



**Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee**

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair),
S Barnes, Cannon, Craghill and Richardson

Date: Tuesday, 26 April 2016

Time: 5.30 pm

Venue: The Snow Room - Ground Floor, West Offices (G035)

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 interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 6)

To approve and sign the minutes of the meeting held on 23 March 2016.

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 **Monday 25 April 2016 at 5:00 pm.**

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https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

- 4. Update on York Wheelchair Services** (Pages 7 - 14)
This report provides the Committee with an update in relation to Wheelchair Services in the city.
- 5. Update on the Older Persons' Accommodation Programme** (Pages 15 - 32)
This report provides an update on progress towards delivering the Older Persons' Accommodation Programme. It also reviews the Moving Homes Safely protocol as it was applied to the closure of Grove House and Oakhaven care homes.
- 6. Hull Road Surgery Plans** (Pages 33 - 44)
This report presents information on plans by Unity Health to relocate services from Hull Road Surgery in York.
- 7. Residential, Nursing and Homecare Services- Quality Standards** (Pages 45 - 52)
This report provides details of the performance of York based providers against CQC standards and the Adults Commissioning Team's Quality Assessment Framework.
- 8. CCG Sustainability and Transformation Plan**
(Pages 53 - 56)
This paper provides an overview of the current planning arrangements for Clinical Commissioning Groups (CCGs), in particular NHS Vale of York CCG.

9. Better Care Fund (Pages 57 - 66)

This report updates Members of the Health & Adult Social Care Policy & Scrutiny Committee on the progress of the submission for the Better Care Fund (BCF) in 2016 and beyond.

10. Work Plan 2015-16 (Pages 67 - 70)

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

11. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts

Telephone – 01904 551078

E-mail- judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

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 może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

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Health and Adult Social Care Policy and Scrutiny Committee**Agenda item 1: Declarations of interest.**

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

- Councillor S Barnes Works for Leeds North Clinical Commissioning Group
- Councillor Cannon Current patient at York Hospital and Member of Health and Wellbeing Board
- Councillor Craghill Member of Health and Wellbeing Board
- Councillor Doughty Member of York NHS Foundation Teaching Trust.
- Councillor Douglas (Substitute) Council appointee to Leeds and York NHS Partnership Trust.
- Councillor Richardson Niece is a district nurse.
Undergoing treatment at Leeds Pain Unit and York Sleep Clinic.

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	23 March 2016
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson
In Attendance	Councillor Runciman

76. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests other than their standing declarations of interests, that they might have had in the business on the agenda. No interests were declared.

77. Minutes

Resolved: That the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 23 February 2016 be signed and approved by the Chair as a correct record.

78. Public Participation

It was reported that there had been one registration to speak, however they had withdrawn before the meeting.

79. Annual Report 2015/16 of the York Health and Wellbeing Board

Members received the annual report of the York Health and Wellbeing Board.

The Chair of the Health and Wellbeing Board, Councillor Runciman was in attendance to present the report and answer Members' questions.

Councillor Runciman felt there was a need for the report to contain more metrics, to better show trends in people's health and wellbeing.

She wanted to continue to promote the message that health and wellbeing was everybody's business, that it affected all corners of society.

One Member asked whether the Health and Wellbeing Board had been involved in deciding the five year place based Sustainability and Transformation Plan (STP) footprint. It was reported that all plans needed to be signed off to a deadline set by NHS England. There was a concern that York's voice could get lost in the area in which it had been assigned as STPs were done around population, and the one in which York had been assigned was very large geographically . It was noted that an accountable officer was assigned to each STP, and an accountable officer could be a hospital trust. A briefing on the ongoing discussions in relation to the STP was requested.

Further questions from Members related to;

- The lower uptake of Healthchecks and flu vaccines
- Life expectancy of men in comparison to other Local Authorities
- the eligibility criteria for Troubled Families Programme
- Key Performance Indicators for Neglect
- The Integrated Wellness Service

It was reported that Healthchecks were an individual choice, and it was often the 'worried well' that used them. Certain groups of people did not use them, such as men. This was also the case with flu vaccines. The way this was being carried out, via GP surgeries was being replanned and would be offered as part of a model of integrated wellness. The service was being reconfigured and responsibility was being passed from NHS England to the CCG and the Council could work with the CCG next winter to increase the uptake.

The Interim Director of Public Health commented that Officers had started work on the Joint Strategic Needs Assessment and had begun to compare data from other Local Authorities. They found that York had lower numbers of NHS Healthchecks and worse for numbers for male life expectancy.

In regards to the Troubled Families Programme, it was suggested that the Director of Children, Education and Skills could update Members at a later date. Neglect, as a topic, was a priority of the

Children's Safeguarding Board and a sub group of the Board was developing a strategy for raising awareness, there would be further information shared from this work.

Members were informed that wellness services were currently commissioned individually, but as the smoking cessation contract was ending, a number of services were being merged.

The Chair thanked Councillor Runciman for her attendance.

Resolved: (i) That the report be noted.

(ii) That a further update be received on the STP.

Reason: To keep Members up to date with the work of the Health and Wellbeing Board.

80. Work Plan 2015/16

Consideration was given to the Committee's work plan for the municipal year.

The Scrutiny Officer updated the Committee in regards to the ongoing situation about Bootham Park Hospital and the NHS England, Lessons Learned report. He felt that an additional meeting should be scheduled in mid April.

The Chair informed the Committee of an item that he felt should be added to the workplan in regards to Unity Health and their plans for moving Hull Road surgery to a new facility next to the Heslington East campus. Councillor Barnes suggested inviting the Vale of York Clinical Commissioning Group (CCG) to a meeting to talk about its commissioning strategy.

Resolved: That the work plan be noted and the following amendments made;

- That an update be received on the Sustainable Transformation Plan.
- That the CCG be invited to a future meeting to talk about its commissioning strategy.

- That an additional meeting be scheduled for April.¹

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

Action Required

1. Arrange additional meeting

JB

Councillor P Doughty, Chair

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

Harrogate and District

NHS Foundation Trust

WHEELCHAIR SERVICES

Progress report to York Health Scrutiny Committee 26th April 2016

Overview:

At the July 2015 York Health Scrutiny Committee, Harrogate and District NHS Foundation Trust presented a response to the Healthwatch report published in May 2015 on the York Wheelchair service.

This report is an opportunity to update the committee on the work undertaken in the past eight months by Harrogate and District Foundation Trust (HDFT) and the joint working with commissioners.

HDFT provides wheelchair services for the population of York and North Yorkshire and while the original Healthwatch report focused on issues with the York Wheelchair centre, the majority of work has been service wide as such it is appropriate to report on the whole service.

Context

Much of the work undertaken by HDFT and the Clinical Commissioning Groups (CCGs) has been due to the recognised need to improve services for Wheelchair users and while Health Watch report was an influencing factor in this there have been a number of other influencing factors which came together in 2015-2016 which have driven forward improvements in quality.

- Publication of wheelchair charter by wheelchair alliance.
- Joint working with CCGs on the Service Specification and Key Performance Indicators (KPI)
- HDFT Service review, followed by consultation on new structure.
- 2 NHS Improving Quality (NHS IQ) facilitated wheelchair events in September & October 2015 involving wheelchair users, Commissioners, and service providers in shaping future provision.
- NHS IQ & CCG facilitated “Master Class” November 2015 with Dorset Wheelchair Service
- National Unify CCG wheelchairs data collections from July 2015
- Review of clinical accommodation of wheelchair service.

- Service out to Tender by CCGs, with 1st December 2016 start date.

All of the above influenced the improvement process, shaping the future provision of service

Wheelchair Charter

Launched July 2015 lays out 10 main commitments to quality provision, HDFT and CCGs have signed up to the principals of the charter.

CCG's review of Service Specification

Through the Autumn of 2015 HDFT Wheelchair service worked with the CCGs (led by HaRD CCG) to develop a robust service specification for the Wheelchair service, including inclusion and Exclusion criteria and Key Performance indicators (KPI) for the service to be monitored against. The CCGs involved various wheelchair users in the process to ensure that the issues important to users were included in this specification. This was completed in November 2015 with first reporting against Quarter 3 KPI in March 2016.

HDFT internal review of Wheelchair Services and Structure.

A full and comprehensive review of the service was undertaken by HDFT in the summer of 2015.

Centralisation at one location was considered, as cost effective service, but was rejected as the need to provide assessment centres in each locality, with good access for users, was considered critical to users.

The other main outcome of the review was a change in the management structure of the service; this went out to consultation with the staff on 14/08/2015 and finished on 28/09/2015

The key change to the structure was the proposed introduction of a clinical lead role to replace the team lead role (non-clinical) the main objective was to change the emphasis of the service to a clinically driven service, improving the quality and timeliness of assessments and ensuring the right equipment is prescribed first time.

Expressions of interest from existing clinical staff in the service to take up this role did not result in an appointment as such the service went out to external advert and appointed a new Clinical lead in February 2016.

Unfortunately the individual appointed subsequently informed the HDFT last week that she would not be joining the service due to the fact that she is now expecting a baby and feels unable to start a new role, then to go on Maternity leave.

As such the interim arrangements we have in place for Managing the service are continuing while we re-evaluate the options for the future.

NHS Improving Quality (NHS IQ) facilitated wheelchair events

The CCGs held two events facilitated by NHS IQ on 29th September and 27th these brought together wheelchair users, commissioners and service providers in a joint discussion about shape of future service, these events led into a detailed action plan.

