

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

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair),  
Derbyshire, S Barnes, Craghill and Richardson
- Date:** Tuesday, 20 December 2016
- Time:** 5.30 pm
- Venue:** The Snow Room - Ground Floor, West Offices (G035)

**AGENDA**

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

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

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

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

**2. Minutes (Pages 3 - 10)**

To approve and sign the minutes of the meeting held on 30 November 2016.

**3. Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Monday 19 December 2016 at 5:00 pm.**

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**4. Update on the Older Persons' Accommodation Programme** (Pages 11 - 24)

This report provides an update on progress towards delivering the Older Persons' Accommodation Programme (the "Programme") including Programme delivery and risk. It also reviews the action being taken to close Willow House older persons' home and the findings of a recent Mazars Value for Money review of the Programme.

**5. Residential, Nursing & Homecare Services - Quality Standards** (Pages 25 - 32)

This report provides details of the performance of York based providers against CQC standards and the Adults Commissioning Team's Quality Assessment Framework.

**6. Be Independent-Contract Monitoring Information** (Pages 33 - 42)

This paper provides an update to Members on the performance of Be Independent for 2016/17.

**7. Consultation on a new Joint Health and Wellbeing Strategy for York** (Pages 43 - 78)

This report presents the Health and Adult Social Care Policy and Scrutiny Committee with the draft of the new Joint Health and Wellbeing Strategy for York 2017-2022. Members are asked to note the draft and give any comments they might have.

## 8. Healthwatch Six Monthly Performance Update Report

(Pages 79 - 106)

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

## 9. Work Plan (Pages 107 - 110)

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

## 10. Urgent Business

Any other business which the Chair considers urgent.

### Democracy Officer:

Name- Judith Betts

Telephone – 01904 551078

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

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

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

Contact details are set out above

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

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

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

**Agenda item 1: Declarations of interest.**

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

Councillor S Barnes      Works for Leeds North Clinical Commissioning Group

Councillor Craghill      Member of Health and Wellbeing Board

Councillor Doughty      Member of York NHS Foundation Teaching Trust.

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

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City of York Council

Committee Minutes

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Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	30 November 2016
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Derbyshire, S Barnes, Richardson and D'Agorne (Substitute for Councillor Craghill)
Apologies	Councillor Craghill

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### **33. 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 had in respect of business on the agenda.

Councillor Richardson declared a personal interest in Agenda Item 5 (Briefing report on Ambulance Cover in York) in that he had recently been admitted into hospital in an ambulance.

Councillor Doughty declared a personal interest in Agenda Item 7 (Update on Progress of Humber, Coast and Vale Sustainability and Transformation Plan) in that his partner worked for MIND and had been involved in meetings relating to the Sustainability and Transformation Plan.

No other interests were declared.

### **34. Minutes**

Resolved: That the minutes of the last meeting held on 18 October 2016 be signed and approved by the Chair subject to the insertion of Councillor Cullwick on the attendance list.

### **35. Public Participation**

It was reported that there had been one registration to speak under the Council's Public Participation scheme.

Gwen Vardigans spoke regarding concerns that she had about community services in light of the closure of the Archways Unit. She questioned whether the agenda item scheduled for the committee's April meeting which was a hospital update on the development of community services in the light of the Archways closure, would go into greater depth.

One Member felt that although a report into how the new model of care was up and running would be limited at the moment, it would be good to receive an update.

**36. 2016/17 Second Quarter Finance and Performance Monitoring Report - Health & Adult Social Care**

Members considered a report which analysed the latest performance for 2016/17 and forecasted the financial outturn position by reference to the service plans and budgets for the relevant services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care and the Director of Public Health.

In response to Members' questions it was reported that;

- The two group managers were cover for part of the year due to sickness.
- The causes of major staff sickness reported in adult social care were musculoskeletal problems, stress and mental health issues, and an ageing workforce.
- The pressure in the Adult Social Care Reduce Budgets related to a small number of additional individuals.
- The pressure in the Adult Social Care Delay Budgets related to customers who had changing needs and were on exception contracts.
- Factors for the rise in winter deaths included; issues with housing and hazards.

Further information was requested on the factors which contributed to the rise of winter deaths.

Resolved: That the report be received and noted.

Reason: To update the committee on the latest financial and performance position for 2016/17.



