



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

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

**Date:** Tuesday, 22 December 2015

**Time:** 4.00 pm

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

**AGENDA**

**1. Declarations of Interest (Pages 1 - 2)**

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

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

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

**2. Minutes (Pages 3 - 18)**

To approve and sign the minutes of the meetings of the Health and Adult Social Care Policy and Scrutiny Committee held on 24 November 2015 and 1 December 2015.

**3. Public Participation**

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

**Monday 21 December 2015 at 5:00 pm.**

## **Filming, Recording or Webcasting Meetings**

*Please note this meeting may be filmed and webcast and that includes 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:*

*[https://www.york.gov.uk/downloads/file/6453/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_council\\_meetingspdf](https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf)*

### **4. Re-procurement of Community Equipment and Wheelchair Services** (Pages 19 - 24)

This report is to inform Members of progress associated with the current re-procurement of community equipment and wheelchair services, across North Yorkshire, led by Vale of York Clinical Commissioning Group (CCG). In addition, a brief update is provided with regards to rapid improvement work also underway relating to wheelchair services.

### **5. Update on Bootham Park Hospital** (Pages 25 - 38)

This report and its annexes provide the Health & Adult Social Care Policy & Scrutiny Committee with information around the closure of Bootham Park Hospital and the plans that have been made to return services to York as soon as possible.

### **6. Work Plan 2015-16** (Pages 39 - 42)

Members are asked to consider the Committee's work plan for the municipal year 2015-16.

### **7. Urgent Business**

Any other business which the Chair considers urgent.

## **Democracy Officer:**

Name- Judith Betts

Telephone – 01904 551078

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

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

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

Contact details are set out above

**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**

This page is intentionally left blank

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

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

Councillor S Barnes      Works for Leeds North Clinical Commissioning Group

Councillor Cannon      Member of Health and Wellbeing Board

Councillor Craghill      Member of Health and Wellbeing Board

Councillor Doughty      Member of York NHS Foundation Teaching Trust.

Councillor Douglas (Substitute)      Council appointee to Leeds and York NHS Partnership Trust.

Councillor Richardson Niece is a district nurse.  
Undergoing treatment at York Pain clinic and awaiting surgery for knee operation.

This page is intentionally left blank

City of York Council

Committee Minutes

---

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	24 November 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

### 39. Declarations of Interest

Members were asked to declare any personal, prejudicial or disclosable pecuniary interests which they might have in respect of the business on the agenda.

Councillor Cuthbertson declared a personal interest in Agenda Item 5 (Chair's Report- Health and Wellbeing Board) as the Chair of the Health and Wellbeing Board was his wife.

Councillor Richardson asked that his standing declaration of interest be amended as he was no longer undergoing treatment at Leeds Pain Unit as he had been referred to York Pain Clinic and was awaiting surgery for a knee operation.

No other interests were declared.

### 40. Minutes

Resolved: That the minutes of the meeting held on 20 October 2015 be signed and approved by the Chair as a correct meeting subject to the following amendments and additions;

Minute Item 35 (Public Participation) "Chris Brace who spoke on behalf of York ~~Older~~ People's Assembly"

Minute Item 37 (Bootham Park Hospital Closure):

Councillor Craghill felt that her call to make a standing item to monitor progress on the Bootham Park Hospital work plan had not been reflected in the minutes and asked for this to be added. The Chair commented that the Clinical Commissioning Group and Tees, Esk and Wear Valleys NHS Foundation Trust were attending the

Committee meeting on 22 December and that they would be able to give an update on the situation.

Councillor Barnes stated that he had asked TEWV's representative if they were happy to liaise with a service user who had spoken at the meeting regarding her peers who were without care plans. TEWV's representative said that she would liaise with the service user and give an update on their dialogue to the Committee. He asked for this to be added to the minutes.

Councillor Cuthbertson pointed out that he had already registered a scrutiny topic covering the closure of the hospital; a full scale independent enquiry would take time to convene, would last some months, would be costly and may not give a conclusive outcome. However, no one opposed the call and welcomed the investigation. He requested that this be added to the minutes.

#### **41. Public Participation**

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme.

Gordon Hart, who represented the Pain Management Group, spoke on the topic of Pain Management. He informed the Committee that up until 2009, the Primary Care Trust, provided funding for spinal injections for pain relief. This funding was cut in 2009 and nothing had replaced it. He spoke about the chronic pain that sufferers endured and how it affected them. He commented that sufferers had managed to combat their pain through an NHS top up scheme through York Hospital's Pain Clinic but some people had paid more £2000 in total for spinal injections.

Dr Jenny Jessop, a retired chronic pain consultant informed Members that when spinal injections were withdrawn in 2009 they were a standard form of treatment. She stated although it was the prerogative of the commissioners to withdraw the funding, she objected to it being taken away without an alternative as there was evidence that the patients were benefitting from the injections. The proof for this was that patients were willing to pay £200 a time for injections.

Discussion took place in which the following points were raised;



- The injections had stopped without public consultation and no questions had been asked whether the patients had derived benefit from the injections.
- Nationally, Sheffield had stopped funding pain injections but East Yorkshire still provided funding.
- Research into chronic pain was of poor quality and variable, some patients responded well to injections whilst others did not.
- Constant lobbying had taken place with MPs; the Pain Management Group had spoken to the Health Minister and had been to the Health Service Ombudsman.
- It was not illegal for the Health Service Authority to make decisions to stop providing services if it could justify those decisions.

It was suggested that it would be reasonable to write to the CCG to ask for the rationale behind stopping the funding, as it was their decision whether to reinstate it.

#### **42. Care Quality Commission Quality Report for York Teaching Hospital NHS Foundation Trust**

Members received a report and associated annexes which presented them with the Care Quality Commission's (CQC) Quality Report following its planned inspection of York Teaching Hospital NHS Foundation Trust, and the Trust's response to the CQC's inspection.

The Hospital's Deputy Chief Executive, Mike Proctor introduced the report. The hospital's Deputy Chief Executive, Mike Proctor introduced the report. He accepted that the 4 hour waiting time in the Emergency Department was still a challenge and that an Action Plan would be received by the Hospital's Board. The Chair requested that the Chief Executive return to the Committee to give an update on the Action Plan in January.

In response to a question from a Member about staffing, he said that he felt the root cause of the Hospital's quality and financial performance issues was lack of staff.

Further discussion took place and the following issues were raised;

- Delayed Transfers of Care- The Deputy Chief Executive expressed the feeling that acute hospitals were not the best

place for elderly people and it would expand the need for residential care.