A further event was held on 2th November 2015 involving the Dorset Wheelchair service as a model of good practice.

One of the key commitments that came out of these events is that the funding stream should not be a factor in delays in the issuing of wheelchairs.

NHS England National Unify CCG wheelchairs data

NHS England have specified a new data set which was to be collected from July 2015, this defines the complexity of provision and measures referrals and waiting times against the new criteria.

HDFT are required to report each quarter to each CCGs data on the patients registered with GPs in each CCG's the CCGs then pass this information onto NHS England.

Review of clinical accommodation

With HDFT's decision to maintain four centres across North Yorkshire, the clinical accommodation was reviewed, this identified the accommodation Blue Beck House in York as being the most spacious, most appropriately laid out and equipped. The area of most concern was Northallerton having greatest need for improvement, there is ongoing work with HR&W CCG and South Tees Trust looking at options to improve the clinical assessment environment and to be able to separate out wheelchair storage from clinical areas.

Tender process

The CCGs led by Vale of York are currently in the process of tendering the service, with engagement event in January 2016 and publication of tender details in March, the outcome will be known in August and new service in place from 1st December 2016. The joint work done on the developing the specification has assisted this process.

The Tendering process will bring about some changes and improvements in service for users with challenging targets for all new urgent referrals to have assessments within 5 working days and all Routine within 6 weeks. In addition for the clinical assessment side of the service it is specifying longer opening hours of 08.00 to 20.00 6 hours on Saturdays giving better access for users.

Feedback on monitoring of Quality Performance and User feedback.

There is a good working relationship between the Wheelchair service and the sub contracted repair service provided by Ross Care with information following in both directions at a clinical level and at the regular review meetings.

Performance on Deliveries, collections, repairs and modifications remains good with over 99% being provided in required timescales against target of 95%

Looking at the quality of the repair service, collection wheelchair user feedback started in the autumn of 2015 with cards being left with users when Ross Care completed repairs, the results from Q3 are as follows:-

	Values					
Row Labels	#Excell.	# V Good	# Good.	# SatisF	# Poor	# V Poor
Std of repair	34	16	7	4		
FSE level of Care	41	13	7	1		
Admin service	33	15	11	3		
Response speed	32	16	9	4		
Grand Total	140	60	34	12		

Refurbishment and re-issue of chairs continues to be a priority of the repair service, but the service has seen an increase in the number of wheelchairs reaching the end of their usable life, with repair becoming uneconomic or not possible due to lack of spare parts for older wheelchairs. However this has led to users being provided with modern chairs, which in the case of powered chairs have improved significantly in the last 10 years, with greater manoeuvrability and functions.

In addition the North Yorkshire wide service has combined the chairs held at each of the 4 centres into one stock list improving access of all centres to the range of chairs held in stock. As such the service has been able to reduce the number of chairs held in stock from 539 in June 2015 to 282 at the end of December this has meant that an additional 257 wheelchair users have a chair from stock. The level of stock is now at the point where there is sufficient for trail at assessment stage and for timely issuing of standard chairs, but not tying up assets unnecessarily.

Following the commitment from the CCG at the NHS IQ events in that there should not be delays following assessment in the ordering and issue of equipment due to budget restraints an additional £170K of chairs have been ordered in the last financial year over and above the budget, which has speeded up the provision of chairs for a considerable number of users. This is reflected in the reduction of waiting times as reported under the unified reports.

With Planned Preventative maintenance (MOT for Powered chairs) at the end of Q3 there were a total of 582 PPM's completed in the previous year, a performance rate of over 99% There with only 5 outstanding across all areas, which were either arranged or waiting for users to confirm dates.

Friends and Family cards were introduced in March 2016 for wheelchair users to complete following assessment or other contact with clinical staff, the outcomes of these have not yet been collated, but the intention is to use all user feedback to shape service provision.

The service will continue to focus on the needs of wheelchair users, learning from any complaints and feedback from users, driving forward both the quality of assessment and prescription as well as timely delivery and repairs of Wheelchairs.

Work in progress

We have been working on improving information to wheelchair users on the service, this is part of the Trust wide work on HDFT web site, the new Trust website is being populated with information on each service and wheelchair information will be live within a few weeks. The speed of this work has been dictated by the Trusts overall project to revamp the web site.

Sending out newsletters as suggested in the Health Watch by post to all users would be difficult and expensive as such giving appropriate information when individuals attend and putting better information on our web site could be accessed by many more individuals. In addition development of the web site will give the opportunity to users to give feedback via electronic means.

With manual self-propelled chairs there is no requirement for any PPM or electrical testing and as part of the handover of such equipment to the users their responsibility for reporting problems is explained. This process works well from a maintenance point of view, however it is accepted that this does not pick up on checking that the needs of the users have not changed or that the chair is still fit for purpose.

From a service provision point of view while it is accepted that an annual check for these wheelchair users would be well received, the priority over the last 6-8 months has had to be bringing about improvements in both assessment time and subsequent delivery of equipment, as such the emphasis has remained on users to contact the service if they have any concerns about their wheelchairs.

There has been much improved involvement with wheelchair users consulting on service design and the new specification, the CCGs are in the process of setting up a group of wheelchair users that will provide ongoing feedback on the service and the needs of users.

Priorities for the future

Much of the future work will be dictated by the Tendering process and ultimately on who provides the service, from a HDFT point of view, continuing the service improvement work with emphasis on reducing the time individuals wait for assessment and provision, in particular with complex seating provision where there needs to be several assessment and trial fitting sessions with individual users.

Also on better information for users about the service, the inclusion and exclusion criteria and the type of equipment available on the NHS can now be shared as the commissioners have now published the service specification.

There will continue to be improvements in wheelchair technology and as new products come onto the market they will need to be evaluated and if suitable, joint decisions will need to be taken with the commissioners over their inclusion in NHS provision.

Finally, having consulted on structure of the service with the introduction of a clinical role to provide clinical leadership and peer support to the clinical assessment side of the service, it has been a set back with the appointed individual changing her mind for personal reasons, HDFT is now making alternative arrangements for this role.

In summary

The past year has brought about significant joint working with commissioners in defining provision and bringing about improvements. Some of which will only be delivered through the new specification which will be in place from 1st December 2016.

Overall the response times have improved and more equipment has been provided to more wheelchair users in the last 6-8 Months

Robin Hull

General Manager

Harrogate and District NHS Trust

11/04/2016

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Health and Adult Social Care Policy and Scrutiny Committee

26 April 2016

Report of the Programme Director, Older Persons' Accommodation

Update on the Older Persons' Accommodation Programme

Summary

1. This report provides an update on progress towards delivering the Older Persons' Accommodation Programme. It also reviews the Moving Homes Safely protocol as it was applied to the closure of Grove House and Oakhaven care homes.
2. The following summarises the status of the Programme:

Overall Status	On Target
Previous Project Status	On Target
Trend	Same
Risks	Under control
Update since last report	<p>The Programme has progressed well, including:</p> <ul style="list-style-type: none"> a) The implementation of 24/7 care at Glen Lodge. b) The safe closure of Grove House and Oakhaven. c) Successful public engagement on the plans to re-develop the Burnholme school site as a Health & Wellbeing campus. d) Award of a £850,500 grant to assist with the £4.1m cost of the 27 home extension of Glen Lodge. e) Receipt of good tender prices for the construction of the Glen Lodge extension.
Programme next steps	<p>To progress the Programme the team will:</p> <ul style="list-style-type: none"> a) Seek Executive sanction to progress with the development of the Burnholme Health & Wellbeing campus including procurement of a new care home. b) Start on site with the construction of a 27 home extension to Glen Lodge.

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| | <ul style="list-style-type: none">c) Procure a partner to build an Extra Care scheme on the Oakhaven site.d) Undertake design work to examine options for the Haxby Hall care home. |
|--|--|

Background

3. The Health and Adult Social Care Policy and Scrutiny Committee last received an update on the Programme at their meeting in December 2015 and asked for regular updates. The Audit and Governance Committee also received an update on the Programme in February 2016, looking particularly at programme management. They, too, asked to receive six-monthly updates.
4. The Council's Executive on 30th July 2015 approved the Business Case for the Older Persons' Accommodation Programme. This will:
 - a) fund 24/7 care support at Auden House, Glen Lodge and Marjorie Waite Court Sheltered Housing with Extra Care schemes;
 - b) progress with plans to build a 27 home extension to Glen Lodge;
 - c) seek the building of a new Extra Care scheme in Acomb;
 - d) see the procurement of a new residential care facility as part of the wider Health and Wellbeing Campus at Burnholme; and
 - e) encourage the development of additional residential care capacity in York including block-purchase of beds to meet the Council's needs.
5. Sites affected by the Programme are shown on the map at **Annex 1**.
6. The context for the Programme is that there is a shortage in York of suitable accommodation with care for older people. This is caused by historic under-investment and expected growth in the size of the over 75 population of the city (the 75+ population is expected to increase by 50% over the next fifteen years, from 17,200 to 25,800). 81% of York's 75+ population own their own home.

Progress Update

Glen Lodge Extra Care

7. 24/7 care services have begun at Glen Lodge and, at the same time, recent vacancies have allowed people with higher care needs to move into the facility. Night-time care is now being provided to some residents.

