



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, 1 December 2015

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

<u>A G E N D A</u>

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. 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 30 November 2015** at **5:00 pm**.



Filming, Recording or Webcasting Meetings

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:

https://www.york.gov.uk/downloads/file/6453/protocol_for_webca sting_filming_and_recording_council_meetingspdf

3. Healthwatch Six Monthly Performance Update Report (Pages 3 - 82)

This report sets out the performance of Healthwatch York over the past six months.

- 4. 2015/16 Finance and Performance Monitoring Report-Health and Adult Social Care (Pages 83 - 94) This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.
- 5. Residential, Nursing and Homecare Services-Quality Standards (Pages 95 - 106) This six monthly report provides details of the performance by York based providers against the Care Quality Commission's (CQC) standards and the Adults Commissioning Team's Quality Assessment Framework.

6. Adults Commissioning and Contracts Team-Carer's Strategy Update (Pages 107 - 174)

Following a Carer's Review completed by the Health Overview Scrutiny Committee in 2010/11 the Committee recommended that they should receive an annual update report on the Carer's Strategy. This is the fourth annual review to be submitted.

- 7. Update Report on the re-procurement of Musculoskeletal Services (Pages 175 - 178) The purpose of this paper is to give an update on why the Musculoskeletal (MSK) mobilisation process was stopped and what potential impacts this might have on service users.
- Update on the Older Persons' Accommodation Programme (Pages 179 - 196) This report updates Members on the status of the Older Persons' Accommodation Programme.
- 9. Work Plan 2015-16 (Pages 197 200) To consider the Committee's work plan for the municipal year 2015-16.
- **10. Urgent Business** Any other business which the Chair considers urgent.

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



Agenda Item 1

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	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 (S	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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Healthwatch York: Performance Monitoring / Six Monthly Review

Name of Provider	York CVS
Service Provided	Healthwatch York
Contract Start Date (Service Commencement Date)	01 April 2015
Contract Finish Date (Expiry Date)	31 March 2016

The aims of the performance monitoring / six monthly review process are to:

- Review the achievements of the Service in delivering the agreed outcomes
- Consider how the Service might be developed going forward
- Identify how beneficiary needs are being delivered
- Establish that the Service is being managed in accordance with the Agreement

The information contained in this report will be used as a basis for the Annual Service Review, in conjunction with that information provided on a regular basis during each year of the Term.

Six monthly performance monitoring reports will include a mixture of qualitative and quantitative data to ensure that the process is not simply a mechanistic one, but feeds into a continuous cycle of improved performance. Six monthly reports will be presented to Performance Management Group meetings on dates to be agreed.

In addition, a six monthly performance management meeting will be held between representatives of the Council and Healthwatch York. The performance management group meetings will:

- Agree additional Key Performance Indicators that will constitute six monthly performance summaries
- Set annual milestones for each Key Performance Indicator as appropriate
- Receive six monthly performance summaries, define any gaps in performance and discuss how these might be rectified.

In addition to the six monthly reporting process it is proposed that 360 degree feedback on Healthwatch York activity is invited from all key stakeholders annually.

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Section 1: To be completed six monthly Section 2: To be completed six monthly Section 3: To be completed six monthly

Signature on behalf of Provider		
Signature	Name	Date
Síân Balsom	Siân Balsom	01/10/2015

SECTION 1: Service Provided (Quarterly Updates) 30/09/14-31/03/15

What have been the main focus areas of Healthwatch York during the last six months?

Qtr 1

- Undertook 6 care home assessment visits working with colleagues at City of York Council, speaking with 33 residents
- With Volunteering York jointly provided a social work placement for Nick Redding
- Provided a four week placement for second year psychology student Kieren Hussell
- Met with Joseph Rowntree Foundation and a number of organisations they worked with through their dementia programme to discuss a possible bid for work on this topic, developed and submitted this bid in May, and were successful in securing funding for a 2 year project with Minds & Voices, to understand the experiences of people living with dementia in York and make recommendations for improvement
- Held focus groups with wheelchair users looking at their experiences in accessing the wheelchair services locally
- Held 1-2-1 meetings with all our volunteers, to get a sense of what they enjoy, and how we can improve their experiences
- Completed work on our 2nd Annual Report, and submitted it to Healthwatch England in line with our statutory requirements
- Published our report on <u>'Who's Who in Health and Social Care'</u> in April
- Published our report on <u>Accident and Emergency and alternatives</u> in June

Qtr 2

- Attended the Healthwatch England conference in Manchester, where our volunteer Louise Sangwine accepted a Highly Commended award for her work on the Mental Health and Wellbeing Guide
- Began work on the dementia services project, meeting with people living with dementia to explore their concerns
- Developed an action plan in response to volunteer feedback from their 1-2-1 interviews
- Undertook 2 care home assessment visits working with colleagues at City of York Council, speaking with 12 residents
- Published our report for Health and Adult Social Care Policy and Scrutiny Committee about <u>wheelchair services</u> in July
- Finalised our <u>Discharge Report</u>, which has been circulated for fact checking to all relevant parties
- Published the results of the <u>Safeguarding Adults surveys</u> in August
- Submitted a tender for additional, complimentary work with an aim to improving our sustainability
- Submitted a funding bid to secure additional funds for marketing and communications activity

Key Performance Indicators to include:

- The impact of Healthwatch activity on community / commissioners / service providers including progress towards Public Engagement Reports, involvement in key strategic meetings.
- Feedback mechanisms used by Healthwatch to inform participants and the wider public on the outcomes of the issues covered by Healthwatch.
- Communication and Reach evidence of public, patient, carer and usergroup engagement with / participation in Healthwatch
- Financial / Spend monitoring
- e.g. The number, frequency and type of methods used by the Host to engage with individuals, organisations and groups. (captured in quarterly Information and Signposting Reports)
- The outcomes of any visit to Health and Social Care premises in York.

What progress has been made during the last quarter in respect of the above? Have you identified any barriers to achievement of agreed outcomes?

Partner Programme

We have 28 voluntary and community sector organisations who are signed up as Healthwatch York partners;

We continue to encourage organisations working with seldom heard groups to apply.

Volunteers

We currently have 35 volunteers covering a range of volunteer roles. These include Representatives, Community Champions, Enter & View, Care Home Assessor, Research, Marketing and Communications, Readability Panel, and Leadership Group members.

Engagement

- Community engagement has taken place at a variety of events throughout the city.
- We have maintained our regular outreach posts, with monthly drop-ins established at Lidgett Grove, St Sampsons, Sainsbury's Monks Cross and Spurriergate Centre, and regular participation with Food and Fun at Clements Hall. This means our volunteers have established a presence within community venues, becoming a familiar, welcome presence
- 1 quarterly newsletter produced and distributed by post to 140 organisations and 80 individuals and by email to 240 organisations and 575 individuals, as well as being available through our website
- Our Annual report was distributed by post to 133 organisations and 99 individuals, by email to 234 organisations and 645 individuals, and was issued to all attendees at our Annual Meeting
- @healthwatchyork had 1,423 followers as at 30 September 2015.
- Our Care Home Assessor volunteers have joined council colleagues on 8 care home visits, resulting in an additional 45 residents having the opportunity to share their views on life in our local care homes, enhancing the council's own reports
- Survey work to investigate areas of interest and / or concern in health and social care. In this time period this included Accident and Emergency, wheelchair services, and Safeguarding Adults
- Held our second Annual Meeting, including afternoon engagement workshops about access to GP services

Logging issues

- 123 new issues were logged in this half year. This includes a small number of reports from York Press, Patient Opinion and NHS Choices, which we are scanning to build up a more complete picture of health and social care services in York. The majority are still received either direct from the public or via a third party, rather than from these sources. For more information, see the charts in Part 3 of this report.
- We received 64 reviews through our feedback centre.

Signposting and advice

We continue to record signposting activity through the issues log. We continue to find that both our Directory and our guide to mental health and wellbeing are very popular. We understand these are being used by a number of GP practices, pharmacies, and City of York Council staff, schools, and other voluntary groups to signpost customers to support.

We continue to use our newsletter to improve public awareness of services available to them. Our Spring newsletter featured information on York LGBT Forum, the Care Act, new diabetes support services, and York Independent Living Network, as well as details of the new PALS contact information, and dates of city meetings including NHS Vale of York Clinical Commissioning Group's Governing Body meeting, Health OSC and the Health and Wellbeing Board.

We have introduced a new Information Distribution Log for our Community Champions to record the quantity and types of information provided to people at events. See separate **Information Distribution Log**

Strategic Impact

What future improvements or developments do you expect/hope to implement in the next quarter?

- We will be undertaking further Care Home Assessment visits.
- We will be gathering information for our Access to GP Services report
- We will be requesting funding for our Mental Health Guide update
- We will launch a dedicated signposting section in our expanded magazine
- We will be exploring income generation through advertising in our publications

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SECTION 2: Staff training and development / Healthwatch Volunteers								
Details of all training courses undertaken in the	last six months: T	o update						
Course title	No's Of Staff /	Refreshe	er					
	volunteers	Yes	No					
	Attended							
Volunteer Induction	4v	v	/					
Enter & View	3v	v						
Disability Awareness Training	3v	v	/					
Care Home Assessor	2v	v	/					
 Please provide a brief update on the r 	oles / achievemer	nts of stat	f and					

• Please provide a brief update on the roles / achievements of staff and Healthwatch Board members during the last quarter.

Carol Pack, Information Officer, has led on our information work, including our quarterly magazine, and our monthly volunteer and partner bulletin, and our Annual Report. This involves significant amounts of work to very tight deadlines. Carol also leads our Care Home Assessor programme, including training volunteers and accompanying them on their first visits. She has established quarterly meetings for this role, increasing information sharing, and helping resolve any issues or concerns volunteers have.

Helen Patching, Project Support Officer, is leading on our issues log reports to partners, and on transferring data over to Civi CRM. She is also providing administrative support around care home assessment, and is increasing her involvement with our volunteers. She delivered her first volunteer induction in this quarter, a challenge she set herself and met ably.

Barbara Hilton, Project & Volunteer Development Officer, has led on events logging and attendance at community events. She has also continued to update our database of interested organisations. She has been the key contact for support to our Community Champions, and has recently established quarterly meetings for these volunteers to share best practice and discuss different approaches to starting conversations with members of the public.

Siân Balsom, Manager, has attended a wide range of strategic meetings, maintaining the Healthwatch presence at Health and Wellbeing Board and other partnership boards within the City of York area, and taking up the seat on the Vale of York CCG Governing Body. She also represented Healthwatch York at the Healthwatch England conference.

John Clark, our Chair, has continued to chair our Leadership Group meetings, creating a helpful and supportive environment to discuss the challenges of delivering a successful Healthwatch. He also chairs our Assembly meetings, ensuring volunteers, partners and key stakeholders have opportunity to debate key issues in health and social care, and raise matters of concern or interest.

Staff Support			
How often are staff meetings held?	There have been 6 staff team meetings this period, plus 2 full staff team meeting for all York CVS staff.		
How often do staff receive supervision from a senior?	Every 6-8 weeks.		
How often are staff formally appraised?	We have an annual performance development review system, which involves a full annual review, and quarterly progress checks.		
Number of staff appraised in last period:	4		
Complaints/Commendations			
How many informal complaints have been received	l? 0		
How many formal complaints have been received?	0		
Further detail: We are not supporting people to ma signposting these to the right organisations, and re	•		

with us. See issues log attached for more details.

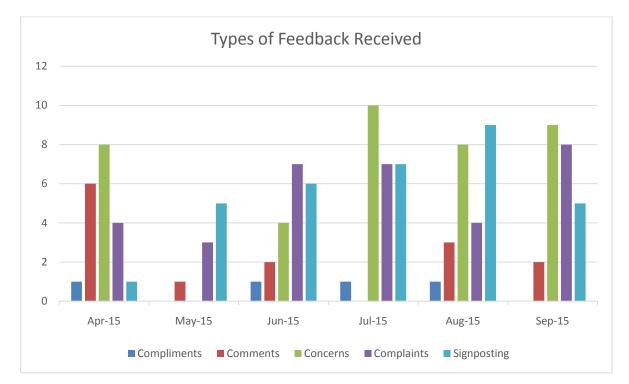
SECTION 3: Additional Comments

Please list any additional details/comments/recommendations that you wish to make.

We are seeing an increasing number of complex cases that, despite signposting to the relevant agencies are not coming off our workload. This is sometimes due to capacity issues within the agencies signposted to. There are also issues with the number of people who do not meet the eligibility criteria for advocacy support but want support in order to raise their concerns.

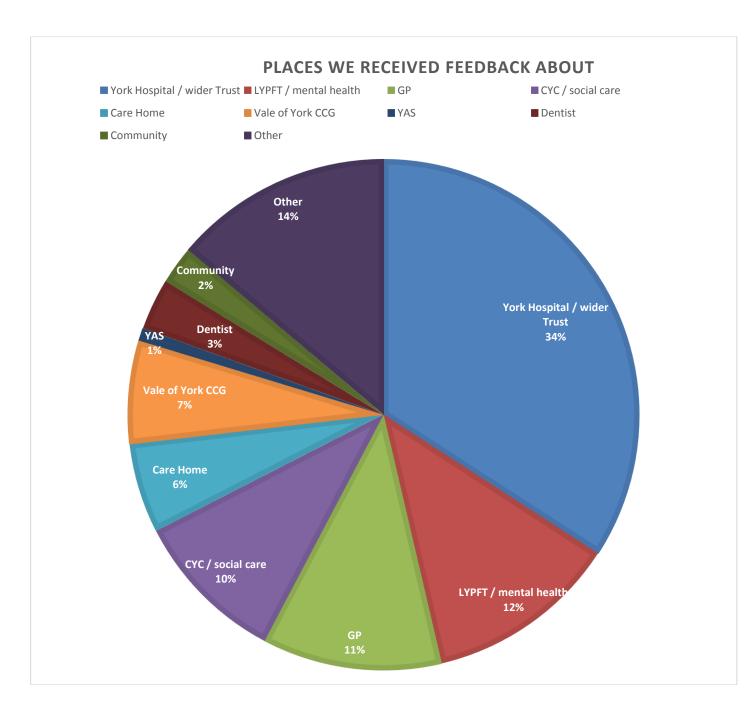
Further, the Care Home Assessor programme has taken off brilliantly and continues to be well received by council colleagues, but the initial training for volunteers is intense, and we are still recruiting sufficient volunteers to manage the number of visits. This has also had a significant impact on the staff team's capacity.

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Part 3 - Feedback Received 2015/16 Quarters 1 and 2

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Data analysis – Issues Logs Quarters 3 and 4 2014/15 (Analysis of latest data will be provided once available) Issues log categories

Quarter 3

Category			Issues log numbers						To t a I
Compliments - team or									9
department - individual - specific	379 414	385	389	391	396	405	420	430	8 1
Complaints or concerns									(
Access to services e.g. difficulty with telephone access	393	394	399	402	413				5
Attitude of staff	375	377	401	425	427				5
Changes or loss of services	387	407	408	409	422	424			6
Communication with relatives or carers	416	423							2
Delays, long waiting	380	382	383	384	390	411	419	421	8

times

Diagnosis / treatment	400	406	412	417	418		5	
Discharge arrangements	395	403	415				3	
Issues within care homes or residential homes	397	410	428				3	
Meeting individual needs	378	388	392	404	426	429	6	
Other issues - wheelchair access to buses difficulty getting a new GP effect of whistleblowing	376	381	386				3 1 1 1	гаде із
Signposting - Social Care - NHS Services - Specific Conditions								
- Advocacy	398						1	

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Quarter 3 Conclusions

Main categories	Number of issues
Concerns and complaints - delays, long waiting times changes or loss of services meeting individual needs access to services attitude of staff diagnosis / treatment	8 6 5 5 5

Quarter 4

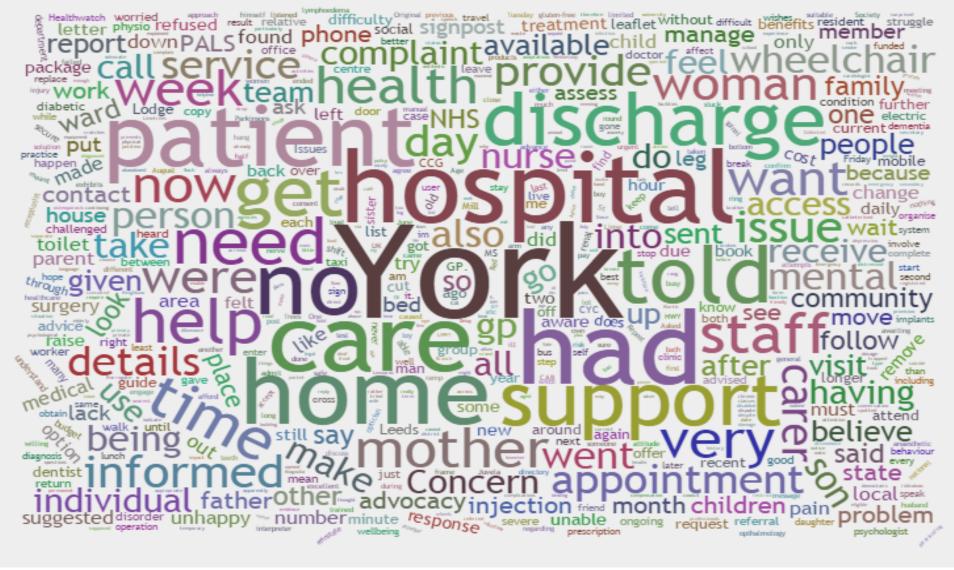
Category			lssues log numbers				Total
Compliments - team or							9
department - individual	432 431	461 469	466	469	474	475	6 2
- specific: carer's card	476						1
Complaints or concerns							
Access to services	432	435	450	468	470	473	6
Attitude of staff	434	458	459	463			4
Changes or loss of services	467	471					2
Communication with relatives or carers	433	436	456	460			4
Delays, waiting times	445						1
Diagnosis / treatment	452?	454	463				3

Discharge	462						1
Issues within care homes or residential homes	446	452?					2
Meeting individual needs	448						1
Other issues - protection of vulnerable adults cost of diabetic testing strips concerns re the complaints process information re funding of CYC Public Health	447	449	451	472			4
Signposting - Social Care - NHS Services - Specific Conditions - Advocacy	452	456	455	464	465	477	8
,							

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/ care

Quarter 4 Conclusions	
Main categories	Number of issues
Compliments	9
Concerns and complaints	
Signposting Access to services Attitude of staff Communication with	8 6 4
relatives or carers Other issues	4 4



Scale - York 56 times, carer 18 times, prescription 4 times, deteriorating twice.