- Bed Occupancy Rates- 85% is the satisfactory rate but this is a theoretical dream. While the hospital roughly discharges as many as it admits there were times when this puts pressure on beds during the day and the hospital was trying to bring forward the discharge of patients to get ahead of the discharge curve.

The Chair thanked the Deputy Chief Executive for presenting the report and answering Members questions.

Resolved: (i) That the report be noted.

(ii) That an update on the Hospital's Action Plan be received by the Committee at a future meeting.

Reason: To keep the Committee updated on the performance of York Teaching Hospital NHS Foundation Trust.

#### **43. Chair's Report-Health and Wellbeing Board**

Members received a report from the Chair of the Health and Wellbeing Board which updated them with the work of the Board. The Chair was in attendance to answer Members questions.

The Chair of the Health and Wellbeing Board informed Members that the Board had yet to finalise a communications strategy, and it was her intention to produce an external newsletter which would be circulated to Members.

A Member queried to what extent things had changed or were changing in relation to the way the Health and Wellbeing Board operated. The Chair confirmed that the Health and Wellbeing Board were undergoing a self audit in consultation with the Local Government Association. She felt that there were signs of clearer partnership working in the development sessions which were held between Board Meetings.

Discussion took place on membership of the Board. It was noted that new members had recently been appointed, although organisations had been invited not people. The Chair felt there was still a lack of representation from the Independent Care Sector.

In respect of one organisation that was represented on the Health and Wellbeing Board, the Vale of York CCG, Councillor Barnes questioned why the Interim Director of Public Health, was not invited to become a Board Member on the Vale of York CCG's Board. The Interim Director responded that she had been invited to attend the Vale of York CCG's Board Meeting, but not as a Board Member. The Chair stated that perhaps the issue should be raised with the CCG themselves at a future meeting.

Finally, the Chair of the Health and Wellbeing Board added that her two main targets for the Board in the coming year were to make the Board more open and to raise the profile of mental health.

The Chair thanked the Chair of the Health and Wellbeing Board for her report and attending the Committee and answering Members questions.

Resolved: That the report be noted.

Reason: To keep Members of the Health and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Board.

#### **44. Health Checks for People with Learning Disabilities**

Members received a report about the programme for providing health checks for people with learning disabilities. It presented them with the latest activity data and highlighted recent engagement with service users and actions that were being taken to improve take up of the service.

The Interim Director of Public Health clarified to the Committee that there had been confusion between these health checks and the NHS Health Checks which were different, mainly as they had been abbreviated to health checks. The Committee also needed to be aware that this was an NHS England commissioned service and that the Council had no direct authority over the service.

Members felt that it was disappointing that few GPs took on the service even though they received funding for it. It was reported that it was a voluntary service and that GPs were not required to offer it. However the Council were looking to commission a new wellbeing service to be offered to vulnerable groups, so it could consider

participate in that scheme. Some Members suggested writing to NHS England about the Committee's concern regarding the low take up amongst GP services in the city.

The Interim Director of Public Health suggested that in order to encourage dialogue given that there was a representative of NHS England and the Vale of York CCG on the Health and Wellbeing Board that it could be taken by the report to the Health and Wellbeing Board for further consideration.

Resolved: That the report be noted.

Reason: To provide an update on the position in York on health checks for people with learning disabilities as requested by the committee.

#### **45. Work Plan**

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

Regarding a review on Bootham Park Hospital, the Chair confirmed that the Director of Nursing for the North of England had been asked to initiate a Critical Decisions Review on behalf of NHS England and was willing to work with the Committee. The Director of Adult Social Care suggested appointing a Chair for the review who had been a previous Chief Executive of North Yorkshire County Council.

Councillor Barnes welcomed the proposal but felt it should not detract from his previous call for a national led investigation. He also felt that an agreed Memorandum of Understanding should be put in place between all partners before the investigation took place.

Councillor Cuthbertson also welcomed the proposal for a review as he felt that it would be credible and independent, while a national inquiry would take a long time to set up, would be expensive and would not provide a clear answer.

In response to a question from a Member, it was suggested that delegated authority be given to the Chair and Vice Chair of the Committee, to set the parameters of the review. Members were advised to send all their questions for the review to the Scrutiny Officer.

One Member asked if there would be a report on the Public Health Grant and if there was a task group.

It was noted that Officers were working on benchmarking York against other Local Authorities and awaiting the outcome of the Comprehensive Spending Review for Government Funding of Public Health.

The Chair stated that the CCG had been asked to attend the Committee on 22 December regarding the re-procurement of Community Equipment and Wheelchair Services as part of the consultation process.

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

- A report from York Teaching Hospital NHS Foundation Trust on their Action Plan following on from their CQC inspection.
- The attendance of the CCG to present a report on the re-procurement of Community Equipment and the Wheelchair Service

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 8.05 pm].

This page is intentionally left blank

---

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	1 December 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

#### **46. Declarations of Interest**

Members were asked to declare any personal, prejudicial or disclosable pecuniary interests which they might have on the agenda. None were declared.

#### **47. Public Participation**

It was reported that no speakers had registered under the Council's Public Participation Scheme.

#### **48. Healthwatch Six Monthly Performance Update Report**

Members received a report into the performance of Healthwatch York over the past six months. Siân Balsom, the Manager of Healthwatch York and Leigh Ringfield from York Advocacy were in attendance to present the report to the Committee.

Siân talked about how Healthwatch had worked hard to establish networks and volunteers to become the public voice of health and social care.

Leigh spoke about how York Advocacy processed individual complaints and how they received requests from the CQC when CQC were conducting investigations. They also provided feedback to Healthwatch in regards to delays as they helped people in the healthcare system.

The Chair asked how often Healthwatch used its enter and review powers. These had been used twice, but the providers had been informed beforehand. They had attended the discharge lounge at York Hospital and asked if they could phone patients to ask them about their experience. On the second occasion they spent 24 hours

in Accident and Emergency to ask patients about their experience and what they were in for.

In response to Members questions, Leigh and Sian explained that;

- Improvements were needed in the complaints process which could allow for complaints to be kept open for a longer period.
- Healthwatch was a non voting member on the Vale of York CCG's Governing Board.

It was suggested by Healthwatch that if the CQC were picking up low level concerns but did not have the resources to follow them up then Healthwatch could use their enter and review powers to identify the concerns.

The Chair thanked Siân and Leigh for their attendance and report.

Resolved: (i) That the report be received and noted.

(ii) That Healthwatch's suggestion be forwarded on to the Care Quality Commission.

Reason: (i) To keep Members up to date with the performance of Healthwatch.