### **37. Briefing report on Ambulance Cover in York**

Consideration was given to a briefing report and Powerpoint presentation on proposals to implement A&E improvement initiatives on Ambulance cover in York.

The Deputy Director of Operations and Locality Director for York from Yorkshire Ambulance Service were in attendance to answer Members' questions.

They informed Members by reporting that;

- 30,000 more emergencies had been handled this year, which had been challenging for drivers and call handlers.
- Consultation on the new rotas had been extended to January at the request of staff.
- More doubled crewed ambulances would be introduced which would allow for additional time to assess the patients' needs.
- The CCG had funded ten Emergency Care Practitioners for the ambulance service to complement their existing staff.

In response to Members questions it was reported that;

- If time was shaved off the transfer of the patient between the ambulance and the hospital in Accident and Emergency, this could lead to a greater number of ambulances on the road. Work was ongoing between the Ambulance Service and the Hospital to improve the situation.
- Employee working hours would be monitored by staggering shift starts and finishes.
- Changes in shift arrangements meant there would be two extra ambulances available in York when they were most needed during the day, with a reduction in the number of vehicles overnight. 7 ambulances would be available for 24 hours.

The Chair thanked the Deputy Director of Operations and Locality Director for York for their attendance.

Resolved: That the briefing report and Powerpoint presentation be noted.

Reason: So that Members are kept aware of the new proposals for ambulance cover in York.

**38. Healthwatch Six Monthly Performance Update Report**

The Healthwatch York manager sent her apologies for missing the meeting as she was unwell and the Healthwatch Six Monthly Performance Update Report was deferred to be considered at a future meeting.

Resolved: That the report be deferred.

Reason: In order so an appropriate amount of time be taken to consider the report.

**39. Update Report on Progress of Humber, Coast and Vale Sustainability and Transformation Plan (STP)**

Members considered an update report on the progress of the Humber, Coast and Vale Sustainability and Transformation Plan (HCV STP). An additional report provided by NHS Vale of York Clinical Commissioning Group providing further details on the Improvement Plan was circulated. This was attached to the online agenda, following the meeting.

The Chair expressed his disappointment at having received additional information at late notice, but was pleased to see a focus on cancer and mental health in the report.

The Accountable Officer from NHS Vale of York Clinical Commissioning Group and the Programme Director from Humber, Coast and Vale STP presented the report and informed Members that the STP was more of a programme or movement with proposals to improve services over time. It had five years to do so, but might take longer, and aimed to change the perception of health service. It was also an attempt to bring together the NHS and Local Government to plan on a broader footprint.

Members were informed about “accountable care”, which meant organisations taking responsibility for care jointly. This would be carried out through an Accountable Care Partnership, which would allow for the coherent delivery of money granted from central government to the CCG for services to be deployed on a local level.

Mental Health was seen as a priority in the STP because there had been no forward view of integration between physical and mental

health due to the NHS being distracted by the facilities in which it provided the services, when it is care that matters.

Questions and comments from Members included;

- What plans were in place for accessing services, particularly to GP services, as there were parts of the city where it was difficult to get an appointment.
- What mechanisms were there on the Joint Commissioning Committee to ensure that York's interests were protected?
- What was their definition of 'co-production'?
- How could the preventative and positive messages of the plan be promoted to the public, rather than the privatisation and cuts?
- The plan showed that 50% of hospital beds were used by those who did not need them, how would services be used differently?

In response to Members' questions it was reported that;

- There would be a national strategy for urgent and emergency care. This would be part of a wider vision for primary care to be integrated with improved community care, with extended hours which would be offered into the weekend. This would dissuade people from automatically ringing A&E. It was expected that hospital consultants would become part of a locality set up.
- A Joint Commissioning Committee had not yet been established as relationships were still being restored between the Governing Board and GPs following a vote of no confidence in the CCG earlier in the year. It was clear that the Joint Commissioning Committee would need to be trusted by the GPs in the Vale of York CCG area, Members and York residents.
- Co-production was a duty to communicate, to share the vision of what the STP was about. This involved encouraging local groups, GP practices, and Members on how it might work in practice. They added that process of engaging with the public could begin before any options for plans were committed. Communication would not be presented as consultation. It was in their interest to ensure that the work was carried out correctly.
- It was noted that if services were delivered at the current demand levels in 2021, the deficit for the CCG would rise to

£420m. Therefore, two proposed solutions were to think at a system wide level; to have different forms of contracting out services that did not reward processing greater numbers of people to generate more income, and to create a joint bank account.

