

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

**To:** Councillors Doughty (Chair), Cullwick (Vice-Chair),  
Cuthbertson, Flinders, Richardson, K Taylor and Warters

**Date:** Tuesday, 11 September 2018

**Time:** 5.30 pm

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

**AGENDA**

**1. Declarations of Interest**

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

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

**2. Minutes** (Pages 1 - 16)

To approve and sign the revised minutes of the meeting held on 20 June 2018 and the minutes of the meeting held on 25 July 2018.

**3. Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Monday, 10 September 2018.**

**Filming, Recording or Webcasting Meetings**

Please note that, subject to available resources, this meeting will be filmed and webcast, or recorded, including any registered public speakers who have given their permission. This broadcast can be viewed at: <http://www.york.gov.uk/webcasts>.

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

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:  
[http://www.york.gov.uk/download/downloads/id/11406/protocol\\_f\\_or\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_20160809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf)

**4. 2018/19 Finance and Performance First Quarter Report - Health, Housing & Adult Social Care** (Pages 17 - 26)

This report analyses the latest performance for 2018/19 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 Corporate Director of Health, Housing & Adult Social Care.

**5. Unity Health** (Pages 27 - 50)

This report provides an update on actions undertaken by Unity Health to remedy the difficulties that patients are experiencing in contacting the practice.

**6. Priory Medical Group - Burnholme Health Centre Progress Report** (Pages 51 - 54)

To receive a report from Priory Medical Group on the progress of the Burnholme Health Centre.

**7. Update on the Older Persons' Accommodation Programme** (Pages 55 - 70)

This report provides an update on progress towards delivering the Older Persons' Accommodation Programme, including Programme delivery, resource deployment and risk.

**8. Update on the Care Quality Commission (Pages 71 - 82)**  
**Local System Review Action Plan**

This report provides an overview of the Care Quality Commission (CQC) Local System Review Programme, highlighting the key findings and recommendations for York, the local improvement plan, and the current position on implementing the recommendations.

**9. Commissioned Substance Misuse Services (Pages 83 - 90)**  
**Update Report**

This report informs the Committee of the early work undertaken by the Task Group set up to examine commissioned substance misuse services in York and asks Members to agree the Task Group's proposed aims and objectives.

**10. Work Plan (Pages 91 - 94)**

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

**11. Urgent Business**

Any other business which the Chair considers urgent.

**Democracy Officer:**

Name- Chris Elliott

Telephone – 01904 553631

E-mail- christopher.elliott@york.gov.uk

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

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

Contact details are set out above

**This information can be provided in your own language.**

**我們也用您們的語言提供這個信息 (Cantonese)**

**এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)**

**Ta informacja może być dostarczona w twoim  
własnym języku. (Polish)**

**Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)**

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

** (01904) 551550**

City of York Council

Committee Minutes

---

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	20 June 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Flinders, Richardson, K Taylor, Warters and Hunter (as a Substitute for Cllr Cuthbertson)
Apologies	Councillor Cuthbertson

---

## 1. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have in respect of the business on the agenda.

Councillor Cullwick declared a personal non prejudicial interest in agenda item 4 (Attendance of Executive Member for Housing and Safer Neighbourhoods) as he managed a small number of Houses in Multiple Occupation (HMOs) and HMOs were mentioned in the report.

Councillor Kallum Taylor declared a personal non prejudicial interest in agenda item 7 (Unity Health Report on Patient Communication Problems) as he was registered as a patient with Unity Health himself.

Councillor Richardson declared a personal non prejudicial interest in agenda item 6 (CCG Report on Patient Transport Services for York) as the council's appointed representative on York Wheels.

## 2. Minutes

Resolved: That the minutes of the last meeting of the Health, Housing and Adult Social Care Policy and Scrutiny Committee held on 23 May 2018 be approved and then signed by the Chair as a correct record.

### **3. Public Participation**

It was reported that there had been three registrations to speak at the meeting under the Council's Public Participation Scheme, two in relation to item 7 (Unity Health Report on Patient Communication Problems) and one on in relation to item 9 (Scoping Report on Commissioned Substance Misuse). The Chair advised that he had agreed with speakers that they would be heard under the relevant items on the agenda.

### **4. Attendance of Executive Member for Housing and Safer Neighbourhoods**

The Executive Member for Housing and Safer Neighbourhoods was in attendance to discuss priorities and challenges for the forthcoming year, along with the Assistant Director for Housing and Community Safety. They responded to particular issues raised by Members during discussion and provided additional information as requested on specific issues including:

- Regeneration plans were currently focused around council estates but acknowledged potential for future opportunities for this to kick start regeneration in areas around council estates.
- A report on the creation of a housing development company would be considered by the Executive in July which would explore different models and affordability of delivery with an emphasis on social value rather than profit.
- The council was looking to increase money from HRA funding to invest in new housing
- Building maintenance – there had been large improvements in energy efficiency of buildings
- HMO licensing – rolling programme of inspections to take place from October – two additional members of staff employed
- Homelessness – additional resources had provided specialist support in hospitals to support those with mental health issues.

Officers acknowledged a request for the following:

- For representatives from neighbourhood policing teams to attend a future meeting to provide an update on how neighbourhood policing was working in York
- Further information in relation to performance figures to enable Members to be able to compare figures to previous years and against other providers, which is not currently easy to do from a table of figures.

- further information on energy efficiency measures in building maintenance, in order that Members can determine how much this is saving the council

Resolved: That the update by the Executive Member for Housing & Safer Neighbourhoods be noted.

Reason: To update the committee on the Executive Member's priorities and challenges for the forthcoming year.

## **5. Business Case for New Mental Health Hospital for York**

Members considered a report which provided them with an update on progress made and key milestones in respect of developing the new mental health hospital for York and Selby.

The Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's Strategic Project Manager, Director of Operations for York and Selby and Deputy Medical Director for York and Selby, were in attendance at the meeting to present the report.

Members acknowledged that the business case had been delayed as assurances had been needed with regard to the quality of design and cost and to ensure it was fit for purpose. This had been a rigorous process which had taken time and this had impacted on timescales and the revised operational date was now April 2020.

The Chair thanked NHS representatives for keeping Members informed on progress and commended them on providing the opportunity for the public, service users and carers to provide feedback on the build and in relation to the work with Ward Councillors in the process. They noted that the site was cleared and although there was no definite date for commencement of work on site, there was a possibility that it would start at the end of July.

Resolved: That the update briefing be noted.

Reason: To inform Members on the progress made with regard to developing the new mental health hospital.

## **6. CCG report on Patient Transport Services for York**

Members received a report which provided information on the mobilisation and implementation of a new specification for patient transport services, now known as Medical Non-Emergency Transport (MNET), across NHS Vale of York and NHS Scarborough & Ryedale Clinical Commissioning Groups (CCGs).

The Head of Transformation and Delivery at Vale of York Clinical Commissioning Group (CCG) provided a verbal update to Members and responded to questions raised in relation to

- the eligibility criteria for patient transport services under the new specification, including how appeal process would work
- informing users of changes to system – all regular users of the current service had been made aware of changes and work was underway with staff of specialist units so they could inform patients as well.
- the process for booking transport – training was being provided to staff in preparation for changes
- support offered by Healthwatch in the design of patient information leaflets
- monitoring of the new service – this would be monitored by and the Trust and Yorkshire Ambulance Service who would meet regularly to ensure quality of service for patients

Resolved: That the report, and Members comments in relation to the new specification for patient transport services, be noted.

Reason: To inform Members of the new specification for patient transport services.

## **7. Unity Health Report on patient communication problems**

Members considered a report from Unity Health which provided a response in relation to the difficulties which had been experienced by patients in contacting Unity Health. As previously agreed by the chair, the two speakers, registered under the Council's Public Participation Scheme, addressed the committee at this point in the meeting.

Michael Urquhart, a patient of Unity Health, spoke to explain the problems he had encountered in trying to make appointments at the



practice since the new surgery had opened. He expressed the view that a 4-5 page online appointment form was too onerous, especially for older people and then meant a delay in getting an appointment confirmed. He also spoke about the problems with the telephone line which had kept callers in a queue for a long period of time and then disconnected them without speaking to anybody. He advised that having failed to make an appointment by phone, he had visited the surgery but had been told her could not do this in person and would be contacted by email.

Councillor Mark Warters spoke to advise the committee that he had been contacted by a resident who was a patient of Unity Health and had been asked to read out a statement on her behalf which provided an account of her experiences with Unity Health in relation to medical treatment received by her late husband. The scrutiny officer clarified that officers had offered him procedural advice that, in line with the council's procedure rules on public participation, the statement should not be read out at the meeting as it disclosed confidential or exempt information including personal information, and that he and the resident had been offered advice on the best route for getting her complaint dealt with.

Representatives from Unity Health and the CCG were in attendance at the meeting. They summarised the problems which the practice had experienced and how Unity Health had responded to them.

During discussion Members considered the following issues

- How the ongoing problems had been communicated to patients
- How the problems with the new system had been handled
- Whether sufficient resources had been in place to deal with new system and sufficient staff to take calls
- The online booking system and whether this was potentially discriminatory to certain groups of the population including older people
- Whether there had been unprecedented levels of demand at the practice
- Whether the project manager held a professional qualification in project management.

Representatives from Unity Health and the CCG acknowledged that:

- there was recognition that there had not been enough staff to take calls - 2 full time call handlers had now been employed to work alongside practice staff to answer phones.
- they had been slow to communicate problems to patients – they advised that all patients had now been contacted to advise

them of the situation – as some members of the audience expressed concern that this was not the case, they agreed to check that all patients had been contacted

- the triage system was a part of NHS policy – this may be reinstated but only alongside fit for purpose telephone system.
- the online booking method would not be primary method for getting in contact with surgery
- The surgery was open until 8pm on Mondays to Thursdays and also open on Saturday mornings to deal with demand from patients.
- with new university students due to arrive soon to start the new academic year in September, they would partner up with Gillygate practice who would take new registrations.

The representatives from Unity Health expressed their sincere apologies to those patients who had suffered as a result of the problems experienced at the practice and assured them that the issues were now being dealt with. They assured Members that they intended to learn from the problems to put them in a better position to serve patients from now on. They offered to provide an update on progress to the committee in a few months' time. Representatives of the CCG agreed to take away what they had learnt from the failure of the telephone system and share this with other practices to ensure it didn't happen elsewhere.

Members thanked representatives from Unity Health and the CCG for attending the meeting and being open and honest. They expressed confidence that the measures being put in place at Unity Health would enable them to turn the situation around in a short period of time and agreed that a further update to the committee in 3 months' time would be appropriate.

The Director of Public Health acknowledged that the focus of discussion at the meeting had been around Unity Health but noted that the problems they were experiencing had exposed some wider issues and shown that, with two universities and colleges and around 30,000 students in York, there was increasing pressure on the wider health system. She explained that this was an opportunity to look at the bigger picture and the broader impact this was having on the city.

Resolved:

- (i) That the update from Unity Health and the CCG be noted.

(ii) That Unity Health be invited back to the September meeting of the committee, to provide a further update.

(iii) That the Director of Health bring a report on student health to a future meeting, in order that Members are aware of ongoing work.

Reason: To ensure the needs of patients in York are being fully met

## **8. Report on Sexual Health Re-Procurement**

Members were asked to consider a report and provide their comments on recommendations which would be presented to the Executive who would be asked to give their authorisation to approach the market for the tendering of sexual health and contraception services, and to receive approval that the decision to award the contract be delegated to the Director of Public Health.

CYC's Public Health Specialist Practitioner Advanced presented the report to Members and the Director of Public Health was also in attendance. They responded to questions from Members in relation to the following issues:

- The risk attached to procurement due to the budget being quite small – the council was working with partners to acknowledge shared responsibility. Need to be aware of financial challenges over time of contract and respond if needed
- Preference was to have a local service, but fall-back position of North Yorkshire approach if needed. Every possible measure would be put in place to ensure a high quality service is provided.
- With regard to safe practices, unlicensed establishments were where greatest risk lied as the same safeguards were not in place – outreach work would target those under the radar to ensure safe practices.

Members acknowledged the risks which had been highlighted by officers in connection with the procurement of the service but expressed their support for option 2, to support the recommendations to Executive to approach the market to re-procure sexual health services for York through competitive tender.

Resolved: That the report be noted and that Scrutiny Members' comments on the Executive recommendations on sexual health procurement, and their support for option 2, be taken into consideration.

Reason: In order that Scrutiny Members have the opportunity to comment in advance of the decision being taken by Executive.

## **9. Scoping report on Commissioned Substance Misuse**

Members considered a report which provided information on commissioned substance misuse services in York to help support and inform their discussion on the subject to enable them to decide whether it was a suitable topic for a scrutiny task group investigation.

CYC's Public Health Specialist Practitioner Advanced and the Director of Public Health were in attendance to answer any questions.

Councillor Pavlovic, who had submitted the topic request for review, spoke and thanked officers for the preparation of the report and stressed the need to understand the reasons behind some of the worrying statistics and expressed the view that it was suitable topic for in-depth analysis.

Members expressed their support for the topic but noted the need to be specific with regard to the terms of reference for a review. It was agreed that a task group of 3-4 members be established to undertake a review and that Councillor Pavlovic be included as a co-opted member of the task group. It was agreed that Councillor Richardson be another member of the task group and that other groups would nominate a suitable member for the task group by email.

Resolved (i) That a review of Commissioned Substance Misuse Services in York be agreed as a suitable topic for scrutiny review.

(ii) That a task group comprising 3-4 members be established to conduct the review, to include councillor Richardson, and Councillor Pavlovic as a co-opted Member of the task group, with other Members to be confirmed.

Reason: To support the scrutiny review into Commissioned Substance Misuse Services.

## **10. Work Plan 2018-19**

Members considered the committee's work plan for the 2018-19 municipal year.

It was agreed that a further update from Unity Health should be scheduled for the 11 September 2018 meeting.

With regard to the request for an update on neighbourhood policing in York, it was confirmed that community safety did fall within the remit of this committee following the decision to align scrutiny committee with directorates and it was agreed that the Police and Crime Commissioner, or an appropriate member of neighbourhood policing team, be invited to a future meeting of the committee.