8. Planning approval has been granted for the 27 home extension to Glen Lodge with the positive support from the Planning Committee.
9. On 10th March 2016 the Homes & Communities Agency (HCA) confirmed the award of a £850,500 grant to contribute towards the capital cost of building the 27 home extension to Glen Lodge. We applied for the grant in May 2015 and the award announcement was expected in October 2015. The Government Spending Review of 25th November 2015 announced that there will be a limit placed on Housing Benefit (HB) paid to social housing tenants taking up new tenancies by fixing it at private sector Local Housing Allowance (LHA) rates. The move is expected to have the largest impact on specially adapted properties which traditionally command higher rents including Extra Care. The government currently have no plans to exempt any particular property types or tenants of pension age. In response to growing and widespread concern from the housing and care sector about the future viability of such schemes the DWP said it is “working on the detailed design of the policy” and have delayed its implementation by one year, until April 2017. Should the policy apply to Glen Lodge it will have an impact upon low-income tenants’ ability to pay. We have discussed options with the HCA and will make application for variation of the grant conditions to minimise the impact of the LHA at Glen Lodge.
10. Meanwhile, construction plans are on track. Building tenders are returned and are currently being evaluated. We expect start on site in either May or June 2016 and completion by Q2 2017, in line with Programme.

Oakhaven Extra Care facility

11. We are making progress with plans to develop an Extra Care facility on the Oakhaven site.
12. We have engaged in soft market testing with potential partners in the development of an Extra Care scheme on this site. They show good interest in the development and have provided guidance on how best to present the opportunity to market.
13. We will now proceed with the procurement of a partner to develop the Oakhaven site.
14. Meanwhile, we have “closed down” Oakhaven: shutting off water and gas so that all is safe (but leaving on the electricity so that the fire and security systems continue to operate) and moving out equipment for re-use elsewhere, if in reasonable condition, or for disposal.

The building will then stand empty while we procure a partner to re-develop it as an Extra Care facility. While it is empty we have offered its use as a temporary kitchen while Poppleton Road school kitchens are refurbished and for fire arms and dog training by North Yorkshire Police [no live ammunition].

Burnholme Health & Wellbeing Hub

15. The spatial plan for the re-development of the Burnholme school site has been completed and demonstrates that the site can accommodate all of the activities intended for the site. The plan is shown at **Annex 2**.
16. The public information events regarding the redevelopment of Burnholme School have gone well. The team have shared information and gathered views on site at Burnholme, at St Aelred's school, at Osbaldwick Parish Council and via the Tang Hall Library and on-line. Current users have been particularly supportive of the plans. Local residents also welcome the mix of uses for the site but do express concern about the impact on traffic volumes.
17. We have also engaged with potential providers of the care home at Burnholme and they are positive about the opportunity and about the commercial arrangements which will give it life. However, they emphasise the need for the authority to show commitment and de-risk procurement for them by undertaking enabling work in advance of their appointment and demonstrating commitment to the whole-site re-development by obtaining planning consent for the community and library facilities (and by doing so demonstrate that the whole site has potential to be developed in accordance with the spatial plan).
18. Tees, Esk and Wear Valleys NHS Foundation Trust confirm their interest in moving onto the Burnholme site and working alongside the Priory Medical Group and other health providers to give life to a Community Health Hub for the east of the city.
19. We now prepare to take a report to Executive in May 2016 to secure consent to begin to deliver the Burnholme Health & Wellbeing Campus. Members will be asked to sanction the procurement of a partner to provide the care home on site, the preparation and submission of a planning application relating to the provision of community facilities and an access road and investment in enabling works to allow the home to be built. Members are also asked to sanction the sale of land for housing subject to Department of Education consent to release this land.

Haxby Hall

20. A designer has been appointed to assist with the development of options for the re-modelling or re-development of Haxby Hall.
21. Meanwhile, minor alternations to the building are being considered which will allow us to increase bedroom capacity from 49 to 53.

Programme Resourcing

22. The Programme budget for 2015/16 has been reviewed and has come in under budget for that year. The projection of future years' expenditure shows a potential for betterment across the whole Programme. However, more detailed evaluation is currently underway regarding use of capital receipts and this will determine the overall out-turn.
23. Programme resources continue to be actively managed:
 - a) We have secured the services of a University of York Biology PhD student under the Biology Research Council Doctoral Training Partnership to work with us for three months in the autumn of 2016. He will support the development of the Health Hub at Burnholme and is fully funded by the BBSRC.
 - b) We have sought interest from the University of York summer intern programme for a student to work with us on the Programme. Last summer the intern who joined us proved to be very helpful in moving forward developmental elements of the Programme. The programme management budget has provision for this cost.
 - c) We continue to keep under review the legal services support for the Programme and are considering using external legal support to help us procure the Burnholme care home.

Moving Homes Safely

Oakhaven and Grove House Older Persons' Homes

24. Oakhaven and Grove House care homes are now closed. All residents have moved to their new homes – a mixture of independent provision, Haxby Hall, Extra Care and out of area, as detailed below:

	Oakhaven	Grove House	Total	%
Extra Care	1	1	2	6%
Haxby Hall	6	8	14	40%
Independent Sector	11	7	18	51%
Out of Area	1	0	1	3%
	19	16	35	

25. Grove House and Oakhaven staff have also moved to new roles. Of those that remained in the employment of the Council nine moved to Haxby Hall, four to Morrell House, five to Willow House, seven to Windsor House, 16 to Woolnough House and eight to the Extra Care service.
26. Grove House has been cleared and prepared for sale. We will market the sale opportunity shortly. As explained above, Oakhaven is to be held empty while we seek a partner to build an Extra Care facility on the site.
27. In accordance with the Moving Homes Safely protocol we have reviewed each move to check that all is well in the new accommodation. For the vast majority of residents the outcome of the move was positive, with comments including “loves” their new home, “family very happy” and, for one of the residents who moved to Extra Care, the comment that they “love their flat”. Some said that it had taken time to settle in their new home and two said that they missed their old home. A few of the new residents who had moved to Haxby Hall commented on staffing levels and this will be followed up.
28. Four residents expressed a neutral feeling about their move and while they are now settled in their new home:
 - a) One felt that the carers from their old home did not do enough on the day of the move to settle them into to the new accommodation; the need for very personalised support during the move will be re-emphasised as part of the update of the Moving Homes protocol.
 - b) Two residents said that they had taken time to settle in. It is important that we identify these individuals early so that personal support can be offered to help familiarise them with their new home and to support the settling-in process.
 - c) One said that they missed their old home.
29. Sadly, since moving and over the last two months, 3 of the residents who moved from Grove House and Oakhaven have subsequently died.

30. The team have also reviewed the overall operation of the Moving Homes Safely protocol as it was applied at Grove House and Oakhaven and have identified the following points which will be integrated into a refresh of the Protocol:

- a) During the assessment period some families were angry at the decision to close these homes and also expressed dissatisfaction with communication during the consultation on closure. Some felt that they had to address their concerns through the complaints channel.

Action: Written briefings (in addition to the verbal briefings provided at Grove House and Oakhaven) will be made available at the start of any closure process with clear information on what will happen and when. These briefings will also offer answers to frequently asked questions. However, the emphasis on face to face contact, which proved to be useful and popular, will be retained.

- b) Most residents and families were very pleased with the actual move day. Both Grove House and Oakhaven provided transport and carers to accompany them, and assistance with their belongings when required. Nearly all of the residents and families felt that they received a warm welcome by the receiving home. Some residents and families have stated that they prefer the new home as it meets the needs of their loved one more appropriately.

One family was not met by the receiving home and it caused distress to the resident and their family. One resident did not receive help from her current carer with unpacking and orientation, leading to dissatisfaction with the move.

Action: Re-emphasise the need for very personalised support on the day of the move including carers taking time to help residents to settle in, to un-pack and to familiarise themselves with the new accommodation. Follow-up visits in the days immediately after a move may be appropriate for some.

- c) Most families reported that the receiving home has been very good and listened and acted on any concerns that were raised in the first few weeks. The receiving homes have also ensured that the resident has been transferred to the appropriate GP surgery and many have seen the GP as part of the placement agreement.

Action: Receiving homes should also take special care to help new residents orientate themselves and settle in, assisted by the relinquishing home where necessary. The care plan for each individual will identify specific needs and issues and guide the support that needs to be available.

- d) At the review stage most residents have settled into their new placements. Many families reported that it took a few weeks to settle. Some residents have no memory of their last home.

Action: The need remains for the review visit within a four to six weeks of a move.

- e) Some residents and families commented that Haxby Hall is large when compared to the home that they have moved from and that there is not enough communal space and quiet areas. Some also commented on staffing levels at Haxby Hall leading to a feeling that care was rushed and mistakes with laundry.

Action: Staffing levels and work practices at Haxby Hall have been reviewed, new staff moved over from Grove House and Oakhaven and work practices have been inspected by the Head of Service.

Designers will look at options for the re-modelling or re-development of Haxby Hall.

- f) Clarity regarding funding arrangements for each resident as they move was identified as an issue requiring attention. Where the cost of care in the new home is greater than the current cost of care, funding for the difference will be the subject of the normal financial assessment process with consideration on a case-by-case basis dependant on financial and care needs. The move to nursing care also prompts a re-assessment of funding as this involved NHS funds. Where a resident is funded by another local authority via an out of area placement then they take responsibility for funding decisions. In all cases, clarity as to the decision making process is paramount.

Action: The Moving Home Safely protocol and guide will be updated to reflect clarity regarding funding, both for City of York Council clients and those supported by other local authorities.

31. The dedicated Care Manager who has overseen the move of residents from Grove House and Oakhaven will continue to oversee and annually review their care plans, ensuring consistency and helping to build upon knowledge of the individual. This Care Manager will also work to assess all the remaining residents of Council run care homes.