(ii) To ensure that the views of York are heard on a national level.

#### **49. 2015/16 Finance and Performance Monitoring Report-Health and Adult Social Care**

Members received a report which analysed the latest performance for 2015/16 and forecasted the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Interim Director of Public Health.

In response to Members' questions in was reported that;

- In regards to the overspend in the budgets there were some stable areas but also some volatile areas, where more risks could be identified such as in under spending on Deprivation of Liberties Safeguards (DOLS).



- That there would be an integrated wellness service to look at issues such as smoking cessation.
- £4000 would be spent on the Supported Living Scheme some of which was backdated money.
- Officers were in discussion to get more regular data about the proportion of adults with a learning disability who were living independently and their contact with secondary mental health services.
- A series of meetings were planned with the NHS over additional money to be spent over the winter in regards to Delayed Transfers of Care.
- There had been an increased push for the use of telecare and part of this was funded through the Better Care Fund but due to cuts to CCG funding further rolling out of telehealth could be under threat.
- In regards to the suicide case audit, this work was carried out jointly with the Adult Safeguarding Board.

Resolved: That the report be noted.

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

## **50. Residential, Nursing and Homecare Services-Quality Standards**

Members received a report which updated them on the performance by York based providers of Residential, Nursing and Homecare Services against Care Quality Commission standards and the Adults Commissioning Team's Quality Assessment Framework.

It was noted that although compliance levels for York in the CQC ratings in the Good rating were lower than the national average, this was not unexpected and providers felt that this would soon rise above the national average.

Questions from Members to Officers included at what did residential homes stop being graded as 'inadequate'?

Officers responded that they worked with homes on an improvement plan to get them back to the standard they should be at. As long as people were safe, homes would be kept open for as long as it was possible to do so. There were contingency plans with other places in the city to ensure people are kept safe.

Resolved: That the report be noted.

Reason: So that Members are updated of the performance of York based care providers.

## **51. Adults Commissioning and Contracts Team-Carer's Strategy Update**

Members received the fourth annual review report on the Carer's Strategy.

Officers introduced the report by saying that the current Carer's Service did deliver but that they wished to enhance the service in the Single Point of Contact.

Members asked Officers what they thought the financial benefits would be, what role they could play in supporting carers in their wards and what they felt was their biggest challenge.

In response, Officers answered that for every additional £1 spent enhancing the current offer the Council would get £4 back.

Members could help carers by giving them an hour of their time, organising activities, organising transport, giving carers a break. Any form of support could be done on a low level.

The biggest challenge remained in getting carers to approach Officers. However, there was a strategy in place to overcome this.

Resolved: That the report be noted.

Reason: That the Committee is kept informed of the Council's Carer's Strategy.

## **52. Update Report on the re-procurement of Musculoskeletal Services**

Consideration was given to a report which gave an update on why the Musculoskeletal mobilisation process was stopped and what potential impacts this might have had on service users.

Dr Tim Maycock, from the Vale of York Clinical Commissioning Group introduced the report and answered Members questions.

One Member asked a question about the backlog and numbers of referrals to the service. He asked for the reasoning of delivering the services on multiple sites.

It was reported that additional capacity had been brought in from private providers to deal with the backlog. He explained that he did not have the specific numbers but would pass on as much as this information as he could.

In response to delivering services on multiple sites, that these services did not lend themselves to a centralised hub model.

Councillor Barnes asked whether it was felt that the due diligence had been put in place after the provider had scaled down the services.

Dr Maycock explained to the Committee that there were a number of issues, such as when major procurements came together at one time this had a tendency to stretch capacity and as one provider wound down, there was a difficulty in procuring one service on its own.

Councillor Richardson gave an example of one hospital department which was due to have its contract sorted out but had been delayed by the new provider. This had affected patients who had attended the hospital in July who had been told that they would have no service in November.

Another Member asked whether the procurement system was fit for purpose. An additional question was asked whether the hospital could have bid for the work.

Dr Maycock answered that without procurement there would not be the tools to ensure quality but that he was personally a proponent of collaborative working, and that it was difficult to separate one service away from another. In response to the second question, the CCG

could have accepted a second placed bidder but it would have delayed the service provision.

One Member suggested that the Committee request a written report on the lessons learnt from the situation. The Chair proposed that the CCG be invited to attend to present the report.

Resolved: (i) That the report be noted.

(ii) That the CCG be invited to a future meeting to provide a written report on lessons learnt from the stoppage of Musculoskeletal services.

Reason: To ensure that the Committee is kept up to date on the potential effects for both existing and new users of the service.

### **53. Update on the Older Persons' Accommodation Programme**

Members considered a report which provided them with an update on the status of the Council's Older Persons' Accommodation Programme.

Councillor Cannon commented that there had been a perceived lack of consultation over the Moving Homes Safely protocol and current Older Person's Homes residents who had to move a great distance away.

Officers explained to Members that;

- They refuted the view that consultation had been poor as they had consulted one on one with residents in the Older Persons' Homes and widely with a range of organisations and through questionnaires.
- The questionnaires had concluded that the Homes were not fit for purpose.
- The Homes did not fit people with complex needs.
- The majority of residents who lived in Oakhaven did not come from Acomb.

- There needed to be a better spread of Care Homes geographically across the city, they were focused mainly in the East.
- Consultation had started with a Care Manager looking at the options with each person and their family, with their move prior to the end of the financial year.
- They were aware of the impact of the loss of capacity and the effect that Delayed Transfers of Care would have on the remaining homes.

In response to Members questions it was noted that Haxby Hall, as the largest home would be the last home that would be considered for closure, particularly as residents from Oliver House were being moved there. To clarify dates, Grove House would be closing in February and Oakhaven would be closing in March.

One Member asked what assurances would be in place if a Care Home provider ran into financial trouble. Officers felt that a Care Home could be run sustainably but they were actively working on contingency planning.

Resolved: (i) That the update be noted.

(ii) That regular updates are presented to future meetings.

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

#### **54. Work Plan 2015-16**

Consideration was given to the Committee's work plan for 2015/16.

Following discussion it was agreed that the next Committee meeting would take place at 4.00 pm instead of 5.30 pm.

The Chair stated that the CCG would be invited back to give an update on the MSK Services.

Councillor Barnes raised two issues, firstly Local Authority precepts to cover the cost of social care which he felt should be discussed within the Committee with regards to the budget and in order to make a recommendation to Full Council.

Secondly, he referred to the membership of the Committee. He felt that the Committee could ask to co-opt a Member and asked for this to be investigated.