Resolved: That the work plan be approved subject to the amendments above.

Reason: To ensure that the committee has a planned programme of work in place.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.40 pm].

This page is intentionally left blank

---

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	25 July 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Richardson, K Taylor and Warters

---

## 11. Declarations of Interest

Members were asked to declare at this point in the meeting, any personal interested not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have in respect of business on the agenda. None were declared.

## 12. Minutes

The Chair raised an issue regarding the level of detail in the minutes of HHASC Policy and Scrutiny Committee meetings. It was noted that, as organisations are being held to account, the specifics of the debate needed to be recorded and this included the detail of Member questions.

Members requested that the following amendments be made to Minute 7 (Unity Health Report on Patient Communication Problems):

- a) Add a further bullet point to the list of issues considered by Members during their discussion, as follows:
  - *‘Whether the project manager held a professional qualification in project management.’*
- b) Amend Resolutions (ii) and (iii) to read as follows:
  - (ii) *‘That Unity Health be invited back to the September meeting of the committee to provide a further update.’*
  - (iii) *‘That the Director of Health bring a report on student health to a future meeting, in order that Members are aware of ongoing work.’*

Resolved: That the minutes of the meeting held on 20 June be brought back for approval following the above amendments being made.

**13. Public Participation**

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

**14. Attendance of Executive Member for Adult Social Care and Health**

The Executive Member for Adult Social Care and Health was in attendance to brief Members on current activities and challenges within the Directorate.

In an amendment to the report, the Executive Member clarified that Tim Madgewick had been appointed as the Independent Chair of the Mental Health Partnership.

The Executive Member and Officers then answered questions on:

- Universal Credit
- CQC local system review and Place-Based Improvement Partnership
- Potential development of Bootham site
- Talking Points services and 7 day services
- LAC scheme

With regard to the potential development of the Bootham site as a continued health resource, the Committee agreed to write a letter to the Health Secretary supporting the proposal and urging him to do likewise.

Resolved: That the report be noted.

Reason: To update Members on the priorities and challenges within the Executive Member's portfolio over the coming year.

**15. HWBB Annual Report including review of Health and Wellbeing Strategy and update on new Mental Health Strategy**

The Health and Wellbeing Board Chair was in attendance to update the committee on the work of the Health and Wellbeing Board, the Health and Wellbeing Strategy and the Mental Health Strategy.



It was reported that it had been a very active year for the Health and Wellbeing Board and that clarified priorities had helped give focus to the Board's work.

The HWBB Chair and Officers responded to questions on the following items:

- The Board's key performance indicators (KPI's)
- The content and presentation of data sets in reports to Scrutiny
- The high levels of Anxiety being reported
- Childhood and Adult Obesity measurements and data
- Hospital admissions for self harm

It was noted that:

- A common way for data sets to be presented would be useful
- The Healthy Weight Steering Group was developing a plan to combat childhood obesity; and
- A report would be submitted to Scrutiny on Hospital Self Harm Admissions, as the committee would like to consider this issue in more detail.

Resolved: That Members note the report.

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

## **16. End of Year Finance and Performance Monitoring Report**

Officers presented a report on finance and performance for the Health, Housing and Adult Social Care directorate.

During the discussion, officers answered questions from Members on the closing of a number residential care homes, the effect this had on residents and the associated overspend.

It was also noted that a plan had been made to meet the requirements and increase the amount of older people's accommodation. To achieve this it had been necessary to close sites, so that the resulting funds could be used for new developments.

Officers were questioned on the use of funds from the Improved Better Care Fund and discussed the success of employing 'Best Interest Assessors' rather than hiring consultants.

Finally, officers were questioned around trends in suicide rates following an increase in this area, officers pointed out that no clear long term trends had been discovered although there had been a slightly higher than usual number of young people who had committed suicide in this quarter.

Resolved: That Members note the report.

Reason: To update the committee on the latest financial and performance position for 2017/18.

#### **17. Six-monthly Quality Monitoring Report - Residential, Nursing & Homecare Services**

Officers presented the biannual report for Residential, Nursing and Homecare Services.

It was noted that, similar to Local Authorities across the Country, there had been significant pressure on services. However, York's overall ratings were either at or above the national average.

Officers answered questions regarding 'Well Led', leadership within Residential and Care Services, as this had been noted as a concern. Whilst officers agreed that this had been an issue, work was being undertaken across the various organisations involved to up skill staff in leadership roles.

Resolved: That Members note the report.

Reason: To update Members on performance and standards of provision across care service in York.

#### **18. Safeguarding Vulnerable Adults Annual Assurance Report**

The committee were presented with an assurance report to show the measures in place to support adults who have safeguarding needs.

Officers informed the committee that new procedures were in place and that further training for staff around safeguarding and suicide prevention had been financed.

Officers responded to Members questions regarding the main reasons for needing safeguarding and changes that had occurred in

this data. Officers informed the committee of the continued challenge regarding financial exploitation of residents via the internet. It was noted that officers are working with the Police to understand and combat this issue.

Resolved: That Members:

1. Note this report and are assured that arrangements for safeguarding adults are satisfactory and effective.
2. Receive the SAB annual report following its publication
3. Receive updates to this report on an annual basis.

Reason: To assure the committee of the arrangements for safeguarding

## 19. Work Plan

The committee then discussed the work plan for upcoming meetings.

Due to the September meeting being oversubscribed, the following changes were suggested and it was agreed that:

- the following reports be discussed in September
  - o CQC inspection report on Unity Health
  - o Student Health Needs Assessment
- the following reports be discussed in October
  - o New Licensing Laws for HMO's
  - o Community Policing
- the following reports be discussed in November
  - o Oral Health Action Team
  - o Engagement around Home First Strategy
  - o Report on Self Harm and Suicide Prevention

Resolved: That the work plan be approved subject to the amendments above.

Reason: To ensure that the committee has a planned programme of work in place.

Councillor Doughty, Chair

[The meeting started at 5.30pm and finished at 7.50pm].

This page is intentionally left blank

**Health, Housing & Adult Social Care Policy & Scrutiny  
Committee**
**11 September 2018**

Report of the Corporate Director of Health, Housing &amp; Adult Social Care

**2018/19 Finance and Performance First Quarter Report – Health, Housing & Adult Social Care**
**Summary**

- 1 This report analyses the latest performance for 2018/19 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 Corporate Director of Health, Housing & Adult Social Care.

**Financial Analysis**

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

**Table 1: HHASC Financial Summary 2018/19 – Quarter 1**

2017/18 Draft Outturn Variation £000		2018/19 Latest Approved Budget			2018/19 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-165	ASC Prevent	7,477	1,608	5,869	+31	+0.5%
-93	ASC Reduce	11,800	4,428	7,372	-214	-2.9%
-85	ASC Delay	12,665	9,294	3,371	+110	+3.2%
+744	ASC Manage	50,040	16,453	33,587	+961	+2.9%
	ASC Mitigations				-400	
<b>401</b>	<b>Adult Social Care</b>	<b>81,982</b>	<b>31,783</b>	<b>50,199</b>	<b>+488</b>	<b>+1.0%</b>
0	Public Health	7,605	8,211	-606	0	0%
-116	Housing and Community Safety	11,930	9,523	2,407	+20	+0.8%
<b>+285</b>	<b>HHASC GF Total</b>	<b>101,517</b>	<b>49,517</b>	<b>52,000</b>	<b>+508</b>	<b>+1.0%</b>
<b>-1,535</b>	<b>Housing Revenue Account Total</b>	<b>39,839</b>	<b>33,423</b>	<b>6,416</b>	0	0%

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

- 3 The following sections provide more details of the significant general fund outturn variations, which are predominantly within Adult Social Care budgets.
- 4 Pine Trees, a day support service for customers is forecast to underspend by £61k due in the main to securing additional Continuing Health Care (CHC) Income for two customers. Underspends are also forecast on the Supported Employment scheme at Yorkcraft (£79k) as places within the scheme have been held vacant pending a review of the supported employment offer and on the Older Persons' Direct Payment budget (£83k) where there are fewer customers and the average payments have reduced in cost.
- 5 The early part of this year has seen an increase in residential placements for those with Mental Health issues, both over 65 and working age. There are 6 more customers than budgeted for at this point in the year, causing a projected £381k overspend.
- 7 The Supported Living for Learning Disability customers continues to be a budget pressure. This is forecast to overspend by £405k and this also assumes that savings attributable to the transforming care programme (£153k) and review of the schemes (£169k) is achieved. An action plan has been drawn up and is about to be implemented. A range of other minor variations make up the overall directorate position.
- 8 The directorate management team are committed to doing all they can to try and contain expenditure with the approved budget and are currently exploring the options available to further mitigate the forecast overspend. This includes reviewing the level of continuing health care contributions, the ongoing costs of customers transitioning from children's services, consideration of existing efficiency savings to identify if these can be stretched further or implemented early and continued restrictions on discretionary spending.

### **Housing Revenue Account**

- 9 The Housing Revenue Account budget for 2018/19 is a net cost of £5,715k due to the £10m investment from the working balance into providing new council houses. Overall, the account continues to be financially strong and is forecasting a nil variance at this early stage in the financial year meaning that the working balance will reduce to £23m at 31 March 2019 as outlined in the 2018/19 budget report. This compares to the balance forecast within the latest business plan of £22.3m.
- 10 The working balance is increasing in order to start repaying the £121.5m debt that the HRA incurred as part of self financing in 2012. The current business plan assumes that reserves are set aside to enable the debt to be repaid over the period 2023/24 to 2042/43. Following the decision by Members to fund new Housing Development initiatives through the HRA this will impact the thirty year business plan and therefore an update of the business plan is due to be presented to members later in the year.

## Performance Analysis

### ADULT SOCIAL CARE

- 11 Much of the information in paragraphs 13 to 24 can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>

and by clicking on the "Explore" then "Go to" in the "Adult Social Care and Health Q2" section of the web page. Further information relating to paragraphs 25-41 can be found on Public Health England's "Fingertips" site, which is available at

<https://fingertips.phe.org.uk/indicator-list/view/TBYIWbgJ6E>

- 12 Some of this information also forms part of CYC's overall "Service Delivery" suite of performance indicators, which are shown here:

Performance - Overview			2014-15	2015-16	2016-17	2017-18 Q4	2018-19 Q1	Latest Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Average beds occupied each day in hospital which are attributable to adult social care DTOC, per 100,000 population	6.7	6.5	6.8	6.0	7.3	Above National and Regional Average	↓
		Percentage of panel confident they could find information on support available to help people live independently	NC	NC	65.46	NC	NC	Not known	↓
		Percentage of adults in contact with secondary mental health services living independently, with or without support	55.10	28.50	39.21	72.75	82.76	Above National and Regional Average	↑
		Percentage of physically active and inactive adults - active adults	62.18	69.83	70.20	NC	NA	Above National and Regional Average	↑
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	5.91	5.87	5.58	1.84	2.97	Lower than National Average	↓
	A Council That Listens to Residents	Percentage of panel who agree that they can influence decisions in their local area	NC	NC	25.65	NC	NA	Above National Average	↑
		Percentage of panel satisfied with their local area as a place to live	NC	NC	89.84	NC	NA	Above National Average	→
		Percentage of panel satisfied with the way the Council runs things	NC	NC	65.54	NC	NA	Above National Average	↓
		Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	93.63	93.16	Not known	→
	A Prosperous City for All	Net Additional Homes Provided (YTD)	507	1,121	977	260	NA	Not known	↑
		Percentage of panel who give unpaid help to any group, club or organisation	NC	NC	64.30	NC	NA	Above National Average	↑

NA - Data not available  
NC - Not due to be collected during that period

### Residential and nursing admissions

- 13 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how effective packages of care have been in ensuring that people regain control of their lives quickly. Research suggests that, where

possible, people prefer to stay in their own home rather than move into residential care. It is important that even with lower numbers going into Residential Care, we can balance the system through ensuring that equal or greater numbers are moved on. This means offering alternatives such as Supported Living for people who would otherwise stay in Residential Care for long periods.

- 14 The number of people in long-term residential and nursing care rose to 603 at the end of 2018-19 Q1, compared with 575 at the end of 2017-18 Q4. There were four admissions of younger people and 77 admissions of older people to residential and nursing care in the first quarter of 2018-19. These are higher than 2017-18 Q4 for older people (41), but the same number of admissions of younger people. This is partly due to the extension of Sheltered Housing with Extra Care facilities

### **Adults with learning disabilities and mental health issues**

- 15 There is a strong link between employment and enhanced quality of life. Having a job reduces the risk of being lonely and isolated and has real benefits for a person's health and wellbeing. Being able to live at home, either independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with learning disabilities and mental health issues.
- 16 Our performance level during 2018-19 Q1 (on average, 8.9% of adults with a learning disability were in paid employment), is higher than reported during 2017-18 Q4 where 8.3% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q1 on average 79.3% of adults with a learning disability were living in their own home or with family, which is an improvement from the 2017-18 Q4 position (the corresponding figure was 77.2%). For those with mental health issues, on average 18.4% of this group were in paid employment during April 2018, which is a big improvement on the corresponding 2017-18 Q4 figure of 14.2%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 83% of adults with mental health issues were in settled accommodation on average during April 2018 (compared with an average of 73% during 2017-18 Q4). The mental health data for April 2018 is the most recent that is available.

### **Delayed Transfers of Care**

- 17 This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for



discharge from hospital, but a care package (from either the NHS or Adult Social Care) is not available.

- 18 Approximately 13 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the first quarter of 2018-19. This is an increase on the previous quarter (where, on average, 10 beds per day were occupied) and is largely due to a increase in waiting for places in nursing homes. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds.

### **Independence of ASC service users**

- 19 It is important that social care service users have as much contact with others as possible as this maintains their health and independence. It is also a good proxy measure for the work done by Local Area Teams in terms of bringing people from all sectors of the various York communities together.
- 20 During the first quarter of 2018-19, on average 1,822 people were supported to live independently by CYC Adult Social Care packages of care. This is a 1% increase on the corresponding number in the final quarter of 2017-18 (1,795). There was also an increase in the number of those supported to live independently by the use of preventative measures: this averaged 984 during the first quarter of 2018-19, compared with 979 in the final quarter of 2017-18.