Annexes

- Annex 1 Healthwatch York Finances
- Annex 2 Engagement Calendar
- Annex 3 Information Distribution Log
- Annex 4 York Advocacy Annual Report April 2014 to March 2015
- Annex 5 York Advocacy Quarterly Report April 2015 to September 2015

Abbreviations used in report and annexes

A&E-Accident and Emergency CAB- Citizens Advice Bureau **CANDI-** Children and Inclusion CAPY- Care Act Partnership York CCG-Clinical Commissioning Group **CEX-** Chief Executive **CVS-** Centre for Voluntary Service CQC- Care Quality Commission HASCPASC- Health and Adult Social Care Policy and Scrutiny Committee HWBB- Health and Wellbeing Board HWY- Healthwatch York **IHCAS-** Independent Health Complaint Advocacy Service ICAN- Independent Complaint Advocacy JRF- Joseph Rowntree Foundation JSNA- Joint Strategic Needs Assessment LGA- Local Government Association LGBT- Lesbian, Gay, Bisexual and Transgender LYPFT- Leeds and York Partnership Foundation Trust NELLI- New Earswick Less Loneliness Initiative **OCAY- Older Citizens Advocacy York**

OSC- Overview and Scrutiny PALS- Patient Advice Liaison Service PCP- Police and Crime Panel PET- Patient Experience Team PHSO- Parliamentary Health Service Ombudsman PLACE-Patient Led Assessments of the Care Environment VCS- Voluntary, Community, Social Enterprise

			Quarter 2	Budget Q2	Difference
Staff Caata					
Staff Costs			040.050.00		
(salaries & expenses)			£16,858.20	£16,503.00	-£355.20
Volunteer expenses			£119.48	£250.00	£130.52
Indirect staffing Costs - inc in sal costs			£0.00	£0.00	£0.00
(sickness, training time, mat, holiday cover)			20.00	20.00	20.00
Training & Recruitment			£0.00	£0.00	£0.00
Local Administration			£6,970.41	£6,284.50	-£685.91
(office, supplies, mobile phone, insurance)	Licence fee for HW Office				
	Insurance				
	Building				
	Office	£6,962.50			
	Postage	£7.91			
	Stationery				
Other			£5,193.16	£3,135.00	-£2,058.16
(see spreadsheet)	Marketing Printing Reports	£1,457.00			
	Website & Database	£1,692.00			
	Events & Meeting	£1,253.42			
	Evaluation and Monitoring				
	Access Costs	£0.00			
	Publicity Materials	£255.75			
	Projects Cost	£195.00			
	Office Equipment & Computers	£0.00			
	Irrecoverable VAT	£339.99			
			£29,141.25	£26,172.50	-£2,968.75

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Healthwa	Healthwatch York Activity Apr-Jun 15									Annex 2
Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
01.04.15	Lidgett Grove Community cafe			FB, LB		5			4	Information Event
08.04.15	NELLI			KW, TM	50	10			4	Information Event
09.04.15	Chatterbox café			FB		30			2	Information Event
13.04.15	Sainsbury's			JC		4			4	Information Event
13.04.15	HWY staff supervision		SB,HP					3		Staff Development
14.04.15	HWY Assembly pre meeting with engagement leads		SB					1	1	HW Meetings
14.04.15	HWY Assembly		SB,BH, CP					6		HW Meetings

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
15.04.15	Care home visit - Somerset House			JG JS					10	HW Visits
15.04.15	CVS managers meeting		SB					2		Staff Development
15.04.15	CVS staff meeting		SB,CP					4		Staff Development
15.04.15	HWY one to one volunteer interview		BH	AR				1	1	Volunteer Development
16.04.15	Meeting with VOYCCG engagement lead		SB					1.5		Representing
16.04.15	Quality Accounts meeting with LYPT		SB,CP	JB				4	2	Representing
16.04.15	Physiotherapy conference			JS,JG, LB	100	20	5		6	Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
17.04.15	HWY staff supervision		SB,CP					3		Staff Development
17.04.15	St Sampson's			KW,JG					6	Information Event
19.04.15	Chatterbox café			FB		30			2	Information Event
20.04.15	HWY staff supervision with CVS Deputy CEX		SB					1.5		Staff Development
20.04.15	HWY new volunteer interview		CP,HP	GW				3	1.5	Volunteer Development
20.04.15	Wheelchair services consultation		SB,CP					7		HW Meetings
20.04.15	Supervision with social work placement student		SB					1		Volunteer Development

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
21.04.15	Enter & View visit to York Hospital		SB,BH, CP	6+NR				6	36	HW Visits
21.04.15	Meeting with Joseph Rowntree Foundation		SB					1.5		Representing
21.04.15	Meeting with CYC childrens services		SB					1.5		Representing
23.04.15	Meeting with York CAB		SB					1.5		Representing
23.04.15	York Hospital Fairness Forum		SB					2		Representing
26.04.15	Talk about HWY to Refugee Action York		SB					1		Information Event
27.04.15	Care home assessors review meeting		CP,HP	6				4	12	Volunteer Development

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
27.04.15	Loneliness and Isolation task group		SB					2		Representing
28.04.15	HWY team meeting		SB,BH, HP,CP					12		Staff Development
28.04.15	Care home visit - Armana House			JG					5	HW Visits
28.04.15	Safeguarding Adults Board Task Group		SB					2		Representing
29.04.15	Placement review for social work student		SB					2		Volunteer Development
29.04.15	Interview Psychology student for placement		SB,CP					3		Volunteer Development

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
01.05.15	Meeting with social work student on placement		SB					2		Volunteer Development
05.05.15	VCS Mental Health Forum		SB					2		Representing
05.05.15	Volunteer meeting		SB, CP, HP					6	22	Volunteer Development
05.05.15	Spurriergate Centre			KW,CH, TM	80	10			9	Information Event
06.05.15	York Hospital Patient Experience Steering Group		SB					1.5		Representing
06.05.15	Meeting with Joanne Rowe, MyHealth		SB							Representing
06.05.15	NELLI			KW,TM					4	Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
06.05.15	Lidgett Grove Community cafe			FB,LB					4	Information Event
07.05.15	Vale of York Governing Body meeting		SB					8		Representing
07.05.15	Care home visit - Amelia House			JS JC					10	HW Visits
08.05.15	Meeting with Healthwatch North Yorkshire		SB					1.5		Representing
11.05.15	Induction training for Psychology student on placement		SB					3		Volunteer Development
11.05.15	Meeting with CYC re Health & Wellbeing Board		SB					1		Representing

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
11.05.15	Sainsbury's			JC, Kieran		17			7	Information Event
12.05.15	HWY new volunteer interview		CP,BH	LM				4	2	Volunteer Development
12.05.15	HWY team meeting		SB,HP, BH,CP					8		Staff Development
12.05.15	JSNA Steering Group		SB					2		Representing
13.05.15	Healthwatch England Committee Meeting		SB	LP				10?	10?	Representing
13.05.15	The Retreat		СР	JG, Kieran		47		3	10	Information Event
14.05.15	Urgent Care Working Group		SB					2		Representing
15.05.15	St Sampson's			FB,KW	250	10	1		7	Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
18.05.15	Meeting with Margaret Milburn		SB					2?		Representing
19.05.15	Priory Med Stakeholder meeting		SB					2.5		Representing
19.05.15	Vale of York CCG co- commissioning workshop		SB					2		Representing
19.05.15	Talk about HWY to Civil Service Pensioner's Association									Information Event
19.05.15	HWY one to one volunteer interview		BH	LS				1	1	Volunteer Development
19.05.15	HWY one to one volunteer interview		BH	JS				1	1	Volunteer Development

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
19.05.15	HWY one to one volunteer interview		BH	KW				1	1	Volunteer Development
19.05.15	Healthwatch one to one volunteer interview		СР	FB				1	1	Volunteer Development
20.05.15	Healthwatch one to one volunteer interview		HP	JC				1	1	Volunteer Development
20.05.15	Meeting with Holly Bainbridge at Minster Grange		SB					2		Representing
20.05.15	Meeting with United Response and Minds & Voices about people living with dementia		SB					1		HW Meetings

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
20.05.15	Human rights health and social care focus group		SB					2		Representing
22.05.15	Annual Report editorial meeting - Neil Bond		СР					1.5		HW Meetings
21.05.15	Meeting with HWY volunteers re mental health guide		SB	LS,JB				2	4	HW Meetings
21.05.15	Joint health and wellbeing strategy refresh steering group									Representing
21.05.15	Focus group about A&E work at the University of York		SB	NR			<u> </u>	1		HW Meetings

Date	Event	Ward	Staff	Vols	№ at event	№ enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
26.05.15	Mental health and Learning Disabilities Partnership Board		SB					2		Representing
26.05.15	Talk about HWY at Auden House		SB					1		Information Event
26.05.15	HWY one to one volunteer interview		BH	СН				1	1	Volunteer Development
28.05.15	St Clements			KW					2	Information Event
01.06.15	Volunteer meeting		SB, CP	11				4	22	Volunteer Development
02.06.15	Healthwatch Regional Lead Officer meeting		SB					2.5		Representing
02.06.15	Spurriergate Centre			KW,CH, TM	75	12			9	Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
03.06.15	Meeting Angela and Katherine regarding work with people with dementia		SB					1.5		HW Meetings
03.06.15	Meeting of solution focussed carers		SB					1		HW Meetings
03.06.15	Lidgett Grove Community cafe			FB,LB	50	8			4	Information Event
04.06.15	Vale of York CCG Governing Body meeting		SB					8?		Representing
04.06.15	Meeting with member of the public about their experiences		SB					0.5		HW Meetings

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
05.06.15	Safeguarding Adults Board		SB					3		Representing
05.06.15	Volunteer picnic		SB,CP	FB,CH, KW				4	6	Volunteer Development
0606.15	Foxwood Community Fair			FB	200	20	4		5	Information Event
08.06.15	HWY staff personal development review		SB,CP					4		Staff Development
08.06.15	York CVS managers meeting		SB					3		Staff Development
08.06.15	Sainsbury's			JC		8			4	Information Event
08.06.15	Haxby Library			LP					2	Information Event
09.06.15	Voluntary Sector Forum		SB					2		Representing
09.06.15	JSNA Steering Group		SB					2		Representing

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
09.06.15	Healthwatch one to one volunteer interview		HP	ТТ				1	1	Volunteer Development
10.06.15	NELLI			KW,CH	80	25			4	Information Event
10.06.15	HWY staff personal development review		SB,BH					3		Staff Development
10.06.15	HWY one to one volunteer interview?		SB	LF				1.5	1.5	Volunteer Development
11.06.15	HWY one to one volunteer interview		SB	RW				1.5	1.5	Volunteer Development
11.06.15	Urgent Care Working Group		SB					2		Representing
11.06.15	Fairness and Equalities Board (2nd hour only)		SB					1		Representing

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
11.06.15	St Clements			KW					2	Information Event
12.06.15	HWY staff personal development review with York CVS		SB					1.5		Staff Development
12.06.15	Hospital		BH	JB,LP,L B				8	14	Information Event
15.06.15	Care home visit - Haxby Hall			TT,JS					10	HW Visits
15.06.15	Volunteer induction training		HP	LM, GW				2.5	2.5	Volunteer Development
16.06.15	Meeting with Andrew Bucklee re opthalmology		SB					2?		Representing
16.06.15	Healthwatch one to one volunteer interview		HP	DM				1	1	Volunteer Development

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
17.06.15	Care home visit - Windsor House			FB,JG					10	HW Visits
18.06.15	Healthwatch volunteer disability awareness training		SB	GW, LM				2	2	Volunteer Development
19.06.15	Visit from Healthwatch Doncaster		SB					1		Staff Development
19.06.15	Safe Spaces meeting		SB					2.5		Representing
19.06.15	St Sampson's			FB,KW, JG	200	25	1		10	Information Event
20.06.15	York Pride		BH,PT	KW,JC, JB	1000	71	14	14	9	Information Event
22.06.15	HWY staff personal development review		SB,HP					4		Staff Development

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
22.06.15	Making Research Count meeting		SB					3		Staff Development
23.06.15	Healthwatch one to one volunteer interview		HP	JG				1	1	Volunteer Development
23.06.15	Healthwatch one to one volunteer interview		HP	КВ				1	1	Volunteer Development
23.06.15	Meeting with Julie Turner (Healthwatch England)?		SB					2		Representing
23.06.15	Meeting with TEWV		SB					2.5		Representing
24.06.15	HWY new volunteer interview		SB, HP	RG				1	2	Volunteer Development
25.06.15	St Clements			KW						Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
26.06.15	Filming for HWY Annual Meeting		SB	RG				1	1	HW Meetings
26.06.15	Planning meeting for HWBB focus group		SB					1		Representing
28.06.15	West Bank Summer Fair		BH,PT					6		Information Event
29.06.15	Health and Wellbeing Board focus group		SB					2		Representing
29.06.15	Volunteer induction training		HP	RG				1.5	1.5	Volunteer Development
29.06.15	HWY volunteer disability awareness training		SB	RG				1.75	1.75	Volunteer Development

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
30.06.15	Healthwatch one to one volunteer interview		HP	JSh				1	1	Volunteer Development
30.06.15	Healthwatch National Conference		SB					8		Representing
01.07.15	Care home review meeting with CYC		СР					2		Representing
01.07.15	Healthwatch National Conference		SB					8		Representing
02.07.15	NOS public meeting			FB,JG,A M,KB	500	26	3		10	Information Event
06.07.15	HWY volunteer meeting		SB,CP, HP	12				6	24	Volunteer Development
07.07.15	HWY staff team meeting		SB,BH, HP,CP					8		Staff Development

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
07.07.15	VCS Mental Health Forum		SB					2?		Representing
07.07.15	Opthalmology Programme Board			LP					2	Representing
07.07.15	JSNA Steering Group		SB					2		Representing
07.07.15	Spurriergate Centre			KW,CH	100	5			7	Information Event
08.07.15	Lidgett Grove Community café			FB	50	10			2	Information Event
09.07.15	St Clements			KW					2	Information Event
13.07.15	HWY one to one volunteer interview		HP	GG				1	1	Volunteer Development
13.07.15	HWY one to one volunteer interview		СР	СМ				1.5	1.5	Volunteer Development
13.07.15	Dementia Forum Focus Group		SB					2		HW Meetings

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
13.07.15	Enter and View training for HWY volunteers		СР	CH,GW, TM				2	6	Volunteer Development
13.07.15	HWY leadership group meeting		SB,CP	JC, LP, GC				4	6	HW Meetings
13.07.15	Haxby Library			LP					2	Information Event
14.07.15	Meeting with CQC		SB					1.5		Representing
14.07.15	Meeting with student social worker on placement		SB					1.5		Volunteer Development
15.07.15	Meeting re searchable online mental health directory		SB					2		Representing

Date	Event	Ward	Staff	Vols	№ at event	№ enga ged	№ signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
15.07.15	York Hospital Patient Experience Steering Group		SB					2		Representing
15.07.15	Health and Wellbeing Board		SB					2		Representing
16.07.15	Urgent Care Working Group		SB					2		Representing
17.07.15	Meeting with Cllr Mary Cannon		SB					1		Representing
17.07.15	St Sampson's			FB,JG,K W	250	15			9	Information Event
18.07.15	NELLI			KW,CH					4	Information Event
20.07.15	VCS CYPF forum		SB					2		Representing
20.07.15	Loneliness and Isolation task group		SB					1.5		Representing

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
20.07.15	Meeting re voluntary sector commissioning							1.5		Representing
20.07.15	Meeting with Angela Portz re dementia work		SB					1		HW Meetings
21.07.15	York CVS staff meeting		SB,BH, CP,HP					10		Staff Development
21.07.15	HWY staff team meeting		SB,BH, CP,HP					2		Staff Development
21.07.15	Meeting with Jennie Noble re Young Inspectors		SB					1		HW Meetings

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
21.07.15	Health and Adult Social Care Policy and Scrutiny Committee meeting		SB					2		Representing
22.07.15	Meeting with Cllr Carol Runciman		SB					0.5		Representing
23.07.15	Meeting with former carer for person living with dementia		SB					2		HW Meetings
23.07.15	St Clements			KW					2	Information Event
28.07.15	HWY Annual Meeting		SB, BH, CP, HP					24		HW Meetings
03.08.15	Meeting with leadership group volunteer		SB	LP				0.5	0.5	Volunteer Development

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
03.08.15	Volunteer meeting		SB,CP	12				4	24	Volunteer Development
04.08.15	HWY team meeting		SB,BH, HP,CP					10		Staff Development
04.08.15	Spurriergate Centre			CH,JB	50	3	1		5	Information Event
04.08.15	Clifton Library			KW	50				3	Information Event
04.08.15	HWY staff supervision with CVS Deputy CEX		SB					1.5		Staff Development
05.08.15	Meeting with Chair of Adult Safeguarding Board		SB					1		Representing

Date	Event	Ward	Staff	Vols	№ at event	№ enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
05.08.15	Meeting with Natasha Almond regarding possible partnership work with Wilf Ward		SB					1		Representing
05.08.15	CVS staff team meeting		SB, CP, HP					4.5		Staff Development
05.08.15	Volunteer interview		SB,BH	MC				4	2	Volunteer Development
05.08.15	Lidgett Grove Community café			FB,LB	80	10			4	Information Event
06.08.15	Vale of York CCG Governing Body meeting		SB					5		Representing

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
06.08.15	Meeting with Dept of Health and NHS England re PLACE		SB					1.5		HW Meetings
06.08.15	St Clements			KW					2	Information Event
07.08.15	Meeting with Healthwatch East Yorkshire		SB					1.5		HW Meetings
10.08.15	Meeting with York Timebank		SB					1.5		Representing
10.08.15	Haxby Library			LP					2	Information Event
11.08.15	Care home review meeting		CP,HP	FB,LP,D M,GW,J S,JG,LB				4	14	Volunteer Development
11.08.15	Priory Medical Group Stakeholder meeting		SB					2.5		Representing

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
11.08.15	JSNA Steering Group		SB					2		Representing
12.08.15	NELLI			KW,CH	40	4			4	Information Event
13.08.15	Meeting with Vale of York CCG Engagement lead		SB					2.5		Representing
13.08.15	Urgent Care Working Group		SB					2		Representing
14.08.15	Meeting with LHM re HWY feedback centre		SB					3		HW Meetings
18.08.15	Care home visit - Moorlands			JS,JC					10	HW Visits
20.08.15	Care home visit - Meadowbeck			JG,FB					10	HW Visits

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
20.08.15	MyHealth carers group meeting		СР		3	3	1	1.5		Information Event
20.08.15	St Clements			KW					2	Information Event
21.08.15	St Sampson's			FB,JG,K W	100	10			9	Information Event
24.08.15	Health and Wellbeing Board Development session		SB					2		Representing
24.08.15	York Pain Management Committee meeting		SB					2		HW Meetings
25.08.15	Meeting with York People First		SB					1.5		HW Meetings
25.08.15	Meeting with volunteer re mental health work		SB	GG				2	2	HW Meetings

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
25.08.15	Meeting with Tracy Wallis		SB					1		Representing
26.08.15	Meeting with Becky Case about GP work		SB					1		HW Meetings
01.09.15	Leadership development training		SB					7		Staff Development
01.09.15	Spurriergate Centre			KW,CH	40	10			7	Information Event
02.09.15	Boot & Slipper, Barmby Moor			JG	20	20	10		2	Information Event
02.09.15	Future in Mind meeting		SB					2		Representing
03.09.15	Vale of York CCG Governing Body meeting		SB					3.5		Representing
03.09.15	Acomb ward meeting	Acomb		FB						
04.09.15	Safeguarding Adults Board		SB					3.5		Representing

Date	Event	Ward	Staff	Vols	№ at event	№ enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
07.09.15	Sainsbury's			JC		7			4	Information Event
08.09.15	Volunteer meeting		SB, BH	11				4	22	Volunteer Development
08.09.15	VCS mental health forum		SB					2		Representing
09.09.15	Maternity Services Liaison Committee			PG					2	Representing
09.09.15	Police Health and Social Care Silver Group		SB					2		Representing
09.09.15	NELLI			KW,CH	50	12			4	Information Event
10.09.15	Meeting re Dementia Strategic Work		SB					1		HW Meetings
10.09.15	Meeting with York Advocacy		SB					1		Representing

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
10.09.15	Urgent Care Working Group		SB					2		Representing
10.09.15	Fairness and Equalities Board		SB					2		Representing
10.09.15	York Hospital Open Day		BH	LP, GG	400	78	11	4	6	Information Event
10.09.15	50+ info fair			KW,JB	200	40			8	Information Event
11.09.15	Meeting with York Hospital Patient Experience team		SB					1		Representing
12.09.15	CANDI Information Fair		HP	CH, LB, JG	60	10	6	1	10	Information Event
14.09.15	JRF dementia project focus group		SB					3		HW Meetings
14.09.15	Haxby Library		LP			1	1		2	Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
15.09.15	Voice and involvement group		SB					2		Representing
15.09.15	Sainsburys Coeliac event		SB	JG	60	10	1	3	3	Information Event
16.09.15	Meeting with Jen Re		SB					1		Representing
16.09.15	Radio York programme on dementia		SB					1		HW Meetings
16.09.15	York Hospital Patient Experience Steering Group		SB					1.5		Representing
16.09.15	Health and Adult Social Care Policy and Scrutiny Committee meeting		SB					2.5		Representing
17.09.15	St Clements			KW					2	Information Event

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
17.09.15	Vale of York CCG meeting with Council of reps		SB					4		Representing
17.09.15	Magazine editorial meeting - Neil Bond		СР					1.5		HW Meetings
18.09.15	Meeting with chairs of HWBB and HASCPASC		SB					1		Representing
18.09.15	St Sampson's			KW,JG	100	11			7	Information Event
18.09.15	Meeting with Tracy Wallis re HWY reports		SB					1		Representing
22.09.15	HWY Supervision		SB, HP					4		Staff Development
22.09.15	LYPFT Annual Meeting			JB,LB,J G	60	15			9	Information Event

Date	Event	Ward	Staff	Vols	Nº at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
23.09.15	Team meeting		SB, HP, BH, CP	RG				8	1	Staff Development
24.09.15	HWY staff supervision with CVS Deputy CEX		SB					2		Staff Development
28.09.15	Mental health and Learning Disabilities Partnership Board		SB					1		Representing
28.09.15	North Yorkshire comms and engagement hub meeting			LP					2	Representing
29.09.15	Volunteer interview		BH, HP	КС				2	1	Volunteer Development

Date	Event	Ward	Staff	Vols	№ at event	Nº enga ged	Nº signe d-up	Total staff hours - decimal	Total vol hours - decimal	Category of event
29.09.15	Community Champions meeting		BH, HP	JG, FB, LP, LB, CH, JB				4	10	Volunteer Development
30.09.15	Meeting with individual regarding their experiences		SB					1.5		HW Meetings
30.09.15	HWY staff supervision		SB,BH					3		Staff Development
30.09.15	York Hospital Governing Board		LP		1	1	1	1	2	Representing

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	IT LOY QUARTERS T AND Z								Leaflets													
Date	Event	Staff	Vols	~Nº at event	Nº spoken to	Signed up	Advocacy	1st Call	FIS	CAB	Carers Centre	Mag	HWY leaflet	MHG	Directory	Issues recorded	Mental Health	Dementia	Older People	Young people	Caring	Public health
01 04 15	Lidgett Grove		FB		5							2		1	30							
	Chatterbox cafe		FB		30		1	1	4			24		3	30							
09.04.15			KW,TM	50	10		•	I	•			<i>2</i> 1		0	00							
	Sainsbury's		JC	00	4																	
	Physiotherapy conference	2	JS,JG,LB	100	20	5	1					10		8	8				4		4	
	Chatterbox cafe		FB	100	30	0	1	1	Δ			24		3	30				Т			
	Spurriergate Centre		KW,CH, TM	80	10		I	I				Q		0	24	1			1			
	Sainsbury's		JC, Kieren	00	17						1	11	10	7	1	1			1			
	The Retreat	СР	JG, Kieren		47		2				1		10	37	2		1	2				2
13.05.15			KW, TM	30	12		۷.					1		1			ļ	2				
	St Sampson's		FB, KW	250	12	1						29	24		19	1	1		3			
	Spurriergate Centre		KW, CH, TN	75	10	I						11	24	1	19	1	I		5			2
	Lidgett Grove		FB, LB	50	8							10		4	5							Z
	Foxwood Community Fair	,	FB	200	20	Λ						23		3	12							
	Sainsbury's		JC	200	8	4						6		1	1	1						
10.06.15			KW, CH	80	25							2		I	1	1						
		BH	LP, LB, JB	00		10	1				2			1	4	15		1	3			
12.06.15	•	БП		200	43	19	l				2	19 27		4	4	15		I	<u> </u>			3
	St Sampson's		FB, KW, TM		25	14					2	11		2	14				0	2		
20.06.15		BH, PT	KW, JC, JB	1000	71		1	0		4	2			<u> </u>		2	2	1	1	3		2
	West Bank Fair	BH		500	26	3	l	2			1	18		4	4	2	3	l	4	3		4
	NOS meeting		FB, JG, AM,	43	15	I						93		3	9							
	Spurriergate Centre		KW, CH	100	5							2	2	1	2							
	Lidgett Grove		FB	50	10							31		4	2							3
	St Sampson's		FB	250	15	4						26		2	5							
	Spurriergate Centre		CH, JB	50	3	1						10										
	Clifton Library		KW	50	4.0							4.0										
	Lidgett Grove		FB	80	10							10			5				1			
12.08.15			KW, CH	40	4							1			_							1
	St Sampson's		FB, KW	100	10							19			5							
	Spurriergate Centre	-	KW, CH	40	10							6	2	1								
	Boot & Slipper, Barmby M	loor	JB	20	20	10																
	Lidgett Grove		FB	20																		
	Sainsbury's		JC		7							2		2	3							
09.09.15			KW	50	12																	
	50+ Guildhall		KW, JB	200	40							13	9	3	6				5			
	Hospital Open Day	BH	LP, GG	400	78	11						34	6	17	15	1						8
	CANDI event		CH, JG, LB	60	10	6						11		1	1	3						
	Haxby Library		LP		1	1						1	1						1			
	Sainsbury's Coeliac event	t SB	JG	60	10	1	2				2	3		2	8				5			2
	St Sampson's		KW, JG	100	11		1					1			5							
21.09.15	LYPT AGM Barbican		JB, LB, JG	60	15							2	2	7	2			6				
Total				4388	719	78	10	4	8	1	8	505	56	121	254	24	5	5 10	33	5	4	27



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Annex 4

York Advocacy Reporting Information

Annual Reporting Periods April 2014 to March 2015



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Figure 1:



Annex 4

York Advocacy Service Provision

York Advocacy delivered two strands of advocacy within the City of York boundary between 2014 and 2015 and then from 1st April 2015 a new strand was added with the implementation of Care Act Advocacy.