The future of the remaining council-run Older Persons' Homes

32. The Programme also addresses the future of the five remaining older persons' homes that remain in the ownership of the council, as listed below:

OPH	Address
Haxby Hall	Station Road, Haxby, YO32 3DX
Morrell House	388 Burton Stone Lane, Clifton, YO30 6EZ
Willow House	Long Close Lane, YO10 4UP
Windsor House	22 Ascot Way, Acomb, YO24 4QZ
Woolnough House	52 Woolnough Avenue, Tang Hall, YO10 3RE

33. These homes are no longer fit for purpose as they lack modern facilities (few bedrooms have ensuite bathrooms), small bedrooms limit care choices and the homes also have inadequate communal and social space. With the exception of Haxby Hall and because each home is small the option to refurbish or re-build is not possible. Therefore, each home will be the subject of consultation on closure over the next two years.
34. Meanwhile, homes are currently utilised as follows:

As at 21/03/16	Total Beds	Perm Beds		Respite		Step Up/Down		Discharge to Assess	
	Capacity	Occ	Vac	Occ	Vac	Occ	Vac	Occ	Vac
Haxby Hall	41	37	4		0		0		0
Haxby Hall (Poppyfields)	8	8	0		0		0		0
Morrell House	29	25	3		0	1	0		0
Willow House	33	22	3	3	0	5	0		0
Windsor House	27	18	0	7	0	2	0		0
Woolnough House	33	22	1	1	0	4	1	4	0
TOTAL	171	132	11	11	0	12	1	4	0

35. Now that 24/7 Extra Care facilities are in place at Glen Lodge and Auden House (and will be in place at Marjorie Waite Court later in the year) we will begin to forge links between these facilities and nearby Council care homes, encouraging social and staff integration and, where relevant, the use of Step Down services in each care home to “feed” a vacancy at the relevant Extra Care facility. This will drive a more integrated service.
36. We will continue to work on the integration of “step-down, assess to discharge and respite” provision in the city, involving Council, CCG and health colleagues so that we can begin to formally align provision with need and drive towards a better flow of residents out of acute care and back to their own home. We have already begun this work and are currently utilising space at some of the Council care homes for these purposes, as listed above.
37. We will continue to develop the current Care Home staff team, including:
 - a) Working to raise staff skill levels to at least NVQ Level 2.
 - b) Rolling out person centred dementia care through Bradford University using a cascade model, by the end of April.
 - c) Internal rotation of day and night staff.
 - d) Implementation of one area of good practice per month and share this across the homes.
 - e) Use of ‘You said, We did’ notice board in each home.
 - f) A volunteer programme to be launched in April, working in partnership with Yorkcares, including team challenges to encourage the homes to be part of the community.
38. We will launch a Tele-health pilot at Morrell for up to 10 residents to prevent avoidable hospital admissions.

Programme Plan

39. The Programme plan is proceeding well.

Tasks & Milestones Status

On Target

Previous Tasks & Milestones Status

On Target

Tasks & Milestones Status Explanation

A high level project plan is now in place and this will be reviewed and updated as the Programme proceeds.

Detailed project plans are now in place for:

- The Glen Lodge Extension
- The Burnholme Health & Wellbeing campus.

A draft project plan is in place for the new Extra Care facility in Acomb.

Key Milestones

Date	Milestone
Q2 2016	Executive to agree development timetable and procurement/s at Burnholme.
Q2 2016	Glen Lodge extension starts on site.
Q2 2016	Procure partner to deliver new Extra Care facility in Acomb.
Q2 2016	Submit Burnholme phase 1 planning application.
Q2&3 2016	Procure Burnholme care home.
Q3 2016	24/7 Extra Care starts at Marjorie Waite Court.
Q4 2016	Burnholme community/library works start on site.
Q4 2016	Submit New Extra Care facility planning application.
Q1 2017	Consideration of Burnholme care home planning application.
Q2 2017	Burnholme care home start on site.
Q3 2017	Burnholme community/sports/library accommodation complete.
Q2 2017	New Extra Care facility starts on site.
Q3 2017	Complete Glen Lodge extension.
Q2 2018	Complete New Extra Care facility.
Q4 2018	Complete Burnholme care home.

40. **Risks**Risks Status **On Target**Previous Risks Status **On Target**Key Risks

41. Key risks are kept under review and mitigations are pro-actively managed. No key risks currently present a concern.

00001 Anticipated level of capital receipts not realised

Date Added 14/04/2015

Description The existing sites may not realise the anticipated level of capital receipts included in the financial model.

Mitigating Action Work closely with partners and CYC finance to maximise capital receipts. Receipt from Oliver House was significantly above expectation.

00002 Lack of funding to deliver all of the elements of the project.

Date Added 14/04/2015

Description There is insufficient funding to deliver all of the elements of the project.

Mitigating Action Alternative sources of funding be identified and secured in order to achieve full project

00005 Increase in interest rates

Date Added 14/04/2015

Description Increase in interest rates would impact negatively on borrowing.

Mitigating Action Ensure impact is capped or controlled through the contracts.

00008 Project does not deliver the right number and type of care places required by the city

Date Added	14/04/2015
Description	Project does not deliver the right number and type of care places required.
Mitigating Action	Modelling of predicted care levels to look at effect of the provision of different numbers of care places by type.

00009 Loss of morale for existing EPH staff morale leading to negative impact on service provided to current EPH residents

Date Added	14/04/2015
Description	Loss of EPH staff morale leading to negative impact on service provided to existing EPH residents.
Mitigating Action	Maintain staff morale and focus through regular, open and honest briefings/updates; engagement through EPH Managers and staff groups; investment in staff training, support and development.

00011 Lack of appropriately trained staff to deliver quality of care required

Date Added	14/04/2015
Description	Lack of appropriately trained staff to deliver the type and quality of care required i.e. Dementia and high dependency care.
Mitigating Action	Develop an improvement plan based on best practice and identify service development programme.

00012 Burnholme - Disposal of redundant playing field not approved by Secretary of State

Date Added	09/07/2015
Description	Approval not given for disposal of redundant playing field following objection(s) from local schools.
Mitigating Action	Partnership working with local schools to ensure that requirements for playing fields are addressed via access to existing facilities.

00014 Burnholme - No long term commitment from NHS Provider Organisations

Date Added	09/07/2015
Description	NHS Provider Organisations are not able to commit to long term lease due to relatively short term contracts (usually up to 5 years). Commissioning bodies therefore need to 'underwrite' by guaranteeing to mandate the premises within their tender/contracts.
Mitigating Action	Early engagement with CCG as commissioning body. Engagement of a range of NHS partners.

00017 Burnholme - Planning Permission not granted / onerous

Date Added	09/07/2015
Description	Inability to secure planning permission for development of suitable size for financial viability
Mitigating Action	Early site master planning and pre-submission engagement

00018 Burnholme - Phasing & Construction Conflict

Date Added	09/07/2015
Description	Need to procure elements of the Burnholme development through different commercial models leads to phasing and construction conflicts.
Mitigating Action	Consider in deliberations regarding commercial options.

Recommendations

42. That the Committee review the update on progress to deliver the Older Persons' Accommodation Programme.
43. That the Committee request that regular updates are presented to future meetings.

Reason: So that Members are kept aware of progress towards delivery of the Older Persons' Accommodation Programme.

Contact Details



Author:	Chief Officer responsible for the report:		
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	Report Approved	<input checked="" type="checkbox"/>	Date 14 Apr '16
Specialist Implications Officer(s) Legal – Ruth Barton (Ext 1724) Finance – Debbie Mitchell (Ext 4161) and Steve Tait (Ext 4065) Property – Philip Callow (Ext 3360) and Ian Asher (Ext 3379)			
Wards Affected: <i>List wards or tick box to indicate all</i>			All <input checked="" type="checkbox"/>
For further information please contact the author of the report			

Annexes:

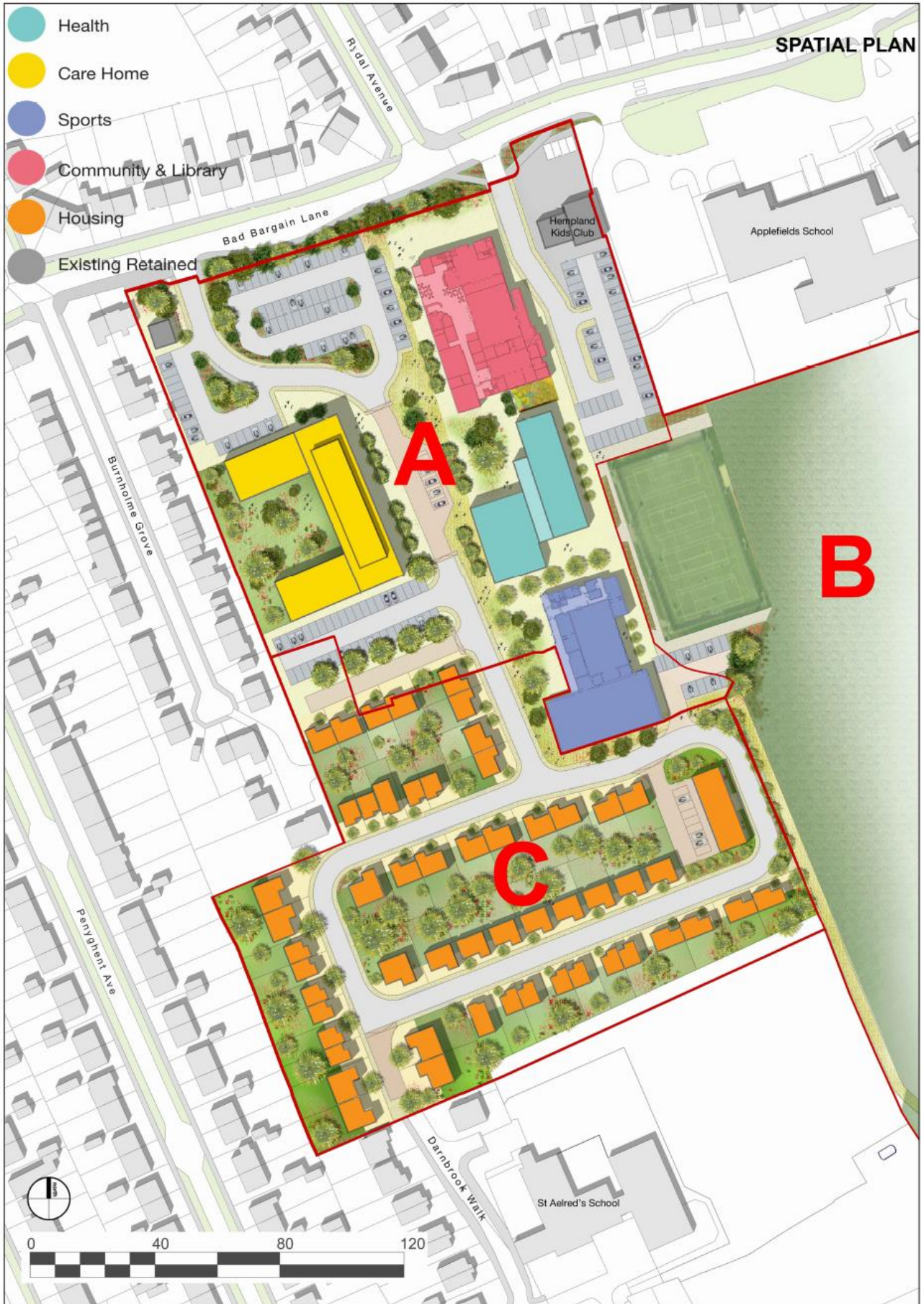
Annex 1- Plan of CYC Homes and Sites included in the OPAP
Annex 2- Burnholme Spatial Plan

Annex 1: Plan: CYC Homes and Sites included in the OPAP



 <p>CITY OF YORK COUNCIL</p>	<p>Older Person's Accommodation Programme Sites</p>	
<p>CBSS <i>Asset & Property Management</i></p>	<p>SCALE 1:50,000 DRAWN BY: DH DATE: 16/11/2015</p> <p>Originating Group: Asset & Property Management</p> <p>Reproduced from the Ordnance Survey with the permission of the Controller of Her Majesty's Stationery Office © Crown copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. City of York Council 100020818</p>	<p>Drawing No.</p>

Annex 2: Burnholme Spatial Plan



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**Health & Adult Social Care Policy & Scrutiny
Committee****26 April 2016**

Report of the Assistant Director Governance & ICT

Hull Road Surgery Plans**Summary**

1. This report presents information on plans by Unity Health to relocate services from Hull Road Surgery in York.

Background

2. At a meeting of this committee on 23rd March 2016 the Chair drew Members attention to a letter he had received from the Member for Osbaldwick and Derwent expressing concern at the future of Unity Health's Hull Road Surgery.
3. Unity Health has been granted approval for a new health facility to be provided on the other side of Hull Road, adjacent to the University of York's Heslington East campus.
4. Members were told that Unity Health is happy to continue with the use of the Hull Road premises and to try to dedicate facilities at the surgery for patients in Osbaldwick and Merton if the Vale of York Clinical Commissioning Group (VoYCCG) provides the funding.
5. Members were concerned that if this was not the case it could represent a significant service change and some patients could be disadvantaged. They agreed to invite representatives from Unity Health and the VoY CCG to the 26th April committee meeting to explain the situation.

Consultation

6. Representatives from Unity Health and the Vale of York Clinical Commissioning Group have provided the information in Annexes A.

Option

7. The Committee might want to seek assurances that a new health facility adjacent to the university would not leave current Hull Road Surgery patients disadvantaged.

Analysis

8. There is no analysis.

Council Plan

9. This report links to the focus on frontline services and a council that listens to residents elements of the Council Plan 2015-19.

Implications

10. There are no known implications associated with the recommendation in this report.

Risk Management

11. There are no risks associated with the recommendations in this report. In undertaking these changes, Unity Health would no doubt have assessed the risk impact on patients as a result of relocating the services formerly provided at Hull Road Surgery to a new health facility adjacent to the university.

Recommendation

12. Members are asked to consider the information in this report and seek assurances on the services offered by Unity Health and the possible effect any changes could have on patients at Hull Road Surgery.

Reason: So Members can satisfy themselves that no Hull Road Surgery patients are being disadvantaged.

Contact Details

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Scrutiny Officer
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Chief Officer Responsible for the report:

Andrew Docherty
AD Governance & ICT

**Report
Approved**



Date

11 April 2016

Wards Affected:

All




Background Papers: None

Annex A: Hull Road Surgery – Vale of York Clinical Commissioning Group

Annex B: Hull Road Surgery – Consultation Event

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Meeting of York Health & Adult Social Care Policy & Scrutiny Committee 26th April 2016	 Vale of York Clinical Commissioning Group										
Unity Health Surgery											
Purpose of Report For Information											
1. Rationale To inform York Health & Adult Social Care Policy & Scrutiny Committee of the national and local strategies and plans that support the proposed changes around Unity Health Surgery.											
2. Strategic Initiative <i>(double click and select 'checked' for relevant initiatives)</i> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Integration of care</td> <td><input type="checkbox"/> Planned care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Person centred care</td> <td><input type="checkbox"/> Transforming MH and LD services</td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary care reform</td> <td><input type="checkbox"/> Children and maternity</td> </tr> <tr> <td><input type="checkbox"/> Urgent care reform</td> <td><input type="checkbox"/> Cancer, palliative care and end of life care</td> </tr> <tr> <td><input type="checkbox"/> Effective and Efficient Organisation</td> <td><input checked="" type="checkbox"/> System resilience</td> </tr> </table>		<input checked="" type="checkbox"/> Integration of care	<input type="checkbox"/> Planned care	<input checked="" type="checkbox"/> Person centred care	<input type="checkbox"/> Transforming MH and LD services	<input checked="" type="checkbox"/> Primary care reform	<input type="checkbox"/> Children and maternity	<input type="checkbox"/> Urgent care reform	<input type="checkbox"/> Cancer, palliative care and end of life care	<input type="checkbox"/> Effective and Efficient Organisation	<input checked="" type="checkbox"/> System resilience
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3. Local Authority Area <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council						
<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council										
<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council										
4. Actions / Recommendations n/a											
5. Engagement with groups or committees Unity Health has held initial patient engagement meetings regarding these plans. NHS Vale of York CCG has approved these plans at its Senior Management Team Meeting on 23 Feb 2016, and has reported on these plans at its Council of Representatives meeting and at its Primary Care Commissioning Committee.											
6. Impact on Primary Care This development supports the CCG's strategy and five-year plan to deliver more integrated and accessible health and care services to the local population. It will provide space and facilities enable providers to work together to improve services, and deliver a wider range of services closer to peoples' homes.											
7. Significant issues for consideration There will be an on-going need to consult with patients to ensure that services are developed to meet the needs of local residents.											
8. Implementation n/a											
9. Monitoring n/a											

10. Responsible Chief Officer and Title n/a	11. Report Author and Title Louise Johnston, Managing Partner, Unity Health Michael Ash-McMahon, Deputy Chief Finance Officer, NHS Vale of York CCG Shaun Macey, Senior Innovation & Improvement Manager (Primary Care), NHS Vale of York CCG
12. Annexes Annexe 1 - Hull Road Surgery Consultation Event, St Thomas's Church, Osbaldwick, 1.30pm – 2.30pm Friday 15th April 2016. Concerns & Questions.	

1. Background

NHS Vale of York Clinical Commissioning Group (CCG) has recently approved an application from Unity Health for the development of a new Primary Care Health Centre which will be situated just off the Field Lane / Kimberlow Lane roundabout near the University's Heslington East Campus.

This report to the York Health & Adult Social Care Policy & Scrutiny Committee describes the rationale behind this decision in the context of the CCG's overarching strategies for the development of health and care services for our population. For more detailed information on the CCG's Integrated Operational Plan 2014-2019 please refer to the documentation here: <http://www.valeofyorkccg.nhs.uk/publications/5-year-plan/>

2. National and Local Strategies for the Development of Health and Care Premises

The NHS 'Five Year Forward View' strategy document that was published in October 2014 describes how the health service needs to change and adapt to meet the future needs of our patients, carers and citizens. A central theme that runs through this document is the development of new models of care that will enable groups of GP's to work collaboratively with nurses, other community health services, hospital specialists, mental health and social care to create integrated out-of-hospital care teams – providing more care closer to home for our population.

In late 2014 the Government announced the Primary Care Transformation Fund which is a national, four-year, £1billion capital investment programme to help General Practice make

improvements in premises and technology. NHS England's aim through this fund is to 'accelerate investment in infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients'.