### **“Front door” measures and how adults are supported financially**

- 21 CYC has a responsibility to conduct appropriate risk assessments for those contacting it who state that they may have care needs. The purpose of the “Future Focus” transformation programme is to ensure that people are best informed about the choices available to them, and to provide timely, cost-effective, services for those requiring support.
- 22 In the first quarter of 2018-19 a total of 646 supported self-assessments were completed, under the national eligibility framework, for CYC-funded adult social care services. This is an increase from the number assessed in the previous quarter (619). Of these 646 people, 501 were eligible to receive a service from CYC, an increase from the 469 that were given a service in the final quarter of 2017-18. Almost all (99.92%) of those using social care received self-directed support during the first quarter of 2018-19 – a percentage unchanged from the final quarter of 2017-18. The percentage receiving direct payments increased to 22.4% in the first quarter of 2018-19, compared with 20.8% in the final quarter of 2017-18.

## **Safety of ASC service users and residents**

- 23 The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
- 24 In the first quarter of 2018-19 there were 301 completed safeguarding enquiries, which is a 9% increase on the number completed during the previous quarter (277). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry increased, from 97% during 2017-18 Q4 to 98% during 2018-19 Q1.

## **PUBLIC HEALTH**

### **NHS Health Checks**

- 25 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.
- 26 Up to the end of 2017-18 Q4, 72.7% of those eligible for an NHS health check (those aged 40-74) had been offered one over a five-year period compared with 90.9% nationally. Of those eligible for an NHS health check in the last five years, 27.5% had received one at the end of Q4 compared to an England average of 44.3%.

### **Adult Obesity**

- 27 Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. Nationally, around 60% of adults are classified as obese or overweight according to the most recent (2016) Health Survey for England, with men being more likely to be obese than women. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year.
- 28 In York, it is estimated that 60.4% of people aged 18 or over are overweight or obese. This is lower than the national (61.3%) and regional (65.3%) percentages and is based on the most recent "Active Lives" survey.

## Smoking

- 29 Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, heart disease, diabetes, weaker muscles and bones. For pregnant mothers, it can lead to detrimental effects in their child's development and their health. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 hospital admissions directly attributable to smoking.
- 30 The estimated current smoking prevalence amongst people aged 18 or over in York is 9%, which compares favourably with the rates nationally (14.9%) and in the Yorkshire and Humber region (17.0%). This is taken from the Annual Population Survey. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 24.6% in York, which is lower than both the national (25.7%) and regional (28.2%) rates.
- 31 The percentage of pregnant women who are recorded as smoking at the time of delivery was 11.9% in 2017-18 Q4, compared with 7.5% in 2017-18 Q3. These figures are for the Vale of York CCG area; it is believed that the percentage in the City was around 10.9% in Q4.

## Alcohol prevalence

- 32 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21bn each year, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 33 Public Health England estimate, using 2011-14 Health Survey data, that 30% of adults in York drink over 14 units of alcohol each week. This is higher than both the regional and national average levels (both 26%). Around 1.4% of the city's adult population are estimated to be dependent on alcohol. This is the same as the national average level, and slightly below the regional average level (1.5%). York has fewer people who abstain from drinking alcohol (8.1%) compared with regional (16.8%) and national (15.5%) averages.

## Successful completions of Drug and Alcohol Treatment (without representation)

- 34 Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

35 In the latest 18 month monitoring period to June 2018, 5.52% of opiate users who were in treatment successfully completed it and did not represent within six months; this is a deterioration from the rate reported at the end of the previous quarter (5.85%), and is lower than the national average rate of 6.5%. Of non-opiate users, 30.33% of them successfully completed treatment and did not represent within six months; this is higher than the rate reported at the end of the previous quarter (30.19%) but lower than the national average of 36.9%. There has been a change in provider of drug and alcohol treatment in the city since June and most of the activity will relate to the previous provider, which had significant financial challenges and were decommissioned by CYC to provide these services.

36 In quarter 4 of 2017-18 no clients had to wait more than three weeks to start treatment out of 166 new starters on substance misuse programmes. This is a lower percentage than national averages, where, depending on the programme, between 1.3% and 2.3% of new starters have to wait more than three weeks before they start their treatment.

### **Sexual health**

37 Being sexually healthy enables people to avoid sexually transmitted infections, illnesses and that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.

38 In 2017, 26,599 York people aged 15-64 had a test for a sexually transmitted infection, which is equivalent to a rate of 19,172 per 100,000 population. This is higher than the national (16,730 per 100,000) and regional (13,204 per 100,000) rates. There were 8,945 people aged between 15 and 24 that were screened for chlamydia – 25% of that age group. This is higher than occurs nationally (19%) and regionally (20%). The detection rate of 1,985 cases per 100,000 is higher than the England average (1,882 per 100,000). In 2016, 12 people in York were diagnosed with HIV – a rate of 6.8 per 100,000 aged 15 or over. The England rate was 10.3, and the regional rate 6.0.

### **Mental health**

39 It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include dementia, depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women.

40 In 2018, there had been 1,645 people aged 65 or over in York diagnosed with dementia. It is estimated that this number is 62% of all those in the city with dementia. This dementia diagnosis rate is lower than both the national (68%) and regional (71%) averages. It has increased from the rate reported in 2017 (60%).

41 In 2016-17, there were 291 admissions to hospital by people aged between 10 and 24 as a result of self-harm in York. This equates to a rate of 631 admissions per 100,000 population. This was well above the national (405 per 100,000) and regional (401 per 100,000) rates. However, this rate is lower than the rate in 2015-16 (675 per 100,000).

### **Corporate Priorities**

42 The information included in this report is linked to the council plan priority of “A focus on frontline services to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.”

### **Implications**

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

### **Recommendations**

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

Reason: To update the committee on the latest financial and performance position for 2018/19.

### **Contact Details**

#### **Authors:**

Richard Hartle  
Finance Manager: Adults,  
Children & Education  
*Phone: 01904 554225*  
*richard.hartle@york.gov.uk*

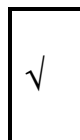
Patrick Looker  
Finance Manager: Place,  
Housing & Health  
*Phone: 01904 551633*  
*patrick.looker@york.gov.uk*

Terry Rudden  
Strategic Support Manager  
(Adults and Public Health)  
*Phone: 01904 551655*  
*terry.rudden@york.gov.uk*

#### **Chief Officers Responsible for the report:**

Michael Melvin  
Assistant Director of Adult Social Care  
  
Sharon Stoltz  
Director of Public Health

**Report  
Approved**



**Date** 30 August 2018

**Specialist Implications Officer(s)** None

**Wards Affected:** *List wards or tick box to indicate all*      **All**    ✓

**For further information please contact the author of the report**

**Background Papers**

2018/19 Finance and Performance Monitor 1 Report, Executive 30 August 2018



---

**Health, Housing and Adult Social Care Policy  
and Scrutiny Committee****11 September 2018**

Report of the Assistant Director – Legal &amp; Governance

**Unity Health Cover Report****Summary**

1. This report updates the Health, Housing and Adult Social Care Policy and Scrutiny Committee on actions undertaken by Unity Health (Annex 1) to remedy the difficulties patients are experiencing contacting the practice.
2. It also introduces the Care Quality Commission (CQC) report (Annex 2) following an inspection of Unity Health which resulted in the practice being put into special measures.

**Background**

3. In July 2018 representatives from Unity Health attended a meeting of this committee to respond to difficulties experienced by patients in contacting Unity Health and in relation to problems with online consultations.
4. Unity Health acknowledged there had not been enough staff to process calls from patients, but that 2 full time call handlers had now been employed to work alongside practice staff to answer telephones.
5. The representatives from Unity Health expressed their sincere apologies to those patients who had suffered as a result of the problems experienced at the practice and assured them that the issues were now being dealt with.
6. They assured Members that they intended to learn from the problems to put them in a better position to serve patients in the future. They also offered to provide an update on progress to the committee at a future meeting. Representatives of the Vale of York Clinical Commissioning Group agreed to take away what they had learnt from the failure of the

Unity Health telephone system and share this with other practices to ensure it did not happen elsewhere.

7. The committee agreed that Unity Health be invited back in three months' time to provide an update on the actions being undertaken to solve these issues.
8. Subsequently, on 20 July 2018, the Care Quality Commission published its findings from an inspection of the practice, which has surgeries at Wenlock Terrace and Kimberlow Hill, which rated Unity Health as 'inadequate' and placed it in special measures.
9. During the announced comprehensive inspection on 23 May 2018 the CQC found:
  - The practice did not have clear systems in place to manage risk so that safety incidents were less likely to happen.
  - There were limited arrangements in place to review the effectiveness and appropriateness of the care being provided.
  - Arrangements for monitoring and reviewing prescribing did not ensure that patients were kept safe.
  - Arrangements were not in place to ensure that staff were working within the scope of their competency.
  - Patients found it difficult to get through to the practice by phone.
  - Some patients found the online consultation form difficult to complete.
  - Governance arrangements were not being operated effectively to ensure the delivery of high quality, sustainable care.
  - During the inspection the CQC saw that staff treated patients with compassion, kindness and respect.
10. The CQC stated that the areas where the provider must make improvements as they are in breach of regulations are to:
  - Ensure care and treatment is provided in a safe way to patients.
  - Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.



- Establish and operate effectively a system for identifying, receiving, recording, handling and responding to complaints by patients.
  - Ensure staff receive appropriate support, training professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.
11. Unity Health has drawn up an action plan that will be regularly monitored by the CQC and NHS England. However, in anticipation of some of the issues raised by the CQC inspectors, the practice has already implemented a number of improvements, including:
- Replacing the contract cleaning company responsible for Wenlock Terrace surgery and approving the replacement all carpeted areas with easy-to-maintain vinyl flooring;
  - Pausing the registration of any new patients;
  - Bringing in additional governance support from the Royal College of General Practitioners (RCGP).
  - Overhauling the complaints system to ensure all concerns are responded to comprehensively and in a timely manner;
  - Drawing up a new process to document and learn from any significant adverse events;
  - Working with an experienced nurse manager from the RCGP to redesign the skill mix and training of staff;
  - Carrying out a full health and safety audit across all of its premises.
12. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, the CQC will take action in line with enforcement procedures to begin the process of preventing the provider from operating the service.
13. The registered provider must not register any new patients without the written permission of the Care Quality Commission.
14. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement the CQC will move to close the service or cancel the

provider's registration.

### **Consultation**

15. There was no consultation involved in the preparation of this report. Information in Annex 1 has been provided by Unity Health and in Annex 2 by the Care Quality Commission.

### **Analysis**

16. There is no analysis included in this report.

### **Council Plan**

17. This report is directly linked to the Focus on Frontline Services and A Council That Listens Residents priorities in the Council's Plan 2015-19.

### **Implications**

18. There are no financial, HR, equalities, legal, crime and disorder, IT, property or other implications arising from the recommendations in this report. However, should Unity Health fail to take sufficient steps to improve its inadequate rating then this could have serious implications for a substantial number of York residents.

### **Risk Management**

19. There are no risks arising from the recommendations in this report but again there could be significant risks for a sizeable number of people in the city if Unity Health fails to improve its rating.

### **Recommendations**

20. The Committee is asked to:
  - Note and comment on the information provided in this report and its annexes.
  - Invite representatives from Unity Health to a future meeting of this Committee to provide a further update on its action plan.

Reason: To assure Members that problems patients have been facing at Unity Health are being resolved.

**Contact Details**

**Author:**

Steve Entwistle  
Scrutiny Officer  
Tel: 01904 554279

[steven.entwistle@york.gov.uk](mailto:steven.entwistle@york.gov.uk)

**Chief Officer Responsible for the report:**

Andrew Docherty  
Assistant Director – Legal & Governance  
Tel: 01904 551004

**Report Approved**  **Date** 29/08/2018

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Annexes**

Annex 1 – Unity Health Update Report  
Annex 2 – CQC Inspection report

This page is intentionally left blank

### Unity Health – Update on CQC regulatory compliance and addressing patient access issues

Two further call handlers joined the team on 27.08.18, boosting staffing levels to four call handlers at peak times (mornings and lunchtimes) and two call handlers at off peak times. We continue to encourage patients to avoid calling the surgery for routine matters between 08.00 and 09.00 if possible and encourage calls from 16.00 onwards and Saturday mornings when we have greater capacity. Call handler vacancies exist for an additional two members to join the team and we are actively recruiting to fill these.

A BT trainer visited the Practice on 20.06.18 and delivered a well-attended training session to all staff on how to operate the revised telephony system. We're confident that we are ironing out the telephony teething problems that led to long waiting times.

Patients deemed to be clinically higher risk continue to have a dedicated phone number with direct access to the Duty Doctor, Monday –Friday 08.00 – 18.00.

In addition, to telephone access, patients who are online are encouraged to log into Patient Access for 24/7 access to book appointments, request prescriptions and see test results. Of course patients who wish to walk into our surgeries are welcomed by members of our experienced reception team.

The Partners hosted three Saturday morning patient drop in sessions in July and August and we are looking forward to reforming our patient participation group (PPG) on Saturday 1<sup>st</sup> September. Top of the agenda will be working together with patients on how we further improve access in the coming months when we predict an increase in the demand for our services.

We thank our patients for their supportive comments following the publication of the CQC report in July 2018 and our stakeholders for taking the time to understand the wider system pressures. This included a recent visit to the Practice by Rachel Maskell MP.

We are looking forward to the CQC re-inspection in mid-September 2018 and meeting compliance in order to reopen our patient list to new registrations. We have been in regular contact with our university colleagues to keep them up to speed with the student registration position.

Since May 2018 a weekly improvement plan has been shared with CQC and VOYCCG to keep both organisations updated on our progress towards regulatory compliance, and we thank CQC and VOYCCG for their support, along with the RCGP who the Practice has bought in to support staff with the changes required.

The Partners are carrying out a programme of refurbishment at the Wenlock Terrace surgery w/c 10.09.18, to include decorating and replacement flooring. Whilst we apologise for any inconvenience caused by a lack of clinical appointments at the surgery during this time, there will be a full reception service and we look forward to reopening fully on 17<sup>th</sup> September and meeting CQC premises regulatory requirements.