Whilst the services are delivered by York Mind as advocacy works with people with a wide variety of needs the services are delivered via York Advocacy which has its own bespoke branding, literature and website.

The purpose of this report is to highlight the demand, advocacy issues and themes across the two main services in the period 2014-2015.

Generic Advocacy

The generic contract provides advocacy support for people aged 18 and over who are resident in the City of York and who have an additional need for which advocacy support is required. For example, mental ill-health, learning disabilities, sensory and physical impairments and disabilities.

Enquiry areas include housing, access to services, child protection processes, complaints and health and social care provision.

The generic contract has been commissioned by the City of York Council (CoYC) Adults, Children's and Education Services since 1st April 2013.

NHS Complaints Advocacy

The NHS service provides advocacy for residents of York who have an additional need which presents a barrier to accessing the NHS complaints procedure. For example, mental ill-health, learning disabilities, sensory and physical impairments and disabilities.

The NHS Complaints contract has been commissioned by CoYC, Communities, Culture and Public Realm Services since 1st April 2013.

Care Act Advocacy

Care Act Advocacy which is statutory advocacy under the Care Act 2014 is delivered in partnership by the Care Act Advocacy Partnership York (CAAPY) which includes York Advocacy (lead partner), Older Citizens Advocacy York (OCAY), Cloverleaf, Age UK York and York Carers Centre.



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The Care Act Advocacy contract was commissioned by CoYC, Adults, Children's and Education Services as a 12 month pilot project from 1st April 2015 to 31st March 2016.

Annual Reporting Periods 2014-2015

NHS Complaints Advocacy Service

Activity	Total Number
Cases carried over from previous reporting periods	18
New cases opened	92
One-off enquiries	56
Cases closed	97
Cases remaining open at period end	13

In the previous annual reporting period 2013-2014, **70** customers in total accessed the service. In the reporting year 2014-2015 **110** customers accessed the NHS service an increase of 57%.

Capacity

In **October 2014** a waiting list was put in place for the remainder of the reporting period. The need for a waiting list occurred as a result of increased demand for complaints advocacy, delays in complaints being progressed and resolved by external NHS services and increasingly complex complaint issues. As cases remained open for longer period's capacity was reached within the service.

Whilst a waiting list is in place at the first point of contact a comprehensive information pack was provided so complainants could follow the complaints process themselves with the information provided as a guide. This prevented delays for complainants commencing the complaints process. Complainants also had the option to speak to an advocate for specialist information and guidance for example: how to compose a complaint letter and access to medical records.

When a waiting list is in place referrals are dealt with as a one-off enquiry initially and the complainant placed on the waiting list if requested.

Self-Advocacy

Of the 1-2-1 cases **61%** of customers reported on case closure that they felt enabled / more confident to act independently in future. **12%** felt that they would be unable to do this alone usually due to the status of their health or other mitigating factors. **12%**



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disengaged with the service and **15%** decided to not follow through with their complaint.

Issues

Issues which impacted on the NHS advocacy service and complainants involved external complaints process handling in particular within Leeds York Partnership Foundation Trust (LYPFT) and to a lesser degree York Hospital Trust. These issues were highlighted at the time of occurrence through individual cases.

The service has supported some clients whose NHS Complaint has stemmed over 12 months.

There have been significant delays identified, in how services process complaints and respond to them in a timely manner. In some cases investigations of complaints have gone on for several months due to errors being made and paperwork lost.

Another significant issue has been investigation staff moving positions in their service; resulting in another investigator having to pick up the complaint and starting the process again.

York Hospital Trust

Issues relating specifically to York Hospital Trust included delays when final response letters weren't sent out, complaints processed initially through individual departments as concerns and then progressed as formal complaints. Complainant's fed back that they were unsure of the role of PALs and thought they would process formal complaints.

Once a complaint had been received by York Hospital Patient Experience Team the complaints process progressed fairly smoothly and Local Resolution meetings (LRM's) were arranged within appropriate timescales.

Leeds and York Partnership NHS Foundation Trust

The complaints process with LYPFT was poor overall. Issues included lengthy delays in responses to initial complaint letters, delays in investigators communicating findings and final response letters being sent out and response timescales with the advocacy service.

The advocacy manager met with Andrew Howarth, Head of Engagement and Involvement at LYPFT to highlight the issues and concerns and it was fed back that the LYPFT complaints team had high levels of sickness absence and a much



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reduced complaints team. This was impacting on complaints handling and responses. It was acknowledged that the complaints service was poor.

In LYPFT there was a positive experience of complaints handling for one complainant as the investigator engaged well, communicated and updated the complainants throughout the process and arranged a number of meetings.

Parliamentary and Health Service Ombudsmen (PHSO)

Issues with the PHSO have included occasions where unacceptable delays at stage one local resolution has meant cases have been progressed directly to the Parliamentary Health Service Ombudsman (PHSO). The PHSO have then refused to investigate and asked complainants to try again to resolve the complaint at stage 1 or to request a final response letter resulting in further delays. The advocacy service has had to request that the PHSO intervene in complaints to elicit a response at stage 1.

There have also been long delays, approximately 3 months in cases being allocated an investigator at the PHSO.

The above issues resulted in people starting to complain about the complaints process itself. In many cases where delays have impacted on the complaints process complainants have feedback that the process itself is not responsive and contributes to feelings of frustration and of not being listened to or complaints not being taken seriously.

Reports

The advocacy service provided information requested by the Care Quality Commission (CQC) as part of their routine inspections. These included inspections of:

- Leeds and York Partnership Foundation Trust Services (LYPFT) September 2014
- 2. York Hospital Trust March 2015

Future Developments

A reduction in funding in the 2015-2016 funding period meant that the NHS service needed to reduce its capacity from 1st April 2015. In conjunction with commissioners it was agreed that there would be two access points.

1. Complainants who have a disability or impairment that prevents them from engaging in the complaints process for example mental- ill-health, learning



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disabilities, communication difficulties and sensory impairments will be provided with an advocacy caseworker.

2. Complainants who do not have an additional need or barrier will be provided with a comprehensive information pack that will support them to progress the complaint themselves. They will also be able to speak to an advocate in relation to the complaints stage they are at which will be either Stage 1 (Local Resolution) or Stage 2 (PHSO)

Collaborative Working

In February 2015 an invitation was circulated to NHS Complaints Advocacy providers who shared a common view that fundamental change was needed to the complaints system in the NHS. York Advocacy expressed an interest in working nationally with other providers.

Healthwatch

York Advocacy continues to link in with Healthwatch York. Healthwatch York provide a monthly issues log which is reviewed by York Advocacy's senior advocate.

Both the Healthwatch manager and advocacy manager have met to discuss complaints issues. In the future the senior advocate will meet at regular intervals with the Healthwatch manager as they are best placed to discuss actual case examples.

It was also highlighted at a contracts commissioning meeting that York Advocacy link into the Health Scrutiny Meetings.

Generic Advocacy Service

Activity	Total Number
Cases carried over from previous reporting periods	30
New cases opened	284
Cases closed	296
Cases remaining open at period end	18

Service delivery within the general service is a short-term, issue-based advocacy approach which ensures the service remains focused on advocacy work and active issues.

In the previous annual reporting period 2013-2014, **279** customers in total accessed the general advocacy service. In the reporting year 2014-2015, **314** customers accessed the service an increase of **12.5%**.



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Capacity

Due to increasing demand, complexity of cases and an increasing number of new issues being brought whilst cases were in progress, a waiting list was implemented in October 2014 and stayed in place for the remainder of the reporting period.

In conjunction with commissioners it was agreed some measures would be put in place to ensure continued parity of access to the service, to address the waiting list and support advocates to manage increasing caseloads.

It was agreed that advocates would work on the agreed presenting issues as identified by customers at their initial assessment appointment. New issues raised whilst a case was open meant customers were placed back on the waiting list once work around their initial presenting issues were completed. This enabled customers already on the waiting list to access the service.

At the point of referral customers were signposted and referred to organisations identified within their enquiry area so that there was minimal delay for them to access specialist support. Those who required further 1-2-1 advocacy support were placed on the waiting list.

Unmet Need

Referral's for Parental Advocacy which refers to supporting parents going through child protection processes continues and is an identified gap in specialist advocacy provision in York. Due to the scale of the work required when supporting someone through child protection processes there is an impact on the work the advocate is able to undertake and these cases can reduce capacity significantly within the general service.

Measures have been put in place to manage the work undertaken in this area to ensure it doesn't impact on other service delivery streams.

Generic Advocacy Enquiry Areas

In 2013-2014 & 2014-2015 the top 4 enquiry areas were the same in both periods:

- 1. Access to Services
- 2. Mental Health
- 3. Welfare Benefits
- 4. Housing

The number of clients accessing the service has increased by 12.5% and the number of clients with Learning Disabilities accessing the services has increased by 10%.

The table in Figure 1 highlights the type of interventions and work activity carried out in the generic advocacy service.



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Figure 1:

General Advocacy Service: York Mind

TORK WIND			
Period:	01.04.14- 31.03.15		No.
Fellou.	51.05.15	Issues: (multiple iss	-
	No.	for each client)	
Customers:	NO.	Access Services	144
Previous (opened in 2013-2014)	30	Appeals/Tribunals	5
New (opened in current reporting	00		0
period)	284	Care provision	29
Total number of open cases	314	Complaints	25
	014	Consumer	7
Closed (in current reporting		Court	1
period)	296	Proceedings	10
penedy	200	Crisis/Emotional	10
		Support	21
Types of advocacy:		Debt	7
Short term (0-12 weeks)	250	Education	5
Medium term (13-25 weeks)	45	Employment	16
Long term (26-52+ weeks)	19	Health	49
3 (1 1 1 1 1		Housing /	-
	314	Accommodation	55
Source of referrals:		Independence	13
Care provider		·	
22		Legal	26
		Mental Health	
Family	36	Issues	102
Health	2	Neighbours	4
Mind	25	Other	2
Other	28	Police	6
Self	181	Relationships	28
		Reviews / CPA /	
Social services	13	PCPs	10
Voluntary sector	7_	Social Support	28
	314	Staff Issues	11
		Social Services	31
Priority Areas (more than one			
area can be identified)		Welfare Benefits	67
Leaving Hospital or Residential	7	-	701



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Care Major Change in Personal Circumstances Complaints, Tribunal's, Child	25		
Protection, Adult Abuse, Appeals Conflict between Customer &	29		
Service Provider	30	Type of Work Undertaker	
Conflict over Continuing Care	9	(multiple work types possib	ole for
Conflict with Carers	7	each client)	
Obtaining Help, Services, Benefits, Information and Making		Discussion of Options	262
Choices	258	Letters / Phone Calls	93
Client New to Service	241	Attend Meetings	77
Client Previously Accessed Service 73		Hearings Appeals	3
	314		



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York Advocacy Reporting Information

Quarterly April 2015 – September 2015



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Quarterly Reporting Periods 2015-2016

The purpose of this report is to highlight the demand, advocacy issues and themes across the three main services in the first two quarters of the reporting period 2015-2016.

Care Act Advocacy Service

Care Act Advocacy in the City of York was implemented in April 2015 and is delivered in partnership by the Care Act Advocacy Partnership York (CAAPY) which includes York Advocacy (lead partner), Older Citizens Advocacy York (OCAY), Cloverleaf, Age UK York and York Carers Centre.

The Care Act Advocacy contract is commissioned as pilot project from 1st April 2015 to 31st March 2016.

Reporting Period 01.04.15 - 30.06.15

Activity	Total Number
New cases opened	17
Cases closed	6
Cases remaining open at quarter end	11

Area of Need

Area of Need	Number of Cases
Info & Advice	0
Assessment	7
Review	1
Safeguarding	7
Financial*	1
Hospital Discharge	1

Reporting Period 01.07.15 - 30.09.15

Activity	Total Number
Cases carried over from previous reporting periods	11
New cases opened	15
Cases closed	8
Cases remaining open at quarter end	18



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Area of Need

Area of Need	Number of Cases
Info & Advice	0
Assessment	2
Review	3
Safeguarding	9
Financial*	0
Hospital Discharge	1

NHS Complaints Advocacy

Terminology

Ongoing cases relates to cases where complainants meet the additional need criteria and have been allocated an advocate.

One-off enquiries are where complainants are provided with an information pack and have access to an advocate via telephone or email support only and do not meet the additional need criteria.

Reporting Period 01.04.15 - 30.06.15

Activity	Total Number
Cases carried over from previous reporting periods	13
New cases opened (ongoing cases)	8
One-off enquiries (not included in new cases opened or closed)	10
Cases closed (ongoing cases)	11
Cases remaining open at quarter end	10

In Q1 the waiting list implemented in October 2014 had been cleared. This meant that new clients accessing the service had much reduced waiting times before being allocated to an advocate.

Not having a waiting list also meant the service could be more flexible and responsive around complainants accessing the service who did not have an additional need or barrier to making a complaint.





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Reporting Period 01.07.15 – 30.09.15

Activity	Total Number
Cases carried over from previous reporting periods	10
New cases opened (ongoing cases)	5
One-off enquiries (not included in new cases opened or closed)	11
Cases closed (ongoing cases)	4
Cases remaining open at quarter end	11

Issues

Issues which impacted on the NHS advocacy service and complainants has not changed from 2014-2015. However, it's been noted that the complaints handling within Leeds York Partnership Foundation Trust (LYPFT) remained very poor and that the complaints process in York Hospital Trust was less efficient in some cases. For example longer timescales in arranging Local Resolution Meetings (LRM) and cancellations of LRM's

The impending change in mental health service provider from 1st October 2015 further impacted the complaints process and responses.

Parliamentary and Health Service Ombudsmen (PHSO)

The PHSO are still clearing the backlog of complaints and aim to have cleared this by January 2016. However, any new complaints received will not be added to the waiting list and will be processed.

They have recruited more staff to deal with increased demand and the waiting list.

They have made improvements to their service model and are developing an online portal which will enable clients and other professionals to see the progress of their case online. This hasn't been made live yet. The PHSO have also created a list of advocacy complaints services to encourage a better relationship between the PHSO and advocacy providers.

Case Examples

- Serious Incident Investigation. Patient provided with a few weeks of medication on discharge, which resulted in serious overdose.
- Loss of a deceased person's body.
- There were several cases where clients were unhappy with information stored in their medical notes and required support to complain and request amendments.



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- Poor care and treatment at a local hospital resulting in patient suffering injuries whilst in hospital.
- Lack of engagement between hospital staff and family carers, resulting in health concerns being overlooked by medical professionals.
- Challenge to medical diagnosis. Client unable to access formal NHS Diagnosis and access medication for health condition.

Collaborative Working

Both LYPFT and the Patient Experience Team (PET) at York and District Hospital communicated a commitment to ensuring complaints are resolved in a responsive and timely manner.

A staff member from York Hospital, PET also attended an Advocacy Team Meeting in April 2015. The team contributed to the development of our Frequently Asked Questions (FAQ's) which is included in our information pack. Leaflets in paper and electronic format were provided and the complaints information on York Hospitals' website was updated. In addition the PET updated their complaint acknowledgement letter and ensured their new "Your Experiences Matter" leaflet had the contact details of both the advocacy providers in York and North Yorkshire.

York Advocacy also met with Mental Health inpatient leads at Bootham Park hospital to discuss how informal concerns and issues raised by service-users accessing the general advocacy services can be feedback informally to mental health services in order to prevent issues escalating into formal complaints.

Future Developments

From 1st October 2015 the new provider of mental health services will be Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who will replace LYFPT. It is hoped this will improve complaints handling and complainant's experiences of mental health services in York.

TEWV's PALs team have made contact with York Advocacy and we have provided them with our information and hope to strengthen the relationship in the New Year.

Collaborative Working

Following on from the invitation in February 2015, in May 2015 an Independent Complaints Advocacy Network (ICAN) was established. NHS Complaints Advocacy (NHSCA) providers across the country came together and identified key areas to work with commissioners, advocacy providers and the Local Government Association and Health Watch England with an aim of improving complaints advocacy nationally.

Key areas included:



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- 1. Enabling the NHSCA service to become better recognised and understood by the public and professionals
- Establishing a common set of quality standards for NHSCA following on from the progress of HealthWatch England and there work in developing potential standards
- 3. For NHSCA providers to work together to develop and implement a common minimum data set and work with system partners to make use of this.
- 4. The value of there being a single up-to-date directory of NHSCA providers on a public facing website linked to local health organisations and others.

ICAN have developed shared practice guidance for commissioners and providers of Independent Health Complaint Advocacy Services (IHCAS). They are aiming to publish the guide on the LGA website by mid-December 2015, in time to inform the recommissioning of local IHCAS for 2016/17.

Mental Health Crisis Care Concordat

York Advocacy have been attending local meetings in relation to the Mental Health Crisis Care Concordat and the co-production of crisis plans chaired by Jeff Whiley, Locality Team Manager. York Mind and York Advocacy have supported serviceusers with mental ill-health and learning disabilities to attend these meetings and informed other organisations of these meetings to ensure the process is fully inclusive.

We have fed back advocacy clients experiences around crisis planning and areas for learning and development.



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General Advocacy Service

Reporting Period 01.04.15 - 30.06.15

Activity	Total Number
Cases carried over from previous reporting periods	18
New ongoing cases opened	36
One-off enquiries	64
Cases closed in total (including one-off and ongoing cases)	96
Cases remaining open at quarter end	22

The number of one-off enquiries are higher than usual due to the waiting list, as an increased number of one-off pieces of work were completed prior to placing people on the waiting list. For e.g. referral to services and signposting so there were no delays in people accessing other services related to their enquiry area for e.g. housing.

Waiting List

A waiting list remained in place in Q1.

41 people were placed on the waiting list between 1st April 2015 and 30th June 2015

53 were taken off the waiting list between 1st April 2015 and 30th June 2015

Of the 53 removed from the waiting list **37** were allocated to an advocate, **3** did not respond to contact, **1** was signposted to another agency and **12** said they no longer required advocacy as their issue had been resolved either through their own efforts or by the referrals made at the initial point of contact.

8 people remained on the waiting list on the 30th June 2015.





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Reporting Period 01.07.15 – 30.09.15

Activity	Total Number
Cases carried over from previous reporting periods	22
New ongoing cases opened	32
One-off enquiries	60
Cases closed in total (including one-off and ongoing cases)	98
Cases remaining open at quarter end	16

Waiting List

A waiting list was in place in Q2.

39 people were placed on the waiting list between 1st July 2015 and 30th September 2015

44 were taken off the waiting list between 1st July 2015 and 30th September 2015

Of the 44 removed from the waiting list **40** were allocated to an advocate, **2** were signposted to another agency and **2** said they no longer required advocacy as their issue had been resolved either through their own efforts or by the referrals made at the initial point of contact.

3 people remained on the waiting list on the 1st October 2015.

The new approach to working on presenting issues at assessment has enabled work to be completed quickly and efficiently without the need for advocates to hold unmanageable caseloads.

The time people spend on the waiting list is between 2-3 weeks prior to allocation and sometimes less.

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Health & Adult Social Care Policy & Scrutiny 1 December 2015 Committee

Report of the Director of Adult Social Care and the Director of Public Health

2015/16 Finance and Performance Monitoring Report – Health & Adult Social Care

Summary

1 This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

2 A summary of the service plan variations is shown at table 1 below.

Table 1 – Health & Adult Social Care Financial Summary 2015/16 – Quarter 2 – September

2015/16		2015/16 Latest Approved Budget			Proj Ou	5/16 ected tturn iation
Quarter 1 Variation £000		Gross Spend £000	Income £000	Net Spend £000	£000	%
-369	Adult Assessment & Safeguarding	42,398	15,090	27,308	-517	1.9%
-82	Adult Commissioning, Provision & Modernisation	29,344	6,512	22,831	+367	1.6%
+274	Director of Adult Social Care	4,372	4,753	-381	+283	74.3%
-59	Public Health	9,035	8,690	345	-127	36.8%
-236	Health & Wellbeing Total	85,148	35,045	50,103	+6	0.0%

+ indicates increased expenditure or reduced income / - indicates reduced expenditure or increased income

3 The first financial monitoring report for 2015/16 showed a projected net underspend of £236k. The latest position at table 1 is now showing a very small net projected overspend of £6k across all Health & Wellbeing budgets, a worsening of £242k. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed.