NHS Vale of York CCG is already working with partners across health and care services to support the development of these integrated teams through its Care Hub model, and underpinning this is a commitment to using key enablers around premises, information technology and the workforce to transform the way in which health and care services are provided to our local communities.

It should be noted, however, that the CCG is not in a position to mandate how General Practitioners use premises to provide their services. Across the country there are a number of models through which premises are used by GP's to deliver services – General Practice business partners may own their own premises, or they may choose to lease their premises from a private owner or NHS landlord. In this context, NHS Vale of York CCG will need to continue to work in partnership with General Practice and other health and care providers to understand and agree how both existing premises and new developments can be used in the most effective, flexible, affordable and sustainable ways. The responsibility for delivering this change sits across the CCG and provider organisations, and with support from NHS Property Services, this vision has started to be developed (and will evolve over the next five years) through the CCG's Interim Strategic Estates Plan.

3.Unity Health Application for the Development of a New Healthcare Centre

Unity Health submitted their application for a new surgery to NHS England in the 2015-2016 phase of the Primary Care Transformation Fund. In this application, the Practice clearly articulated their commitment to delivering the agenda contained in the NHS 'Five Year Forward View', and in particular:

- Improving access to Primary Care services
- Meeting changing patient needs
- Developing and providing new treatment options
- Developing partnerships with other health and care providers
- Developing and investing in preventative healthcare
- Working to deliver integrated out-of-hospital care

The Practice also articulated the constraints and issues around its current premises at the University and Hull Road surgeries, including:

- Inadequate consulting space for number of GP's required to service the list size
- Lack of space to provide additional specialised services
- Lack of adequate storage, no dedicated dirty utility rooms, and lack of clinical hand washing in some rooms
- Lack of patient privacy in waiting areas and receptions
- Accessibility issues and limited parking provision, with space issues causing poor access statistics
- Room layouts compromising staff safety

Unity Health's concerns are reinforced by NHS Property Services who have confirmed that the Practice is the most in need of additional floor space, by a significant margin, across the CCG's total of 29 Practices. The Hull Road premises are also considered to have a low functional suitability, with poor access for disabled patients and limited capacity for improvement/development.

The Practice has worked hard to secure a sound financial package with the developer allowing them to present a cost-effective solution, which may not have been feasible or affordable for a similarly state-of-the-art facility elsewhere. However, the Practice's application to the CCG to support the increased revenue consequences of this development was based on the release of the notional rent currently funding the nearby Hull Road surgery and York Campus surgery. This was a key part of the proposed financial model, without which it is unlikely that the proposal would have been affordable and been met with support.

The CCG's assessment, having worked closely with both Unity Health and NHS England on this application, is that, although a small number of patients will have a longer distance to travel, the local community cannot miss this opportunity to develop a new, state of the art healthcare centre. The situations in which Practices are willing to make large scale changes, and in which funding is available to support these are becoming increasingly rare, and it is in this context that the CCG is enthusiastically supporting Unity Health's plans. The new premises will enable the Practice to develop additional services, and to work in partnership with other organisations to improve the quality, efficiency and accessibility of more integrated out-of-hospital care for local residents.

There is a significant increase planned for York University's student population and coupled with Unity Health's concerns around the future statutory compliance of its Hull Road premises, the lack of parking adversely affecting accessibility, and NHS Property Services estimating that Unity Health is operating with significantly less clinical floor space than recommended, the retention of the Hull Road Surgery is not a viable option and does not present value for money for a local health economy in which patient demand is currently pressurising available budgets.

For Osbaldwick residents, the distance to the new surgery will be slightly greater (existing Hull Road Surgery to new build is less than 1km), and the CCG regrets any inconvenience to individual patients who may need to travel further and will endeavour to work with City of York Council colleagues to ensure that access from the Osbaldwick side of the Hull Road is safe for pedestrians. It is also understood that the site will be served by a new bus terminus located nearby.

The CCG will work closely with Unity Health to ensure that there is a smooth transition for patients as the Practice moves into its new premises, (planned March 2017).

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Hull Road Surgery Consultation Event
St Thomas's Church, Osbaldwick
1.30pm – 2.30pm Friday 15th April 2016

Concerns & Questions

- It will be quite a walk with no public transport.
- The closure affects residents of Osbaldwick more than others.
- Will there be a Bus Stop outside the surgery.
- Will there be more pedestrian crossings.
- Students will be given priority at the new surgery.
- Why can't Hull Road Surgery be kept open for Osbaldwick residents.
- Will there be parking.
- Why were the plans passed prior to this meeting.
- Will more GP's be employed.
- Is the University subsidising the move.
- When will Hull Road Surgery close.
- Will longer consultation times be offered.
- How many GP's will be working each day.
- Will there still be a Stay & Wait service.
- How will the patient parking be policed.
- Will this be a 24/7 surgery.

Partners

**Dr John Lethem / Dr Alison Hunter / Dr Tim Wallam
Dr Richard Wilcox / Dr Parv Pye / Dr Mark Astill / Louise Johnston**

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Health and Adult Social Care Policy and Scrutiny Committee**26 April 2016**

Report of the Head of Commissioning, Adult Social Care

Residential, Nursing & Homecare Services – Quality Standards**Summary**

1. Members of the Health and Adult Social Care Policy and Scrutiny Committee will recall the last report they received on the 1st December 2015 detailing the performance by organisations providing a service in York against Care Quality Commission standards and the Adults Commissioning Team's Quality Assessment Framework. Members will also recall that the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission.
2. The Care Quality Commission consultation "A New Start" set out the principles that guide how CQC inspect and regulate care services and included;
 - Intelligent use of data, evidence and information to monitor services
 - Expert inspections
 - Additional information for the public on its judgements about the quality of care including a rating to help people choose services.
 - Detailing the action they will take to require improvements and where applicable the action they will take to make those responsible for poor care to be held accountable.
3. The new model was rolled out from October 2014, and providers all get a published rating. The Care Quality Commission (CQC) has also assumed a Market Oversight function from April 2015 and were envisaging all providers having a published rating by March 2016

however this has not been achieved. The new inspection model asks five key questions of services;

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well led?

4. The ratings system that has been adopted by CQC is detailed below;

- Outstanding
- Good
- Requires Improvement
- Inadequate

Background

5. All services are regulated by the Care Quality Commission (CQC) and, as the regulator, it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.
6. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team on occasions will also undertake visits jointly with colleagues from the PCU and the Vale of York Clinical Commissioning Group where it felt necessary or there are safeguarding concerns.

7. The Adult Commissioning team have a programme in place to carry out a Consultation and Observation visit and Quality Assurance Visit each financial year. In addition to a full report, summary reports are now produced to provide readily available and transparent information to CQC to inform any pending inspections.
8. In addition to the standard visits listed above, the Commissioning team have regular Business Meetings with Social Care Providers to help work effectively with care home providers to support organisations and prevent issues escalating.
9. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch. To ensure good practice is maintained, officers recently met with representatives from Healthwatch with positive feedback shared in respect to the effectiveness of the approach.
10. CQC ratings of Outstanding, Good, Requires Improvement, or Inadequate are given both as an overall rating as well as for each of the five key questions
11. The tables below compare the current overall CQC ratings of York services to National figures published by CQC, and similarly the position in relation to Key Questions. Members will note that compliance levels in York are higher than National figures.

CQC Ratings

Overall Rating	Outstanding	Good	Requires Improvement	Inadequate
York April 2016	2.4%	65.9%	31.7%	0%
York Oct 2015	0%	47.6%	42.9%	9.5%
National	1%	59%	33%	7%

Key Questions

% of key questions rated as	Outstanding	Good	Requires improvement	Inadequate
York	2%	73%	24%	1%
National	1%	71%	26%	2%

12. For information purposes, detailed below is a comparison between York and national figures on compliance within the different domains that CQC now inspect against. Inspections undertaken in York show that “Safe and Well Led” are the areas of concern identified by CQC colleagues and this would agree with findings of the commissioning team following visits and monitoring that they have undertaken. The customer facing aspects of services are areas where York performs highly on with two services receiving outstanding ratings in these areas.

Area	Safe	Effective	Caring	Responsive	Well led
York	56%	80%	93%	88%	61%
National	57.5%	63%	83%	67%	60%

13. Members will need to note that CQC are still in a transitional phase in relation to reporting and their new inspection process. There are still a significant number of providers who have to date not had a “new style” inspection. Only 49.4% of registered services in York have had a new format inspection to date - this report focuses on these services.
14. Copies of all CQC reports can be found at www.cqc.org.uk

15. The tables below identify the current position in relation to services in York:

Inspected to Date (x of 83)	41	49.4%
Outstanding	1	2.4%
Good	27	65.9%
Requires Improvement	13	31.7%
Inadequate	0	0

Residential and Nursing Care Inspections

Care Homes		
Inspected to Date (x of 43)	22	51.2%
Outstanding	1	4.5%
Good	14	63.6%
Requires Improvement	7	31.8%
Inadequate	0	0

Care Homes (x of 22)	Safe	Effective	Caring	Responsive	Well Led
As a %	50%	82%	95%	86%	64%
Fully Compliant	11	18	21	19	14
Outstanding	0	0	1	1	0
Good	11	18	20	18	14
Requires Improvement	11	4	1	3	9
Inadequate	1	0	0	0	0

16. Of the 43 homes in York, 22 have been inspected to date under the new format. The above tables detail the findings of these inspections and Members will note that 7 homes to date have been rated as requiring improvement.