Through the summer staff have received the required mandatory training to ensure they meet CQC threshold requirements and now benefit from a programme of weekly meetings to ensure improved communication and the necessary patient reviews are completed.

We are currently recruiting additional GP's, Nurse Practitioners and a phlebotomist to support our clinical team.

Addressing health and safety issues, along with infection prevention improvements, continue to be high priority to ensure patient and staff safety. We are encouraged with the progress we have made in a relatively short period of time and that this progress has been recognised in our regular communications with the CQC and VOYCCG.

We continue to receive feedback from our patients via NHS Choices, direct contact and social media and recent feedback has been more positive. We are responding promptly to concerns and demonstrating that we are addressing many of the issues which our patients have flagged up. This is being appreciated by our patients.

We have published a new patient newsletter (attached) and are about to launch a patient information leaflet for patients.

We continue to engage with all our stakeholders to keep them updated on progress.



# Wenlock Terrace Surgery

## Inspection report


18 Wenlock Terrace  
Fulford  
York  
North Yorkshire  
YO10 4DU  
Tel: 01904754900  
[www.unityhealth.info/](http://www.unityhealth.info/)






Date of inspection visit: 23 May 2018  
Date of publication: 20/07/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

## Overall summary

This practice is rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Wenlock Terrace Surgery on 23 May 2018. The inspection was focussed on the branch site at Kimberlow Hill Surgery due to concerns that had been raised with us but both sites were visited by the inspection team. This inspection was carried out as part of our inspection programme. Wenlock Terrace Surgery was last inspected on 7 January 2016 and was found to be good in all of the key questions.

At this inspection we found:

- The practice did not have clear systems in place to manage risk so that safety incidents were less likely to happen.
- There were limited arrangements in place to review the effectiveness and appropriateness of the care being provided.
- Arrangements for monitoring and reviewing prescribing did not ensure that patients were kept safe.
- Arrangements were not in place to ensure that staff were working within the scope of their competency.
- During our inspection we saw that staff treated patients with compassion, kindness and respect.
- Patients found it difficult to get through to the practice by phone.
- Some patients found the online consultation form difficult to complete.
- Governance arrangements were not being operated effectively to ensure the delivery of high quality, sustainable care.

The areas where the provider must make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Establish and operate effectively a system for identifying, receiving, recording, handling and responding to complaints by patients.
- Ensure that staff receive appropriate support, training professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.

The areas where the provider should make improvements are:

- Improve arrangements for the identification of carers to offer them support where needed.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. The registered provider must not register any new patients at Wenlock Terrace Surgery or any location without the written permission of the Care Quality Commission.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice



## Population group ratings

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC inspection manager and a second CQC inspector.

## Background to Wenlock Terrace Surgery

Wenlock Terrace Surgery, 18 Wenlock Terrace, York, North Yorkshire, YO10 4DU, also known as Unity Health provides general medical services to approximately 23,000 patients in the Fulford, Heslington and Osbaldwick areas of York.

Services are also provided from a branch practice that opened in March 2018 at Kimberlow Hill Surgery, Kimberlow Rise, York, North Yorkshire, YO10 5LA. This branch practice is sited on the University of York campus and as such has a high population of patients who are students (65%).

All patients can be seen at any of these locations. We visited both locations on 23 May 2018 as part of our inspection.

The majority of patients are aged between 18 and 44 years of age. The index of multiple deprivation score for this practice population is 10 which means that it is in one of the least deprived areas and lower than average for England.

There are four Clinical GP Partners (two male WTE 1 and 1.1 and two female WTE 0.7 and 0.7) and one Managing

Partner (WTE 1), plus six salaried GPs (WTE's 1.1, 0.7, 0.8, 0.9, 0.9, 0.9). There are six Practice Nurses and three Health Care Assistants (HCAs). There is a pharmacist and a mental health therapist/ counsellor. They are supported by a reception manager, data manager, office manager, secretary, three administration staff and ten reception staff.

The provider is registered for the provision of the following regulated activities from both locations:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice at Wenlock Terrace Surgery is open from 8am to 6pm Monday to Friday. The Kimberlow Hill Surgery is open from 8am to 6pm with extended hours on Monday to Thursday from 6pm to 8pm and on Saturday from 9am to 1pm.

## Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services due to issues in the following areas:

- Safety systems and processes were not always operated effectively.
- Not all risks to patients were identified and addressed.
- Information to deliver safe care and treatment was not always available to staff.
- Medicines were not always managed safely.
- There was not a good track record on safety.
- There was limited evidence of lessons learned or improvements made.

### Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse.

- Reports from safeguarding incidents were available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment and discrimination.
- The practice had not assured themselves of appropriate recruitment checks for all staff. There was no evidence of recruitment checks for staff who were employed by the federation Nimbuscare Ltd who provided administrative support to the practice.
- There was not an effective system to manage infection prevention and control.
- The practice had limited arrangements in place to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

There were not adequate systems to assess, monitor and manage all risks to patient safety.

- The practice did not have enough staff to meet the needs of patients and there was a high turnover of clinical staff.
- There was an induction system for temporary staff including locum GPs in the form of a locum information pack.

• The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures although most staff were overdue an update in training.

• Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, however we found the system in place to triage patients, including those with sepsis, had gaps. Staff who performed triage had not been formally trained to do so and there was no evidence of algorithms used to assist identification of severe problems. The provider did not assure themselves that all staff were competent to assess patients with urgent needs.

• There was limited evidence that where there were changes to services or staff that the practice assessed and monitored the impact on safety.

• A review of patient records identified significant concerns with regards to triage by some clinicians, for example we saw a record of a patient who expressed mental health problems at triage and when we examined the consultation record the patient was treated for something else.

### Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- Patients had to fill in an online consultation form that was triaged before an appointment was offered. The exception to this rule was for patients that the practice had deemed vulnerable who had a dedicated phone line. There were huge problems with the telephony system. There was a backlog of online consultation forms awaiting triaging.
- One of the care records we saw demonstrated that there were concerns with regards to inadequate history and examination recording.
- The approach to the management of test results was being operated effectively.
- The practice had limited systems for sharing information with staff and other agencies to enable them to deliver care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

## Are services safe?

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risks. Issues were identified with regards to the recording of temperatures in refrigerators used for vaccination storage. We found that refrigerators only had one thermometer which meant there was no safeguard in place to assure the practice that the temperature was correct for the safe storing of certain medicines and vaccines.
- The provider could not assure themselves that staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. This was because there was no evidence of clinical meetings where current national guidance was discussed and no monitoring of staff prescribing. Staff reported that they did not have clinical supervision meetings.
- There was some evidence that patients' health was monitored in relation to the use of medicines and followed up on appropriately by the clinical pharmacist. However, arrangements to monitor patients being prescribed high risk medicines were not being operated effectively.

Track record on safety

The practice did not have a good track record on safety.

- There were no risk assessments in relation to the safety of the premises.
- There was limited evidence that the practice monitored and reviewed safety issues.

Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses; however, there was evidence that not all significant events were reported and recorded.
- Systems for reviewing and investigating when things went wrong were not operating effectively.
- The practice did not identify or share learning. Themes from complaints and significant events were not reviewed. The practice did not disseminate or action patient and medicine safety alerts and there was no evidence that these were acted on.

Please refer to the Evidence Tables for further information.

## Are services effective?

### **We rated the practice as inadequate for providing effective services overall and across all population groups.**

The practice was rated as inadequate for providing effective services because:

- The provider could not be assured that all patients were receiving effective needs assessment, care and treatment
- The provider could not be assured that all clinical staff were treating patients within the scope of their competency
- Arrangements for support and supervision of staff needed to be strengthened
- The provider could not be assured that they monitored care and treatment adequately

All population groups were rated inadequate for effective due to the above concerns which impacted on all patients.

*(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)*

### **Effective needs assessment, care and treatment**

The practice had limited systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- A review of patient records indicated that patients' immediate and ongoing needs were not always fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff did not use appropriate tools to assess the level of pain in patients.
- There was no system in place to monitor or review consultations of patients. The provider could not assure themselves that staff were fit to carry out the duties they were employed to perform.

All populations groups have been rated as inadequate due to concerns with regards to staff competencies and training and the effective assessment and treatment of patients.

Older people:

- Older people represented approximately 5% of the practice population.
- Patients aged over 75 were not invited in for a health check. If necessary they were referred to other services such as voluntary services.
- The practice ensured that older patients discharged from hospital were followed up. This was done via the York Integrated Care Hub which was part of the Nimbuscare Federation, alongside three other practices in York. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- There was no register or recall system in place for patients with long-term conditions. The clinical pharmacist carried out annual medication reviews for these patients. For patients with the most complex needs, there was little evidence to show that the GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training however there was a significant gap in provision for patients due to a shortage of staff.
- Patients who had received treatment in hospital or through out of hours services were followed up by the York Integrated Care Hub.
- The practices performance on quality indicators for long term conditions was below average in some cases.
- Newly registered patients who were students with type 1 diabetes were referred to the Under 25's clinic at York Hospital. The diabetic specialist nurse from the hospital also reviewed these patients in the practice.

## Are services effective?

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- Approximately 65% of the practice population were students at the University of York.
- The practice hosted the British Pregnancy Advisory Service three times a week.
- The practice's uptake for cervical screening was 50% which was below local and national averages and below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was similar to local and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 which were done in community venues across the area by wellbeing officers from North Yorkshire County Council. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was not delivered in a coordinated way. The practice did not have palliative care meetings.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a register of patients who had been a victim of Female Genital Mutilation, and those who were at risk of it.

People experiencing poor mental health (including people with dementia):

- The practice assessed the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was not a system for following up patients who failed to attend for administration of long term medicines.
- The practices performance on quality indicators for mental health were in line with local and national averages.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 91% of patients with dementia had their care plan reviewed in a face to face review. This was higher than the national average.
- The practice worked closely with York University Student Services, and specifically the 'Open Door' clinic in response to increased demand for mental health services from the student population. The practice employed a Link Mental Health Worker, who divided their time between running specialist clinics at the practice and at the 'Open Door' clinic at the university.

### Monitoring care and treatment

The practice had no arrangements in place to monitor performance. For example, there was no evidence of consultation or prescribing reviews for locum GPs or practice nurses.

## Are services effective?

There was evidence of monitoring and improvement in some areas through clinical audit but findings of audits and actions required were not always shared amongst clinicians. There was no evidence of the monitoring of QOF achievement.

### Effective staffing

The provider could not be assured that all staff had the skills, knowledge and experience to carry out their roles.

- Evidence indicated that not all clinical staff had appropriate knowledge and skills required for the role they were expected to undertake. For example, in respect of the triaging by practice nurses.
- Staff undertaking reviews for people with long term conditions had receiving training to support this. However due to nurse shortages reviews were not being done.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training however could not demonstrate how they stayed up to date.
- The practice did not support all staff to undertake learning and development. Not all staff felt they were encouraged and given opportunities to develop.
- Up to date records of competencies, skills, qualifications and training were not maintained for all clinical staff.
- The practice did not always provide staff with a high level of ongoing support. Some staff reported that they had not received a regular appraisal.
- There was no evidence of clinical supervision or mentoring for the non-medical prescribers including the practice nurses.
- The practice did not ensure the competence of staff employed in advanced roles through audit of their clinical decision making, including non-medical prescribing.
- There was no clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff did not always work with other health and social care professionals to deliver care and treatment.

- We saw limited evidence that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- The practice did not ensure that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff aimed to be proactive in helping patients to live healthier lives.

- The practice did not proactively identify all patients who may be in need of extra support or direct them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

## Are services effective?

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision, however there were gaps in GP training for the mental capacity act.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the Evidence Tables for further information.**

## Are services caring?

### **We rated the practice as requires improvement for caring.**

The practice was rated as requires improvement for caring because:

- Feedback from the national GP patient survey and comment cards demonstrated there were areas for improvement
- A low number of carers had been identified by the practice. This was to be expected in a practice with a high student population, however only 55 carers had been identified from a total patient population of 23,000

### **Kindness, respect and compassion**

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Feedback from patients was mixed about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice was lower in the GP national survey than local and national averages for questions relating to being listened to. The practice was aware of areas where the patient survey feedback was below local and national averages.

### **Involvement in decisions about care and treatment**

Staff aimed to help patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice had identified a low number of carers. They signposted those identified to York Carers Centre.
- The practice was comparable in the GP national survey to local and national averages for GP questions relating to involvement in decisions about care and treatment.

### **Privacy and dignity**

The practice aimed to respect patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- During our inspection we identified that one of the consulting rooms at the Wenlock Terrace Surgery did not have privacy curtains.

**Please refer to the Evidence Tables for further information.**



## Are services responsive to people's needs?

### **We rated the practice, and all of the population groups, as inadequate for providing responsive services.**

The practice was rated as inadequate for responsive because:

- Patient feedback from comments cards and the national GP patient survey was very poor regarding access to appointments
- Patients were only able to book an appointment via an online consultation form which was then triaged. The only exception to this was if a patient was deemed vulnerable by the practice and they were given a dedicated telephone number.
- Patients were unable to get through to the practice due to telephony issues
- There were clinical and reception staff shortages

All population groups were rated inadequate for responsive due to issues in respect of access to appointments.

### **Responding to and meeting people's needs**

The practice did not always organise and deliver services to meet patients' needs.

- The practice demonstrated some understanding of the needs of their population and tried to tailor services in response to those needs. For example, the practice offered triage to try to ensure that patients were seen by the correct clinician or signposted elsewhere. This service was being delivered by staff who were triaging patients beyond their level of competency.
- The facilities and premises were appropriate for the services delivered.
- The practice did not make reasonable adjustments when patients found it hard to access services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their medicines needs were being appropriately met by the clinical pharmacist but not offered a review of their health needs.

- The practice did not hold meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Not all parents or guardians contacting the practice with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- Early morning and late afternoon appointments were offered and there was extended hours provision.
- Patients could request to speak to clinicians via the telephone.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were not easily able to register with the practice as they required online access or had to go into the practice to book an appointment.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients at risk of dementia were identified and offered a referral for an assessment to the dementia clinic in secondary care to detect possible signs of dementia. The Alzheimer's Society held clinics in practices within the locality.