Adult Assessment & Safeguarding (-£517k / 1.9%)

- 4 There is a net projected underspend of £124k on staffing budgets, due mainly to some posts being held vacant pending a review of the service and the development of a new operating model.
- 5 Residential and nursing care budgets are projected to underspend by a net £205k. This is due to a projected increase in Continuing Health Care income being secured, and fewer Older Person's Nursing Care placements than budgeted, producing a £383k underspend. This is partially offset by additional costs being incurred in respect of placement costs at a residential home.
- 6 This home was judged as inadequate by the Care Quality Commission (CQC) in April 2015, and under threat of closure. Commissioners have worked to secure the continuity of care for the 17 CYC customers placed there. The customers could only continue to be supported at the home if additional care costing £178k for the remainder of 2015/16 was provided (2016/17 full year impact is £388k). Without this intervention it would have been necessary to move customers from this home to higher cost placements elsewhere.
- 7 In addition, based on the number of Deprivation of Liberty Safeguards (DoLS) assessments carried out to date, there is likely to be an underspend on this budget of £128k. A number of other more minor variations produce a net underspend of £60k.

Adult Commissioning, Provision & Modernisation (+£367k / 1.6%)

8 There is a projected overspend of £236k within Older Peoples Homes' budgets. This is mainly in respect of care assistant costs that have been maintained beyond the originally budgeted for dementia matters pilot period at Windsor House (+£143k), and additional service manager costs (+£57k). There is also a projected under recovery of income of £34k as occupancy levels are lower than assumed at the time the budget was set.

- 9 Small Day Service and Supported Employment budgets are projected to underspend by £109k, due mainly to staffing savings resulting from a number of vacant posts across the service.
- 10 Supported Living Schemes are expected to overspend by a net £254k. This is a significant change from the previous monitor when a net underspend of £146k was expected based on projected placement numbers and customer needs. However, projected costs have subsequently increased by £400k due to the Whittlestone legal judgement. The judgement finds that overnight (sleep in) staff must now be paid the same hourly rate as day staff, rather than a flat rate for the night as was the case in several of our schemes.
- 11 The potential Whittlestone issue was highlighted during the 2015/16 budget process. However, as the judgement was being challenged and not binding at that point, the financial impact of the decision was not built into the supported living schemes base budget. Instead it was expected to be addressed by a call on contingency if any costs could not be contained within the overall Adult Social Care directorate budget. This is an on-going issue that will continue into 2016/17.
- 12 A number of other more minor variations produce a net underspend of £14k.

Director of Adult Social Care and Central Budgets (+£283k / 74.3%)

13 The directorate's budget for 2015/16 includes a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. To date savings of £1,075k have been identified leaving further savings required of £225k. Other pressures within the director's staffing budget, and additional redundancy costs, account for the remaining £58k projected overspend.

Public Health (-£127k / 36.8% or 1.4% of gross expenditure budget)

- 14 The Public Health team budget is projected to underspend by £55k, mainly due to staffing vacancies. In addition there are projected savings from the redesign of the Substance Misuse (-£49k) and Contraception (-£28k) services. A number of other more minor variations produce a net overspend of £5k.
- 15 However, this does not take account of the proposed in year reduction in public health grant, as the government has yet to announce its final decision. If implemented in line with the Department of Health's recommendation this would mean a straight 6.2% reduction across all councils, equating to a £509k loss of public health grant for York in 2015/16.

Better Care Fund (BCF) Risk

- 16 The BCF is an £11m pooled budget between CYC and Vale of York Clinical Commissioning Group (VYCCG), and is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support.
- 17 As a result of significant in year financial pressures NHS England has required VYCCG to produce a Financial Recovery Plan. This means that VYCCG will be reviewing the level of contribution that they are able to make to the BCF in 2015/16. At this stage the council is still awaiting confirmation of the funding it will receive and formal sign up by VYCCG to the accompanying Section 75 agreement.

Performance Analysis

Adult Social Care

- 18 The Adult Social Care Outcomes Framework 2014/15 was published on 6th October 2015. Appendix A provides a summary of York's performance on each measure and the comparison with national, regional and statistical neighbour averages.
- 19 Our statistical neighbours are a group of local authorities that share similarities with York on multiple statistical measures, including demographics, indices of deprivation, socio-economics, wealth and poverty. They differ depending on which care group is being compared. For example, our nearest statistical neighbours for measures on older people is Stockport, whereas for measures on those with a learning disability it is Rutland.
- 20 Key performance highlights and areas of concern from 2014/15 ASCOF indicators:
 - a) We have achieved good outcomes for carers and customers with needs in terms of satisfaction and quality of life: This will continued to be monitored throughout the financial year to check we are retaining these standards in light of the Care Act 2014 and the implications it has for carers' service and the increased expectations of customers accessing the services.
 - b) Measures for those with a Learning Disability and those in contact with secondary mental health services in paid employment are in the top quartile nationally. However, the proportion of adults in contact with secondary mental health services living independently is an area of weakness. We will look to address this by building a strong relationship with our new Mental Health Services provider, TEWV, and ensure we have the right data and services to improve.

- c) York has high numbers of customers who have reported they find it easy to find information about support. This is encouraging and we will look to build on this as we see advice and information take a greater role in preventing people's needs developing.
- d) Numbers of people receiving successful reablement and 'short term support to maximise independence' are amongst the poorest regionally and nationally. These poor Short Term Support and Reablement measures are being addressed jointly with NHS commissioners through the development of a reablement specification and plan for an integrated service.
- e) We need to improve on delayed transfers of care attributable to adult social care. As part of our strategic approach to addressing this, we have redrafted the policy for managing delayed transfers of care and we will now focus on delivering this to the new framework. We are also looking to establish how York's demographics play a part in our performance outturns. Many of our statistical neighbours experience poor performance in this area too, so we will look to compare issues and learn from those who are doing better.
- f) The proportion of people who use services who feel safe and say that the services they use make them feel safe and secure has dropped to some of the worst in the region. To address this we will be looking at the way we administer this survey and further our understanding of our customer's perceptions of safety so that we can improve it.

Public Health Indicators.

- 21 Members questioned a number of issues from public health indicators in the Quarter1 performance report. Officers agreed to investigate further and provide responses:
- 22 Seasonal flu vaccine uptake, as the uptake fell for under 65's at risk, did other costs rise and had this been budgeted for? **Response:** Decreasing influenza vaccination coverage rates amongst under 65 'at risk' patients could potentially lead to increased winter pressure on primary care services and hospital admissions. Data is not readily available to enable the CYC public health team to quantify this potential impact. NHS England is responsible for commissioning the seasonal flu immunisation programme and they work with Public Health England in performance monitoring uptake
- 23 The detection rate for Chlamydia was lower in the city owing to a smaller % of young people being tested, could this be a problem? **Response:** There are some data quality issues with regards to the Chlamydia detection figures. These issues have been acknowledged by Public Health England and may have led to under reporting of activity. The CYC Public Health team are working with the newly commissioned provider of

the integrated sexual health services to provide a more targeted approach to Chlamydia testing, focusing on those young people who are at highest risk of infection.

24 The reasons for the lower take up of GP health checks in the city compared to the national average? **Response:** GPs in York have invited a higher % of the local eligible population for a Health Check compared with the national average in the 2^{1/4} years of the programme to date. The take up by those patients invited has been lower however. The way the GP Health Check programme is being offered is currently being reviewed by the CYC public health team.

A range of new / updated health indicators were published in November 2015.

- 25 New survey data on smoking amongst 15 year olds is available. 8.5% were current smokers in York (5.3% regular and 3.2% occasional) and this is similar to the national/regional averages. 23.3% reported using e-cigarettes in York which is average for our region but higher that the national figure of 18.4%. 9.2% reported use of other tobacco products (e.g. shisha pipe) in York. This is lower than the national / regional averages (15.2% & 13%).
- 26 Adult smoking prevalence in York (based on survey data) fell very slightly after having risen in the two previous years. It's currently 18.4% v 18.0% in England. Similarly, smoking prevalence in routine and manual occupations fell very slightly after having risen in the previous two years. It's currently 32.8% v 28% in England. There was no real change in smoking status at time of delivery: 10.8% in the Vale of York CCG, which is low within our region (15.6%) but similar to the England average (11.4%).
- 27 In relation to smoking cessation activity, the cost per 'quitter' in York (£887) is about double the national and regional figures (£420 & £484). The engagement rates of the cessation services were the 5th lowest in England (rate of people setting a quit date per 100,000 smokers). The existing contracts for stop smoking support services are due to end in March 2016 and the Public Health team are in the process of developing a new delivery model for an integrated wellness service post April 2016.
- 28 The % of low birth weight babies is increasing in York. It was 1.6% in 2011 but was 3.0% in 2014 and has now crept above the national average, although the actual numbers are still low.
- 29 The overall suicide rate in the 3 year period to 2014 in York is not significantly different to national average. We do know, however, that in 2013 there was a spike in male suicides in York and on a single year

measure of suicides in males of working age, York was fourth highest in the country (Press article). The 2013 peak of 25 male suicides in York has not been repeated to date (14 in 2014 and 11 in 2015 up to September). A case audit of coroner files is taking place at present, led by NYCC.

- 30 A new three year baseline measure for excess weight in adults was published and it is estimated that 56.9% of adults in York are classified as overweight or obese (v 64.6% nationally). This figure is based on 1,341 people in York responding to the Active People Survey, Sport England. Also from the Active People Survey, based on responses from 482 people in York, 54.9% of the 16+ population are estimated to consume the recommended '5 a day'. This is similar to national and regional averages.
- 31 Successful completions of drug treatment (Opiates and non Opiates) for 2014 are rated as similar to the national average however the opiate figure has not improved as anticipated and this is monitored on a monthly basis and discussed regularly with the commissioned providers.
- 32 Cancer Screening Coverage. A new measure on bowel cancer screening for eligible 60-74 yr olds shows that York's rate of 51.5% is significantly lower than national average of 57.1%. The breast cancer screening rate is falling in York, as it is nationally, but the rate remains higher in York (80%) v national (75.4%) and regional (75.6%) averages. Cervical cancer screening rates are similar to the England average but lower than the regional average. Rates are falling nationally.
- 33 There were 19 new cases of TB in York in 2012-14. This is a rate of 3.1 per 100,000 which is significantly lower than the England average of 13.5.
- 34 There were 16 people newly diagnosed with HIV in 2012-14 and 9 of these were classified as a late diagnosis (56.3%). The national aspiration is 25% or less for late diagnoses. The national average is currently 42.2%.
- 35 A range of mortality indicators were updated for the period 2012-14. The York figures look reasonable when compared with the national averages but do not compare as well within the group of local authorities with similar levels of deprivation. The headline indicator for Public Health purposes is the mortality rate from causes considered to be preventable (i.e. could potentially be avoided by public health interventions in the broadest sense). York's rate is the highest (worst) within our deprivation group, but the value did at least go down in this period after rising for the previous four periods. Some follow up work is planned looking at public health spends and outcomes for York v our comparator LAs.

Council Plan

36 The information included in this report is linked to the Focus on Frontline Services and A Council That Listens to Residents elements of the Council Plan 2015-19.

Implications

37 The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

38 As this report is for information only there are no specific recommendations.

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

Contact Details

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Report Approved Y Date 22 November 2015

Specialist Implications Officer(s) None

Wards Affected: List wards or tick box to indicate all

All Y

For further information please contact the author of the report

Appendix

Appendix A- Adults Social Care Outcomes Framework end of year outturn 2014/15

Background Papers

2015/16 Finance & Performance Monitor 2, Executive 26 November 2015

Glossary of abbreviations used in report

ASCOF- Adult Social Care Outcomes Framework BCF- Better Care Fund CQC- Care Quality Commission CYC- City of York Council GP- General Practitioner HIV- Human Immunodeficiency Virus NYCC- North Yorkshire County Council NHS- National Health Service TEWV- Tees, Esk and Wear Valleys NHS Foundation Trust TB- Tuberculosis VYCCG- Vale of York Clinical Commissioning Group

Adults Social Care Outcomes Framework end of year outturn 2014/15

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Outcome Measure	Description		York Score	Position in 152 Councils	Position in 15 Regional Councils	Position in 16 Comparator Councils
1A	Social care-related quality of life score		19	78	10	9
1B	The proportion of people who use services who have control over their daily life		78	67	7	9
	The proportion of people who use services who receive self-directed support	Part 1a	95.8	43	3	5
1C	The proportion of carers who receive self- directed support	Part 1b	100	1	1	1
	The proportion of people who use services who receive direct payments	Part 2a	21.6	97	9	12
	The proportion of carers who receive direct payments	Part 2b	100	1	1	1
1D	Carer-reported quality of life score		8.3	18	2	3
1E	The proportion of adults with a learning disability in paid employment		13.7	9	1	1
1F	The proportion of adults in contact with secondary mental health services in paid employment		10.9	17	3	3

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1G	The proportion of adults with a learning disability who live in their own home or with their family		91.8	5	1	1
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support		55.1	113	14	13
11	The proportion of people who use services who reported that they had as much social contact as they would like	Part 1	46.6	46	7	6
	The proportion of carers who reported that they had as much social contact as they would like	Part 2	44.7	30	6	5

Outcome Measure	Description		York Score	Position in 152 Councils	Position in 15 Regional Councils	Position in 16 Comparator Councils
2A	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Part 1	9.9	50	5	11
	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Part 2	630.8	72	6	8
2B	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Part 1	81.5	92	11	9
20	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	Part 2	0.9	147	15	15
	Delayed transfers of care from hospital, per 100,000 population	Part 1	11.6	102	11	11
2C	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	Part 2	6.3	133	14	5
2D	The outcome of short-term services: sequel to service		33.8	149	15	16
ЗA	Overall satisfaction of people who use services with their care and support		67.1	44	7	5
3B	Overall satisfaction of carers with social services		43.4	55	10	10
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for		73.2	57	12	10
3D	The proportion of people who use services who find it easy to find information about support	Part 1	79.8	18	3	3
	The proportion of carers who find it easy to find information about support	Part 2	70.3	35	7	8
4A	The proportion of people who use services who feel safe		62.3	131	13	16
4B	The proportion of people who use services who say that those services have made them feel safe and secure		67.4	149	15	16



Health Overview Scrutiny Committee

1 December 2015

Report of the Head of Commissioning, Adult Social Care

Residential, Nursing & Homecare Services – Quality Standards

Summary

- 1. Members of the Health Overview Scrutiny Committee will recall the last report they received on the 25th March 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. Members will also recall the presentation at the January meeting by the Regional Care Quality Commission lead regarding their new inspection framework.
- 2. From October 2014, the Care Quality Commission has commenced a new approach to the regulation and inspection of care homes. Their consultation "A New Start" set out the principles that will guide how CQC will inspect and regulate care services in the future 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 has been rolled out from October 2014, and providers will all get a published rating. The Care Quality

Commission (CQC) will also assume a Market Oversight function from April 2015 and were envisaging all providers having a published rating by March 2016 although at this stage it would appear this is not going to be achieved. The new inspection model will work on asking five key questions of services;

- > Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- > Are they well led?
- 4. The new 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 dependent 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 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 Social Care Commissioning & Contracts team have a programme in place to carry out a Consultation and Observation Visit and a Quality Assurance Visit each financial year. Our programme of visits is currently on schedule. 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 & Contracts team have regular Business Meetings at Care Homes 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. The "State of Care" report released by the Care Quality Commission on the 15th October reported on National Compliance levels for all inspections up to the end of May 2015. Members will be aware from previous discussions that CQC were anticipating that a significant amount of provision would fall into the "requires improvement" category across the country due to providers adapting to the new requirements.
- The table below compares the current performance with York as to the National figures published by CQC. York Figures are as at 22 October 2015

Rated as	Outstanding	Good	Requires Improvement	Inadequate
York	0%	47.6%	42.9%	9.5%
National	1%	59%	33%	7%

12. For information purposes, detailed below is a comparison between York and Nationally on compliance within the different domains that CQC now inspect against.

Inspections undertaken in York show that Safe and Well Led Services are the key concern to CQC colleagues and this would agree with findings of the commissioning team following visits and monitoring that they have undertaken.

Area	Safe	Effective	Caring	Responsive	Well led
York	43%	62%	81%	76%	52%
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 26.3% of registered services in York have had a new format inspection to date - this report focuses on these services. It is envisaged that with a number of inspections both underway and in the "pipeline" Members will gain a more comprehensive overview when the next report is submitted in March 2016.
- 14. Included below is an extract from the CQC "State of Care" report which gives a summary of the current national picture from a regulatory perspective and identifies that issues experienced within York are in line with a presenting picture nationally.

Summary

The adult social care sector is under pressure and there are issues around the sustainability of provision, due to the increasing complexity of people's care needs, significant cuts to local authority budgets, increasing costs, high vacancy rates, and pressure from local commissioners to keep fees as low as possible.

Despite this pressure, our inspections to 31 May 2015 showed that almost60% of services were providing good or outstanding care.

Safety is our biggest concern – factors include staffing levels, understanding and reporting safeguarding concerns, and poor medicines management. The vast majority of services were caring, with 85% good or outstanding.

Having a consistent registered manager in post has a positive influence on the quality of a service and helps to make sure that people receive care services that are safe, effective, caring and responsive.

Services Requiring improvement

A substantial proportion of services have received a rating of requires improvement. This rating identifies those services that are not yet of the high standard we expect for people who use services. Our inspection reports give detailed advice on how services can improve. Services that require improvement may provide good care in many areas but they will have a number of specific areas that need attention

Increased enforcement

We have increased our enforcement activity to make sure that people using services are protected and that providers are held to account for the poor care. The total number of inspections completed this year was lower than the previous year as we started our new, more comprehensive approach. However, the proportion of enforcement activity we took increased: 7% of inspections in 2014/15 resulted in enforcement action, compared with 4% in 2013/14. As a proportion of our inspection activity, this was a rise of 75%. In each of the sectors we regulate, our ratings highlight the substantial variation in the quality of care provided to people. Additionally, in larger providers we often see substantial variation between locations or between different services provided in the same location (as highlighted in the ratings example in figure 1.2). This shows the wide range of ratings within a single hospital, across our five key questions and eight core hospital services. There are many examples of good and outstanding care, despite the significant challenges the sectors have been facing. But there are also a small minority where we have significant concerns about inadequate care and who need to do much more to improve.

Safety remains a significant concern

When we give a service an overall rating, we give equal weighting to the five key questions we ask.

But people who use services naturally expect the care they receive to be safe, and so do we. Across all sectors, services were most likely to receive an inadequate rating for safety, compared with the other key questions: 10% of adult social care services. Similarly, a lower proportion of services were rated good or outstanding for safety.

Leadership is the key to long-term improvement

Of all the aspects we look at, the quality of leadership most closely correlates with the overall quality of a service. Ninety-four per cent of services that were good or outstanding overall were also good or outstanding for their leadership. Similarly 84% of inadequate services were inadequately led. This suggests that the way in which an organisation is led, and the culture and values that influence it as a result, have a huge and far-reaching impact on the overall quality of care that people receive. Good leadership, at all levels of an organisation, is required to deliver care that is consistently safe, effective, caring and responsive. In all the sectors we inspect, there are many examples of excellent leadership - leaders who are visible and who engage widely with people who use services and staff, who promote a strong culture of safety, who put in place robust governance systems and processes, and who plan their resources well. But we also see where leadership is simply not yet good enough. As we believe leadership is the key to long-term improvement, we are concerned by the wide variation in the quality of leadership. While the majority of services were rated good or outstanding on our well-led question (61% in adult social care, 44% in the hospitals sector and 85% in GP practices), a minority were rated inadequate (8%, 8% and 4% respectively). Our qualitative analysis has highlighted common factors among those providers that provide outstanding leadership – these are outlined in section 5.

- 15. Copies of all CQC reports can be found at <u>www.cqc.org.uk</u>
- 16. The tables below identify the current position in relation to provision within York. The figures in York at present are lower than national averages but it needs to be noted that only 26.3% of settings have had a finalised inspection which is significantly lower than the national levels.

CQC have through consultation with the Council, "prioritised" the homes that they have concerns with initially and monitoring undertaken by the Commissioning team would suggest that there are a number of "good" providers still waiting inspection which should bring local ratings in line with national levels.

All Provision within York					
Inspected to date (x of 82)	21	26.3%			
Outstanding	0	0.0%			
Good	10	47.6%			
Needs Improvement	9	42.9%			
Inadequate	2	9.5%			

Residential and Nursing Care Inspections

CARE HOMES (x of 13)	Safe	Effective	Caring	Responsive	Well led
as a %	31%	54%	77%	69%	46%
Total Compliance	4	7	10	9	6
Organisations rated Outstanding	0	0	0	0	0
Organisations rated Good	4	7	10	9	6
Requires Improvement	6	4	2	3	5
Inadequate	3	2	1	1	2

CARE HOMES - SUMMARY					
Inspected to date (x of 43)	13	31.0%			
Outstanding	0	0.0%			
Good	5	38.5%			
Needs Improvement	6	46.2%			
Inadequate	2	15.4%			

17. Of the 43 homes in York, 13 have been inspected to date under the new format.

The above tables detail the findings of these inspections and Members will note that 2 homes to date have been rated as inadequate and 6 requiring improvement.

