - Post Care Act** – Report of the Assistant Director Commissioning - Health and Adult Services
(Pages 9 to 11)
6. **Report of Group Spokespersons Discussions on Inspection of Care Homes and Member Involvement**
(Pages 12 to 14)
7. **Work Programme** - Report of the Scrutiny Team Leader
(Pages 15 to 17)
8. **Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)

County Hall
Nothallerton

13 April 2016

NOTES:

- (a) Members are reminded of the need to consider whether they have any interests to declare on any of the items on this agenda and, if so, of the need to explain the reason(s) why they have any interest when making a declaration.

The relevant Corporate Development Officer or the Monitoring Officer will be pleased to advise on interest issues. Ideally their views should be sought as soon as possible and preferably prior to the day of the meeting, so that time is available to explore adequately any issues that might arise.

- (b) **Emergency Procedures For Meetings**

Fire

The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the **Grand Meeting Room** this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance

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An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

Accident or Illness

First Aid treatment can be obtained by telephoning Extension 7575.

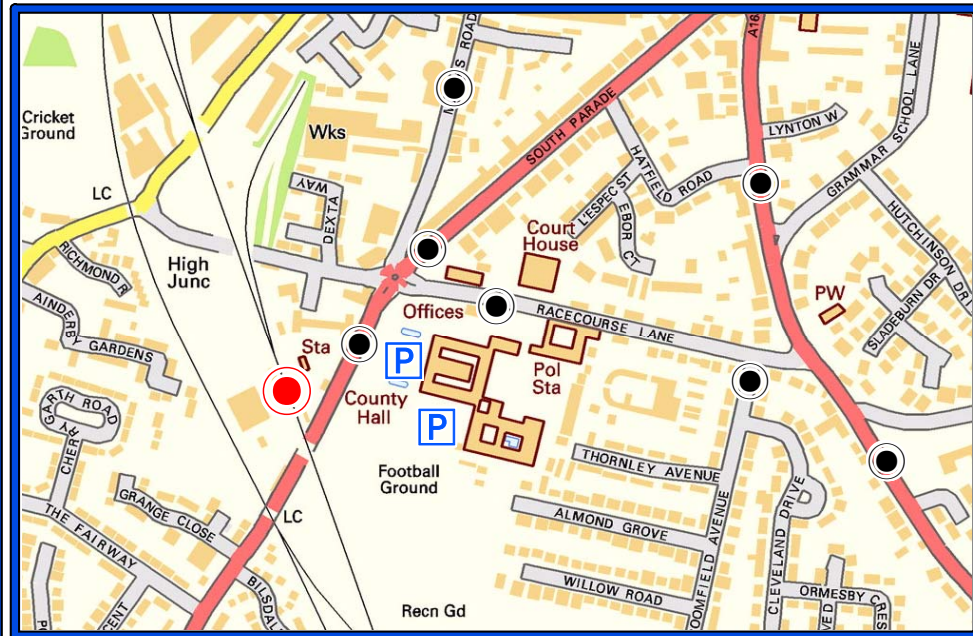
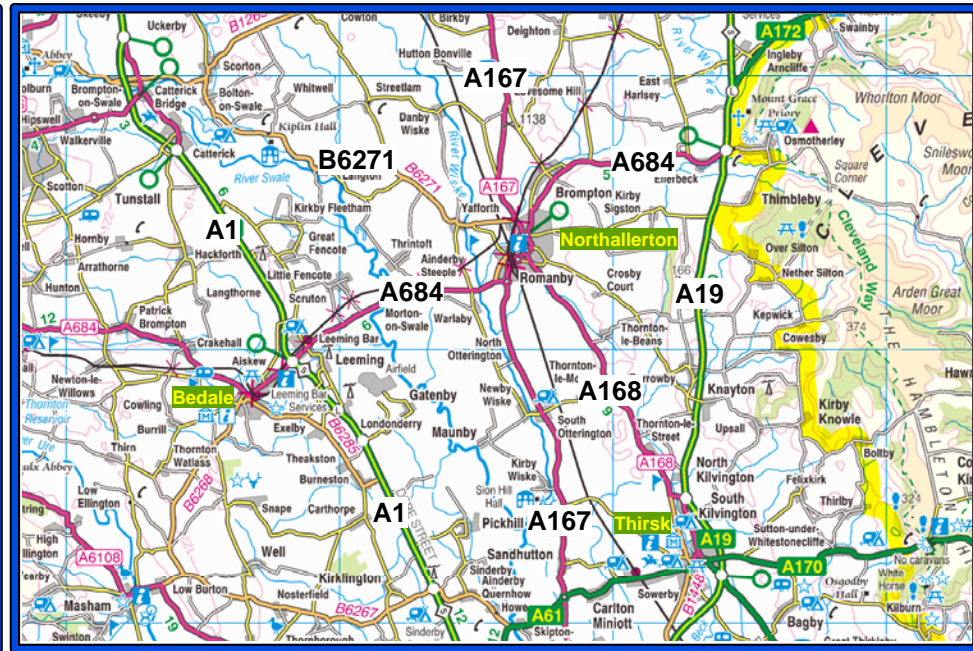
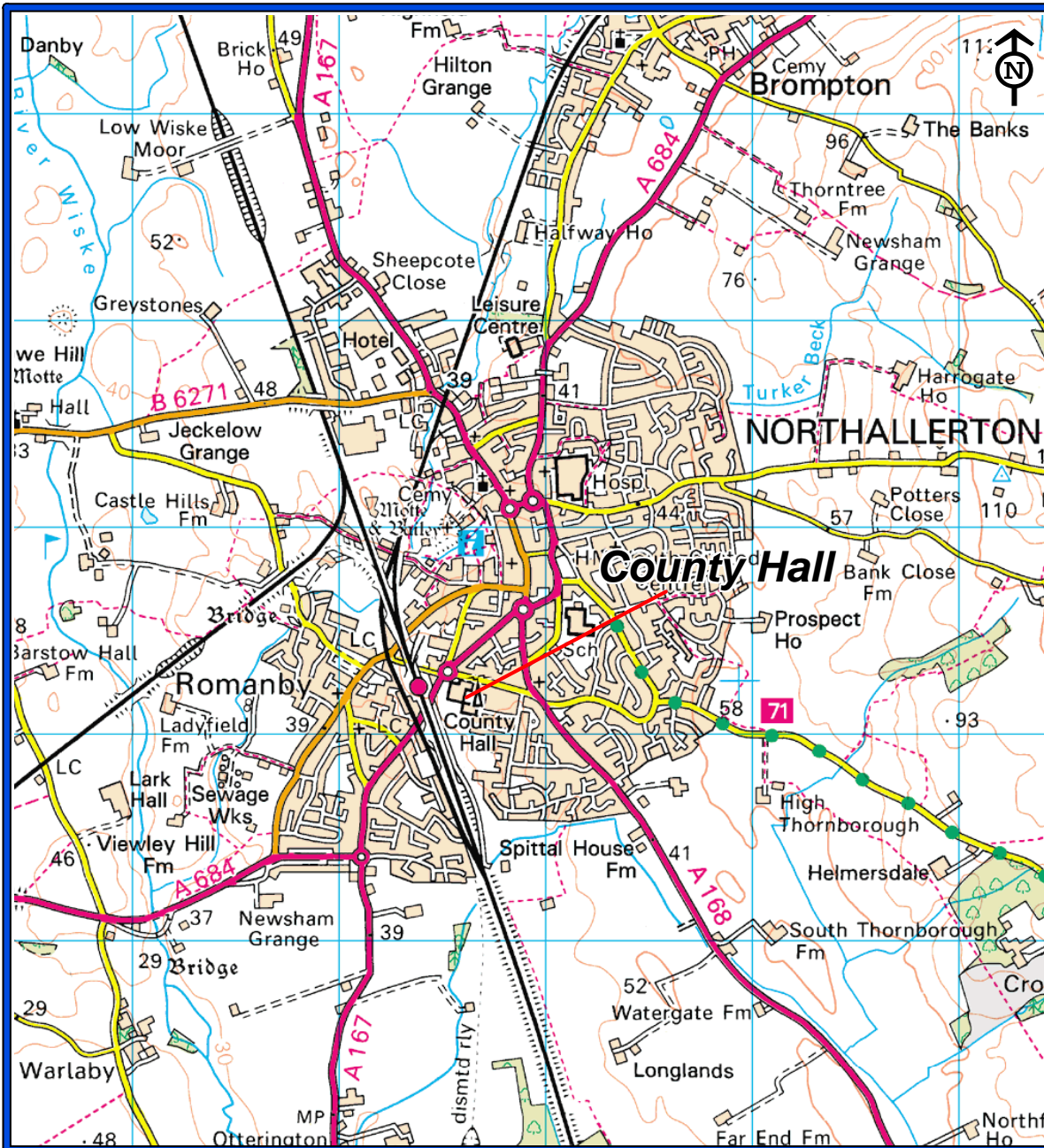
Care and Independence Overview and Scrutiny Committee