### **Timely access to care and treatment**

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

## Are services responsive to people's needs?

- Patients did not have timely access to initial assessment, test results, diagnosis and treatment. We identified a backlog of online consultations where patients had not been contacted regarding an appointment.
- Waiting times, delays and cancellations were not managed appropriately. Patient feedback indicated long waiting times within the practice and a long wait to access routine appointments.
- We were not assured that patients with the most urgent needs had their care and treatment prioritised although urgent home visit requests were highlighted to clinicians.
- Patients reported that the appointment system was not operating effectively. Patients found it hard to get through to the practice by telephone.
- The practice was lower in the GP national survey compared with local and national averages for questions relating to access to the service, in particular how easy it was to get through to someone on the phone which was significantly below average.

The practice was aware of areas for improvement and told us they needed to change the telephony system.

### **Listening and learning from concerns and complaints**

The practice told us they took complaints and concerns seriously; however, we did not see evidence that they responded in a timely and appropriate way to improve the quality of care.

- Information about how to make a complaint or raise concerns was not always available.
- Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were not in line with recognised guidance.
- Evidence indicated that not all complaints were recorded.

**Please refer to the Evidence Tables for further information.**

## Are services well-led?

### **We rated the practice and all of the population groups as inadequate for providing a well-led service.**

The practice was rated as inadequate for well-led because:

- There was inadequate leadership capacity
- Governance systems were not being operated effectively

#### **Leadership capacity and capability**

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Some leaders demonstrated knowledge about issues and priorities relating to the quality and future of services. However, there was limited evidence to indicate that challenges were being addressed.
- Not all leaders were visible and approachable. There was limited evidence of inclusive leadership.
- The practice did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice had identified one of the GP partners as clinical lead but there were no clear plans in place as to how they would afford to the time to undertake this leadership role.

#### **Vision and strategy**

The practice had a vision and a supporting business plan to deliver high quality care.

- There was a clear vision and set of values. The practice had a business plan in place for the coming year.
- Most staff were not aware of the values and had limited knowledge of the future strategy of the practice and their role in this.

#### **Culture**

The practice did not have a culture of high-quality sustainable care.

- Not all staff felt respected, supported or valued.
- The practice staff told us they were focused on the needs of patients.
- Openness, honesty and transparency were not always demonstrated when responding to incidents and complaints.
- Some staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, evidence indicated that not all issues raised were addressed. Some staff reported that managers did not listen and did not take action.

- Processes for providing all staff with the development they required needed to be improved to ensure staff had the skills and competency appropriate to their role.
- Some staff had not received a regular appraisal.
- Not all clinical staff felt they were considered valued members of the practice team. There was no protected time for professional development.
- There was no documented evidence of the evaluation of work of clinical staff.
- Not all staff felt there were positive relationships between managers and staff.

#### **Governance arrangements**

Governance arrangements were not operated effectively.

- Staff were not always clear on their roles and accountabilities.
- Process were not operated effectively to enable leaders to ensure safety and assure themselves that they were operating as intended. There was a lack of oversight of clinical activity and risk.
- Processes to identify learning from significant events and complaints were not operated effectively.

#### **Managing risks, issues and performance**

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have clear processes to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders did not have oversight of national and local safety alerts, incidents, and complaints and appropriate action was not always taken in response to these. In addition, not all significant events were reported or recorded.
- Clinical audit had some positive impact on quality of care and outcomes for patients. However, there were no systems in place to share and disseminate learning from audits to improve quality across the practice.
- The practice had not trained staff and did not have plans in place for dealing with major incidents.

#### **Appropriate and accurate information**

The practice did not always have appropriate and accurate information.

## Are services well-led?

- Quality and operational information was not reviewed to try to improve performance.
- There was some evidence of discussions regarding sustainability of staff but little evidence of action to address staffing shortages. There was little evidence the practice had tried to understand the reasons for the high turnover of clinical staff.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### **Engagement with patients, the public, staff and external partners**

The practice told us they had made attempts to involve patients, the public, staff and external partners to support the delivery of services.

- A range of patient views and concerns were encouraged but feedback was not shared within the practice.
- There was a patient participation group but meetings had not been held recently.

### **Continuous improvement and innovation**

There was limited evidence of continuous improvement and innovation.

**Please refer to the Evidence Tables for further information.**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints  
**The provider has failed to ensure that there was an accessible system for identifying, handling. Investigating and responding to complaints made about the service**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The provider has failed to ensure that persons employed in the provision of the regulated activity received the appropriate support, training and professional development necessary to enable them to carry out their duties.**

This page is intentionally left blank



28 August 2018

### **Burnholme Health Centre Progress Report**

Priory Medical Group presented preliminary plans for the development of the Burnholme Health Centre at the June Health and Scrutiny Committee. This project involved the move of three PMG surgeries (Park View, Tang Hall Lane and Heworth Green) to a single site at the Burnholme Health and Wellbeing Campus, as part of the City of York Hub based model for community health and wellbeing.

Committee members expressed support for the model of care proposed and also some concerns about the impact on patients with regards to the move to the proposed site and specifically the impact on patient travel requirements. An update was requested for the September H+SC meeting.

#### **NHS Funding for the Health Centre Development.**

- PMG continue to have CCG support for the principles behind the development of a Hub based Integrated Health care Centre, to cater for the needs of our local population.
- The CCG Primary Care Commissioning Committee met in July and further supported the Burnholme Health Centre development to the next stage of the bidding process for Government Premises fund, called EETF. This required the CCG to commit to an uplift in notional rent to support the bid, subject to centralised NHS capital funding to support upto 40% of the estate cost. The uplift in rent alone, would not enable the build to go ahead and the EETF Estates Capital Fund is necessary to support the additional cost of the Health Centre development. PMG have committed their resources and

transfer of rent to the new centre along with investment from the three sites proposed. The outcome of the next stage of the funding rounds is anticipated in the coming months. At present, the Health Centre cannot progress, without access to this centrally allocated money.

- MPs Julian Sturdy and Rachel Maskell have been kept abreast of the challenges PMG have faced in trying to access this centralised fund and have both offered their support. They are also fully aware of the workforce challenges and recruitment difficulties York GP Practices are currently experiencing causing significant pressures on the whole NHS system locally.

### **Patient Engagement**

- PMG host a regular Patient Participation Group (PPG) and continue to discuss the future plans for the Burnholme Health Centre at these regular meetings.
- Healthwatch, following support from local Councillors, hosted a Burnholme Patient Consultation Meeting, at which Dr Broughton presented the vision, service model and patient benefits of the new Health Centre, explaining the current pressures on the primary care system nationally and locally and how such an Integrated Multi-Service model would enhance the patient experience and improve access and outcomes for vulnerable patients. At this meeting local residents asked questions and provided helpful suggestions to the PMG team and the Healthwatch team feedback from the meeting was that it was well received. Working with local third sector and community interest groups will be an integral part of the Health Centre model, should funding be forthcoming.
- Healthwatch and PMG have also worked to develop a resident/ patient questionnaire, to further gather information about the services local people hope to access at their primary care centre and also an



opportunity to gather any concerns about the change to the premises for those in the locality affected by the plans.

- Until funding for the Health Centre is secured, PMG and Healthwatch feel that undertaking this consultation exercise further, could raise hopes prematurely of a future Health Centre and should remain on pause until PMG have more concrete assurances of financial support from NHS England, to enable the Health Centre build to progress and thus genuinely consult with local residents.
- PMG sent out information via a multi-media approach at the onset of the consultation period and hold a list of nearly 100 patients, who have all expressed an interest in being involved in the co-design of a future Health Centre.
  - Options for transport for our vulnerable committees, such as the elderly, patients with learning or physical disabilities have been explored, with provisional offers to work with third sector providers in possession of suitable transport services.
  - As the Burnholme campus develops at pace, increased access to transport options are being explored by CYC to the campus and may well be in place in advance of the Health Centre potential development.

#### **Improving Access** (evenings and weekend healthcare access)

- PMG are delighted to announce that NIMBUS Alliance (of which they are a founding member) have been awarded the contract to provide Improving Access care to all the residents of Central York and Pocklington from four Hubs across the locality. The two nearest Hubs for the residents of Heworth and Hull Road wards, would be hosted at the Huntington Surgery (part of Haxby Group practice) and Jorvik Gillygate Surgery (Woolpack House). This NHS service enables greater access to routine care in the evenings and at weekends to all patients living in central York.

This page is intentionally left blank



## Health, Housing and Adult Social Care Policy and Scrutiny Committee

11 September 2018

Report of the Programme Director, Older Persons' Accommodation

### Update on the Older Persons' Accommodation Programme

#### Summary

1. This report provides an update on progress towards delivering the Older Persons' Accommodation Programme (the "Programme") including Programme delivery, resource deployment and risk. The report shows that the Programme has been successful in delivering new Extra Care accommodation, allowing an increasing number of residents with high care needs to continue to live independently, in beginning to transform the Burnholme school site and is on track to deliver at over 900 new care beds and/or Extra Care homes by 2020. The report also highlights that a further phase of the Programme is considered necessary.
2. The following summarises the status of the Programme:

Overall Status	On Target
Previous Status	On Target
Trend	Same
Risks	Under control. However, the failure to achieve planning consent for individual projects remains a key risk.
Update since last report	The Programme has progressed well and is on track to deliver 964 new units of accommodation with care for older people by 2020. Key items include: <ol style="list-style-type: none"> <li>a) Completion of the 27 home extension of Glen Lodge.</li> <li>b) The Centre @ Burnholme is complete, delivering a new library, a child care nursery and community facilities.</li> <li>c) Planning consent has been awarded for the 33 home extension to Marjorie Waite Court and a</li> </ol>

	<p>builder has been appointed to carry out this work.</p> <p>d) Executive has agreed a sustainable and long-term future for sport provision on the Burnholme site including a £2.45m investment in their rebuilding. The planning application for the works had been submitted.</p> <p>e) Executive have also agreed to investment in the extension and improvement of Lincoln Court Independent Living Scheme and the planning application for this work has been submitted.</p> <p>f) Our partner to deliver the new 80 bed care home at Burnholme will begin construction work in October 2018.</p> <p>g) All council run older persons' homes have safely closed leaving Haxby Hall the subject of a procurement to find a partner to take it on as a going concern; the preferred partner for this has been found.</p> <p>h) The planning applications for the Lowfield Green development have been granted and we will now begin procurement of a partner to deliver the care home on this site.</p> <p>i) Planning consent has, once more, been awarded for the new 64 bed care home at Fordlands Road and once the "stand still" six week period of passed, work will commence in September. The Judicial Review of the first application led that to approval being quashed and this will now be re-considered by Planning Committee.</p>
<p>Programme next steps</p>	<p>To progress the Programme the team will:</p> <p>a) Complete the sale of the Fordlands Care Home site so that construction can begin in September.</p> <p>b) Begin construction of the Marjorie Waite Court Extra Care extension.</p> <p>c) Support partners to submit the Oakhaven Extra Care scheme planning application.</p> <p>d) Procure a builder to construct the new sports facilities on the Burnholme site.</p> <p>e) When they are ready, support the Priory Medical Group to submit a planning application for the health hub at Burnholme.</p> <p>f) Begin procurement of the care home at Lowfield.</p> <p>g) Work with our preferred partner to begin the process of transferring ownership and management of Haxby Hall care home.</p>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>h) Procure a builder to undertake the works at Lincoln Court.</li><li>i) Support partners in building new care accommodation at Fordlands, Burnolme and New Lodge, Regency Mews, Green Lane and, subject to planning consent, on the Carlton Tavern site.</li><li>j) Complete the sale of Willow House and progress the future uses of the Woolnough House and Morrell House sites.</li></ul> |
|--|---|

## **Recommendations**

3. That the Committee review the update on progress to deliver the Older Persons' Accommodation Programme.
4. That the Committee note the good progress in delivering the Programme.
5. That the Committee request that a further update is presented at a future meeting.

## **Background**

6. The Health, Housing and Adult Social Care Policy and Scrutiny Committee last received an update on the Programme at their meeting on 15<sup>th</sup> January 2018 and asked for regular updates.
7. The Council's Executive on 30<sup>th</sup> July 2015 approved the Business Case for the Older Persons' Accommodation Programme. This will:
  - a) fund 24/7 care support at Auden House, Glen Lodge and Marjorie Waite Court Sheltered Housing with Extra Care schemes;
  - b) progress with plans to build a 27 home extension to Glen Lodge;
  - c) seek the building of a new Extra Care scheme in Acomb;
  - d) seek the procurement of a new residential care facility as part of the wider Health and Wellbeing Campus at Burnholme; and
  - e) encourage the development of additional residential care capacity in York including block-purchase of beds to meet the Council's needs.
8. Executive on 7<sup>th</sup> December 2016 agreed additions to the Programme:
  - a) authorising consultation on the option to seek a partner to take over the ownership and management of Haxby Hall with a commitment to deliver improved care facilities on the site; and

- b) agreeing to the procurement of a new residential care home on the Lowfield Green site.
9. Executive on 31<sup>st</sup> August 2017 agreed a further addition to the Programme:
- a) authorising a £6.6m investment in a 33 home an extension to Marjorie Waite Court Extra Care scheme.
10. Executive on 15<sup>th</sup> March 2018 agreed another addition to the Programme:
- a) agreeing investment at Lincoln Court to create an Independent Living with Support facility.
11. The context for the Programme is that there is a shortage of suitable accommodation with care for older people in York. This is caused by historic under-investment and an expected growth in the size of the over 75 population of the city (the 75+ population is expected to increase by 50% over the next fifteen years, from 17,200 to 25,800). 81% of York's 75+ population own their own home.

## **Progress Update**

### Glen Lodge Extra Care scheme

- 12. Glen Lodge is now open and operational. All flats are in use and are letting and re-letting normally. Care needs are rising, as expected.
- 13. Work is being commissioned to refurbish the original communal parts of Glen Lodge so that they compliment the new extension.