In regards to the Local Authority precepts, Officers advised that they would forward this on to the Director of Adult Social Care. Regarding the co-option, this would be referred on to the Head of Civic and Democratic Services.

Resolved: That the work plan be agreed with the following amendment;

- To invite the CCG to give a written update on the Musculoskeletal Services (MSK) in York.

Reason: To ensure that the Committee has a planned programme of work.

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.35 pm].

**Lindsay Springall; Senior Delivery Manager, Vale of York CCG**

**Meeting of the City of York Council,  
Health and Adult Social Care Policy and  
Scrutiny Committee**

22<sup>nd</sup> December 2015, 4pm



**Vale of York  
Clinical Commissioning Group**

## **North Yorkshire Community Equipment and Wheelchairs Procurement**

### **Purpose of Report**

For Information

### **1. Rationale / Report Purpose**

This report is to inform and update the City of York Council, Health and Adult Social Care Policy and Scrutiny Committee on progress associated with the current re-procurement of community equipment and wheelchair services, across North Yorkshire, led by Vale of York Clinical Commissioning Group (CCG). In addition, a brief update is provided with regards to rapid improvement work also underway relating to wheelchair services.

### **2. Strategic Initiative** *(double click and select 'checked' for relevant initiatives)*

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Integration of care                  | <input type="checkbox"/> Planned care                                 |
| <input type="checkbox"/> Person centred care                             | <input type="checkbox"/> Transforming MH and LD services              |
| <input type="checkbox"/> Primary care reform                             | <input type="checkbox"/> Children and maternity                       |
| <input type="checkbox"/> Urgent care reform                              | <input type="checkbox"/> Cancer, palliative care and end of life care |
| <input checked="" type="checkbox"/> Effective and Efficient Organisation | <input checked="" type="checkbox"/> System resilience                 |

### **3. Local Authority Area**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> CCG Footprint        | <input checked="" type="checkbox"/> East Riding of Yorkshire Council |
| <input checked="" type="checkbox"/> City of York Council | <input checked="" type="checkbox"/> North Yorkshire County Council   |

### **4. Context and Actions / Recommendations**

The commissioners as below have agreed to the joint re-procurement of community equipment and wheelchair services locally:

- NHS Vale of York CCG
- NHS Harrogate and Rural District CCG
- NHS Scarborough and Ryedale CCG
- NHS Hambleton, Richmondshire and Whitby CCG

- North Yorkshire County Council (excluding wheelchairs)

The decision to re-procure services, has been concluded due to a number of reasons; notably:

- Existing service contracts with Harrogate and District Foundation Trust (HDFT) (the existing provider of North Yorkshire Community Equipment and Wheelchair Services) have expired; thus contracts are on a rolling one-year basis.
- CCGs have a legal duty to re-procure services in line with procurement legislation.
- Existing service specifications are outdated, with services evolving over time; which has led to the creation of complex boundary issues/equipment variances between commissioners. The re-procurement exercise shall remove these variances.
- Concerns have been raised regarding existing services via complaints and the recent, York Healthwatch report into wheelchair services; as escalated/highlighted by this OSC. Significant changes are required to existing services; these changes can be facilitated via the procurement exercise.
- Little activity data is available from existing services. The re-procurement exercise will allow commissioners to redefine KPIs (Key Performance Indicators) (for example, delivery standards) and reporting requirements.
- The procurement exercise, provides us with the opportunity to ‘future-proof’ services, and plan accordingly for the future.

The total procurement value across commissioners, for community equipment and wheelchair services, will be in the region of £4-5 million per annum. Council partners do not routinely fund wheelchair services – therefore North Yorkshire County Council will not be party to the specific wheelchair contract.

The joint procurement is to be led by NHS Vale of York CCG (Lindsay Springall/Helen Williams – Project Leads), with coordination/collaboration facilitated via the **Commissioners Forum for Community Equipment and Wheelchair Services** which is a newly established group (chaired by Lindsay Springall). High-level procurement timescales are detailed below:

- November 2015 – January 2016: Engagement / Development of service specifications and service model: Detailed engagement plans have been developed with commissioning partners. A number of drop-in engagement events have been organised across North Yorkshire, to take place throughout December 2015 and January 2016. Dates are included within **appendix 1**. Please share these dates with colleagues and attend if you are able to do so. The drop-in engagement sessions are open to service users, prescribers and all other stakeholders. We wish to collate the views of as many stakeholders as possible, to inform the design of new services.
- 19<sup>th</sup> January 2016: Market Engagement Event.



We've currently got 16 providers across the UK registered to attend, to learn more regarding the procurement opportunity.

- February 2016: Commissioner sign-off's of service specification and service model.
- March 2016 – August 2016: Procurement Process.
- September - November 2016: Service Mobilisation.
- 1<sup>st</sup> December 2016: New services go live.

All co-commissioners are members on the commissioner's forum, as are City of York Council, with representation from Gary Brittain (Head of Commissioning) and Adam Gray (Commissioning Manager). City of York Council are not engaging in the procurement exercise due to the existing contract with Be Independent in relation to social care equipment delivery that is in place (contract is due to expire 31<sup>st</sup> March 2019).

The collaborative group of commissioners will work closely with City of York Council, via the Commissioners Forum for Community Equipment and Wheelchair Services to ensure that CYC pathways/processes are factored into new service specifications, for the North Yorkshire service, so that no negative impact is experienced by City of York, Social Care equipment prescribers; for example in cases where social care equipment is ordered from Be Independent and health related equipment from the new selected provider (for Vale of York CCG patients only).

Be Independent, does provide health equipment for Vale of York CCG patients, living within the council boundaries at present. This health contract (via Harrogate District Foundation Trust) was sub-contracted to Be Independent until April 2016 only.

The existing contract arrangement (via HDFT) with Be Independent for health equipment has been extended until 30<sup>th</sup> November 2016; to coincide with the new commissioned provider going live.

Whilst significant work is underway relating to the procurement, new services will not go live until December 2016. An interim work programme is therefore in place with HDFT to improve services in the interim period.

### **Rapid Improvement Work - Wheelchairs**

It should be noted that significant work is underway with HDFT, to complete rapid service improvements within existing wheelchair services, in the short-term following on from the published York Healthwatch Report and issues raised by OSC. Two workshops have taken place with HDFT and service users to map existing services and identify service improvements which will now be implemented over a 30, 60 and 90 day period (by February 2016). The work has taken place with all North Yorkshire health commissioners and NHS Improving Quality. The work has been a great success.

**Action/Consideration:** Members are asked to note the significant work underway relating to community equipment and wheelchair services.