1. Membership

County Councillors (13)							
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Party</i>	<i>Electoral Division</i>			
1	ARNOLD, Val		Conservative				
2	CLARK, Jim		Conservative				
3	ENNIS, John		Conservative				
4	GRANT, Helen	Vice-Chairman	NY Independent				
5	HOULT, Bill		Liberal Democrat				
6	JORDAN, Mike		Conservative				
7	McCARTNEY, John		NY Independent				
8	MARSHALL, Brian		Labour				
9	MOORHOUSE, Heather		Conservative				
10	MULLIGAN, Patrick	Chairman	Conservative				
11	PEARSON, Chris		Conservative				
12	SAVAGE, John		Liberal				
13	SWALES, Tim		Conservative				
Members other than County Councillors – (2)							
Non Voting							
	<i>Name of Member</i>	<i>Representative</i>	<i>Substitute Member</i>				
1	CARLING, Jon	North Yorkshire and York Forum					
2	SNAPE, Jackie	Disability Action Yorkshire					
3	PADGHAM, Mike	Independent Care Group					
Total Membership – (15)				Quorum – (4)			
Con	Lib Dem	NY Ind	Labour	Liberal	UKIP	Ind	Total
8	0	2	1	1	0	0	13 *

2. Substitute Members

Conservative		Liberal Democrat	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MARSHALL, Shelagh OBE	1	
2	CHANCE, David	2	GRIFFITHS, Bryn
3	JEFFELS, David	3	JONES, Anne
4	BACKHOUSE, Andrew	4	
5		5	
NY Independent		Labour	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	HORTON, Peter	1	BILLING, David
2	JEFFERSON, Janet	2	
3		3	
Liberal			
	<i>Councillors Names</i>		
1	CLARK, John		



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DL7 8AD



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Yorkshire County Council

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North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on 21 January 2016 at 10.30 am at County Hall, Northallerton.

Present:-

County Councillor Patrick Mulligan in the Chair.

County Councillors: Val Arnold, Jim Clark, John Ennis, Helen Grant, Bill Hoult, John McCartney, Brian Marshall, Heather Moorhouse, Chris Pearson, John Savage and Tim Swales.

Representatives of the Voluntary Sector: Jon Carling (North Yorkshire and York Forum), Jackie Snape (Disability Action Yorkshire) and Keren Wilson (as substitute for Mike Padgham (Independent Care Group)).

In attendance: County Councillors Clare Wood (Executive Member for Adult Social Care Health Integration), Shelagh Marshall (Older Peoples Champion)

Officers: Rachel Richards (Public Health Consultant, Health and Adult Services), Elaine Wylie (Head of Integration, Health and Adult Services), Mike Webster (Assistant Director, Contracting, Procurement and Quality Assurance (Health and Adult Services)), Neil Irving (Assistant Director (Policy & Partnerships), Policy and Partnerships (CSD)) Mark Taylor (Project Officer, Central Services), Ray Busby (Scrutiny Support Officer, (Policy and Partnerships)).

Apologies: Mike Jordan

Copies of all documents considered are in the Minute Book

84. Minutes**Resolved –**

That, the Minutes of the meeting held on 1 October 2015, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

85. Public Questions or Statements

The Committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

86. Joint Health and Wellbeing Strategy

Considered

The report of the Corporate Director - Health and Adult Services briefing Members on the North Yorkshire Joint Health and Wellbeing Strategy and noting that the Strategy affects the whole population of North Yorkshire, is a shared commitment with partners across North Yorkshire Health and Wellbeing Board and the Strategy has been updated and is consistent with national drivers of improving people's health and

wellbeing, integration of health and social care; and enabling people to have greater choice and control of the services they use.