Home Care Inspections

Home Care		
Inspected to Date (x of 40)	19	48%
Outstanding	0	0
Good	13	68.4%
Requires Improvement	6	31.6%
Inadequate	0	0

Homecare (x of 19)	Safe	Effective	Caring	Responsive	Well Led
As a %	63%	79%	89%	89%	58%
Fully Compliant	12	15	17	17	11
Outstanding	0	0	1	0	0
Good	12	15	16	17	11
Requires Improvement	8	4	2	2	9
Inadequate	0	0	0	0	0

17. Of the 40 registered domiciliary care services providing homecare and supported living in York, 19 have been inspected to date under the new format. The above tables detail the findings of these inspections and Members will note that no services have been rated as inadequate although 8 have been rated as requiring improvement.

Summary

18. Alongside the above, Members may also wish to note the outcome of the latest Customer survey on Homecare undertaken by the Adults Commissioning Team. Out of a total of 181 customers or carers surveyed, 93% stated that they were satisfied with the quality of the services they received.
19. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and QAF process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.
20. Where providers are classed as 'requires improvement' for the Key Questions of Safe, and Well Led, this is largely due to staffing levels as providers continue to find recruitment and retention of suitable staff a challenge, both from a 'front line' and management perspective.

Implications

Financial

21. There are no financial implications associated with this report.

Equalities

22. There are no direct equality issues associated with this report

Other

23. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

24. There are at present no risks identified with issues within this report.

Recommendations

Members to note the performance and standards of provision across care service in York.

Reason: To update Members on the performance of York based care providers.

Contact Details

Author:

Chief Officer Responsible for the report:

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Martin Farran
Director
Adults Social Care

Report
Approved

✓ **Date 5 April 2016.**

Specialist Implications Officer(s) **None**

Wards Affected:

All ✓

For further information please contact the author of the report

Sustainable Transformation Plans

Briefing for CYC Health and Adult Social Care Policy and Scrutiny Committee

Summary

1. This paper provides an overview of the current planning arrangements for Clinical Commissioning Groups (CCGs), in particular NHS Vale of York CCG.

Background

2. The planning guidance issued by NHS England in March 2016 asked for all CCGs to collaborate across wider geographical areas to create Sustainable Transformation Plans (STPs) for the next five years (2016-21). This requirement was in addition to the submission of an annual operating plan, and for NHS Vale of York CCG, the 2016-17 year represents Year 3 of its five-year plan, “My Life, My Health, My Way”, which was widely consulted on at the time of its creation in 2014, and which sets out the ambition for the Vale of York area.

Establishment of geographical footprints

3. NHS England asked CCGs to work together to create and deliver transformation across wider geographical areas than at single CCG-level, taking into account patient flows at secondary and tertiary level. The final decision on footprints was taken by NHS England to create groupings of a certain minimum size and reach, giving a final set of 44 groupings for which sustainable transformation plans are to be developed. The Vale of York area was considered as part of a Humber, Coast and Vale group; York Teaching Hospital Foundation Trust maintains sites at Scarborough and Bridlington, and the urgent and emergency care network works across this geography.

Development of STPs

4. A continuing focus of CCGs as commissioners will be within the already established localities working with the existing partnerships and populations, including local authorities, health and wellbeing boards and providers.

However, increasingly CCGs will need to work beyond current geographical boundaries in order to address the care quality, health outcomes and financial gaps facing the NHS, as outlined in the Five Year Forward View. We all face risks associated with vulnerable services linked to workforce, and share issues around the uses of technology and digital records. It is not likely that we can address all of these issues successfully alone.

5. The recent planning guidance sets out a direction of travel towards place based planning rather than a continued focus on individual organisational planning alone. For many issues the place will continue to be an individual CCG or local authority footprint, for example integration and transformation of community-based services across the Vale of York and targeted prevention activity with wards. For some, however, there will be other levels of planning as appropriate, for example the System Resilience Group level focused on delivering NHS Constitution waiting time targets, or the six-CCG level for specialised commissioning, Cancer pathways and Urgent and Emergency Care pathways.

A shift of emphasis

6. The emphasis on commissioning for places has been developing with the delegation of primary care commissioning to CCGs and this will be reinforced by the likely delegation of specialised commissioning by NHS England. Specialised commissioning will require more formal arrangements between CCGs in order to enable this to be carried out at scale. In addition, the move to place based planning means that CCGs will need to work jointly with providers on the approach to develop plans that achieve sustainable services. The geography covered by place based work will vary subject to the nature of the services being commissioned and the degree of interdependence with other commissioners and providers.
7. The Humber Coast and Vale group will work across stakeholders to develop a list of shared priorities, based on evidence from Public Health England and the local public health team's analyses. The group can then identify the quality, health and finance gaps at scale and be clear about the plan for addressing these.
8. The governance arrangements will ensure there is appropriate representation across the STP and that the needs of our populations are considered equally.

The governance arrangements will facilitate joint decision making and the principle of subsidiarity, including making sure there is maximum operational devolution. The focus of the governance structure will be to propose recommendations back to the boards, governing bodies and committees of the individual statutory organisations to allow them to take informed decisions.

9. In taking this forward no single CCG will be a lead commissioner; the approach is based on shared responsibility across the 6 CCGs. As peers CCGs would develop and agree what work needs to be done at a system level and then review progress with joint arrangements for holding to account. The adoption of shared responsibility will involve a shift in attitude rather than accountability. It is about moving to collaborative leadership of a network of people in different places at different levels in a system in order to create a shared endeavour and to co-operate to bring about significant change.
10. In summary:
 - CCGs will not be able to close the quality, health and finance gaps without collective action on some issues;
 - there will be multiple levels of place but for some issues the appropriate place will be the STP;
 - collaborative working will require formal agreements and governance structures, but it will be important to determine a way of ensuring delivery based on peer working, support and facilitation.

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**Health & Adult Social Care Policy & Scrutiny
Committee****26 April 2016**

Report of the Assistant Director Governance & ICT

Better Care Fund**Summary**

1. This report updates members of the Health & Adult Social Care Policy & Scrutiny Committee on the progress of the submission for the Better Care Fund (BCF) in 2016 and beyond.

Background

2. The BCF was introduced as a tool to encourage and speed up the integration of health and social care, and prompt local authorities and Clinical Commissioning Groups (CCG) to develop transformational projects through the use of pooled budgets and integrated spending plans.
3. At a meeting of the Health & Adult Social Care Policy & Scrutiny Committee in February 2016 Members were told that conversations were currently being held with the Vale of York CCG over the spending of the Better Care Fund, to ensure that the money to keep people out of hospital was protected. Officers informed Members that there would be a new set of guidelines for the Better Care Fund on how it would be governed, which would be received by the Health and Wellbeing Board at its next meeting (Annex A).
4. Members agreed that an item on the Better Care Fund be added to the work plan for this meeting and the Assistant Director for Adult Social Care confirmed he would be able to give an update.
5. As negotiations between the Council and the CCG are continuing there may be a further verbal update given at the meeting.

Options

6. There are no options included in this report.

Analysis

7. There is no analysis in this report.

Council Plan

8. This report links to the focus on frontline services and a council that listens to residents elements of the Council Plan 2015-19.

Risks & Implications

9. There are no risks or implications associated with the recommendation in this report. Risks and implications associated with a submission for a Better care Fund in 2016/17 and beyond are included in the HWBB Report at Annex A

Recommendations

10. The Committee is asked to note the content of this report and its annex.

Reason: To inform Members of progress of the Better Care Fund submission.

Contact Details

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Chief Officer Responsible for the report:

Andrew Docherty
AD Governance & ICT

**Report
Approved**



Date

14 April 2016

Wards Affected:

All



Annexes:

Annex A – Better Care Fund Submission 2016/17



Health and Wellbeing Board**20th April 2016**

Joint Report of the Director of Adult Social Care, City of York Council and the Chief Operating Officer, NHS Vale of York Clinical Commissioning Group.

Better Care Fund Submission 2016/17**Summary**

1. The purpose of the report is to update the Health and Wellbeing Board (HWBB) on progress to finalise a submission for the Better Care Fund (BCF) in 2016/17 and beyond.
2. Negotiations between the Council and the CCG are continuing and a joint spending plan and narrative are still being developed. These documents will be circulated to members of the Health and Wellbeing Board as soon as they are available.
3. To consider and comment on the draft joint spending plan and narrative, subject to agreement being reached between officers of the Council and the Clinical Commissioning Group ahead of the meeting.

Background

4. The BCF was introduced as a tool to encourage and speed up the integration of health and social care, and prompt local authorities and Clinical Commissioning Groups to develop transformational projects through the use of pooled budgets and integrated spending plans. A series of national conditions were specified, governing the development of detailed plans. The BCF did not however result in an allocation of any additional funding; instead the challenge was how to use existing resources in a more imaginative and joined up way to integrate services around the customer.

5. In 2015-16, the Government earmarked £3.8 billion against the BCF with local areas contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion. Locally, this equated to a BCF budget for York of £12.127 million. Plans for how this budget was to be spent in 15/16 were agreed between the CCG and City of York Council and were signed off by the HWBB in April 2015.
6. In 2016/17 the BCF is being increased to a mandated minimum of £3.9 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and CCGs. The local flexibility to pool more than the mandatory amount will remain. Locally, this will equate to a minimum pooled BCF budget for York of £12.203 million.
7. The HWBB received a report at its last meeting setting out the main aims of the 2015/16 plan and the projects that made up the programme. National guidance for preparing and submitting the BCF joint spending plan for 2016/17 suggests using the 2015/16 plan as a starting point.