**5. Engagement with groups or committees**

All local Overview and Scrutiny Committees and Health and Wellbeing Boards have been written to, to advise re the procurement. The Committee is asked to determine, what future updates you would like to receive regarding the procurement.

**6. Significant issues for consideration**

None identified at present.

**7. Monitoring**

Monthly update reports are shared with the Commissioners Forum for Community Equipment and Wheelchair Services; thus ensuring that City of York Council, are fully up to date with all progress/developments.

**8. Report Author and Title**

Lindsay Springall, Senior Delivery Manager, NHS Vale of York CCG

**9. Annexes**

Appendix 1: Engagement Drop-In Sessions

## Appendix 1: Engagement Drop-In Sessions

Date and Time	Venue
<b>Monday 7<sup>th</sup> December 2015</b> <b>10am - 12noon</b>	<b>Selby</b> Health Education Room, Selby Community Hospital, Doncaster Road, Selby, YO8 9BX
<b>Tuesday 8<sup>th</sup> December 2015</b> <b>10am - 2pm</b>	<b>Hambleton</b> The Mencap Centre Goosecroft Lane Northallerton, DL6 1EG
<b>Tuesday 8<sup>th</sup> December 2015</b> <b>10am – 1pm</b>	<b>York Central</b> White Cross Court, White Cross Road, York, YO31 8JR
<b>Friday 11<sup>th</sup> December 2015</b> <b>10am - 2pm</b>	<b>Whitby</b> Green Lane Centre Green Lane Whitby, YO22 4EH
<b>Tuesday 15<sup>th</sup> December 2015</b> <b>10am - 2pm</b>	<b>Dales</b> Lady Anne Neville Room Middleham Key Centre Park Lane, Middleham, DL8 4RA
<b>Tuesday 15<sup>th</sup> December 2015</b> <b>10am – 12.30pm</b>	<b>Malton</b> Malton Library St Michael Street Malton, YO17 7LJ
<b>Tuesday 15<sup>th</sup> December 2015</b> <b>10.30am-1pm</b>	<b>Knaresborough</b> St John the Baptist Church Hall Knaresborough North Yorkshire, HG5 9AE
<b>Wednesday 16<sup>th</sup> December 2015</b> <b>10am – 12.30pm</b>	<b>Scarborough</b> Scarborough Library Vernan Road Scarborough, YO11 2NN

<b>Wednesday 16<sup>th</sup> December 2015</b> <b>10.30am – 1pm</b>	<b>Harrogate</b> Friends Meeting House 12a Queen Parade, Harrogate, HG1 5PP
<b>Wednesday 16<sup>th</sup> December 2015</b> <b>1.30pm – 3pm</b>	<b>Filey</b> Filey Library Station Avenue Filey, YO14 9AE
<b>Thursday 17<sup>th</sup> December 2015</b> <b>2pm - 4pm</b>	<b>Pickering</b> Pickering Meeting House 19 Castlegate Pickering, YO18 1AA
<b>Friday 18<sup>th</sup> December 2015</b> <b>10am – 2pm</b>	<b>Richmond</b> Colburn Village Hall 54 Colburn Lane Colburn, Catterick Garrison, DL9 4LZ
<b>Tuesday 21<sup>st</sup> December 2015</b> <b>2pm-5pm</b>	<b>Easingwold</b> Health Education Room, Easingwold Health centre, Crabmill Lane, Easingwold, YO61 3BU
<b>Monday 11<sup>th</sup> January 2016</b> <b>10am – 12 noon</b>	<b>Pocklington</b> The Health Education Room, The Health Centre, George Street, Pocklington, YO42 2DF
<b>Wednesday 13<sup>th</sup> January 2016</b> <b>10am – 12.30pm</b>	<b>Ripon</b> Ripon Leisure Centre Dallamire Lane Ripon, HG4 1TT



---

**Health & Adult Social Care Policy & Scrutiny Committee**

22 December 2015

Report of the Assistant Director Governance and ICT

**Update Report on Bootham Park Hospital****Summary**

1. This report and its annexes provide the Health & Adult Social Care Policy & Scrutiny Committee with information around the closure of Bootham Park Hospital and the plans that have been made to return services to York as soon as possible.
2. The closure of Bootham Park Hospital followed an unannounced inspection of the psychiatric inpatient services by the Care Quality Commission (CQC) on 9 and 10 September 2015, when the services were provided by Leeds and York Partnership Foundation Trust (LYPFT). The CQC reaffirmed that Bootham Park Hospital was not fit for purpose and that all clinical services had to be relocated from 30 September 2015.

**Background**

3. Bootham Park Hospital is an 18<sup>th</sup> Century Grade 1 listed building. The building is owned by NHS Property Services but English Heritage also has a say in work carried out. Services are commissioned by the Vale of York Clinical Commissioning Group and up until 30 September 2015 these were provided by Leeds and York Partnership NHS Foundation Trust.
4. From 1 October 2015 responsibility for mental health and learning disability services in the Vale of York transferred from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust.
5. Problems at Bootham Park were highlighted in a CQC inspection in December 2013 which found that the building was not fit for purpose and a report stated that it did not meet standards for safety.

Some improvements were made, including the removal of several ligature points, but in January 2015 the CQC visited again and expressed concern about safety on some of the wards.

6. CQC found that, despite significant work having been done to attempt to improve the premises, Bootham Park Hospital was not fit for purpose as a modern mental health ward. Because of the building's listed status, trust staff could not make safe all potential ligature points nor could nursing staff easily observe all parts of all wards due to the layout of the building. The trust was working to find a solution but as yet this had not been implemented.
7. CQC carried out an unannounced inspection of the psychiatric inpatient services within Bootham Park Hospital on 9 and 10 September 2015. Inspectors had previously had concerns with the delay in Leeds and York Partnership Foundation Trust implementing CQC's recommendations from an earlier inspection.
8. Specifically, CQC's inspectors were concerned about the risk of suicide or serious harm to patients because the trust was not able to remove all of the potential ligature points within the building because of its listed status. Also, some of the rooms that had fixtures and fittings, which could be used as ligature points, were found to be unlocked which meant that patients could have access to them.
9. Elsewhere, CQC's inspectors again found in September that nursing staff were unable to observe all parts of the wards due to the layout of the building and inspectors found a lack of call alarms for patients, insufficient staffing numbers, and poor hygiene and infection control in two of the hospital's wards.
10. In response to those concerns, and in reply to LYPFT's application to vary conditions of registration, the CQC on 24 September confirmed LYPFT's application to remove the regulated activities at Bootham Park Hospital on the basis the location is not fit for purpose. The CQC formally requested LYPFT to move inpatients to alternative services within the trust and to relocate all clinical services that were provided by Bootham Park Hospital, which it did by midnight on 30 September 2015.
11. Some of the inpatients were transferred to alternative units with acute mental health services and others were discharged to home treatment. With no provision for acute mental health care in York, patients will have to be taken out of the area for inpatient treatment.