Members agreed that the evidence provided in the examples quoted in the progress report showed variable but, overall, solid performance across the whole plan.

Members were pleased that the strategy is about more than health and social care services and that underpinning the strategy is the notion that every aspect of public life – education, childcare, housing, employment, the quality of the local environment and the type of community we live in – can affect our health and wellbeing at any point through our lives.

Members asked that group spokespersons monitor progress and report to the Committee as appropriate

Resolved -

That the Joint Health and Wellbeing Strategy be noted.

87. Better Care Fund

Considered -

The report of the Corporate Director - Health and Adult Services seeking to provide assurance to the Committee regarding progress implementing the Better Care Fund and providing an overview of performance across the whole plan but is focused on progress implementing new schemes developed to reduce non-elective admissions to hospital.

That the Committee consider including as part of its work programme more detailed information in relation to each of the schemes in the report which demonstrate the effectiveness of health and social care integration.

Resolved -

That the progress be noted including that further guidance is due which may require a revision of the Plan in 2016/17.

88. CQC Discussion

Considered -

The presentation by Dianne Chaplin, Care Quality Commission

Dianne explained that by law, all care homes in the UK must provide services to minimum standards of safety and quality. We all want to see a thriving care provider sector that builds resilience and maintains a strong focus on quality. The Care Quality Commission has promised to be a “strong regulator” and to “take action to force improvement” in care homes. Dianne explained how she and her colleagues make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. We heard how the Commission monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and how findings are published, including performance ratings to help people choose care.

Dianne and Mike Webster emphasised the close and effective liaison between CQC and the quality and monitoring function within HAS. Staff were committed to sharing

information and views about services where there are concerns, particularly where services are in enforcement measures.

Dianne acknowledged that it is early days for the new CQC rating system

Resolved -

In the light of members' comments group spokespersons consider again how members, not just those on this committee, might be directed in a timely way towards key information about relating to CQC inspections and findings,.

89. North Yorkshire Seasonal Winter Health Strategy

Considered -

The report of the Corporate Director - Health and Adult Services on the adoption by the Joint Health and Wellbeing Board of a winter Health Strategy. Rachel Richards introduced the report.

Resolved -

- a) That the report be noted and that members be supplied with a copy of the implementation plan for the strategy.
- b) In response to comments raised about discharge from hospital, it was suggested that the committee receive a report on delayed discharge in north Yorkshire

90. Annual Report of the Older People's Champion

Considered -

The report of County Councillor Shelagh Marshall OBE, North Yorkshire's Older People's Champion, updating the Committee on how Councillor Marshall's national work is enabling her to support the priorities in North Yorkshire County Council's Health and Wellbeing Strategy emphasising that vulnerable groups are the Council's priority and within the group lies The Campaign to End Loneliness. Councillor Marshall is working with the Living Well Teams whose role it is to work within the community identifying those who may be lonely and asking those people what they would like to do to encourage social inclusion.

In introducing her report, Shelagh said that she shared the committee's enthusiasm for the contribution the Stronger Communities and the Living Well teams will make to reducing loneliness in older age in their communities. Loneliness is a massive public health issue which councils across the UK are beginning to take seriously

There is a general imperative for public services to do what they can to alleviate personal suffering and distress, but there is also very strong evidence that loneliness can increase the pressure on a wide range of council and health services. Indeed, it can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. Shelagh reminded the committee how small interventions, which bring together all local actors and make the best use of existing capacity within the community, will deliver results and help people to interact thus making communities more conducive to healthy and independent ageing.

Resolved -

That the report be noted.

91. North Yorkshire Local Assistance Fund

Considered -

The report of the Assistant Director, Policy and Partnerships updating the Committee on the North Yorkshire Local Assistance Fund.

Resolved -

That the report be noted.

92. Equipment and Telecare 2020 Proposals

Considered -

The report of the Corporate Director - Health and Adult Services detailing the progress that has and is being made in respect of the service delivery and efficiencies in these two areas.

Members noted that the Directorate's assertion that the end result of the project may be radically different services but ones that will reflect the changing needs of service users. It was agreed that the likely increase in demand for these services, and the directorate's response, would need to be referred to the committee as appropriate.