### Burnholme Health & Wellbeing Campus

- 14. The Centre @ Burnholme [library and community facility] is complete and opened to the public on 23rd June 2018. The Official Opening was held in July 2018. The building has been very well received with over a 1,000 visitors on the first day of operations.
- 15. Our partner for the Care Home @ Burnholm has appointed their builder and plan to begin construction in October 2018.
- 16. Priory Medical Group continues to progress their plans for a 4,000 m2 health hub. They plan to re-locate GP services from three centres, bringing them together at Burnholme: the surgeries at Tang Hall Lane, Millfield Avenue and Heworth Green. They have begun the appropriate consultation on these moves engaging Health Watch. They continue to work on the funding plan for the development and a revised bid for

capital grant has been submitted to the Department for Health. We await the outcome of this bid.

17. Executive at their meeting in July agreed to the investment of £2.45m in works and the management arrangements for the Sports facilities @ Burnholme.

#### Oakhaven Extra Care Facility

18. Ashley House has appointed Places for People Housing Association as partner to be involved in the management of the Oakhaven Extra Care Scheme.
19. Public engagement events in March 2018 have demonstrated support for their proposed building while also revealing some concern regarding size and position on the plot. The size of the building is determined by the need to have at least 50 apartments on site. Ashley House will now decide whether they wish to proceed to the submission of a planning application and, before doing so, will meet with the Head of Planning in September.

#### Marjorie Waite Court Extra Care scheme

20. Executive agreed in August 2017 to invest £6.6m in an extension to Marjorie Waite Court Extra Care scheme. This will deliver 29 new apartments, four new bungalows, a 172 m<sup>2</sup> community facility and enhancements to the services in the wider complex. It will include homes to rent and homes to buy.
21. The planning application for this work was approved in July 2018. Tendering for the construction work is nearly complete, with four good quality submissions. A preferred bidder will be chosen early in September 2018 and construction work will begin shortly afterwards.

#### Lowfield re-development

22. The planning application for the Lowfield site including a detailed application relating to the housing, roads and public open space and an outline application relating to the care home, health centre, roads and public open space and community & self-build were approved by the Planning Committee in August 2018.
23. Executive agreed that the Council should be the developer of the Housing on the site, delivering up to 40% affordable housing.
24. With regard to the Yorspace land, we have obtained an independent valuation of this site and entered into an Exclusivity Agreement for sale.

Yospace have secured grant to progress their proposals will now proceed.

25. Executive has noted the progress being made to deliver new football pitches at the Ashfield estate and agreed that we can engage in a Community Asset Transfer to secure their long term use. The planning application for these works has been approved and a £500,000 grant secured from the Football Foundation for a contribution to the cost of works. Contractors for the work have been procured. Works will begin this autumn and proceed into 2019.

#### Existing Older Persons' Homes

26. Executive in January 2018 agreed that we should procure a partner to take over the provision of services at Haxby Hall. This procurement has identified a preferred partner and we will now work with them to achieve the transfer and transformation of Haxby Hall. They envisage a new, 63 bed, care home being built on this site.
27. The proposal for a 64 bed care home at Fordlands has secured planning permission and construction work was planned to begin in Q1 2018. However, a request for a Judicial Review has been allowed and has concluded that this planning consent should be quashed because the judge believes that the report to planning committee contained an error of fact as regards the need for care homes within the locality, which remained uncorrected at the Planning Committee meeting. The Court decided that although the factual error was corrected at the planning committee meeting relating to the flood risk and sequential test sections of the report, it was not corrected in light of the corrected figures in respect of the principle of development and the overall planning balance. Therefore the overall effect of the original report was to mislead the committee about material matters (the level of under supply in the local area). The Council had argued that the committee was given accurate information about local need, information which was available to it when it performed the planning balance in deciding whether the application should be allowed or refused. It argued that all that needs to go into that process is accurate information and that is what happened in this case. However, a duplicate planning application was approved by Committee in July 2018 and, should this not be the subject to Judicial Review, building work will begin in September 2018.
28. The proposal to deliver 33 apartments on the Grove House site has been approved by the Area Planning Committee and the sale completed. Construction work has begun. However, the owner has subsequently sought an amendment to their planning consent in order to deliver 29 new homes. This change does not affect the sale receipt for the site.



29. McCarthy & Stone have completed the re-development of the Oliver House Older Persons' Home site (the home closed in 2012) to provide 34 retirement apartments in a scheme called Cardinal Court. The scheme was officially opened by Cllr Runciman in July 2018.
30. Executive in February agreed to sell the Willow House Older Persons' Home site on Long Close Lane, Walmgate, for £2,75m to a developer who will use the site for residential dwellings. Discussions with planning and heritage colleagues continue. The capital receipt will not be received until planning consent is granted.
31. Woolnough House older persons' home was closed in November 2017, with residents moving safely to new accommodation. The building is suffering vandalism and we therefore plan to demolish it while we await the decision on future use.
32. Following consultation on the option to close Windsor House on Ascot Way, Executive has resolved that the home should close with residents moving to new accommodation. Executive also agreed that the site should be used for the Centre for Excellence for Disabled Children and their families and the planning application for this work was submitted in July 2018. Enabling works necessitates the moving of the boiler that heats Lincoln Court next door, and this work will be combined with other improvements to Lincoln Court, subject to Member approval of the investment. Executive have approved the investment plans for Lincoln Court and we submitted the planning application for the works in August 2018.
33. Morrell House older person's home is now closed with all residents and staff moved safely to other locations. This is the last and final home which is scheduled to close.

#### New Independent Sector Care Home provision

34. The Chocolate Works care home has opened, providing 90 care beds. The Council have purchased some beds including accommodation for residents moving from Morrell House.
35. The plan to build a 76 bed care home on the site of the Carlton Tavern on Acomb Road (next door to Oakhaven) to deliver an integrated care solution for older people with a range of care needs was approved for consent by Planning Committee in October 2017. However, a challenge to that decision meant that the Committee refused the application when they met in December 2017. The applicant has submitted an appeal to the decision to withhold consent but this appeal has been refused. We will seek further information from the developer as to their proposed next steps.

36. An application to build a 66 bed care home on Green Lane in Clifton has been approved by the Planning Committee in January 2018. Construction has begun.

#### New Independent Sector Extra Care provision

37. Work has begun on the construction of the care home and Extra Care apartments at New Lodge in New Earswick. The Joseph Rowntree Housing Trust expects the first phase of accommodation to be ready by Q3 2019 and work will continue until late 2020.
38. The Abbeyfield Society has secured planning consent and Homes England grant for the construction of a 25 home extension to their scheme at Regency Mews off Tadcaster Road. We have agreed nomination rights to a proportion of these homes. Work is expected to begin later this year or early in 2019.
39. Developers have discussed care home and extra care opportunities on sites elsewhere in the city.
40. We have engaged with the York Central team to evidence the need for and benefits of accommodation with care for older people in this area.

#### Bootham Park Hospital

41. The closure of mental health in-patient services at Bootham Park Hospital and their relocation to a new site on Haxby Road has afforded the opportunity to review the future uses of the site. Included in the consideration of options for re-use is continued mental health service use through the provision of care home or Extra Care facilities on site, focused on the delivery of services for people living with dementia.
42. Advisers (IBI Group) have been appointed to evaluate the site, undertake public engagement and propose new uses for the site. They are expected to produce their recommendations in November 2018.

#### A further phase of the Programme

43. At their meeting in September, Executive will receive a review of the first phase of the Programme and be asked to authorise an examination of the need for a further phase.

#### **THE NEXT PERIOD**

44. Work will begin in Q3 2018 to procure a partner to deliver a care home on the Lowfield Green site.
45. Work will start on site at the Burnholme Care Home in October 2018.

46. The Burnholme Sports facilities planning application was submitted in August 2018. Preparation will now begin for the tendering of the building works.
47. Work will progress in order to submit a planning application for the housing development at Burnholme.
48. We will work with our preferred partner to achieve the transfer and transformation of Haxby Hall care home.
49. The preferred bidder for the Marjorie Waite Court construction will be appointed in September 2018 and will start on site shortly after.
50. We will work with a preferred builder to design and cost the Centre of Excellence and Lincoln Court with the objective of obtaining an agreed price by Q4 2018.
51. Construction of the care home at Fordlands should begin in September.
52. Subject to the outcome of discussion with the Head of Planning concerning the Oakhaven Extra Care scheme, our partner will decide if a planning application should be submitted and, if not, we will need to decide the next steps for this element of the Programme.
53. Public engagement regarding future uses of the Bootham Park Hospital site will be undertaken in September and October 2018.
54. Subject to Executive consent, a further phase of the Older Persons' Accommodation Programme will be prepared and presented to Executive Committee in November 2018.

## Moving Homes Safely

55. The Programme has, following consultation, closed six council run care homes. These have closed because the buildings are no longer fit for purpose. Residents from these homes have moved safely to other accommodation with care, as follows:

Table 1: Destination of residents moving from closed care homes

	Grove House	Oakhaven	Willow House	Woolnough House	Windsor House	Morrell House	
In hospital	0	1	5	0	1	0	6%
Haxby Hall	8	6	6	2	0	1	21%
Care Home	7	11	9	7	17	20	65%
Extra Care	1	1	1	0	0	0	3%
Out of area	0	1	1	1	2	0	5%
Home	0	0	1	0	0	0	1%
<b>TOTAL</b>	<b>16</b>	<b>20</b>	<b>23</b>	<b>10</b>	<b>20</b>	<b>21</b>	<b>110</b>

56. The Programme has been successful and is on track to deliver 964 new units of accommodation with care for older people by 2020. These homes deliver the capacity to improve a person's quality of life, including physical and mental health, wellbeing, social life, and autonomy. In addition, homes build specifically for older people to move into allow family homes to be freed up for the next generation.

## Programme Plan

57. The Programme plan is proceeding well.

Tasks & Milestones Status

On Target

Previous Tasks & Milestones Status

On Target

Tasks &  
Milestones  
Status  
Explanation

A high level project plan is in place and this will be reviewed and updated as the Programme proceeds. Detailed project plans are also in place for the individual parts of the Programme.

Key Milestones

Date	Milestone
Q3 2018	Start on site for the Fordlands care home.
Q4 2018	Start on site at the Marjorie Waite Court extension
Q4 2018	Burnholme care home start on site.
Q4 2017	Oakhaven Extra Care facility planning application submitted.
Q1 2019	Subject to award of planning consent, start on site for works to Lincoln Court.
Q1 2019	Transfer service at Haxby Hall to new provider.
Q4 2019	Complete the Fordlands care home.
Q4 2019	Complete the Burnholme care home.
2020	Complete the Oakhaven Extra Care facility.
2020	Complete the Marjorie Waite Court extension.
2021	Complete the Lowfield Green care home.

## Resources Deployed

58. The financial model for this project is now in place. The model has been used to support the Business Plan which was approved by the Executive on 30th July 2015. We have reviewed the model with the Programme Board in December 2017 and it remains on track to deliver savings of at least £553,000 by 2020.
59. Programme Board, CMT and the Executive agree that any capital receipts (up to the value of £4m) from the sale of existing elderly persons

homes are ring-fenced for use on the Older Persons' Accommodation Programme. To date, approximately £9m is expected to be received from the sale of closed care homes.

60. The £10m spent on the Glen Lodge extension and the Marjorie Waite Court extension are HRA funded investments, drawing upon grant from the Homes & Communities Agency alongside recycled Right to Buy receipts, section 106 monies as well as other funds and loans from the Council.
61. The Programme is supported by the following staff resource:
- a) A Programme Director, four days per week.
  - b) A Project Manager, three days per week.
  - c) Funded internships, approximately two per year.
  - d) Project Associate, full time until winter 2018.
  - e) Project management for the Marjorie Waite Extra Care extension and Lincoln Court works is provided by the Housing Development team.
  - f) HR, financial, legal, procurement and other advice is provided by corporate colleague or external partners.

## Programme Outcomes

62. The original target for the Programme was to deliver 533 new units of accommodation. Actual delivery is higher and is on track to deliver 964 new units of accommodation with care for older people by 2020, comprising
- 561 residential and nursing care beds; and
  - 403 homes in Extra Care schemes.
63. Of these, 242 are already in use and occupation and a further 215 under construction. The detail is as shown in Table 2 below.

Table 2: Expected outcomes from the Programme

Activity	TOTAL	2014	2015	2016	2017	2018	2019	2020
Estimated Demand based on national benchmarks		2376						2646
Availability year on year		1655	1696	1684	1777	1720	1973	2394
<b>TOTAL new provision</b>	<b>964</b>		<b>41</b>	<b>42</b>	<b>159</b>	<b>0</b>	<b>253</b>	<b>469</b>
<b>Net New provision</b>	739		41	-12	93	-57	253	421
<b>New provision with consent</b>			41	42	159	0	253	244
Sheltered Housing conversion to Extra Care	125		41	42	42			

Activity	TOTAL	2014	2015	2016	2017	2018	2019	2020
Chocolate Works Care Home	90				90			
Glen Lodge Extra Care extension	27				27			
New Lodge Care Home	44						44	
New Lodge Extra Care	105						40	65
Burnholme Care Home	80						80	
Fordlands Care Home	64						64	
Regency Mews Extra Care	25						25	
Green Lane Care Home	66							66
Lowfield Green Care Home	80							80
Marjorie Waite Court – extension	33							33
<i>Sub total, new provision</i>	<i>739</i>							
<b>Planned new provision awaiting consent</b>		0	0	0	0	0	0	225
Carlton Tavern	74							74
Oakhaven Extra Care	56							56
Lincoln Court	32							32
Haxby Hall care home - new provision	63							63
<i>Sub total, new planned provision</i>	<i>225</i>							
<b>Replaced provision</b>			0	-54	-66	-57	0	-48
Oakhaven, closed				-27				
Grove House, closed				-27				
Willow House, closed					-33			
Woolnough House, closed					-33			
Windsor House, closed						-28		
Morrell House, closed						-29		
Haxby Hall care home - replace existing								-48
<i>Sub total, replaced provision</i>	<i>-225</i>							

## 64. Risks

Risks Status

On Target

Previous Risks Status

On Target

### Key Risks

65. Key risks are kept under review and mitigations are pro-actively managed. Recent progress in mitigating risks include:

- a) The acceptance of a good offer above original estimate for the site of the Fordlands care home and the potential for a good offer for the Willow House site, subject to Executive and planning consent.