12. On 2 October 2015 the CQC received a request from Tees, Esk and Wear Valleys NHS Foundation Trust to register non-inpatient mental health care services (outpatient services, electroconvulsive therapy, and Section 136 Place of Safety) from Bootham Park Hospital and the Chief Inspector of Hospitals has asked the registration and mental health teams within CQC to consider this as quickly as possible.
13. The future of Bootham Park Hospital and the provision of mental health services in York has long been an issue for this Committee and the previous Health Overview & Scrutiny Committee and Members have considered a number of update reports, including plans for interim alternative premises, and received numerous assurances.
14. On 20 October 2015 the Committee met to consider the circumstances leading to the closure of Bootham Park Hospital and heard evidence from NHS Property Services; Leeds and York Partnership Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; the Care Quality Commission and the Vale of York Clinical Commissioning Group.
15. As a consequence the Committee agreed to write to the Secretary of State for Health supporting a call for an inquiry / urgent investigation into the hospital's closure. The Committee also asked representatives from Esk and Wear Valleys NHS Foundation Trust and the Vale of York Clinical Commissioning Group to attend in December to present an update on the Bootham situation.
16. At a subsequent meeting on 24 November 2015 the Committee agreed to carry out its own review of the Bootham Park Hospital closure utilising the support of an independent expert adviser who was prepared to provide his services on a pro bono basis, and NHS England who are carrying out their own lessons learned review.

### **Consultation**

17. The information in Annex 1 and 2 has been provided by the Tees, Esk and Wear Valleys NHS Foundation Trust and representatives from the Trust and from the Vale of York Clinical Commissioning Group have been invited to this meeting to answer any questions Members may have.

### **Analysis**

18. This report provides background information on events leading to the closure of Bootham Park Hospital.

## **Options**

19. The Committee can:
  - i. Consider the further information provided in this report and its annexes and decide whether appropriate action has been taken at this stage; and/or
  - ii. Determine whether any of the information received needs to be referred to the specific scrutiny review already agreed to look into the circumstances surrounding the closure of Bootham Park.

## **Council Plan**

20. This report is linked to the Focus on Frontline Services and A Council That Listens to Residents elements of the Council Plan 2015-2019.

## **Implications**

21. While there are no implications directly associated with this report it should be noted that any specific implications associated with the closure of Bootham Park Hospital will be taken into account when the Committee undertakes its review surrounding the closure.

## **Risk Management**

22. While there are no risks directly associated with this report, the Committee has already acknowledged that there are potential considerable risks to vulnerable members of the community if there are no acute mental health inpatient services in York. For that reason, a scrutiny review has already been commissioned as set out in paragraph 16 above.

## **Recommendations**

23. Members are asked to:
  - i. Note and comment on the content of this report, its annexes and information provided by officers and consider the plans that have been made to return services to York as soon as possible;
  - ii. Consider whether any of the information provided within this report and its annexes should be referred to the agreed scrutiny review



for consideration as part of its investigations into the closure of the Bootham Park Hospital;

- iii. Consider whether a further update report is required to inform the Committee on the work being undertaken to achieve an interim solution for Bootham Park Hospital, moving forward.

Reason: So the people of York and the Vale of York are not deprived of acute mental health inpatient services.

### 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:**

Andy Docherty  
Assistant Director Governance and ICT

**Report  
Approved**



**Date** 01/12/2015

**Wards Affected:**

**All**

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

### Annexes

Annex 1 – Tees, Esk & Wear Valleys Foundation Trust Update Report  
Annex 2 – Peppermill Court Ground Floor Plan.

This page is intentionally left blank

## **Tees, Esk and Wear Valleys NHS Foundation Trust – Bootham Park Hospital Update**

### **1) Introduction**

This paper outlines the work which has been undertaken to address the closure of wards and associated services at Bootham Park Hospital and explains the plans that have been made to return services to York as soon as is reasonably practicable.

### **2) Business Continuity Recovery**

#### **a) Inpatient Care**

Since 28/09/15 all adult inpatient services have been provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) across its inpatient wards. The majority of inpatient care has been provided at Roseberry Park (RPH - Middlesbrough) with additional input from West Park Hospital (WPH - Darlington).

At the 7<sup>th</sup> December there have been 52 admissions and 33 discharges from inpatient care.

The York Liaison service (set up in response to the closure of the wards at Bootham) continues to work closely with the wards to ensure that there is continuity of care, support for arranging leave/ discharge with clear links back into the York and Selby locality. The team attend daily report outs on the wards and connect to the wards around carer issues.

There is a daily bed report for all York and Selby patients, so that we can assess the demand on services. For example at the 7<sup>th</sup> December 2015 there are 25 patients across other TEWV sites, 21 at RPH and 2 at WPH (and 2 at other sites).

We continue to closely monitor the impact of inpatients on the rest of the Trust to ensure there are no untoward consequences on the care for patients within each locality.

The additional resources within the community seem to be impacting on the demand for inpatient beds. Previously the complement of adult acute beds in York equated to 28 beds.

There were known bed pressures leading to the use of the private sector for additional capacity and Psychiatric Intensive Care (PICU) in Leeds often had up to 6 patients on its ward.

### **b) Crisis & Community Services**

A number of staff from the acute wards moved into the crisis and home based treatment service. This has enabled an increase in the number of home based treatments (HBT) that can be offered. At 7<sup>th</sup> December 2015, we have seen up to 41 individuals under HBT which is an increase of 16 on the regular figures before Bootham Park Hospital closure.

The interim arrangement has enabled capacity to support 3 patients to be initiated on Clozaril via a new Home Based Treatment protocol. Due to the toxicity of this drug this needs to be a carefully managed process with regular blood checks to ensure there are no untoward side effects. This new home based treatment has been positively received by these patients.

Since the 28/09/15 there have been 19 patients who have attended the 136 Suite at Harrogate. The detentions under 136 in the same period last year was 58. This reduction can be attributed to the increase in staffing to support the street triage service. A mental health practitioner works within the police team and provides additional support and expertise. During this period there have been 386 contacts via the street triage programme, compared to 121 in October and November last year. It should be noted that the figures are not strictly comparable due to different operational factors in 2014/15.