Resolved -

That the report be noted.

93. Work Programme

Considered -

The report of the Scrutiny Team Leader on the Work Programme.

Resolved -

That the Work Programme be agreed.

The meeting concluded at 12:50pm

NORTH YORKSHIRE COUNTY COUNCIL**Care & Independence Overview & Scrutiny Committee****21 April 2016****Advocacy Post Care Act****Background**

1. The Care Act 2014 requires local authorities to involve people in assessment, care planning and reviews. The new legislation widens the eligibility for advocacy to include individuals who would experience substantial difficulty in being involved with care and support 'process' or safeguarding, or Safeguarding Adults Review (SAR); and does not have an appropriate individual to support them. Where someone is unable to fully participate in these conversations and has no one to help them, local authorities will arrange for an independent Advocate.
2. Advocates provide an independent support to people, who through vulnerability or lack of capacity need support to help them make a decision, or express what they want to say, or someone to act on their behalf and represent their best interests.
3. The Care Act sets out what is required of an independent advocate:
 - a. A suitable level of appropriate experience
 - b. Appropriate training and qualification, e.g. working towards the National Qualification in Independent Advocacy (level 3) within one year of being appointed and to achieve it in a reasonable amount of time
 - c. Competency in the task
 - d. Integrity and good character
 - e. Ability to work independently of the local authority or body carrying out the assessment, support planning or review on the local authority's behalf.
 - f. Arrangements for supervision
4. Other Statutes that place the duty of the provision of advocacy on Local Authorities are:
 - a. Mental Health Act 1983 (amended 2007)
 - b. Mental Capacity Act 2005 and;
 - c. Health & Social Care Act 2012
 - d. Equality Act 2010
5. There are specific requirements for advocates where someone may be deprived of their liberty, and where they do not have the capacity to make a particular decision

about their health and care, or living arrangements and have no close family or friend able to act on their behalf, through for example Lasting Power of Attorney.

6. This more specialist advocacy could include decisions on, for example, where someone should live, whether they should undergo a particular treatment, whether they need some restrictions placed on their day to day movements to ensure their safety.
7. The current Advocacy contracts expired at the end of March 2016. Two contracts covered separately: specialist mental capacity advocacy; and generic advocacy. They were both extended and increased in April 2015 for one year, to add capacity to meet the requirements of the Care Act, and to respond to an increase in activity as a result of the Cheshire West ruling in the High Court, regarding Deprivation of Liberty and Deprivation of Liberty Safeguards.(DoLS)
8. A new procurement exercise was undertaken and completed in February 2016 to select a new provider of advocacy services from April 2016

Impact of the Care Act

9. Nationally the Department of Health modelled that there was likely to be a 10% increase in the demand for advocacy as a result of the new Care Act responsibilities. To understand any changes during the first year of the Care Act's implementation NYCC put in place additional monitoring with the two service providers to inform of changes due to the Care Act and any other potential change in demand.
10. Monitoring of the Care Act Advocacy from April to September 2015 showed an additional 24 referrals in Quarter 1 and 68 referrals in Q2. End of year figures are still awaited, but the first two quarter would suggest a trajectory of up to 544 referrals in a year..

11. Breakdown of Care Act referrals

	Quarter 1 – Total 24	Quarter 2 – Total 68
Assessment	63%	62%
Review	33%	26%
Safeguarding	4%	12%

Impact of increasing mental capacity and DoLS activity

12. Specialist advocacy work as a result of mental capacity issues has increased steadily since 2012/13 with the referrals for the first 6 months of 2015/16 already being nearly three quarters of those for the whole of 2014/15.

13. This is in line with a doubling of DoLS assessments, with a need for both one off assessments and longer term advocacy support. Much of this increase has been caused by the Cheshire West judgement in the High Court in 2013, which clarified, and extended the circumstances under which a Deprivation of Liberty Safeguard should be considered to include those occasions where it has been assumed that someone is not objecting to the safeguards put in place.

Outcome of procurement for a new advocacy provider

14. The invitation to tender sought one county wide provider, with the ability for consortia to bid, or for a Lead Provider to sub-contract. This optimises value for money, by minimising management and overhead costs, and supports operational quality for people receiving the service. Provider staff will undergo the same training and development and work to the same policies and procedures and there is a flexibility in the response to both specialist and generic work.