- 18. Officers have been aware of the concerns regarding the two homes rates as inadequate and in relation to the first setting, a Mental Health Home, we have been working closely with the former management team and CQC for some time, to provide support and advice, as well as looking at future plans. The home is in the process of been sold and officers are working very closely with new owners who are looking to invest significantly in the new service.
- 19. In relation to the second setting, a nursing home for older people, officers have also been working with the management team at the home which had seen considerable improvements. Unfortunately, these improvements have not been sustained of late, but the provider again has shared the plans they have in place for substantial investment in the facilities.
- 20. The Commissioning Team will continue to work with the owners of both services to support staff and ensure they are able to provide the quality of care expected and required.

HOMECARE (x of 8)	Safe	Effective	Caring	Responsive	Well led
as a %	63%	75%	88%	88%	63%
Total Compliance	5	6	7	7	5
Organisations rated Outstanding	0	0	1	0	0
Organisations rated Good	5	6	6	7	5
Requires Improvement	3	2	1	1	3
Inadequate	0	0	0	0	0

Home Care Inspections

HOMECARE - SUMMARY		
Inspected to date (x of 39)	8	21%
Outstanding	0	0.0%
Good	5	62.5%
Needs Improvement	3	37.5%
Inadequate	0	0%

21. Of the 39 registered domiciliary care services providing homecare and supported living in York, 8 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 3 have been rated as requiring improvement.

Summary

- 22. 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.
- 23. At the March meeting of the Committee, Members were keen to be able to call organisations to account if it was felt that performance was not improving over a period of time. It is not felt that at this stage any organisation falls into that position but this will be monitored on an ongoing basis including placing providers on formal improvement plans.
- 24. 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.
- 25. The Commissioning Team continues to support providers across the City and has recently held Medication Workshops for all organisations in conjunction with CQC and are planning other specialist workshops to support the sector.

26. A number of the capacity and quality concerns identified of late are linked to the recruitment and retention of care staff across the city and the sector in general. Providers are facing difficulties in terms of recruiting suitable carers across home care, residential and nursing care services. Officers have held three workshops with providers, the Independent Care Group and Workforce Development and continue to work with internal Council colleagues to look at what assistance we can give to assist with retaining staff and supporting additional recruitment.

Implications

Financial

27. There are no finance implications associated with this report.

Equalities

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

<u>Other</u>

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

Risk Management

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

Recommendation

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	Responsi	ble for report:
Gary Brittain	Martin Farran	-	-
Head of Commissioning	Director of Adu	ult Social (Care
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01904 554099	Report	🗸 Date	2 November
	Approved	•	2015.

Specialist Implications Officer(s)

Wards Affected:

All 🗸

For further information please contact the author of the report

Glossary of abbreviations

CQC- Care Quality Commission PCU- Partnership Commissioning Unit QAF- Quality Assessment Framework This page is intentionally left blank



Health & Adult Social Care Policy & Scrutiny 1 December 2015 Committee

Adults Commissioning and Contracts Team – Carers Strategy Update

Summary

1. Following a Carer's Review completed by the Health Overview Scrutiny Committee in 2010/11 the Committee recommended that they should receive an annual update report on the Carers Strategy. This is the fourth annual review to be submitted.

Background

- 2. The Carers Strategy Group is a partnership of carers, professionals and provider organisations from social care, health and the third sector. It meets regularly to monitor and oversee the implementation of York Strategy for Carers 2011 2015. The local Strategy is due to be revised later in 2015 and on July 1st Jeremy Hunt announced that Alistair Burt, Minister for Community and Social Care will be developing a new national carers' strategy, though no timescale is yet in view. NHS England's Commitment to Carers was published in May 2014 providing strategic direction for work to improve the recognition and support carers receive from the NHS.
- 3. The Carers Project is one of CYC's adult social care Transformation Projects and provides the current focus for our work to develop support and services for carers in York alongside implementing new duties under the Care Act 2014. A 'single point of contact' for carers is being developed in York as a partnership across voluntary sector and community groups, health and social care.
- 4. The Carers Project comprises a programme of work which includes enabling carers to have easy access to our local information and advice offer, incorporating a proportionate approach to providing a carer's assessment and developing a Whole Family approach as part of the implementation of the Care Act.

A new carer's personal budget is in place and a review of current replacement care provision underway. The work will be developed alongside the new Adult Social Care operating model to ensure customer and carer support and personal budgets are aligned appropriately.

Consultation

- 5. The Carers Strategy Group includes carer representatives from the three carer-led forums in the city: Young Carers Revolution; CANDI; and York Carers Forum. There have been conversations with carers during the past year about improving carer involvement, including a meeting with the Chair of the Carers Advisory Group in East Yorkshire. This resulted in the first meeting of a Carers Action Group in June 2015. The group will be carer led, aiming to develop a focal point for collective issues carers want to raise and as a potential sounding board for statutory and other agencies who want to elicit carers' views.
- 6. Engagement sessions took place in spring 2015 as part of CYC's transformation work, which produced a range of feedback including:

"Many people said creating a single contact point for carers would be particularly useful as would having support, information and training for informal carers"

- 7. A discussion group with carers at York Carers Centre raised a number of key points including:
 - More joined up approaches between health and social care
 - Only tell your story once (instead of half a dozen times)
 - Ready advice, help and support without having to go through a lengthy assessment process

Carers Strategy Update

Achievements

8. The National Carers Strategy National Carers Action Plan 2014 – 2016 identified four priority areas and achievements are listed accordingly:

Identification and recognition

- New website at York Carers Centre up and running.
- Engagement work with carers as part of Transformation project.
- First meeting of new Carers Action Group in June 2015 during Carers Week.

- <u>Online carer awareness courses</u> about Adult Carers and Young Carers updated, and new course about Young Adult Carers commissioned.
- Continuing work to raise carer awareness amongst professionals in health settings.

Realising and releasing potential

Young Adult Carers

- Partnerships established between local colleges and universities and York Carers Centre.
- York College's work with York Carers Centre highlighted as a flagship project in the national 'Supporting Students with Caring Responsibilities' publication.

Young Carers

- The Young Carers Card is running in 7 of the 9 local secondary schools as well as York College and Askham Bryan College.
- York Carers Centre provided 72 young care awareness sessions in the year from April 2014.
- Successful 'Tiny Treasures' theatre project to raise awareness mainly in Primary Schools was rolled out in Yorkshire and the North East in 2014 <u>http://yctinytreasures.workpress.com/</u>
- Work on establishing a Whole Family approach between Children's and Adults social services underway.
- Family Early Help Assessments established as a tool to assist young carers.
- Successful local media coverage about young carers during Carers Week, June 2015.

Carers and employment

- York Carers Centre received 59 referrals from Job Centre Plus and hosted a number of workshops to support carers in maintaining a balance in terms of work, life and caring.
- City of York Council submitted a bid for national funding to support carers in employment through use of assistive technology. Whilst the bid was unsuccessful this identified potential future project work.

A life alongside caring

- Universal information offer and <u>Start Here</u> checklist produced.
- Carers assessment of need waiting list reduced. (Unfortunately it then increased again during 2014.)
- Implementation of new duties under Care Act 2014 around carer assessments and eligibility for services and support.
- Streamlined system in place to provide personal budgets for carers significantly reduces bureaucracy.
- Small grants funded a range of support groups for carers.
- York Carers Centre established outreach work in New Earswick.

Supporting carers to stay healthy

- Vale of York Clinical Commissioning Group's (VOYCCG) carer's lead officer actively involved in work to deliver York Strategy for Carers.
- VOYCCG's lead officer has planned visits to all GP practices.
- Links established between VOYCCG carer's lead officer and York Teaching Hospital's Patient Experience Team in working to identify and support carers.
- Carers awareness training commissioned by VOYCCG delivered to GP practices autumn 2014 and further sessions planned for autumn 2015.
- York Carers Centre sent out the Adult Quality of Life survey to carers known to the Centre and followed up with work to support those in greatest need.
- York Carers Centre established links with Priory Medical Group and the Integrated Teams.
- An evaluation completed in October 2014 of 17 group activities funded through a small grants programme evidenced that almost all carers who attended reported benefits to their emotional and physical wellbeing.

Future direction

- 9. The Carers transformation project is underway with the programme co-designed by local providers and carers delivering a new approach:
 - A 'single point of contact' for carers to enable easy access to information, advice and support that is carer focused, from spring 2016.

- A partnership approach across statutory and voluntary sector organisations enabling proportionate and timely carer's assessments, personal budgets, and support planning in line with implementation of the Care Act 2014.
- Work to align customer and carer assessments and personal budgets, with the development of the new Adult Social Care operating model.
- Further development of a Whole Family approach across Children's and Adult services.
- The review of replacement care to be completed by April 2016 with an implementation plan for a new approach in place.
- The Carers Information Group will continue to lead and promote carer awareness raising amongst professionals and local communities in order to increase carer identification.
- Joint work between VOYCCG's and CYC's carer's lead officer to implement carer focused work in the Integrated Teams and with York Teaching Hospital's Patient Experience Team.

Renewal of York Strategy for Carers

10. The current local Strategy runs from 2011 to 2015. The Carers Strategy Group is keen to develop a renewed Strategy as a joint venture between health and social care, with the newly established carer led Carers Action Group taking a lead role in this co-production. We also await further information from the Department of Health who in July announced a refresh of the National Strategy, to enable our local work to align with national priorities. The renewal work will therefore commence towards the end of 2015.

Analysis

11. The report is provided for information and consideration. Members are also asked to clarify if they wish to continue to receive the report on an annual basis.

Council Plan

12. Carers are York residents, or are supporting York residents and as such are affected by all the five key priorities in The Council Plan 2011- 2015. However, the actions and projects under 'protect vulnerable people' are of particular significance in providing services and support to sustain carers in their caring role.

Implications

- 13. <u>Financial:</u> All actions are accommodated within existing budgets.
- 14. <u>Equalities:</u> An Equalities Impact Assessment was completed for York Strategy for Carers 2011-15. A Community Impact Assessment has been completed for the Carers Project as part of the Transformation work.
- 15. <u>Other:</u> There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

16. No risks arise directly from this report. In a broader sense, however, failure to recognise the importance of carers could lead to the Council failing to comply with its statutory duties under the Care Act 2014 and Equalities legislation, and to additional costs falling on social care budgets.

Recommendations

17. The report is presented for information and consideration.

Reason: To inform the Committee of the Council's carer's strategy.

Contact Details Author: Frances Perry	Chief Officer Responsible for the report:	
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	Report ApprovedDate 5/10/2015	
Wards Affected:]

For further information please contact the author of the report

Annexes

Annex 1 York Carers Strategy 2011- 15

Annex 2 Carers Strategy Action Plan update V5 August 2015

Glossary of abbreviations used in report and annexes

BCF- Better Care Fund BME- Black, Minority and Ethnic CAB- Citizens Advice Bureau CAF- Common Assessment Framework CYC- City of York Council DH- Department of Health GP- General Practitioner LINk- Local Involvement Network NHS- National Health Service PCT- Primary Care Trust VOYCCG- Vale of York Clinical Commissioning Group YCC- York Carer's Centre YCR- York Carers Revolution This page is intentionally left blank



NHS North Yorkshire and York

York Strategy for Carers

2011 – 2015







YORK STRATEGY FOR CARERS 2011 - 2015

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1. Why carers matter

Many of us will be carers at some point in our lives. It is a role that can creep up gradually and for some it can be a life long role. For others it can come unexpectedly and suddenly following a crisis. Supporting carers is in all our interests.

Who are carers?

'A carer is someone who, unpaid, looks after or supports a relative, friend or neighbour who is ill, disabled, frail or in need of emotional support'.



Facts

- There are 6 million carers in the UK.
- Over 1 million carers provide more than 50 hours care per week.
- An estimated 37% of these carers are new to caring every year.
- 58% of carers are women and 42% men.
- Women have a 50% chance of becoming a carer before they are 59.

'Facts about carers' Carers UK, June 2009.

The impact of caring

Carers make a significant contribution in providing health and community care to relatives, friends and neighbours. The impact of caring varies depending on individual circumstances, however it is known that those caring for long hours each week are more likely **not** to be in good health. Caring can also have a financial impact and one in eight workers in the UK combine work with caring responsibilities. ¹

Carers are from all walks of life and all backgrounds. Some carers can face particular disadvantage and we may know little about them. These carers are often called 'hidden carers'. They can be 'hidden' due to the circumstances of the person they care for, or their cultural background. For example, carers of people with mental ill health or substance misuse can find it hard to access support.



Equality and social inclusion

Some carers may be less likely to access appropriate information and support. The City of York Council's 'Equality Action Group' provided feedback about the Carers Strategy in 2010² identifying carers who need specific support:

- People with sensory impairments
- Carers with learning disabilities
- Carers from black and minority ethnic communities
- Lesbian, gay, bisexual and transgender (LGBT) carers
- Travellers
- Carers with mental health problems
- Older carers

¹ Carers UK (June 2009) *Fact about carers*

² City of York Council, Equality Action Group (February 2010) Help us get it right day: feedback report.

In order to achieve greater equality in supporting all carers, specific approaches should be adopted to reach carers who are currently unknown.

2. National Picture

All public bodies are engaged in a time of major and unprecedented change in responding to the challenges following the Comprehensive Spending Review of 2010, and the new legislative requirements affecting health, social care and many other aspects of local government.

Carers Strategy

'Recognised, valued and supported: next steps for the Carers Strategy' was published by the Coalition Government in November 2010 to outline current priorities for the ten year vision set out in the Carers Strategy of 2008.³

Social care

The Coalition Programme committed the Government to reforming the system of social care in England. A Vision for Adult Social Care: Capable Communities and Active Citizens⁴ was published in 2010 and is one a number of key documents⁵ which sets out principles and required actions. The Government plans to publish the Social Care Reform Bill in spring 2012. This follows the Law Commission's review of adult social care legislation and the Dilnot Commission's work on the funding of care and support.

Health

The Health and Social Care Bill was published in January 2011. The Bill provides for significant changes to the health service. This includes the abolition of Strategic Health Authorities and Primary Care Trusts, the transfer of commissioning responsibilities to GPs and the transfer of responsibilities for public health to local authorities.

Performance framework

The national requirements for health and social care are in a process of change. The government describes a vision moving away from top-down performance management, to sector-led improvement and local accountability. New outcomes frameworks for both health and social care have been published in 2010/11, however these have not yet been implemented.

Equality Act 2010

This Act introduces nine 'protected characteristics' replacing what were known as the six equality strands:

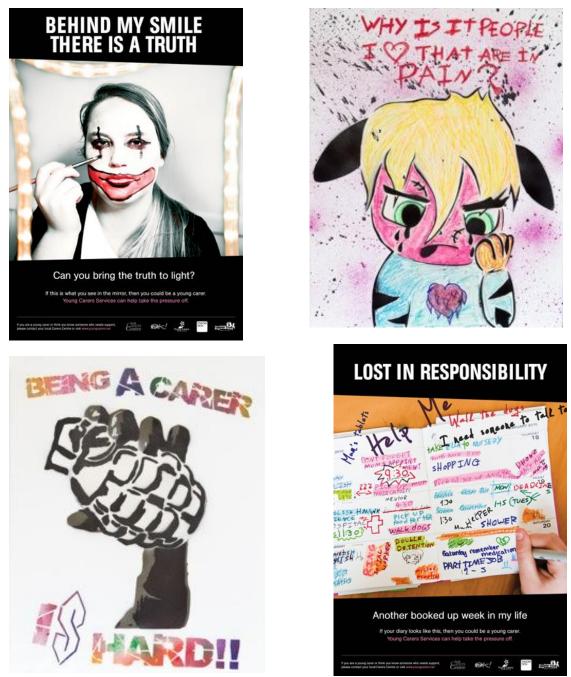
- Age
- Disability
- Gender reassignments

 ³ HM Government (2010) Recognised, valued and supported: next steps for the Carers Strategy; HM Government (2008) Carers at the heart of 21st-century families and communities: A caring system on your side, a life of your own.
 ⁴ Department of Health (2010) A Vision for Adult Social Care

⁵ Department of Health (2010) *Think Local, Act Personal ;* Department of Health (2010) *Transparency in Outcomes :a framework for quality in adult social cares*

- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership
- Pregnancy and maternity

The Act also strengthens the protection of carers against harassment and discrimination at work and in the provision of goods and services. This is because a carer is now counted as being 'associated' with someone who is already protected by the law because of their age or disability.⁶



(Campaign Images produced by Young Carers Revolution 2010)

⁶ Government Equalities Office leaflet (2010) Equality Act 2010: What do I need to know as a carer?

3. Local picture

Carers in York

Carers in York (2001)	Numbers	%
Total population	181,094	100%
Total population of unpaid	17,009	9%
carers		

Carers make up over 9% of the population in York. The 2001 census records 342 young carers aged 8 -17 years in York, which is likely to be an underestimate, as other research suggests there are as many as 1,600.

An estimate based on the increase in population suggests there were 18,676 adult carers in York in 2010.

Hours of care provided by carers (2001)	Numbers	%
Total population of unpaid		
carers	17,009	100%
Care provided 1 - 19 hours		
per week	12,478	73%
care provided 20 - 49		
hours per week	1,520	9%
Care provided over 50		
hours per week	3,011	18%

Analysis of the 2001 census indicates that 21% of carers caring for 50 hours a week are likely to be in poor health. This is double the percentage of people who are not caring. 9

Population and demographic change

York's population is rising. A total population of 181,094 was recorded in the 2001 census. The population is predicted to be 202,400 in 2011. A total of 89% of York's population is 'White British', with the BME population rising from 4.9% in 2001 to 11% in 2009. ¹⁰

⁷ 2001 Census

⁸ 2001 Census

⁹Carers UK, (2004) In Poor Health: the impact of caring on health.

¹⁰ City of York Council, Business Intelligence Hub Highlight Report July 2011

Annex 1

Older people

There is a significant growth in the population of older people. The Council reported in 2006 an expected 31% growth in the population of older people over 65 in the following 15 years and an estimated 700 additional older people with dementia.¹¹ This highlights the associated increase in mental health and physical and sensory needs as the population ages. It is expected that there will be an increase in both the number of older people being supported by carers, as well as the number of older carers. It is likely that more people will become 'mutual carers' where two or more people, each experiencing ill health or disability, will care for each other.

Strategic planning

Without Walls is the name of a group of people who have worked together since 2003 to jointly develop a shared vision for the city. The Partnership is made up of representatives of public, voluntary and business organisations in York. They have developed a '*Strategy for York*', which sets out the long-term vision for the local area based on what matters most to people. In addition, they have also developed a '*City Plan*' that focuses on a small number of priorities that are critical to address in the next four years to secure York's future.

Partners of the Without Walls Partnership all agreed to include the ambitions of the 'Strategy for York' and 'City Plan' into their own plans and strategies. City of York Council have produced a plan for 2011 – 2015 describing priorities and actions that will be taken to deliver our contribution towards the 'Strategy for York' and 'City Plan'.

Joint Strategic Needs Assessment

This aims to provide a comprehensive analysis of current and future needs in relation to the health and wellbeing of children and adults in the City and to inform future planning and commissioning decisions. The 2010 Assessment included a section about carers which referenced the Carers Strategy Action Plan. The production of a revised Assessment is underway, overseen by the Shadow Health and Wellbeing Board.

Carers Strategy Group

The Carers Strategy Group is a partnership of people from statutory and voluntary organisations as well as carer representatives from the carer led forums. The group meets every three months to monitor progress with the Carers Strategy Action Plan. The group is coordinated by City of York Council's Adults, Children and Education directorate and is working towards increasing carer awareness at all levels of strategic planning.

¹¹ City of York Council (2007) City of York Commissioning Strategy for Older People 2006 - 2021

Funding

York Carers Strategy Group supports partnership working between health and social care agencies in the commissioning and provision of services.

City of York Council dedicates funding from the Area Based Grant and NHS North Yorkshire and York uses funding from its core budget to support carers in the following ways:

- Strategic support and direct payments for carers.
- Services commissioned specifically for carers.
- Respite and sitting services.
- Through support provided to the cared for person which allows carers to take a break.
- Specialist services for example Community Mental Health Services that provide advice and support to carers.

As part of the National Strategy refresh the government announced that it is including £400m over four years in PCT allocations and potentially GP consortia subsequently, to spend on supporting carers. This funding is an indicative amount and is included in the PCTs baseline budget and in many cases is already committed against the current service provision. Therefore there is no new separate allocation specifically for Carers on top of the 'core' funding for PCTs.



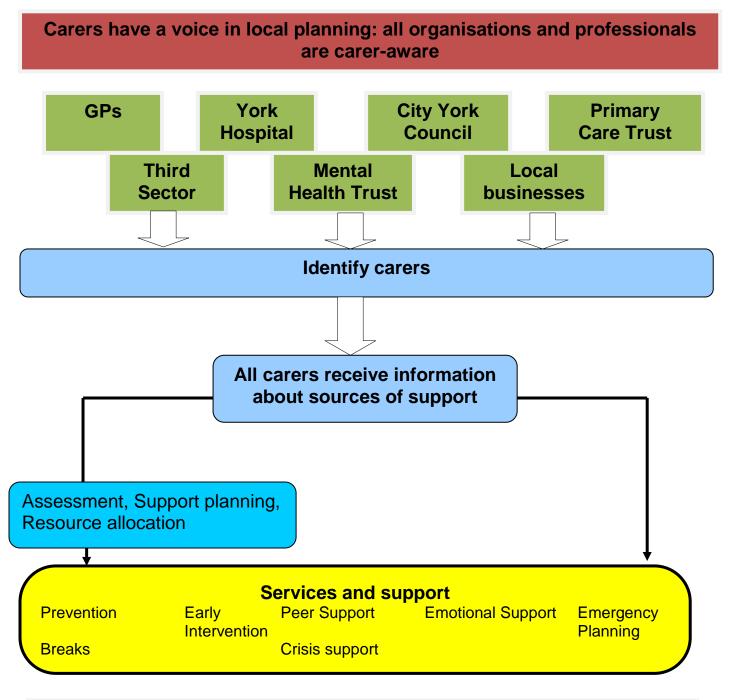
4. Vision and Outcomes Framework

Our vision in York is to work towards developing a local community where carers' needs are identified and supported by all public services and other organisations in the City. In short: 'Carers are everybody's business'.