- b) Appointment of a partner to build the Burnholme care home and a partner to undertake the transfer and transformation of Haxby Hall on terms acceptable to the Council and the award of planning consent for their proposal.
- c) Award of planning consent for the Marjorie Waite Court, Ashfield Estate and Lowfield Green projects and award of a second consent for the Fordlands Road care home.

66. The key risk for the Programme as we move through 2018 is the award of planning consent. While recent positive planning decisions have been made, the change of decision regarding the Carlton Care Home (a change from approve to refuse) and the Judicial Review of the Fordlands planning consent approval illustrates the risk that failure to achieve planning approval poses to the delivery of new accommodation with care at these sites and elsewhere. Therefore, achievement of planning consent remains a key risk to the Programme.
67. A further key risk remains lack of partner interest in our proposals. Once more, good interest has been shown in the offer at Burnholme but we have yet to see sufficient progress at Oakhaven to satisfy a reduction in the risk score in this respect. Further, as we seek a partner for the Lowfield Green care home we must keep in mind the risk of lack of interest.
68. Other risks for this project have been identified and appropriate mitigations have been identified and will be managed.

	<b>Risk</b>	<b>Control/action</b>	<b>Gross</b>	<b>Net</b>
69.	Anticipated level of capital receipts not realised.	Work closely with partners and CYC finance to maximise capital receipts. Good receipts have been received.	<b>19</b>	<b>1</b>
70.	Incorrect procurement of capital works.	Applying due diligence to ensure Council's normal approach to procurement of capital works.	<b>13</b>	<b>2</b>
71.	Increase in interest rates.	Ensure impact is capped or controlled through the contracts. No borrowing has been undertaken to progress the project.	<b>13</b>	<b>8</b>

	<b>Risk</b>	<b>Control/action</b>	<b>Gross</b>	<b>Net</b>
72.	Rising cost of external residential care providers.	Agreement of the Actual Cost of Care rates for a three year period.	<b>19</b>	<b>14</b>
73.	Project does not deliver the right number and type of care places required by the city.	Good progress has been made in delivering a range of accommodation with care options across the city.	<b>19</b>	<b>6</b>
74.	Loss of morale for existing OPH staff leading to negative impact on service provided to current OPH residents.	Maintain staff morale and focus through regular briefings. This approach has proved to be successful and is embedded at Haxby Hall as we take that staff team through change.	<b>19</b>	<b>2</b>
75.	Challenge and negative publicity from existing OPH residents and relatives.	Development of good communications via briefings to residents and relative, Executive, group leaders, TUs, OPH Management & Staff, OPH Programme Wider Ref Group, media etc. Reaction to change has been neutral or positive.	<b>19</b>	<b>2</b>
76.	Burnholme - Disposal of redundant school assets not approved by Department for Education.	Consent awarded.	<b>8</b>	<b>0</b>
77.	No long term commitment from NHS Provider Organisations.	Early engagement with CCG as commissioning body. Bidding for development resources.	<b>19</b>	<b>14</b>
78.	Burnholme - Private Sector not attracted to financial viability.	Partner appointed to deliver the care home at Burnholme.	<b>19</b>	<b>8</b>



	<b>Risk</b>	<b>Control/action</b>	<b>Gross</b>	<b>Net</b>
79.	Burnholme - Planning Permission not granted / onerous.	Planning consent awarded for two of the five elements of the development, both without public objection.	<b>18</b>	<b>12</b>
80.	Burnholme - Phasing & Construction Conflict.	Consider in deliberations regarding commercial options.	<b>19</b>	<b>14</b>
81.	Burnholme - Construction Costs exceed pre-tender estimates.	Secure qualified technical advice when considering financial modelling, anticipate need for value engineering.	<b>19</b>	<b>14</b>

### Contact Details

<b>Author:</b>	<b>Chief Officer responsible for the report:</b>		
Roy Wallington Programme Director, Older Persons' Accommodation Tel: 01904 552822 Email: roy.wallington@york.gov.uk	Michael Melvin, Assistant Director, Adult Social Care Tel: 01904 554155		
	<b>Report Approved</b>	✓	<b>Date</b> 22 <sup>nd</sup> August 2018
<b>Specialist Implications Officer(s)</b> Legal – Walter Burns (Ext 4402); Gerard Allen (Ext 2004) Finance – Debbie Mitchell (Ext 4161) and Steve Tait (Ext 4065) Property – Philip Callow (Ext 3360) and Ian Asher (Ext 3379)			
<b>Wards Affected:</b> <i>List wards or tick box to indicate all</i>			<b>All</b> ✓
<b>For further information please contact the author of the report</b>			

This page is intentionally left blank



---

**Health, Housing and Adult Social Care Policy  
Scrutiny Committee**

**11 September 2018**

Report of the Assistant Director – Joint Commissioning

**Update on the Care Quality Commission Local System Review Action Plan**

**Summary**

1. This report provides an overview of the Care Quality Commission (CQC) Local System Review Programme. The report highlights the key findings and recommendations for York, provides information on the local improvement plan and our current position on implementation of CQC recommendations.

**Background**

2. The Care Quality Commission (CQC) was commissioned to review twenty local systems during 2017 -18, focusing on how local services work together to support older people at the interface of health and social care.
3. The local system is defined by the Health and Wellbeing Board area, and therefore the City of York Council area. A performance dashboard of six key indicators was used to identify the initial programme of reviews. York was among the first twelve areas to undergo a review in this new methodology.
4. The review took place during the autumn of 2017, and included two onsite periods with focus groups, interviews and visits to services as well as documentary evidence provided by the full range of local partners.
5. The CQC Local System Review concluded with the publication of their report on 22<sup>nd</sup> December 2017. The full report is available at: <https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

6. CQC has continued with the programme of reviews, publishing the national report on the first twenty areas in July 2018. It is available at: <https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england>
7. In this national report, CQC summarise the ingredients for effective system-working as follows:
  - a common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
  - effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
  - strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
  - joint funding and commissioning
  - the right staff with the right skills
  - the right communication and information-sharing channels
  - a learning culture.
8. The thirteen recommendations for York address these aspects of joint working.

York Health and Wellbeing Board (HWBB) was required to submit an Action Plan to the Department of Health (now Department of Health and Social Care, DHSC) by 31st January 2018. A summary of the plan is available at:

<http://democracy.york.gov.uk/ieListDocuments.aspx?CIId=763&MIId=10242&Ver=4>

The HWBB was advised by the Social Care Institute for Excellence on the development of the plan prior to submission, as part of the process.

The plan included clear milestones and target dates for each recommendation. A high proportion of these have now been delivered as they focused on putting in place the arrangements for joint working. Achieving the improved outcomes for local people will be measured over the longer term.

9. The Place Based Improvement Partnership was established at the beginning of 2018, to take forward the Action Plan with a view to developing this as a single plan for improvement across the city.

The membership is at the most senior officer level of City of York Council, York CVS, NHS Vale of York CCG, York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Trust, GP Board Representative, NHS England and North Yorkshire Police.

Chaired by the Chief Executive of City of York Council, two meetings have been held so far, with the next on 5 September. The group has identified key work streams which align with the work of the wider Humber, Coast and Vale Sustainability and Transformation Plan.

10. A 'refresh' of the Improvement Plan has been undertaken with partners, and aligned to other existing programmes of work (such as the Complex Discharge Steering Group) to avoid duplication. The revised plan has been streamlined to focus on the operational work required over coming months. It will be shared with the Place based Improvement Partnership.

### **Progress to date – headlines**

11. The Improvement Plan grouped the thirteen recommendations under three overarching strategic goals.

R	Strategic Goal	Progress so far
A	Single plan for City of York	See below: recommendations 1 - 3
1	System Vision for STP footprint	CYC and the partners of the Place Based Improvement Partnership (PBIP) are engaging in the emerging arrangements for the Integrated Care Systems and Partnerships, with PBIP priorities aligned to STP work-streams (Digital, Estates & Capital, and Workforce).
2	Develop relationships across system	Place Based Improvement Partnership (PBIP) has been established, chaired by Mary Weastell. PBIP named leads are sponsoring the improvement activity

		<p>described in the plan.</p> <p>It is expected that this partnership will strengthen opportunities for future integration.</p>
3	Clear evaluation to demonstrate impact	<p>Arrangements are in place for PBIP to monitor delivery against the improvement plan, with shared agreement to fully resource the programme management of this task.</p> <p>BCF Performance Framework has been developed and resourced, to build and maintain our business intelligence on activity and outcomes, linked to BCF investment.</p> <p>Quarterly returns to government are co-produced through the multi-agency group.</p> <p>In May we held the annual evaluation event for schemes funded through BCF.</p>

B	Enabling Integration	See below: recommendations 4 - 7
4	Move towards joint commissioning	<p>Assistant Director – Joint Commissioning has been recruited across CCG and CYC.</p> <p>Regular forum for operational development of Joint Commissioning has been in place for 12 months, involving CCG and CYC officers.</p> <p>Regular strategic forum across CCG and CYC is well established, and is being developed as a Steering Group, building on the progress of the Place Based Improvement Partnership. The CCG Capacity and Capability Programme has created a further opportunity to cement positive working relationships at the most senior level, fostering the conditions for integration.</p>
5	System wide response to managing market sustainability	<p>Ongoing development of the Market Position Statement as a live document with collaboration across health and care sectors.</p> <p>Shared investment in Independent Care Group (ICG) across NYCC and CYC to</p>

		<p>enable dialogue and partnership with sector.</p> <p>Collaboration on key areas of work, between partners (NHS providers and CYC and CCG commissioners, including CHC/complex care/Quality team) on long term areas such as provider forums, Partners in Care etc. as well as responding to emerging issues and risks (such as safeguarding concerns and home closures).</p>
6	IT interconnectivity and information sharing	<p>Multi-agency Digital Roadmap and IT Integration working group in place since November 2017. Established sound working relationships to build regular communication.</p> <p>Initial focus on addressing frontline requirements for digital integration and information sharing via the One Team.</p> <p>Engagement in regional and sub-regional arrangements under STP, including Scarborough and Ryedale Digital Transformation Board.</p>
7	Share learning and experience across staff groups	<p>Workforce development activity has been developed and undertaken under the Complex Discharge Working Group, and as part of the development on Continuing Health Care (CHC).</p> <p>PBIP Workforce strategy is in development and will align to STP strategy. There remains a legacy of workforce strategy having been focused on individual organisations more than system wide development.</p>
C	Right Care, Right Time, Right Place	See below: recommendations 8 -13
8	Communicate more effectively with people who use services	<p>LiveWellYork website is now live.</p> <p>CYC Talking Points have been established, offering easier access to social care advice in the community.</p> <p>Local Area Co-ordination has been</p>

		expanded.
9	Integrated assessment and reviews	This forms part of the High Impact Change Model (see recommendation 10).
10	Prioritise High Impact Change Model (HICM)	This work is led by the Complex Discharge Steering Group, which reports to the A&E Delivery Board. Progress is reported quarterly via the Better Care Fund (BCF) self assessment to NHSE. The HWBB received an update on this in July 2018. A description of the HICM is attached at ANNEX 1.
11	Fully implement 7 day working so people can return home	This forms part of the High Impact Change Model (see recommendation 10).
12	Embed medicine optimisation across system	<p>NHS Vale of York CCG is the lead CCG for the STP on medicines optimisation in care homes (MOCH) programme.</p> <p>VoY have received funding from NHS England for MOCH (~£70,000)</p> <p>This will be used to fund 2 WTE clinical pharmacists to conduct medication reviews in care home patients, with a specific focus on frail elderly and polypharmacy.</p> <p>York Trust will be providing the pharmacists and these pharmacists will be asked to work across the different sectors and liaise with key stakeholders regarding their work.</p> <p>They are going on their training in September to start the MOCH programme shortly after.</p>
13	CHC arrangements should be more robust and person centred	<p>A multi-agency working group is in place, linked to the Complex Discharge Steering group.</p> <p>Governance arrangements for decision making on individual cases have been improved. A dispute resolution protocol (relating to funding decisions) has been developed between agencies.</p> <p>Joint training has been developed and</p>



		<p>delivered for nursing and social work staff.</p> <p>A revised national framework is being introduced in October. Local arrangements are being refreshed in this context.</p> <p>Fewer Decision Support Tools (DST) being completed in hospital (the target is no more than 15%).</p> <p>The timeliness of DSTs is being improved (the target is 80% within 28 days).</p>
--	--	---

### Consultation

11. The multi-agency response to the CQC review has been overseen by the HWBB. The plan has been circulated to nominated lead individuals in each organisation to ensure that it does not duplicate existing work.

### Options

12. There are no options associated with this report which is an update on progress.

### Analysis

13. Not applicable.

### Council Plan

14. There are no proposals linked to this report.

### Implications

15.

- **Financial** (Contact – Director of Resources)

Both the CCG and CYC finances are affected by the level of CHC expenditure. People who fund their own care may become entitled to NHS funding if and when their needs change.

Some of the CQC recommendations require financial investment, or the commitment of resources such as staff time.

- **Human Resources (HR)** (Contact – Head of HR)

Workforce development is an important element of the programme to improve delivery across the health and social care system.

- **Equalities** (Contact – Equalities Officer)

No specific relevance

- **Legal** (Contact – Head of Legal and Democratic Services)

The overarching recommendations of the CQC report are intended to support York to achieve the strategic and operational aims of the Care Act 2014.

Recommendation 6: information sharing and IT integration must be based on sound Information Governance between and across organisations.

Recommendation 13: CHC is a legal framework with which we must comply.

- **Crime and Disorder** (Contact - Senior Partnerships Support Officer, Community Planning & Partnerships)

No relevance

- **Information Technology (IT)** (Contact – Head of IT)

No specific relevance, beyond the work described to address recommendation 6.

- **Property** (Contact – Property)

No relevance

- **Other**

No relevance

## **Risk Management**

16. There are no known risks associated with this report.

Many areas of the CQC review reflect the high risk nature of the health and social care system.