15. Market engagement before the tender process indicated there would be an interest in this approach

16. Three bids were received, and as a result of robust evaluation Cloverleaf have been selected as the new provider. They have indicated in their bid submission that they may sub contract with York Mind and Advocacy Alliance to deliver some aspects of the contract.

17. This will mean a change as the previous provider of the generic advocacy (North Yorkshire Advocacy) is not part of the successful bid. Plans are in place to work with the outgoing provider to ensure a smooth transfer to the new contract arrangements.

Kathy Clark
Assistant Director Commissioning
Health and Adult Services

County Hall
Northallerton

Background Documents Nil

NORTH YORKSHIRE COUNTY COUNCIL

Care & Independence Overview & Scrutiny Committee

21 April 2016

**Report of Group Spokespersons Discussions on Inspection of Care Homes
and Member Involvement**

1.0 Purpose of Report

- 1.1 The report informs the Committee of recent discussions in the Group Spokespersons Mid Cycle Briefing about how members are notified of care provider issues, raised either by the Care Quality Commission (CQC), the regulation authority and/or as a result of the HAS Monitoring of Services via the Contracting, Procurement & Quality Assurance Team.
- 1.2 Your group spokespersons suggested this be discussed at your meeting

2.0 Introduction

- 2.1 At your last meeting CQC Regional Inspector, Dianne Chaplin, set out the new methodology for the inspection and regulation of adult social care. CQC will oversee the regulation of: Care home services with nursing; Care home services without nursing; Specialist college services; Domiciliary care services; Extra Care housing services; Shared Lives; Supported living services; Hospice services and Hospice services at home. These are all services regularly contracted for by HAS. Diane explained that by law, all care homes in the UK must provide services to minimum standards of safety and quality.
- 2.2 The Care Quality Commission has promised to be a “strong regulator” and to “take action to force improvement” in care homes. Dianne and her colleagues make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. We heard how the Commission monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and how findings are published, including performance ratings to help people choose care.
- 2.3 This new methodology uses more specialist teams that include members of the public (Experts by Experience). They use a new system of intelligent monitoring (data led) that helps CQC decide when, where and what to inspect. More use is being made of listening to people's experiences of care and linking in to information across the range CQC monitoring systems. For all health and social care services, CQC have defined five key questions as follows
- Safe - That people are protected from abuse and avoidable harm.

- Effective - That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
- Caring - That staff involve and treat people with compassion, kindness, dignity and respect.
- Responsive - That services are organised so that they meet people's needs.
- Well-led - That the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture

3.0 The Ratings System

3.1 Each key question will be given one of four ratings:-Outstanding, Good, Requires Improvement or Inadequate. In deciding on a key question rating, the inspection team will answer the following questions:

- .1 Does the evidence demonstrate that we can rate the service as good?
- .2 If yes – does it exceed the standard of good and could it be outstanding?
- .3 If no – does it reflect the characteristics of requires improvement or inadequate?

4.0 Involvement of Members: Group Spokespersons Considerations

- 4.1 Group spokespersons acknowledged that the inspection system does help inform users of the service about the quality of the provision. The new methodology, combined with the recently produced CQC area profiles, also helps give reassurance in the commissioning of HAS services as to the quality of the provision.
- 4.2 Members also recognised that with a joint approach and better opportunities for information sharing and collaboration there should be an opportunity to ensure good and excellent care is provided and poor quality services who fail to improve are removed from the care market. This will either be via regularity action from CQC or direct action by the Council.
- 4.3 It is early days for the new CQC rating system. The increased transparency that comes from posting the results online is self-evidently a good thing, but there was a sense that people are struggling to understand what the ratings categories actually mean in practice. It seems constituents regularly contact local Members about issues they are experiencing personally or in relation to family members. How elected members - not just those on this committee - are informed about, and possibly connected to, the regulation and inspection of care establishments is something the committee has looked at periodically. It was timely that Group spokespersons should also look again at this.
- 4.4 HAS regularly share performance data about the care home and domiciliary care market with Members which would inform on what is happening locally, for

example regarding suspensions. This now happens as a matter of routine. Regular updates are given to the Overview and Scrutiny Committee Mid Cycle Briefings. Data is also collated on the care market on a quarterly basis which is shared with HAS Leadership Team and forms the basis of occasional discussions at Mid Cycle Briefings and reported to Committee as appropriate.