Carers should be respected and acknowledged. Each carer has a unique perspective, alongside skills and knowledge gained through the experience of caring.

Care pathway for carers support

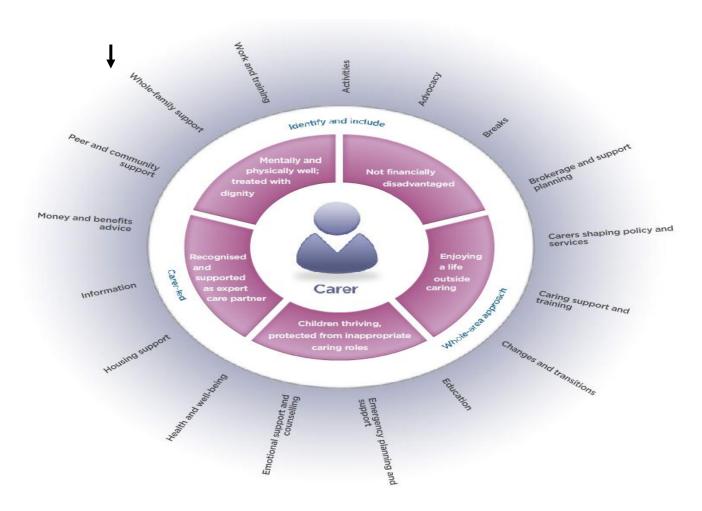
This has been drafted as a guide for all agencies. The chart below shows how we can work towards making sure carers are always recognised and directed to sources of support.



Support to challenge decision or complain

Outcomes framework

The 'Carers Hub' ¹² is a resource developed by the Princess Royal Trust for Carers. It is a model of comprehensive carer support based on the outcomes of the refreshed National Strategy.



The carer is at the centre of the hub. The five outcomes are in the inner section and are universal ambitions for carers. These ambitions underpin the work of York Strategy for Carers.

The middle band states the overarching values:

- 'Identify and include' we must make sure we reach all carers including those most at risk of being overlooked.
- 'Carer-led' services and support should be individually tailored, and carers should be part of planning and strategic forums.
- 'Whole-area approach' effective whole area planning is needed to make sure carers' specific needs are met.

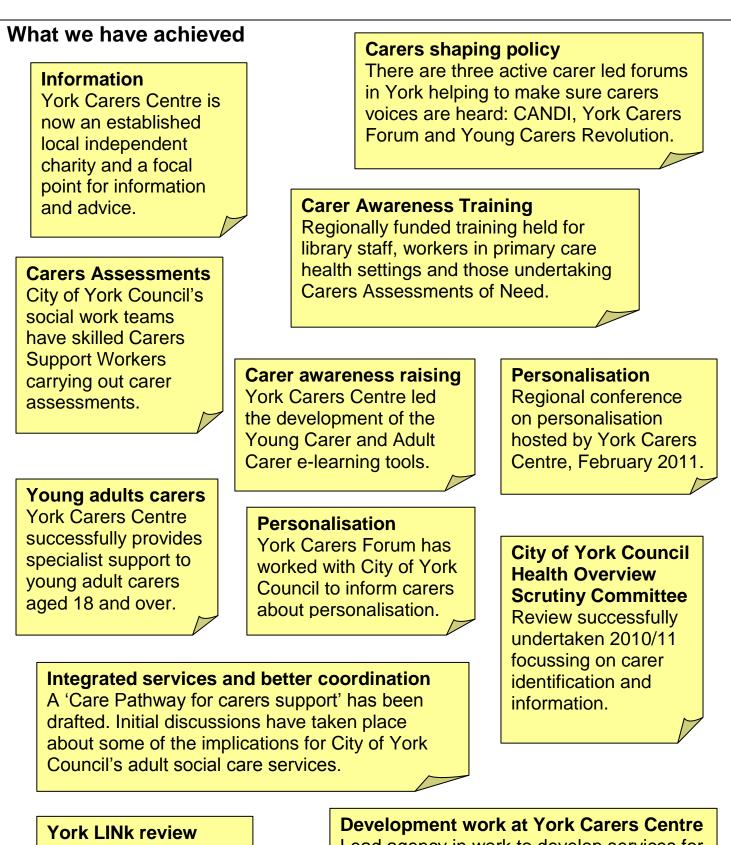
We will use the Carers Hub to help us plan work required to implement the carers strategy in the future.

¹² http://www.carershub.org

5. Achievements and what we still need to do

Annex 1

Recognised and supported as expert care partners



Review completed and recommendations made spring 2011. Lead agency in work to develop services for Young Carers, whole family support and expanded to incorporate a specialist service for carers affected by substance misuse.

What we still need to do

- Ensure all Carers Strategy partners adopt the 'Care Pathway for carers support'.
- Set up a robust system for update and distribution of accessible information for carers.
- Identify and display information for carers in key places in York.
- Provide public information in these 'key places' which is accessible to people who may not recognise themselves as 'carers'.
- Establish the potential 'trigger points' for carer recognition, so carers can be identified earlier.
- Involve GPs in the provision of information to carers.
- Ensure Adult Social Services provide a coordinated approach to assessment for the 'whole family'.
- Reduce length of waiting list for Carers Assessment of Need.
- Include carer awareness raising in all workforce development strategies.
- Map carer involvement in local health and social care planning networks with attention to the development of Healthwatch.
- Review carer involvement.
- Ensure information about carers ethnicity is appropriately recorded by City of York Council and York Carers Centre to inform future service planning.
- Scope the work needed to identify the numbers of carers from BME communities and assess their needs.
- Ensure City of York Council reviews its equalities framework enabling carers to become part of all equality and inclusion work.

Enjoying a life outside caring

What we have achieved

Carers Discount Card York Carers Centre launched a free discount card for carers supported by 50 local businesses.

Flexible Carer Support Scheme Direct payments received by 600 carers in 2009/10 and 680 carers in 2010/11 to support and sustain caring role.

Carers Emergency Card Scheme Over 400 carers of all ages registered. Launched for Young Carers.

Carers Breaks- York Carers Forum

In response to feedback from carers, new monthly Art and Craft sessions established in addition to monthly social meetings with massages provided; coach trips trialled- enabling carers to take a break with the person they care for; events during carers week.

Young adult carers

York Carers Centre supported 44 young adult carers in 2010/11 with 14 new carers joining. Monthly pub quiz and cinema groups.

Telecare * Small pilot scheme offered 3 months free trial of equipment to carers 2010/11. Carer Breaks and Promoting Social Networking - York Carers Centre

Art classes, card making, special events and massage sessions support over 200 carers annually aiming to promote well-being and reduce social isolation.

* see footnote¹³

¹³ "Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living." It can provide people with electronic equipment such as community alarm systems or falls sensors which makes it possible to live independently and also call for help when needed.

- Set up a clear framework for provision of breaks for carers which links to self directed support and personalisation.
- Audit existing services and support.
- Agree the concept of what a carers break is.
- Ensure learning from the report of the National Demonstrator Sites is incorporated into future local plans.
- Pursue roll out of Carers Emergency Card to parent carers.
- Ensure telecare services are accessible to carers.

The Carers' Quilt in St Nicholas's Chapel, York Minster



What we have achieved

Employment

York Carers Centre Employment Education and Training service supported carers with writing CVs, training, volunteering, becoming 'work ready'. Work with employers to support carers to stay in work.



York Explore training courses York Carers Centre has established links with York Library Service to help carers access free courses on computer skills and managing finances.

Benefits uptake

York Carers Centre achieved an increase of £77,000 in welfare benefits uptake during a ten month period in 2011/11.

York Carers Centre – laptops Funding obtained providing 30 carers with laptops enabling access to digital services to reduce social isolation, access job searches and online shopping, and increase networks.

Young adult carers

York Carers Centre supported 2 young carers to volunteer abroad and provided support to others to enable access to higher education.

What we still need to do

- Audit benefits advice services available to carers.
- Improve the availability of financial information and advice to young people aged 16+.
- Ensure carers can access financial advice when the cared for enters residential care and at end of life.
- Ensure City of York Council implements the action plan linked to the 'Carers Friendly Employer' chartermark.
- Develop links and engage with local businesses.
- Ensure information about carers' employment rights is available to employees and employers in York.

Page 131 Mentally and physically well and treated with dignity

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What we have achieved

GP surgeries Back care support and York Carers Centre has contacted all training for carers Proposal developed for 2 year GP surgeries in York and distributed training package utilising new information, organised 13 awareness raising sessions for surgery staff and non recurrent DH funding. held 13 advice sessions at one GP surgery. **Admissions and Discharge** Self health checklist Policy This has been piloted and the NHS North Yorkshire and York feedback is positive. It supports carers included carers issues in the to identify their own health needs and principles for the Admissions acts as a prompt for discussion with and Discharge Policies for all their GP practice. Acute Trusts to follow.

Drug and Alcohol Misuse

NHS North Yorkshire and York arranged for the Carers Centre staff to access training on support for carers of those with Substance misuse and alcohol misuse.

Dementia Care Pathway

Carers issues have been included in to the Dementia Map of Medicine to prompt primary care to consider the needs of carers and supportive mechanisms such as the **Emergency Carers Card.**

End of life

York Carers Forum has worked with York Hospital to ensure carers are recognised, supported and included in the End of Life Pathway.

What we still need to do

- Health commissioners and providers ensure greater consistency around identifying and addressing the needs of carers.
- Health commissioners monitor work towards ensuring that all care pathways provide guidance on the information and advice carers will need.
- To engage with the new NHS Commissioning bodies (Clinical Commissioning Groups) as they develop, to promote carer issues and build on existing work in Primary, Community and Acute Care.



Children thriving, protected from inappropriate caring roles and supported in their caring roles What we have achieved

Supporting schools York Carers Centre's Young Carers Service started dedicated work with schools in 2009.

Whole family working

York Carers Centre secured funding for a specialist one year post 2010/11 offering direct support to families and work to support strategic change.

Strategy

City of York Council has identified a lead officer for young carers. A task group has been established to plan and implement actions.

Young Carers Forum

Ongoing meetings of Young Carers Revolution have started, leadership of the group has been established and new members attended a meeting in April 2011. DVD promoted locally and nationally. York MP Julian Sturdy praised work of Forum in speech in House of Commons.

Young Carers Awareness Raising

Young Carers Revolution (YCR) DVD promoted locally and nationally. York MPs attended YCR meetings. YCR received standing ovation at No Wrong Doors Conference 2010. Links made with Youth Parliament. Best Community Project in York and Volunteer award in London received.

Carers Assessments for Young Carers

A Task Group has begun work to implement young carer assessments in York using the Common Assessment Framework.

Young Carers Service

Support for 95 young carers in 2010/11 and 38 new carers joined due mainly to increased awareness in schools.

Breaks for young carers

Monthly sessions held for 3 different age groups, 286 sessions of one to one support, 50 separate activities and 36 groups sessions provided by Young Carers Service 2010/11.

Good practice in schools

Staff at Millthorpe School have been supported to run support groups for young carers. Lessons held at All Saints School for year 11 students to raise awareness re young carers. Feedback from Huntington school deputy head confirms that student and teacher awareness about young carers has increased as a result of work by Young Carers Service.

What we still need to do

- Support the development of the Young Carers task group and action plan.
- Implement the Common Assessment Framework (CAF) as the assessment tool for Young Carers Assessment.
- Ensure all adult services assessment processes and paperwork includes identification of young carers.
- Develop work in schools which identifies the support needs of young carers and ensures this support is made available.
- Young Carers Task Group to consider York LINk report (March 2011) recommendation: 'Young carers should be given help to get home access to computers'.



6. Priorities

The Carers Strategy Group agreed the following priorities for the renewed Strategy Action Plan at its meeting in July 2011:

- Develop work with partner agencies which reaches unknown carers and provides appropriate responses.
- Increase access to information for carers and key workers in 'key places'.
- Raise carer awareness amongst GPs and all workers in health settings.
- Engage with the Clinical Commissioning Group for Vale of York to raise awareness of the support needs of carers.
- Ensure the need to provide support for carers is included in all work at a strategic level.
- Implement the young carers assessment of need.

York Carers Forum outing to Yorkshire Lavender (Terrington) – 7th July 2011



APPENDIX 1 Progress summary July 2011 York Carers Strategy Action Plan - Key priorities and targets 2009 - 2011

National Strategic Outcome One
Carers will be respected as expert care partners and will have access to the integrated and personalised services
they need to support them in their caring role.

	Outcome	Local priority	Achievements: July 2011
1A	Information: Carers will have easy access to accurate information and advice	Provision of easily accessible information and signposting	 Carers Information Pack produced and annually updated York Carers Centre developing as focal point for information York Carers Centre, CANDI, York Carers Forum, Young Carers Revolution and City of York Council websites provide information for carers
1B	Carer identification: Carers will be recognised and valued for their unique role in supporting the cared for person	 Increase identification of carers in Primary Care (see 4C) 	 York Carers Centre contacted all GP surgeries and distributed information in 2010/11 City of York Council Health Overview Scrutiny Committee completed a carer review in spring 2011 focussing on carer identification
1C	Young Adult Carers: Carers will have easy access to accurate information and advice	 Establishment of support for young adult carers aged 18 years + by York Carers Centre 	 York Carers Centre provides regular ongoing support to 44 young adults (July 2011)

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1D	Integrated services: Services and information will be provided in a coordinated way across and within agencies	 Closer joint working and partnerships between health, social care and the third sector Awareness raising for professionals 	 Draft 'Care Pathway for Carers Support' presented to Carers Strategy Group April 2011 E learning carer awareness raising tools re 'Young Carers' and 'Adult Carers' launched May/June 2011
1E	Personalised services: Carers will have access to a range of flexible services that meet their individual needs	 Carer Assessment of Need Common Assessment Framework (NB not implemented for adults in York) Personal budgets 	 Continued increase in numbers of separate carer assessment and review completed (673 in 09/10 and 857 in 10/11) Carer's role acknowledged in assessment questionnaire for cared for person's personal budget
1F	Carer involvement: Carers will be involved in planning and monitoring the services they receive	 Training for carers – Living for Learning Carer involvement 	 One Living for Learning course held in 2009 Three active carer led forums established and offered ongoing support

	Outcome	Local priority	Achievements
2A	Break provision: Carers should have access to a range of flexible breaks	 Joint plans with NYYPCT re new money for breaks Review current breaks provision Personal budgets to enable carers to take breaks 	 Breaks review presented to Carers Strategy Group April 2010 Continued increase in numbers of carers benefiting from Flexible Carer Support Scheme (600 in 09/10 and 680 in 10/11)
2B	Emergency Card Scheme: Carers should be better equipped to deal with a crisis and have peace of mind	Emergency Card Scheme	Card scheme well established for adults, now includes young carers
2C	Technology: Carers should have access to a range of services and support		• Small scheme to promote benefits of telecare for carers completed in 10/11
2D	Housing, Leisure and Transport: Carers should have access to a range of services and support		 Carers with Carers Emergency Card and those in receipt of Carers Allowance can access discounts at City of York Council leisure classes and swimming pools York Carers Centre launched a discount card for carers in December 2010 involving 50 local businesses

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	Outcome	Local priority	Acheivements
3A	Income: Carers should have access to benefits advice	Welfare benefits advice	• York Carers Centre continues to increase uptake of benefits for carers.
3B	Employment: Carers should have access to employment support and vocational training		 York Carers Centre works with employers

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	Outcome	Local priority	Achievements
4A	Prevention: Carers should have access to appropriate medical advice, and support about their own health needs	Self-health checklist distribution and evaluation	 Check list piloted and distributed Business case for back care support for carers compiled and short term development work planned Need to give advice to carers on moving and handling included in principles for Admissions and Discharge policies circulated to Acute Trusts
4B	NHS: Carers needs should be addressed in hospital admission and discharge procedures		 NHS North Yorkshire and York included carers issues in the principles for the Admissions and Discharge Policies for all Acute Trusts Health passport piloted for Neurology patients includes pages about carers. York Carers Forum worked with York Hospital to ensure carer recognition at End of Life Pathway
4C	Primary Care and GPs: Primary care professionals should identify carers ensuring appropriate support, signposting and referrals	 Update GP resource pack (<i>Decision made not continue with pack</i>) Develop work to improve carer identification and signposting in primary care settings 	 York Carers Centre contacted all GP surgeries in York and distributed promotional information Carer issues included in Dementia Map of Medicine to prompt support of carers

4D	Emotional Support: Carers should have support to maintain their well being and reduce stress	

National Strategic Outcome Five Children and young people will be protected from inappropriate caring and have the support they need to learn, develop, and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes. (Every Child Matters outcomes: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic.)

(Every Child Matters outcomes: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic wellbeing)

	Outcome	Local priority	
5A	Universal services: Children will have the support they need to learn develop and thrive	 Support schools in York to support young carers 	 York Carers Centre began dedicated work with York Schools in 2009 Young Carers Revolution produced and publicised a range of carer awareness raising tools
5B	Targeted support for young carers: Young carers will be able to make a positive contribution and have their views respected	Set up a Young Carers Forum	• Young Carers Revolution established as York's carer led forum for young carers op 14 24 24 24 24 24 24 24 24 24 24 24 24 24
5C	Whole family support: Children and young people will be protected from inappropriate caring		• York Carers Centre secured funding for a specialist one year post 2010/11 offering direct support to families and work to support strategic change which enabled the development of the e learning carer awareness raising tools.

York Carers Strategy Action Plan 2011 - 2015 Appendix 2

Outcome	What we need to do		
Information : Carers will have wider access to accurate information and advice available through a range of	 Set up a robust system for update and distribution of accessible information for carers, including electronic distribution methods 		
communication methods	 Decide which are the 'key places' in York where carers information should be available 		
	 Develop and distribute public information which is accessible to people who may not recognise themselves as 'carers' 		
	 Involve GPs in the provision of information to carers 		
Carer identification: Carers will be recognised and valued for their unique	Enable professionals to effectively identify carers.		
role in supporting the cared for person	 Include carer awareness raising in all workforce development strategie 		
Integrated services: Services and information will be provided in a coordinated way across and within agencies	Ensure all Carers Strategy partners adopt the 'Care Pathway for care support'		

Personalised services: Carers will have access to a range of flexible services that meet their individual needs	 Adult and Children's Social Services to provide a coordinated approach to assessment for the 'whole family' City of York Council will reduce length of waiting list for Carers Assessment of Need
Carer involvement: Carers will be involved in planning and monitoring the services they receive	 Review and increase carer involvement and take appropriate action Map carer involvement in local health and social care planning networks with attention to the development of Healthwatch
Equality and social inclusion: All carers will be able to access services and support.	 Ensure information about carers ethnicity is appropriately recorded by City of York Council, York Carers Centre and all Carers Strategy partner organisations to inform future service planning Use existing contact mechanisms with BME, multi-faith and multi- cultural groups to identify the numbers of carers from BME communities and take appropriate action City of York Council to review its equalities framework to ensure carers become part of all equality and inclusion work

National Strategic Outcome Two Enjoying a life outside caring

njoying a life outside caring		
Outcome	What we need to do	
Break provision: Ensure carers have access to a range of flexible breaks	 Set up a clear framework for provision of breaks for carers which links to self directed support and personalisation Audit existing services and support 	
	 Agree and promote the concept of what a carers break is 	
	Research and adopt good practice	
	 Roll out the Carers Emergency Card to parent carers 	
Technology: Ensure carers have access to a range of services and support	Provide accessible telecare services to adults	

National Strategic Outcome Three Not financially disadvantaged

Outcome	What we need to do
Income: Ensure carers have access to benefits and financial	 Audit current benefits advice services available to carers
advice	 Ensure carers can access financial advice when the cared for enters residential care and at end of life
Employment: Carers should have access to employment support and vocational training	 Monitor City of York Council's implementation of the action plan linked to the 'Carers Friendly Employer' charter mark
	 Develop links with local businesses
	 Roll out information about carers employment rights to employees and employers in York

National Strategic Outcome Four Mentally and physically well; treated with dignity				
Outcome	What we need to do			
 Prevention: Carers should have access to appropriate medical advice, and support about their own health needs NHS: Carers needs should be addressed in hospital admission and discharge procedures Primary Care and GPs: Primary care professionals should identify carers ensuring appropriate support, signposting and referrals Emotional Support: Carers should have support to maintain their well being an reduce stress 	 Health commissioners and providers ensure greater consistency around identifying and addressing the needs of carers Health commissioners will work towards ensuring that all care pathways provide guidance on the information and advice carers will need To engage with the new NHS Commissioning bodies (Clinical Commissioning Groups) as they develop to promote carers issues and build on existing work in Primary, Community and Acute Care 			

Outcome	What we need to do
Universal services: Children have access to the support they need to learn, develop and thrive	 Set up the Young Carers task group and action plan Ongoing development of the work now established in schools which supports young carers
	 Task group to consider York LINk report (March 2011) recommendation: 'Young carers should be given help to get home access to computers'
Whole family support: Children and young people are protected from inappropriate caring.	Implement the Common Assessment Framework (CAF) as the assessment tool for Young Carers Assessment.
Young adults have access to appropriate advice in relation to their transition into adulthood.	 Ensure adult services identify young carers in their assessment processes and paperwork
	 Ensure effective sources of advice are available to young carers aged 16- 18+

Appendix 3

What carers in York have told us?