### **c) Monitoring**

There continue to be regular business continuity recovery meetings with managers across the Locality and we continue to monitor how these plans are working. We continue to seek feedback from patients and carers and modify our plans accordingly.

### **3) Returning Services to York**

#### **a) 136 Suite**

Building work has been undertaken to address the required changes to the service following CQC visit in October 2015. The unit has had a new fire system and various works to enable the unit to be “stand alone” within the BPH site.

CQC have visited the site on the 7th December to review this work and, subject to submitting some final documentation for approval, we hope that this will enable the service to reopen by 16 December 2015.

#### **b) Outpatients**

Interim works are planned to update the outpatient space at the front of Bootham Park Hospital. It is anticipated that outpatients will be provided from this suite of clinic space. CQC have indicated that they wish to revisit the site in early January to ensure that the safety concerns they raised in September have been rectified. Subject to CQC approval of our arrangements we expect outpatient services to be resumed at BPH by end of January 2016.

If CQC confirm our plans around the use of BPH we plan to stop the use of Limetrees as the interim outpatient facility, but will continue to use other community venues such as Cherry Trees and Acomb Gables for clinics where appropriate.

#### **c) ECT**

ECT continues to be provided by York Teaching Hospitals and this will continue in the short term whilst an option appraisal is carried out around the potential service options.

With the removal of inpatient facilities from BPH there are challenges in maintaining safe staffing levels in the event of an emergency within the ECT clinic, so the return of ECT to the BPH facility needs to be fully assessed for safety if it is to return to Bootham Park.

**d) Peppermill Court**

Plans are being developed to reconfigure the current dementia ward at Peppermill Court (York) to an Adult facility offering 24 beds and a 136 Suite. Staff and some patients and carers have been involved in the plan development and will continue to be engaged during specific phases of the works.

The plan for Peppermill Court will bring local adult beds back to York but will not meet the usual estate standards that we aspire to offer patients, for example en-suite facilities. TEWV estates staff have been working to maximise the space and functionality of rooms to enable the space to be used optimally without creating additional delays in the building programme. NHS Property Services have confirmed that the funding that was allocated to the previously agreed estate solutions within BPH will be invested in the Peppermill Court development. TEWV will lead the programme management and will lead the appointment of the relevant architectural and building contractors.

It is anticipated that the facility will be ready by Summer 2016.

Work is underway to reduce the number of patients within Peppermill Court. A clinical review of all of the patients across the dementia wards has identified a significant number of patients who no longer require active hospital treatment and are awaiting packages / placements. TEWV have liaised closely with City of York Council, North Yorkshire Local Authority and Vale of York CCG to ensure that there are no unnecessary delays to the processes around discharge. In order to facilitate the building works to Peppermill Court, the unit needs to be empty by early January 2016. Plans are well underway to meet this timetable, but it is recognised that there are risks to the timetable if there are delays in facilitating the unit closure. It will also require some men currently on Peppermill Court to move to Worsley Court (Selby). While this is regrettable it is the only option if beds for younger adults are to return to the area. Clinical staff are working with families to ensure as smooth a transfer of care as possible.

It should be noted that our tender plans focused on reducing the number of dementia beds so that we could reinvest the money allocated from bed based services to community services.

This will mean that there will be expansion of care home liaison services, memory clinic, acute psychiatric liaison in the York Hospital and community services, which will reduce the reliance on bed based services.

Our bed based services will focus on;

- Retaining Meadowfield as a female dementia unit,
- Using Worsley Court (Selby) as a male dementia unit with an aim to move beds into Acomb Gables once the Adult beds have returned to York. As this increases the number of beds available for the patients.
- There will be further work undertaken to address Acomb Gables estates issues during the summer 2016. This will make any required estate changes to the unit to enable it to be fit for purpose for Dementia patients. In addition there will be an opportunity to create some additional outpatient and community space within this unit.

During this time, there will be work undertaken to review the rehabilitation and recovery pathway and seek alternative community based models. This will be work which will be undertaken with the Voluntary sector and may offer different ways of working.

The service plan is complex as there are a number of inter-related service issues. However, this solution enables TEWV to use the existing estate to best meet the needs of specific client groups.

#### **4) New Hospital Plans**

TEWV continues to work with Vale of York CCG and NHS Property Services to consider the longer term estate plans. Work is underway to scope the potential estate requirements. TEWV remain committed to a new hospital development by 2019.

#### **Conclusion**

The committee is asked to note the work undertaken to address the service implications following the de-registration of BPH.

Ruth Hill, Director of Operations – York & Selby

December 2015

This page is intentionally left blank



**Notes:**

This drawing has been prepared to depict an outline layout of the property. The information is not intended to reflect an "as built" condition, the building construction, defects, dispartions, building condition, etc. etc.

This layout should not be used for any other purpose for which it was prepared.

Despite best endeavours, it should be noted that access to some areas were restricted at the time of survey and as such "information gathering" and accuracy may be compromised.

Fire: only fire doors fitted with correct signage are indicated as "fire doors" on the drawings. The labelling of fire doors should not be read as confirmation to a line of fire compartmentation. Ceiling voids have not been surveyed.