- 4.5 Your group spokespersons speculated that confusion may have arisen with regard to the precise meaning of the ratings the CQC arrives at, and then publishes - especially when a home is rated as "requiring improvement", even more so when the when a home is deemed "inadequate". Put somewhat crudely, these are technical terms based on judgments by the CQC against given criteria. Yet a layman might reasonably - but mistakenly - worry that they imply something much more serious about the standard of care, viability of the home, or safeguarding concerns. It is, of course, entirely reasonable for a local elected member to want to understand the position, but for a number of reasons the answer to this need cannot be found by simply passing across the information without a proper understanding of the context and the particular circumstances that apply.
- 4.6 Currently, discretion lies with the HAS directorate about whether and how this sort of information is shared with the local member. A nuanced decision on what to say, if anything, is made on the merits of each case, founded on professional judgement appropriately informed by local held information and intelligence within the HAS Quality & Monitoring team about its involvement (often over a considerable period of time) with the relevant home and/or provider. To emphasise, however, that unless exceptional circumstances apply, the expectation is that Scrutiny and the relevant local Member would be notified automatically when a provider is suspended or ceases trading.

5.0 Recommendation

- The Care and Independence Overview and Scrutiny Committee is recommended to note the position.
- Your Group Spokespersons would welcome your views.

BRYON HUNTER
SCRUTINY TEAM LEADER

County Hall,
Northallerton

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13 April 2016 Background Documents Nil

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

21 April 2016

WORK PROGRAMME REPORT

1.0 Purpose of Report

- 1.1. The Committee has agreed the attached work programme (Appendix 1).
- 1.2. The report gives Members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1. The scope of this Committee is defined as: 'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 Recommendations

- 3.1. The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

**BRYON HUNTER
SCRUTINY TEAM LEADER**County Hall,
Northallerton

Author and Presenter of Report: Ray Busby

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12 April 2016

Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2015

Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

Meeting dates

Scheduled Mid Cycle (10.30am) Group Spokespersons Committee		14 Sept 2016	1 Dec 2016	2 Mar 2017	11 May 2017
Scheduled Committee Meetings (10.30am)	30 June 2016	27 Oct 2016	19 Jan 2017	27 Apr 2017	

MEETING	SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM
30 June 2016	NY Alcohol Strategy Annual Report	Progress against the county-wide strategy for tackling the harms associated with alcohol was published by public health.	Public Health
	Suicide Audit Report	Consider the suicide audit for North Yorkshire to increase understanding of local suicide data and patterns in order to shape local decisions and priorities around suicide prevention.	Public Health
	Deprivation of Liberty Standards Update/Mental Capacity Act	Update on the Directorate's position on implementing the DoLS Safeguards. Part of a wider briefing on the Mental Capacity Act	HAS
27 October 2016	Living Well Team/Stronger Communities	Update on progress of Living Well Team and Stronger Communities programme one year on..	HAS/PPP
	Director of Public Health Annual Report	That the Committee consider and comment on the North Yorkshire Director for Public Health Annual Report	DPH
	Targeted Prevention and Support. (NYCC Savings Target item)	Consideration also of the relevant savings target is being achieved. How the impact upon service users is being managed, focussing on the evidence regarding the effect of the range of preventative services funded by the council for people who already have low level health and/or social care needs and their carers	HAS
	Substance Misuse Service Update Providers	An update on the progress of this commissioned service.	Public Health

Care and Independence Overview and Scrutiny Committee – Work Programme Schedule 2015

	Local Account	To review, pass comment and make suggestions for any amendments.	HAS
	Annual Safeguarding Board Report	Chairman of Board presents Annual report. Dialogue about commitment of partners to Safeguarding agenda.	HAS
19 January 2017	Sexual Health Service Reconfiguration: Update by Provider	Update on progress.	Public Health
27 April 2017	Dialogue with Care Quality Commission Representative	Follow up to discussion with CQC about inspection regime.	CQC

Please note that this is a working document, therefore topics and timeframes might need to be amended over the course of the year.