National Strategy refresh session – York 2010

25 people attended a consultation meeting on 16th August 2010.

16 were carers, of whom 4 were young carers. Three other carers returned written responses. Nine workers/professionals attended of whom all had specialist roles to support unpaid carers. Carers discussed what the priorities for services and support to carers should be.

KEY MESSAGES (from final discussion at meeting)

"Don't let money rule it, sometimes have to spend a bit to create a lot."

Do not cut services to carers. Carers save money, and are value for money. Protect the carers, and the cared for is protected.

"These services are our rights."

Personalisation and respite is a complex issue.

Third sector equals value for money.

Short breaks are a priority.

Emergency support at short notice.

Development of personal budgets and support to maintain them.

Identification of carers in schools, GPs, hospital and hospital discharge.

Training by carers in carer awareness for professionals/workers.

Carers Allowance: increase and change the rules.

Young Carers need specialist support and support in schools and Further Education.

Carers own health.

Quotes from carers

Peer Support

"The only things that have worked well for me is when I have spoken to other carers....they were the ones who put me on to things that helped me. I would love to say "serviceland" helped me but I can't."

"Enabling parent/carers to speak to other parent/carers. People listen and learn best from people that know what they mean without having to explain."

Health and Well-being

"One of the most important outcomes of the strategy. If the carer doesn't have support and attention to their physical needs then there would be two people in need of care."

"For me, the most important priority for the carer strategy is to ensure both the mental and physical well-being of the carer....in the long term, funds targeted at ensuring carers are mentally and physically able to continue in their supporting roles will pay huge dividends by avoiding significant costs when things go wrong."

"Emotional support for carers would be very welcome as it is badly needed. The only emotional support I have ever received in my caring role, has come from other carers. Funding carer led support groups should be a priority."

Health Overview Scrutiny Report 2011

In November 2010 the City of York Council's Health Overview Scrutiny Committee set up a Task Group to carry out a Carer's Scrutiny Review.

Aim: to promote the valuable work done by carers and to improve the way City of York Council and its key partners identify carers and ensure they have access to information and the support available.

Key objectives:

- 1) To raise awareness of carers
- 2) To improve access to information for carers

20 carers and 10 care workers contributed information in person or via a questionnaire.

Analysis of information from the Public Event and questionnaires

The importance of early identification of carers

Key professionals, especially GPs need to be aware of carers from an early stage and identify them as soon as possible.

Recognising you are a carer

People do not always immediately recognise themselves as a carer. Steps need to be taken to encourage early carer self-identification so that the right information can be provided at the right time. Carer needs to have access to information immediately that they recognise themselves as a carer.

"Many comments were received (at the public event and in returned questionnaires) that recognising that you are a carer was a gradual process, however it often became very clear at a point of crisis (such as hospital admission or diagnosis or a particular condition.)"

Provision of Information

Information would need to be proportionate to the needs of each individual carer.

Carers own needs

Comments at the public event were backed up by questionnaires that identified that frequently more support is given to patients/customers than to carers. This meant that the carer's health often suffered as a consequence and carer didn't always get enough time to spend on their own needs especially if they were caring for more than one person.

York LINk Report 2011

The LINk Steering Group held a Public Information and Awareness Event on Carers Rights on September 8th 2010. Evidence about services for carers in York was provided by a total of 48 individuals and York Carers Centre staff.

Recommendations from "Report on Carers Rights – March 2011" were made on the following themes:

Young Carers

- City of York Council to help fund York Carers Centre to promote young carers awareness in schools
- Implementation of a Young Carers Card Scheme and funding for York Carers Centre for a young carers event
- GPs should keep a record of young carers
- City of York Council provide support to help young carers to find ways of funding home computers

Employment

- City of York Council organise support and advice to help carers combat discrimination in the workplace
- Local organisations to offer work experiencing placements to carers

Parent carers

- City of York Council should improve access for disabled children to social services
- Jointly commissioned (by NHS North Yorkshire and York and City of York Council) posts to help parent carers liaise with community, social services and health services

City of York Council

 Congratulations to City of York Council for the amount of support provided for carers and carer organisations and request that high standards are maintained.

Carers Assessments

 Increased resources from City of York Council to reduce waiting times for Carers Assessments

GPs

• GP surgeries in York should adopt the model used in Somerset called the Carers Champions Scheme, with training delivered by York Carers Centre and York Carers Forum.

York Carers Centre Survey 2011

In January 2011 York Carers Centre sent out a survey to 650 adult carers registered on its database. In total 183 surveys were returned: a response rate of 28%. The following is a summary of feedback from carers.

To view the full survey results go to: http://www.yorkcarerscentre.co.uk/content/carers-survey-2011

Current services

- 47% of carers heard about York Carers Centre from a social worker or carer support worker.
- 13% of carers heard about York Carers Centre from their GP surgery.
- 57% of carers responded that one of the reasons they initially contacted the Centre was to find information about services, and 42% to register for the Carers Emergency Card.
- 58% of carers usually contact the Centre by phone.
- 94% of carers felt able to speak to someone at the Centre at a convenient time.
- 95% of carers fed back very positively about all aspects of home visits from Centre workers.
- 88% of carers agreed that information in York Carers Centre newsletter was useful and relevant.
- 95% of carers felt that leaflets in the Carers Information Pack were useful and relevant.
- 79% of carers agreed that York Carers Centre helps them with the stresses of being a carer.

What carers would like to see in the future

- 80% of carers would like to have regular advice surgeries in their local area.
- 74% of carers felt if would be useful to have a telephone helpline for emotional support.

Appendix 4

Carers Scrutiny Review March 2011 – summary of recommendations

City of York Council Health Overview Scrutiny Committee Carers Review Task Group met between December 2010 and March 2011.

For further details and the full final report see:

http://democracy.york.gov.uk/ieListDocuments.aspx?CId=718&MId=6313&Ver=4

Carers Scrutiny Review March 2011 – summary of recommendations

To raise awareness of carers:

- Health commissioners and providers ensure that there is greater consistency around how carers are identified and once identified their needs addressed.
- That the Multi-Agency Carer's Strategy Group identifies where it would be helpful to provide public information about what it means to be a carer and how to access support to enable carers to identify themselves earlier.
- That City of York Council reviews its Equalities Framework to ensure that carers become an integral part of all equality and inclusion work.

To improve access to information for carers

- That health commissioners ensure that all care pathways provide guidance on the information and advice carers will need.
- That Adult Social Services develop a clear pathway, which provides an integrated approach to assessment for the whole family.
- To continue to promote carer awareness an annual update on the Carers Strategy for York be presented to the Heath Overview and Scrutiny Committee and thereafter to the Executive Member for Health and Adult Social Services.

York Strategy for Carers

Compiled and agreed by York Carers Strategy Group August 2011.

For more information contact:

Frances Perry Carers Strategy Manager City of York Council

Phone 01904 554188 Email frances.perry@york.gov.uk

Acknowledgements

Thanks to Young Carers Revolution for the campaign images page 5 and 19, to see their campaign please visit <u>www.youngcarersrevolution.wordpress.com</u>

Thanks to York Carers Forum for photos page 14 and 20.

Other photos from local and national library sources.

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York Carers Strategy Action Plan 2011 – 2015 V5 Progress update August 2015

Outcome	What we need to do	Achievements	Lead officer	Update Aug 2015
Information: Carers will have wider access to accurate information and advice available through a range of communication methods	Set up a robust system for update and distribution of accessible information for carers, including electronic distribution methods Develop and distribute public information which is accessible to people who may not recognise themselves as 'carers'	Information in factsheet format and available on line. 'Universal offer' being developed to launch June 2014. New York Carers Centre website being developed.	Carers Info Group Chair York Carer's Centre (YCC) Carers Info Group Chair YCC	New YCC website; Connect to Support
	NEW Monitor implementation Care Bill re duty to provide information as it affects carers. Involve GPs in the provision of information to carers	CCG continues to commission training for GPs	Frances Perry City of York Council (CYC) Sarah Kocinski Vale of York Clinical Commissioning Group (VOYCCG)	Work led by CIG group Daniel Blagdon now CCG lead

Carer identification: Carers will be	Enable professionals to effectively identify carers.	Universal offer as above	Carers Info Grp Chair	Universal offer
recognised and valued				launched
for their unique role in supporting the cared				and work continues
for person	Include carer awareness raising in all		CYC	to
	workforce development strategies		Workforce	establish
			Development	
			Unit and health	Frances
			workforce	attends
				CYC
				Workforce
				Strategy
				Group.

Integrated services: Services and information will be provided in a coordinated way across and within agencies	Ensure carers voice is represented and heard in Health and Wellbeing Board and partnership groups. NEW Better Care Fund and health and social care integration (BCF) NEW Prevention: Care Bill implementation: monitor and review availability of 'preventative' support to	Carers Charter and Carers Champions agreed by Health and Wellbeing Board (HWBB) July 2013. York Carers Forum and York Carers Centre sit on Older People and Long Term Conditions Partnership Board Work in progress re ensuring support for carers integral to integration plans.	Frances Perry/Daniel Blagdon	New Carers Action Group – June 2015 Better Care Fund (BCF) – links establishe d with Integrated Teams
	carers.			'Single point of contact' key element of Carers Transform ation Project

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Personalised services: Carers will have access to a range of flexible services that meet their individual needs	Adult and Children's Social Services to provide a coordinated approach to assessment for the 'whole family'	Ensure holistic approach in implementation of Care Bill changes.	TBC CYC	Whole Family approach – joint work
	NEW Engage in implementation of Care Bill guidance when issued re carer assessments and rights to services.		TBC CYC	Children's and Adults social care Carers Transform
	City of York Council will reduce length of waiting list for Carers Assessment of Need	Achieved. Ensure waiting list does not develop in future.	Ralph Edwards, CYC	ation Project delivering new approach to assessme nts
				Waiting list high again but resource invested to reduce

Carers w in plannir	ig the services	Review and increase carer involvement and take appropriate action Map carer involvement in local health and	Carers Strategy Group role and membership reviewed and revised Achieved and ongoing –	Frances Perry CYC Frances Perry	New Carers Action Group has met
		social care planning networks with attention to the development of Healthwatch	Healthwatch Manager member of Carers Strategy Group.	CYC	Healthwat ch engaged
		NEW Liaise with Healthwatch re raising carer awareness and promoting carer involvement in monitoring services.		Frances Perry CYC/Sian Balsom Healthwatch	in Carers Strategy Group
		NEW Support for carer led forums – review : York Carers Forum and CANDI		Frances Perry	
					Ongoing

Equality and social inclusion: All carers will be able to access services and support.	Ensure information about carers ethnicity is appropriately recorded by City of York Council, York Carers Centre and all Carers Strategy partner organisations to inform future service planning.	Carers ethnicity now recorded by CYC and York Carers Centre	Frances Perry CYC	No specific work completed. Communit	
	Use existing contact mechanisms with Black and Minority Ethnic (BME), multi- faith and multi-cultural groups to identify the numbers of carers from BME communities and take appropriate action	Work completed but no response to request to complete questionnaire Needs funding to complete targeted work. York Carers Centre has	Frances Perry CYC	y Impact Assessme nt completed for Carers Project under Transform	Page 16
	City of York Council to review its equalities framework to ensure carers become part of all equality and inclusion work	place on Fairness and Equality Board.		ation agenda.	62

National Strategic Outcome Two				Ann	ex 2
E					
Outcome	What we need to do	Achievements	Lead officer	Update	
				Aug 2015	

Break provision:	Continue monitor supply and demand re all	Review of	Frances Perry	Simplified
Ensure carers	carers breaks schemes	commissioned	CYC	Personal
have access to a		services		Budget
range of flexible		completed		/Cash
breaks		summer 2013 –		payment for
		highlights		carers in
		demand for		place
		breaks is high		
		and supply for		
		funded breaks		
	NEW Establish plans for Better Care Funding	not met.	Frances Perry	Replaceme
	stream highlighted for carers breaks.		CYC	nt care
		Caa ahaya		funded
		See above		support to
	Support additional broaks through small		Frances Perry	be reviewed
	Support additional breaks through small grants to carer support groups.		CYC	Autumn
	grants to caller support groups.			2015
		Successful pilot		2010
		spring 2013,		Small
		further funding		grants now
		spring 2014.		into third
				funding
				round and
				evidence of
				beneficial
				outcomes
				for carers

Technology: Ensure carers have access to a range of services and support	Ensure telecare services are accessible to adults	Warden Call aware of carers as host the Carers Emergency Card.	Frances Perry CYC	Be Independen t continue to host Carers Emergency Card
	Ensure carers are aware of availability of and access to telehealth services and support	Telehealth contract expired end March 2014	Daniel Blagdon Vale Of York Clinical Commissioning Group	No update available

National Strategic Outcome Three Not financially disadvantaged				
Outcome	What we need to do			Update Aug 2015
Income: Ensure carers have access to benefits and financial advice	Audit current benefits advice services available to carers <u>http://www.yorkcvs.org.uk/benefitsinyork</u> NEW: Review impact of welfare benefits	List about how to access benefits available on YCVS website No specific work	Sian Balsom York CVS	Financial and welfare benefits advice work continues at
	changes and access to advice.	completed No specific work	Frances Perry CYC	York Carers Centre
	Ensure carers can access financial advice when the cared for enters residential care and at end of life	completed.		
		York Carers Centre provides advice worker and partner with CAB advice co-ordination.		

Annex	2
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Employment: Carers should have access to employment support and vocational training	Monitor City of York Council's implementation of the action plan linked to the 'Carers Friendly Employer' charter mark Develop links with local businesses Roll out information about carers employment rights to employees and employers in York - NEW YCC looking at good practice in Gateshead and roll out of similar in York. Liaison with CYC around' Good Growth' agenda.	Last review March 2012 and this is no longer 'active'. Factsheet for employers produced York Carers Centre partner with York Employment Fair Ongoing York Carers Centre secured funding to extend work with Young Adult Carers and links with local	Frances Perry CYC YCC YCC	YCC had 59 referrals from Job Centre Plus YCC established working relationships with York College, Askham Bryan College, and Bryan College, and Bryan College, and Bryan College, and Bryan College, and College both Universities in York
		Adult Carers and links		funding re

National Strategic Outcome Four -Mentally and physically well; treated				Update Aug	
W	with dignity				2015
		What we need to do	Achievements	Lead	Action
	Outcome			officer	required

 		1	r	АЩ	ex 2
Prevention:	Health commissioners and providers ensure	Vale of York CCG	Daniel	Daniel	
Carers should	greater consistency around identifying and	actively promoting	Blagdon	Blagdon,	
have access to	addressing the needs of carers	carer awareness in GP	VOYCCG	CCG lead	
appropriate		surgeries.		actively	
medical advice,				promoting	
and support about				carer	
their own health		Back care project		awareness	
needs		developed factsheets	York	with GPs.	
		and a DVD:	Carer's		
NHS: Carers	Health commissioners will work towards	www.youtube.com/wat	Centre	Carer	
needs should be	ensuring that all care pathways provide	ch?v=dHxzxXoEeyM to	and YCF	Awareness	
addressed in	guidance on the information and advice carers	support carers around		courses for	
hospital admission	will need	back care and moving		GP practices	
and discharge		and handling		planned for	
procedures				2015. Daniel	D
		Information provided		to visit all	Page
Primary Care and		for 2014 Joint Strategic		GP	
GPs: Primary care		Needs Assessment	Daniel	practices.	169
professionals	To engage with the new NHS Commissioning		Blagdon	•	9
should identify	bodies (Clinical Commissioning Groups) as		VOYCCG	Successful	
carers ensuring	they develop to promote carers issues and	No success in		links	
appropriate	build on existing work in Primary, Community	identification of Carers		between	
support,	and Acute Care	Lead in acute trust.		Daniel and	
signposting and				Patient	
referrals	NEW Draft strategic communications and			Experience	
	engagement and involvement plan states that	Active engagement		Team at	
	actively involving patients and carers in	with Vale of York CCG.		York	
	discussions about proposed service changes	Decision in 2013 that		Teaching	
	ensures that we better reflect the needs,	health task group does		Hospital	
	priorities and aspirations of users in our	not meet as current		rioopitai	
	commissioning decisions.	projects overseen by			
	~	Carers Information			
		Group.			

				A ::::::	rex 2
Emotional Support: Carers should have support to maintain their well being and reduce stress	Continue to monitor local sources of emotional support	Gap analysis did not produce useful information. Work completed to confirm carer access to Mental Health Support line and clarify referral process.	Daniel Blagdon VOYCCG	YCC sent out Assessment Quality Of Life (AQOL) survey and followed up by providing support to carers in	
	NEW Establish partnerships across local organisations to maximise potential of carers accessing support	York Carers Centre and MIND partners in hosting regular meetings re Mental Health		most need. Temporary additional funding from CYC to employ	Page
	NEW Continue to monitor small grants scheme for Carer Support Groups 2014 and impact on carers' emotional wellbeing	Stress management workshops provided by substance misuse worker at York Carers Centre		Carers Support Worker Grants for support	170
		Carer Support Worker appointed at York Carers Centre spring 2014 to provide emotional support to carers		groups continues into 3 rd round.	

National Strategic Ou Children thriving, pro	Itcome Five Directed from inappropriate caring roles			
Outcome	What we need to do	Acheivements	Lead Officer	Update August 2015
Universal services: Children have access to the support they need to learn, develop and thrive	Set up the Young Carers task group and action plan NEW Identify new lead from Children' Services and review membership of Task Group.	Task Group set up September 2011 but not met since 2012 due to long term sick leave of lead officer.	TBC CYC	Judy Kent lead officer in Children's Services. Whole Family
	Ongoing development of the work now established in schools which supports young carers <u>http://ycrtinytreasures.wordpress.com/</u> Information about Primary School Project	Carers Card rolled out in X secondary school and Young Carers Revolution engaged in active work re Primary School Project.	CYC	workstream started across Adults and Children's services
	Task group to consider York LINk report (March 2011) recommendation: 'Young carers should be given help to get home access to computers'	Not achieved.		Carers Card in place in 7 of 9 secondary schools and 'Tiny Treasures'
	NEW Support Young Carers Revolution to continue and develop	York Carers Centre maintains support to YCR		work in Primary Schools

Annex	2
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Whole family support: Children and young people are protected from inappropriate caring.	 NEW Ensure strategic links to implementation of Children and Young People's plan action: '(25) Further identify, and respond to, the needs of young carers' Implement the Common Assessment Framework (CAF) as the assessment tool for Young Carers Assessment: PRIORITY NEW ensure successful monitoring of FEHAs and young carers 	CAF – 'Family Early Help Assessment' is the assessment tool. Monitoring initially not recording young carers	Judy Kent CYC	Report on Young Carers presented to YorOK Board Family Early Help Assessment (FEHA) in place for young carers
access to appropriate advice in relation to their transition into adulthood.	Ensure adult services identify young carers in their assessment processes and paperwork NEW Monitor guidance re implementation of Children and Families Bill and Care Bill in young carers accessing assessments and support of whole family approaches.	Agreement that question to identify young carers is included in Children's Advice and Assessment Team (CAAT) team first contacts	Ralph Edwards CYC	Question to identify young carers in place on Adult Social Care Assessment form

Ensure effective sources of advice are available to young carers aged 16-18+		
Promote support to all young adult carers	Successful development of young adults service at YCC and young adults network for professionals	Young Adult Carer work grown at YCC and gained national recognitic 73

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Health & Adult Social Care Policy & Scrutiny Committee

1 December 2015

Report from NHS Vale of York CCG

Musculoskeletal Services

1. Summary

The purpose of this paper is to give an update on why the Musculoskeletal (MSK) mobilisation process was stopped and what potential impacts this might have on service users.

2. Background

(i) Reasons for stopping the MSK Mobilisation Process

MSK Services were awarded to Healthshare earlier this year and a 3 month mobilisation period commenced. During the mobilisation due diligence is undertaken by both the Commissioner and the Provider. During this process, issues were identified specifically relating to estates and finances which would have had an impact on the overall outcome of the procurement exercise if these had been apparent at the time of evaluation. Therefore it was not possible to continue to contract signature with Healthshare. Further specific details cannot be shared at this stage due to commercial sensitivities.

As part of the procurement process, it is acceptable to offer the contract to the second placed bidder. This would have involved a period of due diligence / mobilisation and further delay a contract start date. The current service provided by York Teaching Hospital Foundation Trust (YTHFT) was winding down and they were operating with reduced staff numbers.

This would have an impact on both existing and new users of the MSK service and therefore the Clinical Commissioning Group didn't think it was in the interests of patients to continue towards contract award to a second place provider but instead concentrate in the interim in reestablishing the existing service as soon as possible.

(ii) Arrangements for MSK services from December 2nd, 2015

As of December 2nd, YTHFT have agreed to remobilise their MSK service so that GPs will be able to refer patients into the service. This allows services for patients with both chronic and acute need to be seen. The CCG is continuing to work with YTHFT on arranging when the self-referral process will be available and will look to have this in place as soon as is practicably possible. The CCG will also continue with the interim physiotherapy arrangements with Nuffield Health and Ramsay Health Care to help maintain continuity of care for patients that have been referred into those services since October 1st.

The CCG will also be looking to use this interim period as an opportunity to engage with service users and clinicians to further review existing and future service requirements.