Resolved: That the update report and the additional report be noted.

Reason: So that Members are kept informed about progress of the Humber, Coast and Vale Sustainability and Transformation Plan (STP).

#### **40. NHS Vale of York Clinical Commissioning Group (CCG) Improvement Plan - Update Report**

Members considered a report which provided them with a update on the NHS Vale of York Clinical Commissioning Group (CCG) Improvement Plan. This was accompanied by a Powerpoint presentation. The slides were uploaded to the online agenda following the meeting.

The Accountable Officer from NHS Vale of York Clinical Commissioning Group presented the report and gave some background to the committee into how the CCG came under Legal Directions issued by the NHS Commissioning Board (NHS England).

He underlined how the CCG has a deficit of £24.1 million. He informed the Committee that there would be an agreed financial plan in January. There would also be a restructure to support this. The Improvement plan also aimed to;

1. Stabilise resources
2. Stay on top of deliverables
3. Have a clear sense of purpose
4. Promote and actively collaborate
5. Position the health and care system going into the next electoral cycle

Questions and comments from Members in respect of the report and Powerpoint presentation included;

- Why had an obesity and smoking criteria been adopted for operations in the Vale of York area?

- What was the understanding of the Health and Wellbeing Board?
- When would public engagement be carried out, if the deficit of £24.1m increased?
- How much were the salaries of the Executive Management Committee?

In response to their questions, Members were told that;

- The new obesity and smoking criteria for patients awaiting operations, had been clinically led and was compatible with the JSNA. It had been adopted in other parts of the country and had not been a blanket ban. It was also felt to be an encouragement for people to adopt improved lifestyle choices.
- The CCG viewed the Health and Wellbeing Board as partner to the NHS to achieve shared ambitions for the wellbeing of York and to balance carefully holding to account organisations.
- Public engagement in regards to the Improvement Plan was currently underway. The Corporate Director of Health, Housing and Adult Social Care was part of the selection panel for the Joint Engagement Post.
- None of the posts on the Executive Management Committee would be substantive, due to Legal Directions any salary information would be released on appointment.

The Accountable Officer confirmed that the draft financial plan would be presented to the NHS Vale of York CCG Governing Body on 1 November and that Members would be able to see this and a wider financial plan at a later date. This would be kept in a draft form, as the two year contracts would not be agreed until 23 December.

Resolved: That the report and Powerpoint presentation be noted.

Reason: So that Members are updated on the Improvement Plan.

#### **41. Work Plan**

Consideration was given to the Committee's work plan for the municipal year 2016-17.

Discussion took place regarding the consultation around the new mental health hospital for the city. It was noted that Members were satisfied with the level of consultation that had been carried out.

One Board Member questioned if the workplan item on community services in the light of the Archways closure could be considered at an earlier date. The Chair suggested that a written update be circulated to Members.

Another Board Member mentioned investigating the link between fuel poverty and an excess of winter deaths when further information was received, as a future possible scrutiny topic. The Chair suggested that the Director of Public Health find some more information on this topic before any scrutiny work was conducted.

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

- That the Healthwatch Six Monthly Performance Update Report be received in December.
- That an update on the model of care provided and development of services following the closure of Archways be circulated to Members.

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 8.55 pm].



## Health and Adult Social Care Policy and Scrutiny Committee

20 December 2016

Report of the Programme Director, Older Persons' Accommodation

### Update on the Older Persons' Accommodation Programme

#### Summary

1. This report provides an update on progress towards delivering the Older Persons' Accommodation Programme (OPAP) (the "Programme") including Programme delivery and risk. It also reviews the action being taken to close Willow House older persons' home and the findings of a recent Mazars Value for Money review of the Programme.
2. The following summarises the status of the Programme:

Overall Status	On Target
Previous Project Status	On Target
Trend	Same
Risks	Under control
Update since last report	<p>The Programme has progressed well, including:</p> <ol style="list-style-type: none"> <li>a) Good progress with the construction of the 27 home extension of Glen Lodge.</li> <li>b) Good progress on preparing the Burholme site for redevelopment.</li> <li>c) The launch of the Burnholme care home and the Oakhaven Extra Care procurement.</li> <li>d) Agreement by Executive to move forward with the redevelopment of the Lowfield school site.</li> <li>e) Agreement by Executive to seek a sustainable future for Haxby Hall care home.</li> </ol>
Programme next steps	<p>To progress the Programme the team will:</p> <ol style="list-style-type: none"> <li>a) Complete the procurement of partners to deliver the Burnholme care home and the Oakhaven Extra Care scheme and appoint preferred bidders.</li> </ol>

- b) Appoint a constructor for the Burnholme Community and Library facilities.
- c) Demolish the redundant Burnholme school buildings.
- d) Begin the Lowfield Green development by drawing up detailed plans for the enabling works and phase 1 of the development, and submitting relevant planning applications.
- e) Consult residents, relatives and staff at Haxby Hall on the option to seek a partner to take over the ownership and management of the care home.
- f) Safely complete the move of Willow House residents.
- g) Invest in 24/7 care at Marjorie Waite Court Extra Care scheme.
- h) Agree the next care home that will be the subject of consultation on closure.
- i) Continue with the construction of the Glen Lodge extension.
- j) Sell Willow House.

## Background

3. The Health and Adult Social Care Policy and Scrutiny Committee last received an update on the Programme at their meeting on 26<sup>th</sup> April 2016 and asked for regular updates. The Audit and Governance Committee also received an update on the Programme on 28<sup>th</sup> September 2016, looking particularly at programme management. The Programme has also been the subject of an external audit Value for Money Review by Mazars which concluded in October 2016.
4. The Council's Executive on 30th July 2015 approved the Business Case for the Older Persons' Accommodation Programme.

This will:

- a) fund 24/7 care support at Auden House, Glen Lodge and Marjorie Waite Court Sheltered Housing with Extra Care schemes;
- b) progress with plans to build a 27 home extension to Glen Lodge;
- c) seek the building of a new Extra Care scheme in Acomb;
- d) 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.



5. Executive on 14th July 2016 agreed additions to the Programme:
  - a) the development of a care home on the Lowfield School site [Westfield ward] as part of a wider redevelopment of the site; and
  - b) examination of options for the future of Haxby Hall older persons' home [Haxby & Wigginton ward] as an alternative to closure.
6. Sites affected by the Programme are shown on the map at **Annex 1**.
7. 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

8. Construction of the extension to Glen Lodge Extra Care facility in Heworth is progressing well. The new access road is complete and in use and the foundations of the 25 home extension are in place and the ground floor block work is going up. Good progress is also being made on the two bungalows with walls up to roof height. Good resident and neighbour relations are being maintained. The cost estimates are within budget.

### Burnholme Health & Wellbeing Campus

9. Work to deliver the Burnholme Health & Wellbeing Campus (see **Annex 2**) is progressing well:
  - a) The procurement of an c80 bed care home on the site of the Burnholme School is on-going. The Council seeks a partner to fund, build and operate the home and will "buy" up to 30 beds from the provider, at an agreed price. Three bidders have been invited to submit formal Tenders and these will be received in January 2017. A decision on preferred bidder will be made in Q1 2017.
  - b) Enabling works to allow the care home and other facilities to be built at Burnholme are progressing well. New electricity and gas services plus a new boiler for the sports area are in place and the "redundant" school builds are now isolated from services and are ready for demolition.
  - c) Tenders are currently being sought for the demolition work and a

result should be known by Christmas. Demolition is due to be completed by Easter 2017.

- d) Tenders for the construction of the access road will form part of the construction contract for the Community & Library facilities or will be separately tendered.
10. The planning application for the new Library and Community facilities at Burnholme was submitted at the end of August. Following extensive pre-planning engagement with neighbours and stakeholders which demonstrated continuing support for the proposals no objections to the formal planning application have been received. The application was approved by the Area Planning Committee on the 1<sup>st</sup> December 2016.
  11. Executive Agreed on 7<sup>th</sup> December 2016 to recommend to Council that the estimated £4.727m of costs for the community and library facilities are added to the Capital Programme with the costs to be funded from the capital receipt received from the future disposal of surplus development land (area C) on the Site subject to obtaining Department for Education (DfE) consent necessary for such disposal. No capital costs will be incurred until official confirmation of the DfE consent has been received.
  12. Academies Act consent has been granted for the disposal of the school buildings on this site (area A). This frees the land for the care home, the library and community facilities and the health centre. This removes a major risk to the delivery of the project.
  13. The DfE confirm that our the application under Section 77 of the School Standards and Framework Act 1998 has been recommended for approval by the Minister of State and we await a final decision on this matter.