Failure to achieve improvement in outcomes for local people would have a negative impact on the reputation of all organisations, and more critically, would mean that people do not experience the desired quality of life.

### Conclusions

17. Since the publication of the CQC report in December 2017, partner agencies in York have been working together to implement the thirteen recommendations.

Many of the performance measures associated with the instigation of the review remain highly challenging.

### Recommendations

Scrutiny committee to receive this report.

### Contact Details

**Author:**

Pippa Corner  
Assistant Director – joint  
Commissioning,  
CYC / VoY CCG  
tel: 01904 551076

**Chief Officer Responsible for the report:**

TBC

**Report Approved**  **Date** 7/03/2016

**Specialist Implications Officer(s)** *List information for all*

*Implication ie Financial*

*Name*

*Title*

*Tel No.*

*Implication ie Legal*

*Name*

*Title*

*Tel No.*

**Wards Affected:** *List wards or tick box to indicate all*

**All**  *tick*

**For further information please contact the author of the report**

## **Background Papers:**

***All relevant background papers must be listed here. A ‘background paper’ is any document which, in the Chief Officer’s opinion, discloses any facts on which the report is based and which has been relied on to a material extent in preparing the report (see page 5:3:2 of the Constitution).***

## **Annexes**

### **Annex 1**

High Impact Change Model – a summary description is below. Information and resources about the model can be accessed via this link:

<https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/high-impact-change-model>

## 4. The model

### **Change 1**

**Early discharge planning.** In elective care, planning should begin before admission. In emergency/ unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.

### **Change 2**

**Systems to monitor patient flow.** Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.

### **Change 3**

**Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector.** Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities, promotes effective discharge and positive outcomes for patients.

### **Change 4**

**Home first/discharge to assess.** Providing short-term care and reablement in people’s homes or using ‘step-down’ beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

### **Change 5**

**Seven-day service.** Effective joint 24/7 working improves the flow of people through the system and across the interface between health and social care meaning that services are more responsive to people’s needs.

### **Change 6**

**Trusted assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

### **Change 7**

**Focus on choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options. The voluntary and community sector can be a real help to patients in supporting them to explore their choices and reach decisions about their future care.

### **Change 8**

**Enhancing health in care homes.** Offering people joined-up, coordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

## Abbreviations

- 1 Care Quality Commission (CQC)
- 2 York Health and Wellbeing Board (HWBB)
- 3 Department of Health and Social Care (DHSC)
- 4 York Centre for Voluntary Service (CVS)
- 5 National health Service (NHS)
- 6 Vale of York Clinical Commissioning Group (VoY CCG),
- 7 York Teaching Hospital NHS Foundation Trust (FT)
- 8 General Practitioner (GP)
- 9 Sustainability and Transformation Partnership (STP)
- 10 Place Based Improvement Partnership (PBIP)
- 11 Better Care Fund (BCF)
- 12 City of York (CYC)
- 13 Independent Care Group (ICG)
- 14 North Yorkshire County Council (NYCC)
- 15 Continuing Health Care (CHC)
- 16 Information Technology (IT)
- 17 High Impact Change Model (HICM)
- 18 Accident and Emergency (A&E)
- 19 NHS England (NHSE)
- 20 Medicines Optimisation In Care Homes (MOCH)
- 21 Whole Time Equivalent (WTE)
- 22 Decision Support Tools (DST)

This page is intentionally left blank



---

**Health, Housing and Adult Social Care Policy  
and Scrutiny Committee****11 September 2018**

Report of the Assistant Director – Legal &amp; Governance

**Commissioned Substance Misuse Services Update Report****Summary**

1. This report informs the Health, Housing and Adult Social Care Policy and Scrutiny Committee of the early work undertaken by the Task Group set up to examine commissioned substance misuse services in York and asks Members to agree the aims and objectives proposed by the Task Group.

**Background**

2. In the summer of 2016 City of York Council retendered for drug and alcohol services in York and the contract was secured by Changing Lives, a national charity specialising in services for vulnerable and socially excluded people with expertise in the field of addiction and recovery, and Spectrum Community Health CIC, a not-for-profit social enterprise delivering, among other things, substance misuse services. They took over the service in July 2017.
3. The contract was awarded for 3 years with an option to extend by 2 years plus consideration of a further 2 years extension, subject to performance, up to a maximum of 7 years. Extensions will be based on performance related quality measures and delivery of key outcomes.
4. As a consequence of Department of Health cuts to local authority Public Health Grant Allocations and projected further budget reductions, there was a need to make a budget reduction of £550,000 over the first 5 years of the contract, with the reductions over the first 3 years of the contract being end loaded.
5. A meeting of this Committee in June 2018 considered a scoping report on Commissioned Substance Misuse in York following a scrutiny topic registration submitted by then Committee Member Cllr Pavlovic. The

specific topic area was to look at the impact and outcomes of the substance misuse contracts and to consider the implications on service delivery of efficiency savings on the contract.

6. The Committee agreed the topic was suitable for scrutiny review and appointed a Task Group comprising Cllrs Cuthbertson and Richardson and Cllr Pavlovic as a co-opted member following his switch from the Health, Housing and Adult Social Care Policy and Scrutiny Committee to another scrutiny committee.
7. The Task Group met for the first time in mid June to consider a draft remit and in late June they met the Director of Public Health and Public health Specialist Practitioner Advanced to refine the remit and the Task Group's Terms of Reference.

### **Purpose of the scrutiny review**

8. The purpose of this review is to ensure that the specialist drug and alcohol service, operating within a reduced budget, will continue to provide a safe service which meets the national safe governance standards within the new contract service design.
9. It will ensure that all elements of the wider substance misuse pathway, outside the specialist contracted service is delivered in a safe format within the national governance standards.
10. The review will enable members to establish the impact of the new service delivery model and how this will impact York residents and other services within the City. By analysing the expected changes to service delivery members will be able to understand how this will impact current and future service users and the wider population. Members will be also able to identify any emerging risks requiring further analysis/action.

### **Draft Remit**

11. Aim

To identify the potential impact of:

- Planned budget reductions within the externally contracted specialist service commissioned by CYC.



- System wide investment/disinvestment by partner organisations across the City.
- Analysis of the potential short, medium and long term impacts of budget reductions, which drive proposed service reductions.

12. Objectives:

- To investigate the proposed changes to drug and alcohol service investment.
- To investigate the current use of public health grant to support mandated and prescribed functions of LAs including drug and alcohol services.
- Understand the whole system of care for drug and alcohol service users beyond the contracted specialist service and whole package of investment across the city.
- Analyse the potential impact of planned public health budget reductions and as a result specialist drug and alcohol service reductions on a range of areas such as:
  - existing service users
  - future referrals to use the service (new people)
  - on other service areas such as demand on GP's
  - crime and disorder rates
  - drug & alcohol related deaths
  - financial cost to other service areas (DTORs study)
  - perpetuating intergenerational use, children growing up in drug alcohol using households, demand on social care

**Investigation areas**

13. To progress the review the Task Group will need to understand:

- Current and future financial investment into specialist services
  - CYC Investment
  - Public Health Grant specific investment
  - Partners external to CYC investment

- Time line of investment changes
- Comparative investment with statistical neighbours
- Evaluation of public health grants investment on mandated v none mandated functions.
- Understanding the fixed costs of service delivery for specialist drug and alcohol service to meet current client group
- Current and future investment into drug and alcohol service (non specialist)
  - CCG – prevention and early intervention, GP's
  - Office of the Police and Crime Commissioner (OPCC) – crime and disorder, prisons
  - CYC general funding – schools, social care, alcohol prevention
  - PH funding – prevention and early intervention
- Prevalence of people with drug and alcohol issues in York
- Current service offer and budget
- New service offer and budget
  - Proposed areas of service reduction
- Procurement process undertaken for the new contract
- From research evidence: how effective support for people using drugs and alcohol is provided, taking account of the diverse needs of service users, how good outcomes are achieved
- How performance is measured within contracts
- How performance is measured nationally

#### 14. Young People

- Identify investment into school based education

- Identify the governance and responsibility for school based service delivery
  - Individual schools funding
  - Young peoples directorate responsibility
  - Commissioned services responsibility
- Establish what work is carried out in schools to educate young people on the dangers of drug and alcohol addiction
  - Partners responsible for this delivery
  - Type of delivery research suggests works
  - What is delivered

**Considering the impact of reduced funding:**

15. Drug and alcohol misuse has a significant cost; in human terms with the impact on the individual, their family and friends and the wider community, and also in financial terms for service providers such as the police and health. Ensuring an effective treatment and recovery service is in place helps to prevent a wide range of issues that result from misuse of drugs and alcohol, such as:

- direct impact on service offer, reduction in treatment places, service areas to be cut, waiting times, thresholds for service
- harm to self and potentially to others, for example during pregnancy, discarded sharps or cross infection
- drug and alcohol use may impact on other family members including children, through financial problems or domestic abuse as well as safeguarding concerns
- impact on the person's employment opportunities and economic activity
- impact on individual life expectancy and healthy life expectancy
- mental ill health impacts on physical health and vice versa
- risks to maintaining accommodation and potential homelessness
- risk of engaging in criminal activity

- risk of contracting or transmitting infectious disease
- drug related death
- financial impact on other service delivery areas

### **Consultation**

16. It is expected that during the course of the scrutiny review the Task Group will meet with representatives from Changing Lives; Vale of York Clinical Commissioning Group; Probation Service; Public Health; Office of the Police and Crime Commissioner and Public Health, among others.

### **Options**

17. The Committee can:
- i. Endorse the scrutiny review remit as proposed by the Task Group;
  - ii. Identify any other areas worthy of investigation;
  - iii. Reject the proposed remit and invite the Task Group to identify new aims and objectives

### **Analysis**

18. There is no analysis in this report. A full analysis will be provided after all the relevant information has been considered by the Task Group.

### **Council Plan**

19. This review directly relates to A Focus on Frontline Services priority in the Council Plan 2015-19 in that it will help ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

### **Implications**

20. There are no implications arising from the recommendations in this report. Implications arising from the recommendations in the draft final report will be addressed accordingly.

## Risk Management

21. There are no risks arising from the recommendations in this report. However, if the commissioned substance abuse service in York proves to be ineffective and not responsive to local needs this could potentially bring risks to long term conditions, death rates, levels of crime and disorder and anti-social behaviour, adult social care and wider costs to society.

## Conclusions

22. Conclusions will be made once all the evidence has been gathered by the task Group.

## Recommendation

23. That the Committee endorse the draft remit proposed by the Task Group to enable the Task Group to progress this scrutiny review.

Reason: To comply with scrutiny protocols and procedures.

## Contact Details

### Author:

Steve Entwistle  
Scrutiny Officer  
Tel: 01904 554279  
[steven.entwistle@york.gov.uk](mailto:steven.entwistle@york.gov.uk)

### Chief Officer Responsible for the report:

Andrew Docherty  
Assistant Director – Legal & Governance  
Tel: 01904 551004

Report Approved  Date 9/08/2018

Wards Affected:

All

For further information please contact the author of the report

This page is intentionally left blank

## Health, Housing and Adult Social Care Policy and Scrutiny Committee

### Work Plan 2018-19

20 June 2018 @ 5.30pm	<p><b>Housing</b></p> <ol style="list-style-type: none"><li>1. Attendance of Executive Member for Housing and Safer Neighbourhoods</li></ol> <p><b>Health</b></p> <ol style="list-style-type: none"><li>2. Business case for new mental health hospital for York</li><li>3. CCG report on Patient Transport Services for York</li><li>4. Unity Health Report on patient communication problems</li><li>5. Report on sexual health re-procurement.</li><li>6. Scoping report on Commissioned Substance Misuse Services</li><li>7. Work Plan 2018-19</li></ol>
25 July 2018 @ 5.30pm	<p><b>Health</b></p> <ol style="list-style-type: none"><li>1. Attendance of Executive Member for Health and Adult Social Care</li><li>2. HWBB Annual Report including review of Health and Wellbeing Strategy and update on new Mental Health Strategy</li><li>3. End of Year Finance and Performance Monitoring Report</li><li>4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services</li><li>5. Safeguarding Vulnerable Adults Annual Assurance Report</li><li>6. Work Plan 2018-19</li></ol>

<p>11 Sept 2018 @ 5.30pm</p>	<p>1. 1<sup>st</sup> Quarter Finance and Performance Monitoring report</p> <p><b>Health</b></p> <p>2. Update on Unity Health Actions to improve patient communications and CQC inspection.</p> <p>3. Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre</p> <p>4. Update Report on Elderly Persons' Accommodation</p> <p>5. Delivery of CQC Local System Review Action Plan</p> <p>6. Substance Misuse Services Scrutiny Review Update Report</p> <p>7. Work Plan 2018-19</p>
<p>16 Oct 2018 @ 5.30pm</p>	<p><b>Housing &amp; Community Safety</b></p> <p>1. Safer York Partnership Bi-annual Report</p> <p>2. Update on Community Policing</p> <p>3. Update report on implementation of new licensing laws for HMOs</p> <p>4. Work Plan 2018-19</p>
<p>14 Nov 2018 @ 5.30pm</p>	<p><b>Health</b></p> <p>1. Report on aims of Oral Health Action Team</p> <p>2. Report on engagement around Home First Strategy</p> <p>3. Overview report on student health services</p> <p>4. Healthwatch York six-monthly Performance Report</p> <p>5. Overview report on self-harm and suicide prevention</p>



	6. Work Plan 2018-19
12 Dec 2018 @ 5.30pm	1. Update Report on progress of CYC Asset/Place-based approach to working. 2. Work Plan 2018-19
15 Jan 2019 @ 5.30pm	1. 2 <sup>nd</sup> Quarter Finance and Performance Monitoring Report  <b>Health</b> 2. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 3. Work Plan 2018-19
12 Feb 2019 @ 5.30pm	1. Work Plan 2018-19
12 March 2019 @ 5.30pm	1. 3 <sup>rd</sup> Quarter Finance and Performance Monitoring Report <b>Health</b> 2. Healthwatch York six-monthly Performance Report  <b>Housing</b> 3. Safer York Partnership Bi-Annual report 4. Draft Work Plan 2019-20

This page is intentionally left blank