Consultation

3. N/A

Options

4. N/A

Analysis

5. N/A

Council Plan

6. N/A

Implications

7. N/A

Risk Management

8. N/A

Recommendation

9. This paper is for information only

Contact Details

Report Prepared by: Anna Bourne / Andrew Bucklee on behalf of Tracey Preece – Chief Finance Officer

Presented by: Dr Tim Maycock – Clinical Lead

Abbreviations

CCG- Clinical Commissioning Group MSK- Musculoskeletal YTHFT- York Teaching Hospital Foundation Trust This page is intentionally left blank



Health and Adult Social Care Policy and Scrutiny Committee

1st December 2015

Report of the Programme Director, Older Persons' Accommodation

Update on the Older Persons' Accommodation Programme

Summary

1. The following summarises the status of the Programme:

Overall Status	On Target		
Previous Project Status	On Target		
Trend	Same		
Risks	Under control		
Programme next steps	 Following the decision of Executive regarding the closure of Grove House and Oakhaven and next steps for Burnholme, the Programme team will: a) Work with residents and others to move residents. b) Develop a phased plan for the re-development of Burnholme and undertake space planning. c) Engage health colleagues regarding sites and developments. d) Procure a constructor for the Glen Lodge extension. e) Begin the procurement of a partner to develop the Oakhaven site as a new Extra Care facility. 		

Background

- 2. 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 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, subject to funding and planning permission;
- 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
- encourage the development of additional residential care capacity in York including block-purchase of beds to meet the Council's needs.
- 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.
- 4. The Older Persons' Accommodation Programme seeks to begin to address this short-fall over the next three years, while also facilitating the replacement of council run older persons' homes (225 beds) which are no longer fit for purpose. The following new provision will be achieved:

Where	When	Total
Extra Care		
Glen Lodge Extra Care Extension	Q3 -17	27
New Extra Care Scheme in Acomb	Q2 -18	50
Red Lodge Extra Care – net new	Q1-18	75
TOTAL new Extra Care		152
Residential Care		
Chocolate Works Care Home	Q1 -17	90
Red Lodge Care Home – net new	Q2 -17	16
Burnholme Care Home	Q4-18	82
TOTAL new residential care		188

5. In addition, the upgrading of Auden House, Glen Lodge and Marjorie Waite Court from a Sheltered Housing with Extra Care service (i.e. 7am to 11pm) to full Extra Care (24 hour) will bring into use a further 125 units of accommodation suitable for those with care needs of which 50 are likely to be used by those with high care needs. In total 465 new units of accommodation are expected to be achieved in the next three years. More is needed to meet the demand generated by population growth, as the table below shows:

		2014	2020	2030
Estimated	Residential Care	1,936	2,156	2,828
Demand based on national benchmarks	Extra Care	440	490	645
Current provision	Residential Care	1,385		
	Extra Care	270		
Shortfall in provision			-124	-595
	Extra Care	-170	-220	-375

Table: De	emand and	Sup	pl	of Accommodation	with Care

Progress Update

Making Best use of Existing Provision

- 7. Our first focus is on making best use of the existing stock of Extra Care Housing in the city. A joint Social Care and Housing review revealed that best use is not being made of these assets. Overnight care is not available as a matter of course and as a consequence the proportion of residents with care needs is low compared to the national benchmarks. 61% of residents are not in receipt of a care package; a national benchmark would suggest that no more than 30% of residents would have a low care need. Furthermore, only 8% have a high care need against a benchmark of 30%. This means that this resource is being under-utilised as a solution to meeting the accommodation needs of older people with care needs.
- 8. The Programme will invest in care resources, make changes to allocations and lettings processes, and where necessary, make minor physical improvements at Glen Lodge and Marjorie Waite Court. Our aim is for at least a third of residents in Extra Care to have high care needs, making best use of the care resources deployed.

- Care resources have, from April 2015, already been enhanced at Auden House and modifications made to the allocations process. Since those changes were made, three allocations have been made to Auden House, each with high care needs.
- 10. In February 2016 we plan to increase care provision at Glen Lodge, turning this into a full Extra Care scheme. We consulted residents on this change in September of this year and they reported strong support for the improvement. This change will benefit the existing 42 residents and will allow those with high care needs to move into vacancies. We currently hold three vacancies at Glen Lodge in anticipation of residents from Grove House or Oakhaven wishing to move in.

Extra Care for those with complex needs including dementia

- 11. Extra Care Housing is a very flexible form of accommodation with care for older people and has the advantage that residents remain living in their own home while receiving care and social support on site, which is our stated ambition wherever we can achieve it. Extra Care housing has the capacity to accommodate residents with complex care needs including dementia.
- 12. It is proposed that York builds its first Extra Care facility for people with complex care needs including dementia on land adjacent to Glen Lodge on Sixth Avenue, Heworth. We have designed a 27 home extension (25 one bed flats and 2 bungalows) and submitted an application for planning permission. Subject to that permission we expect construction to begin in May 2016.
- 13. Homes & Communities Agency (HCA) funds have been sought to support the £4.1m cost of the extension to Glen Lodge. We expect to know in December if this grant has been awarded; we have alternative funds to use if necessary. The overall capital funding will be achieved via grant funds and borrowing paid for from rental income.

New Extra Care provision

14. York is also under-supplied with Extra Care Housing given the city's demographics and the anticipated growth in the numbers of over 75s expected over the next decade. Analysis suggests that there will be a need for 490 units of Extra Care accommodation by 2020, rising to 645 in 2030, based upon national benchmarks.

There is a need for both Extra Care to rent and Extra Care to buy; currently just one third of the provision in York is to buy despite 81% of York's older residents owning their own home.

- 15. The independent sector is beginning to address this need. For example, McCarthy & Stone have just completed 28 new sheltered homes to buy at Smithson Court on Top Lane in Copmanthorpe, and have also bought the Oliver House site in Bishophill in order to develop 35 more homes.
- 16. Other providers are also interested in developing Extra Care in the city. The Abbeyfields Society is in discussions regarding the extension of their existing facility at Regent Mews and the Joseph Rowntree Housing Trust has applied for planning permission to replace and extend Red Lodge in New Earswick.
- 17. The current Older Persons' Housing Strategy states that the Council should grow the provision of Extra Care in the city and the HCA has identified funds which could facilitate this growth. It is therefore proposed that the Council sets off on this path now, identifying partners who will be willing to build and run Extra Care in the city, facilitated by HCA grant. The target location is on the Oakhaven site in Acomb, close to the shops on Acomb Road or Front Street. Executive have given authority for this scheme to be commissioned and we will now progress that, with the aim of having the scheme up and running by mid 2018. This will be a mixed-tenure development.
- 18. In the longer term the Council should consider targeting the provision of three additional Extra Care schemes by 2025, providing a total of 180 units of accommodation to buy or rent, closing the gap in provision for York. Early indications are that the private and independent sector may be showing interest in developing such schemes in York, subject to land availability.

Independent Living

 York Supported Housing Strategy 2014-2019, published in 2013, and the Clinical Commissioning Group Integrated Operational Plan 2014-19, published in June 2014 together drive our ambition for housing, care and health agencies to work together to deliver services which support independent living. These plans drive this and other programmes.

- 20. The Housing for Older People Programme is linked and complements our intention to work to keep the 'frail elderly' living safely in their own homes for as long as possible so that demand for residential care facilities suitable for people with high dementia and/or physical dependency care needs can be contained within a proportionately smaller estate of homes. Evidence of the success of the Council's re-ablement approach is now clear: admissions to residential care homes have been held steady despite rises in the underlying population.
- 21. The further development and promotion of independent living does not form part of this Programme but instead is a fundamental part of the new operating model for Adult Social Care which is currently being implemented.

Working with the independent sector to increase supply

- 22. Since the Council began on the journey to replace its Older Persons' Homes the private market has begun to change in York. A 90 bed home is to be built on the Terry's Chocolate Works site. This will increase the quantity of private provision and also adds to the quality of care provided. Speculative interest is also shown in the building of a new, 70 bed, care home in the east of the city.
- 23. Looking towards demand for care beds in 2020 and beyond, the Council will build on the successful approach adopted over recent times in working in partnership with independent sector provision to develop new homes in the city (with dementia beds), alongside other homes and services on the sites. By actively promoting interest in care home provision we expect to see a growth in provision in the city.

The Burnholme Health & Wellbeing Campus

- 24. Executive agreed in July 2014 that the Burnholme School site should be developed as a Health & Wellbeing Campus which will achieve:
 - a) continued community and sports use on the site;
 - b) a residential care home for older people;
 - c) health services delivered in a community setting; and
 - d) housing provision.

- 25. Members have agreed that we can seek interest from partners to work with us to deliver the redevelopment of the Burnholme site and, at the same time, we will undertake space and time planning.
- 26. Our aim is to deliver community and sports uses, including an Explore Library, in newly refurbished buildings by the beginning of 2017. We further expect the care home to be built and operational by the end of 2018.
- 27. The Burnholme Health and Wellbeing Campus will be fully integrated into the wider community and we will work with the Tang Hall Big Local team (who have recently been awarded £1m of lottery funding) to achieve this goal.

Increasing the variety of accommodation opportunities for Older People

- 28. When the council or our partners bring forward key sites for redevelopment we will engage in consideration of opportunities for the provision of age related housing to facilitate 'downsizing'.
- 29. Work is ongoing to review the redevelopment of the Lowfields school site. The extent and type of housing that can be accommodated will be mindful of access and other considerations. We continue to explore its potential for health and care uses.
- 30. It is also proposed that we explore the benefits of building additional 'downsizing' homes to buy and to rent by older people on some of the sites of Morrell House, Willow House, Winsor House and Woolnough House when they become vacant, complementing the provision of family homes on these sites and ensuring that vibrant communities used by local people replace what is there at present. Each site will be examined on its own merits and in the context of the wider capital and asset needs of the city.

The future of the council-run Older Persons' Homes

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

EPH (Elderly Person's Home)	Address
Grove House	Penley's Grove Street, YO31 7PN
Haxby Hall	Station Road, Haxby, YO32 3DX
Morrell House	388 Burton Stone Lane, Clifton, YO30 6EZ
Oakhaven	114 Acomb Road, Acomb, YO24 4HA
Willow House	Long Close Lane, YO10 4UP
Windsor House	22 Ascot Way, Acomb, YO24 4QZ
Woolnough House	52 Woolnough Avenue, Tang Hall, YO10 3RE

- 32. 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. 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.
- 33. The decision has already been made to close Grove House and Oakhaven in early 2016. When making the decision to close these homes the Executive were mindful of, and considered, the following:
 - a) The consultation engaged all residents, many of their relatives as well as staff. A range of issues, concerns and queries were raised, which have been addressed at the time or in follow-up conversations and/or correspondence. Many expressed understandable concern about the impact that closure can have upon elderly and vulnerable residents and for this reason opposed the closures. The six week consultation concluded on 16th October 2015.

b) The issues raised in the consultation process had been anticipated in the development of the Programme and in the conduct of consultation upon home closure and the management of any potential moves.

In particular, the Moving Homes Safely protocol has been developed (and used) to ensure that the management of any move is focused on the needs of each individual and handled in such a way as to minimise distress.

- c) In addition, the views and wishes of current residents, their relatives and staff at Grove House and Oakhaven should be considered in the light of the needs of the wider older persons' population of York, both now and in the future. For these the overwhelming wish is to remain living independently in their own home if they can and when this is not possible, to live independently in Extra Care accommodation or, for the smallest proportion, to move to good quality residential or nursing care.
- d) The public consultation which underpins the Older Persons' Accommodation Programme identifies that 97% of 1,163 questionnaire respondents agreed that bigger bedrooms, ensuite facilities, wider corridors and more social space should be key features of residential care homes. Bigger bedrooms give more social space for residents to entertain visitors, they can accommodate the resident's own furniture and bigger rooms give staff more space in which to work and support residents, particularly where bed hoists need to be used.
- e) The consultation has revealed the historic bias in provision of Extra Care and residential care towards the east of the city. However, provision in the west is growing and the decision of Planning Committee on 22nd October to approve the application to build a 90 bed care home at the Terry's Chocolate Works site will further redress the balance. The council's intention to use the site of Oakhaven as the location of a new Extra Care facility for Acomb is further proof of progress towards re-balancing of provision in the city.
- f) The quality of care provided at Grove House and Oakhaven is not in doubt: it is good. However, the quality of the building is not and the lack of en-suite accommodation and small bedrooms mean that the majority of alternative provision in the city is far better.

While Oakhaven has more ensuite bedrooms than most, the bathrooms are small and, because they were retro-fitted to an existing building, the bedroom sizes are small. The existing buildings are no longer fit for purpose.

The Council has previously assessed (as reported to Executive in 2011) whether any of the council run older persons' homes can be re-modelled in order to address these physical limitations. The conclusion was that the size of each, with the exception of Haxby Hall, prevent this being cost-effective and even in the case of Haxby Hall, remodelling when compared to re-provision is not cost-effective.

With specific reference to Grove House and Oakhaven, remodelling would have the following impact:

- Grove House: loss of at least 7 bedrooms with an estimated capital cost for remodelling of c£2.5m;
- Oakhaven: loss of at least 11 bedrooms with an estimated capital cost for remodelling of c£2.2m.

However, such work and expenditure will not change the fundamental problem with each home: that social space is inadequate and cannot be extended because the buildings are too small. Further, small site sizes combined with 40 year old buildings make any investment a poor choice for the future.

The Fundamental Standards (Health and Social Care Act 2009 (Regulated Activities) Regulation 2014 discuss premises and equipment under Regulation 15. It states that these "must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. This includes sufficient toilets and bathrooms for the number of people using the service, adequate storage space, adequate seating and waiting space". The Standards also require that building layout and services ensure that privacy, dignity and confidentiality are not compromised. The key factor is that people's needs must be taken into account when premises are designed, built, maintained, renovated or adapted. g) Executive also considered the potential impact on hospital discharge. The process of closure and movement of existing residents is a deliberative one and one which will not be rushed; we have given ourselves five months to do this. Because the process is deliberative we will also factor in any potential impact upon and competing demands from our health colleagues, ensuring that we minimise the impact upon patients transferring from care.

We will keep this matter under constant review and adjust any plans accordingly. It is also worth noting that the vast majority of patients who transfer from NHS care move back to their own home; of those who are going to a care home, two-thirds move into residential care and one third into nursing care. The numbers for 2014/15 are as follows:

- 78.5% return to their own home; and
- only 21.5% (96 in total) moved into residential (58) or nursing care (38).
- h) The four step-down beds at Grove House could be moved to Windsor House. However, before any decision is made about this we will further engage Health colleagues in order to ensure that any changes we made dovetail with their wider review of step-down and rehabilitation services.

Working with the Tees, Esk and Wear Valleys NHS Foundation Trust

- 34. Early interest in working with the council to see the provision of "health services delivered in a community setting" have been expressed by the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who in October 2015 took over responsibility for mental health services in York. They are interested in exploring with the council the provision of services on both Burnholme and Lowfields sites, alongside other, complementary, provisions.
- 35. On Burnholme this could see the provision of a new-build TEWV "community hub" which would deliver services to the residents of the east of the city, working alongside other health provision on the site, community, library and sports activities, residential care for older people and housing. This fits well with the vision already developed for Burnholme. By inviting TEWV to be involved in

Burnholme we will be mindful that they are also looking at the Stadium site as a potential base for services.

36. Programme Plan

Tasks & Milestones Status	On Target			
Previous Tasks &	On Target			
Milestones Status				
Tasks & Milestones Status Explanation	A high level project plan is now in place and this will be reviewed and updated as the Programme proceeds and as all project leads are appointed. A detailed project plan is now in place for:			
	 The consultation on the closure of two Older Persons' Homes The Glen Lodge Extension 			
	Health & W	ect plan is in place for the Burnholme /ellbeing Campus and the new Extra y in Acomb.		
Key Milestones	Date	Milestone		
	Q1 2016	Determine Glen Lodge extension planning application.		
	Q1&2 2016	Procure partner to deliver new Extra Care facility in Acomb.		
	Q1 2016	Executive to agree development timetable and procurement/s at Burnholme.		
	Q2 2016	Glen Lodge extension starts on site.		
	Q2 2016	Submit Burnholme phase 1 planning application.		
	Q2&3 2016	Procure Burnholme care home.		
	Q1 2016	Burnholme phase 1 refurbishment start on site.		
	Q4 2016	Submit New Extra Care facility planning application.		
	Q4 2016	Consideration of Burnholme care home planning application.		
	Q1 2017	Burnholme care home start on site.		

Burnholme community/sports/library		
accommodation complete.		
New Extra Care facility starts on site.		
Complete Glen Lodge extension.		
Complete New Extra Care facility.		
Complete Burnholme care home.		

37. **Risks**

Risks Status Previous Risks Status On Target On Target

Key Risks

38. 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

- 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.			
-	pes not deliver the right number and type of care quired 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.			
	norale for existing EPH staff morale leading to 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 a required	ppropriately trained staff to deliver quality of care			
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.

00016 Burnholme - Commercial Delivery Model - Negative affect on the coherence of the whole site vision

Date Added 09/07/2015

Description The negative affect on the coherence of the whole site vision resulting from the need to procure elements of the whole site through differing commercial models.

Mitigating Action Commissioning of an initial master planning exercise prior to tendering elementary opportunity

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

7/2015
/

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.

Recommendation

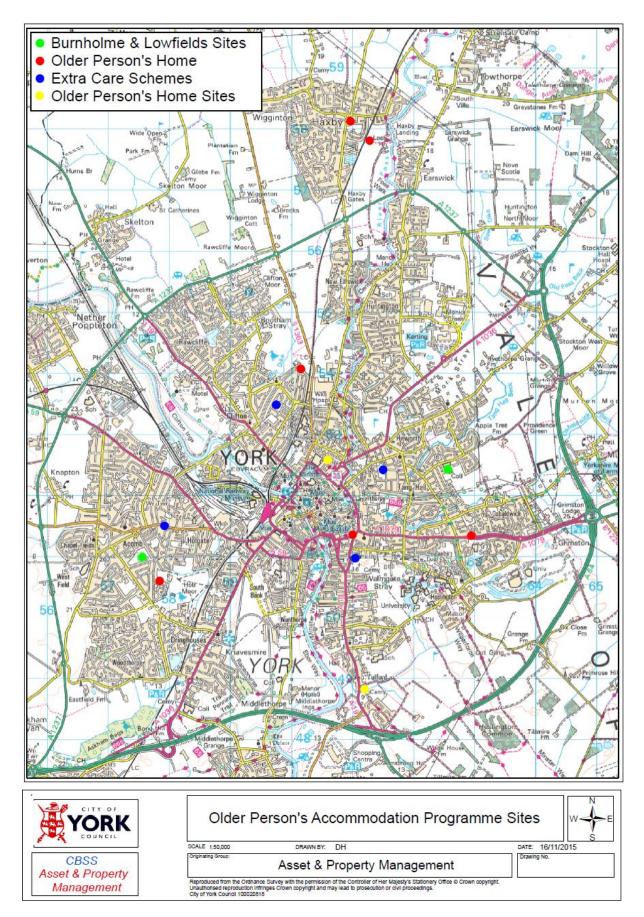
- (i) That the Committee review the update on progress to deliver the Older Persons' Accommodation Programme.
- (ii) That the Committee request that regular updates are presented to future meetings.

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

Contact Details

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Persons' Accommodation	Tel: 01904 554045						
Tel: 01904 552822	Report / Date 19 Nov '15		'15				
Email: roy.wallington@york.gov.uk	Approved	v					
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:List wards or tick box to indicate allAll						\checkmark	
For further information please contact the author of the report							

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Plan: CYC Homes and Sites included in the OPAP

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

Meeting Date	Work Programme
10 June 2015	 Introductory Report including ideas on Potential Topics for Review in this Municipal Year. LYPFT Report on Progress of Action Plan in relation to CQC inspection Update Report on Changes to Direct Payments Draft Work Plan 2015/16
21 July 2015	 Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 Safeguarding Vulnerable Adults Annual Assurance Report Healthwatch report on Wheelchair Services Scoping report on public health grant spending and other potential scrutiny reviews Verbal update on progress of changes to direct payments Work Plan 2015-16
10 September 2015	 Update report on changes to direct payments Be Independent Year End Position Statement and 1st Qtr Monitoring Report End of year Finance & Performance Monitoring Report 1st Quarter Finance and Performance Monitoring Report. CCG update report on health systems resilience Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust.

	 CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust Annual Report from the Chief Executive of Yorkshire Ambulance Service. CQC Inspection Report – Yorkshire Ambulance Service. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	 CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. Bootham Park Hospital Summit – NHS Property Services; Leeds & York Partnership; Tees, Esk & Wear Valleys; CQC; Vale of York CCG. Work Plan 2015-16 including potential scrutiny reviews. Topic assessment for Bootham Park Hospital review at Annex 1.
24 November 2015	 CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. Health & Wellbeing six monthly update report (slipped from October). Report on GP health checks for people with learning disabilities. Work Plan 2015-16 including potential scrutiny reviews
1 December 2015	 Healthwatch six-monthly Performance Update Report 2nd Quarter Finance and Performance Monitoring Report (Slipped from 24 November) Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services Annual carers strategy update report Update report on re-procurement of Musculoskeletal Services (Stacey Marriott, CCG. Update report on Elderly People's Homes Work Plan 2015-16

22 December 2015	 Update on interim solution to Bootham Park Hospital. Report on re-procurement of Community Equipment and Wheelchair Services Work Plan 2015-16 	
26 January 2016	 Safeguarding Vulnerable Adults Six-monthly Assurance Report Work Plan 2015-16 	
23 February 2016	 3rd Quarter Finance and Performance Monitoring Report Work Plan 2015-16 	
23 March 2016	 Health and Wellbeing annual Update Report Be Independent six-monthly Monitoring Report Update report on York Wheelchair Services. Work Plan 2015-16 	
26 April 2016	 Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. Healthwatch six-monthly performance update report Work Plan 2015-16 	

June 2016: Be Independent End of Year Position

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