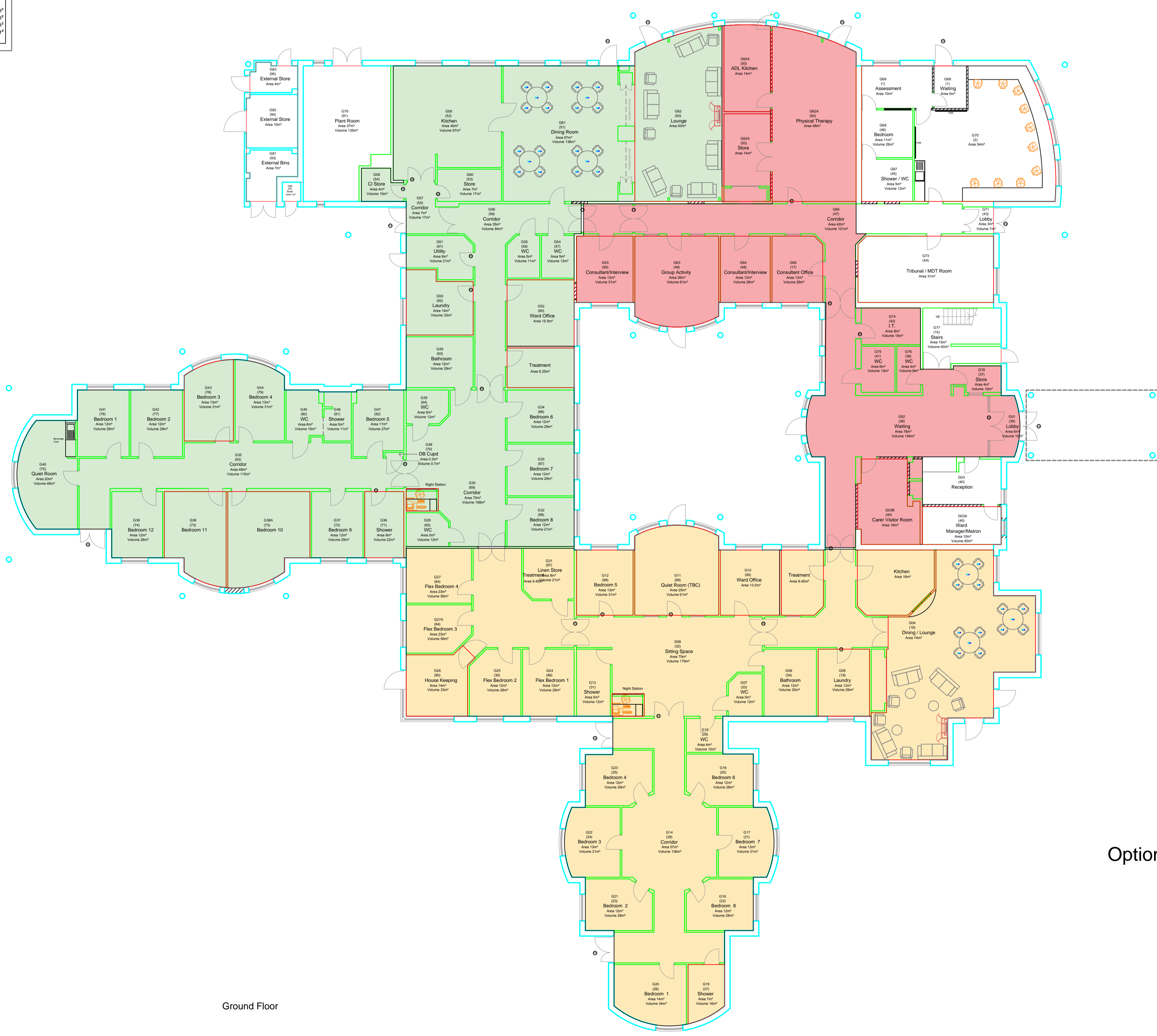
Volumes (1): room volumes have been measured to the line of suspended ceiling during the survey. Ceiling voids and service projections into rooms (i.e. IP5 units) have therefore been excluded from volumes.

Volumes (2): in the event of a sloping ceiling a volume has been determined using the mean average height.

Site Plans are based upon Ordnance Survey information with boundaries determined via the FSB Dents supplied.

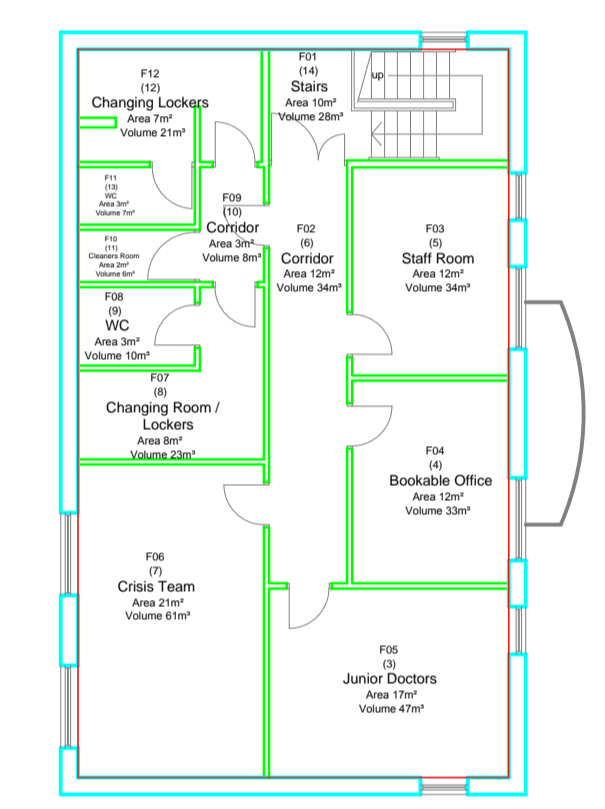
The ownership/tenancy indicated was correct at the time of survey and reflects information received from the staff/users within the building.

Room Name	Room Name	Room Name
Room Number (Where App)	External Stores = 22 m <sup>2</sup>	External Stores = 22 m <sup>2</sup>
Room Name	Ground Floor = 1653 m <sup>2</sup>	Ground Floor = 1653 m <sup>2</sup>
Area m <sup>2</sup>	First Floor = 115 m <sup>2</sup>	First Floor = 115 m <sup>2</sup>
Volume m <sup>3</sup>	Total GIA = 1790 m <sup>2</sup>	Total GIA = 1790 m <sup>2</sup>



Ground Floor

Option 4



First Floor





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

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

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

22 December 2015	<ol style="list-style-type: none"> <li>1. Report on re-procurement of Community Equipment and Wheelchair Services</li> <li>2. Update on interim solution to Bootham Park Hospital.</li> <li>3. Work Plan 2015-16</li> </ol>
26 January 2016	<ol style="list-style-type: none"> <li>1. Update report on York Teaching Hospital NHS Foundation Trust Action Plan.</li> <li>2. Safeguarding Vulnerable Adults Six-monthly Assurance Report</li> <li>3. Work Plan 2015-16</li> </ol>
23 February 2016	<ol style="list-style-type: none"> <li>1. 3<sup>rd</sup> Quarter Finance and Performance Monitoring Report</li> <li>2. Work Plan 2015-16</li> </ol>
23 March 2016	<ol style="list-style-type: none"> <li>1. Health and Wellbeing annual Update Report</li> <li>2. Be Independent six-monthly Monitoring Report</li> <li>3. Update report on MSK services (tbc)</li> <li>4. Update report on York Wheelchair Services.</li> <li>5. Work Plan 2015-16</li> </ol>
26 April 2016	<ol style="list-style-type: none"> <li>1. Healthwatch six-monthly performance update report</li> <li>2. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services.</li> <li>3. Update report on Elderly Persons' Homes</li> <li>4. Work Plan 2015-16</li> </ol>

June 2016: Be Independent End of Year Position

This page is intentionally left blank