Deadline for submission

8. York has to submit a final BCF plan for 2016/17 to NHS England by 3rd May 2016, a recently revised deadline. National Conditions require the joint spending plan and narrative for our submission to be approved and signed off by the Health and Well Being Board, the Council and the CCG.
9. Two previous deadlines, for the submission of draft plans for 2016/17, have already been missed, although the CCG and local authority did agree a holding response that articulated the work being undertaken to close discussions.
10. The financial context of the CCG/ CYC, and the under-performance of the 2015/16 programme are the two issues that have proven difficult in reaching agreement about the BCF plan for 2016/17.

Approach to developing a plan

11. The Council and CCG have formally met on numerous occasions since the technical guidance for the current submission round was published on 23rd February 2016 by NHS England, with a deadline of 2nd March for the first draft submission. Work on the BCF is taking priority over other issues.
12. Members of the Board will be aware of the financial context in which the CCG and the Council is operating. The 2015/16 BCF Plan failed to achieve the level of savings and efficiencies originally envisaged, potentially worsening the deficit and increasing pressures on CCG and Council budgets.
13. Recognising these issues officers from the CCG and the Council agreed a pragmatic way forward, a three stage approach which would involve:
 - Reviewing confidence levels in 2015/16 projects submitted by CCG/CYC and agreeing schemes for inclusion in 2016/17. This has involved reviewing purpose, outputs, implementation problems and fit with overall direction of travel.
 - Identifying other projects, funding streams and 'pathways' that would complement and could later be added to the agreed programme to help realise additional efficiencies and desired outcomes
 - A look at the whole system and totality of funding to fit with the emerging vision for health and social care in York.
14. Although good progress has been made it was not possible to submit draft plans on 2nd March or 21st March because of difficulties described above. It is also increasingly apparent that some of the assumptions in the 2015/16 plan were over optimistic, affecting our ability to collectively achieve the scale of financial efficiencies required from a programme of this size.
15. Further progress has subsequently been made with almost 80% of the expenditure (£9.513m) agreed between the local authority and the CCG. However, the most difficult issue to resolve is the amount that should be set aside within the joint spending plan to account for underachievement of targets in 2015/16, that is therefore resulting in spend on A&E attendances and non-elective admissions.

16. The CCG wish to see a sum in the region of £3.3 million earmarked for this purpose whereas the Council believe a smaller sum of approximately £2 million is appropriate. SCIE are providing support to get underneath the rationale and detail behind these figures, from an independent perspective.

Next Steps

17. There is great deal of work still to be done if we are to make this final deadline and we are hopeful that an agreed draft spending plan and narrative will be available for this meeting. The current position is that:
- The total cost of schemes subject to negotiation exceeds the agreed pooled budget by approximately £1.5 million. This gap needs to be closed as part of the final negotiations.
 - Senior Managers from the CCG and the Council are jointly writing a draft narrative to accompany the plan.
 - SCIE will review our project templates, provide an independent view of what our funding plan could look like and help finesse the narrative for submission with the plan.
 - These discussions will also need to conclude with an agreement on a financial risk share, subject to the detail of what is agreed with regards to the above.
18. It is also recognized that there is a need to include a broader range of partners in developing the programme in the future. It feels appropriate to begin this process as soon as a joint spending plan and submission document have been drafted.

Consultation

19. In previous years there has been extensive engagement across all groups through a variety of forums. A refreshed, joint communication and engagement strategy, with earlier engagement of strategic partners as well as local people would make a positive statement about the intentions of all parties and be consistent with discussions around co-production.

Options

20. These will be presented at the meeting.

Analysis

21. This will be concluded as part of the negotiations between the Council and the Clinical Commissioning Group

Strategic/Operational Plans

22. The BCF does not sit in isolation and is an integral enabler that supports numerous operational and strategic planning frameworks. Although the detail of where BCF resources will be focussed in 16/17 is still to be finalised, there are clear links to the CCG Operational Plan, the council Plan and the fledgling Sustainability and Transformation Plan. Addressing the key health and social care drivers and inequalities highlighted in the Joint Strategic Needs Assessment (JSNA) are also the focus of BCF planning.

Implications

23. The following implications have been addressed in this report
 - **Financial** – The financial pressures faced by all organisations across the system are one of the key drivers behind the refreshed approach to BCF planning and delivery. Senior leaders are committed to ensuring that addressing financial pressure in one part of the system does not create additional pressures in other parts. This is a significant move towards a more integrated and whole system approach and will require strong leadership and buy in to succeed.
 - **Human Resources (HR)** - There are no specific HR implications at this stage of the planning process
 - **Equalities** – Equalities are continuously addressed through the engagement and consultation approach and recognised methods of assessing this through Equality Impact Assessments are followed
 - **Legal** – There are no specific legal implications at this stage of the planning process
 - **Crime and Disorder** – There are no specific crime and disorder implications at this stage of the planning process

- **Information Technology (IT)** – Progress towards a more joined up approach to IT is being addressed through the Digital Roadmap, progress on which is outside the scope of this report
- **Property** – There are no specific property implications at this stage of the planning process

Risk Management

24. The whole system approach to BCF planning for 16/17 is not without risk, primarily that pressures in specific parts of the system will force organisations to take an inward facing approach to addressing these, rather than how these pressures can be managed across the system.

Recommendations

25. The Health and Wellbeing Board are requested to note and comment on progress.
26. Subject to agreement reached between senior managers from the Council and the Clinical Commissioning Group ahead of the meeting, consider the draft spending plan for submission to NHS England on 3rd May.
27. Provide delegated authority for the chair of HWBB to authorise any final alterations to the narrative part of the submission, after receiving comments from members of the Board.
28. The Chief Operating Officer and Director of Adult Social Care to report agreement to their respective executive management teams.

Contact Details

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City of York Council
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Report
Approved



Date 14 April
2016

For further information please contact the author of the report

Background Papers:

Report to the Health and Wellbeing Board on 9th March 2016

<http://modgov.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8771&Ver=4>

Abbreviations used in the Report:

A&E- Accident and Emergency
BCF- Better Care Fund
CCG- Clinical Commissioning Group
CYC- City of York Council
HR- Human Resources
HWBB- Health and Wellbeing Board
IT- Information Technology
JSNA- Joint Strategic Needs Assessment
NHS- National Health Service
SCIE- Social Care Institute for Excellence

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Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	<ol style="list-style-type: none"> 1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	<ol style="list-style-type: none"> 1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	<ol style="list-style-type: none"> 1. Update report on changes to direct payments 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CCG update report on health systems resilience 6. Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	<ol style="list-style-type: none"> 1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust.

	<ol style="list-style-type: none"> 2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	<ol style="list-style-type: none"> 1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Bootham Park Hospital Summit – NHS Property Services; Leeds & York Partnership; Tees, Esk & Wear Valleys; CQC; Vale of York CCG. 3. Work Plan 2015-16 including potential scrutiny reviews. Topic assessment for Bootham Park Hospital review at Annex 1.
24 November 2015	<ol style="list-style-type: none"> 1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Health & Wellbeing six monthly update report (slipped from October). 3. Report on GP health checks for people with learning disabilities. 4. Work Plan 2015-16 including potential scrutiny reviews
1 December 2015	<ol style="list-style-type: none"> 1. Healthwatch six-monthly Performance Update Report 2. 2nd Quarter Finance and Performance Monitoring Report (Slipped from 24 November) 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Annual carers strategy update report 5. Update report on re-procurement of Musculoskeletal Services (Stacey Marriott, CCG). 6. Update report on Elderly People’s Homes 7. Work Plan 2015-16

22 December 2015	<ol style="list-style-type: none"> 1. Report on re-procurement of Community Equipment and Wheelchair Services 2. Update on interim solution to Bootham Park Hospital. 3. Work Plan 2015-16 4.
26 January 2016	<ol style="list-style-type: none"> 1. Update report on York Teaching Hospital NHS Foundation Trust Action Plan. 2. Healthy Child Service Project Board update report. 3. Safeguarding Vulnerable Adults Six-monthly Assurance Report. 4. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 February 2016	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Practice mergers, Clifton Medical Practice, Petergate and York Medical Group 3. Update report on CCG turnaround plans 4. Report on Co-Commissioning of Primary Care Services 5. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 March 2016	<ol style="list-style-type: none"> 1. Health and Wellbeing Annual Update Report 2. Bootham Park Hospital review report (Deferred) 3. Healthwatch report on Bootham patient/carer feedback (Deferred) 4. Work Plan 2015-16
25 th March	<ol style="list-style-type: none"> 1. Bootham Park Hospital
26 April 2016	<ol style="list-style-type: none"> 1. Update report on York Wheelchair Services. 2. Update report on Elderly Persons' Homes 3. Hull Road Surgery assurance report on changes to services 4. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 5. CCG Sustainability and Transformation Plan 6. Better Care Fund year end update and 2016/17 forecast 7. Work Plan 2015-16

24 May 2016	<ol style="list-style-type: none">1. Update report on MSK services2. Healthwatch six-monthly performance update report3. Update report on CCG turnaround plans – year 1 plan to show how integrations is making savings – with integration partners4. Draft work plan 2016/17
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TBC – Report on the roll out of the re-procurement of North Yorkshire community equipment and wheelchair services

June 2016: Further update of York Hospital Action Plan.

June 2016: Be Independent End of Year Position

July: Health Child Service Board update report