#### Oakhaven Extra Care Facility

14. Planning consent has been awarded for the use of Oakhaven as temporary accommodation. The implementation of this use has not yet begun as the housing team have been evaluating options regarding Ordnance Lane and alternative temporary accommodation.
15. The procurement for a partner to develop the new Extra Care facility on the Oakhaven site was launched on 3rd November 2016 and will conclude in February 2017.
16. North Yorkshire Police have confirmed their continued interest in moving off of their Acomb Road site and re-locating to join other services at Lowfield.

Lowfield re-development

17. Members agreed in July 2016 to proceed with the redevelopment of the Lowfield site. The development will be called Lowfield Green (**Annex 3**).
18. A spatial plan on the proposals to develop Lowfield Green has been drawn up and this was the subject of public engagement in October 2016. Over 400 residents engaged and the majority support the plan to deliver a 70 bed care home, bungalows and flats for older people, family homes, plots for self-build housing (delivering over 160 new homes), a health centre and public open space on the site. A small minority of residents strongly oppose the development and a petition signed by 45 households and seeking a halt to the proposals has been received by Council; this will be considered in the normal way.
19. The proposal also includes the examination of the provision of new football pitches on Ashfield Estate land off of Tadcaster Road.
20. On 7 December 2016 Executive agreed the spatial plan prepared for the Site as described in the report in order to deliver approximately 162 new homes, a care home, newly built accommodation for health & other public services as well as public open space and an estimated capital receipt of £4.5m. They also agreed that the Older Persons' Accommodation Programme includes the procurement of a new residential care facility on the Site as part of the wider Lowfield Green development.
21. We are now ready to progress this development.

Existing Older Persons' Homes

22. Grove House, the Older Persons' Home which closed in February of this year, was marketed for sale and Executive have accepted the offer of £1.6m for use of the site for housing, subject to planning consent.
23. McCarthy & Stone have obtained planning consent for the re-development of the Oliver House Older Persons' Home site (the home closed in 2012) to provide 36 retirement apartments. Construction will begin shortly.
24. Willow House Older Persons' Home on Long Close Lane, Walmgate, has been the subject of consultation on the option to close. The consultation has revealed no strong objections to this proposal and residents, relatives and staff are focused on where to move to. Facilities provided for people with a learning disability will be re-provided in other locations. At Executive on 24 November 2016 Councillors agreed to close Willow House and sell the site.

25. We have completed a review of options for Haxby Hall including seeking a partner to take on the home as a “going concern” with an obligation to redevelop and build a new 70 bed care home on the site. Residents, relatives and staff have had the opportunity to comment.
26. Executive on 7 December 2016 considered three options for the future of Haxby Hall and agreed that the preferred option is for the Council to seek a partner to take over its ownership and management with a commitment to build a new care home on the site in the near future and that this option is the subject of consultation with residents, relatives interested parties and staff of Haxby Hall. Executive also agreed that a six week period of consultation is undertaken with residents, relatives, interested parties and staff of Haxby Hall to explore the option to seek a partner to take over its ownership and management with a commitment to build a new care home on the site in the near future and that a further report on the outcome of this consultation be received at the Executive before a final decision to transfer is made.

#### New Extra Care provision

27. The Council continue with the negotiation of nomination rights to the rented apartments in the New Lodge Extra care development as well as control over access to the low-cost home ownership homes and a block-purchase arrangement for 8 care home beds at the Joseph Rowntree Housing Trust 60 bed nursing and residential care home and 105 Extra Care apartments on the site of Red Lodge and the Folk Hall at New Earswick.

Construction work will begin early in 2017 with the care home and first extra care apartments ready by Q2 2018.

#### **Moving Homes Safely**

##### Willow House Older Persons' Care Home

28. Executive agreed on 24 November 2016 to close Willow House. We will now support residents and their relatives to ensure all move safely to their new home, guided by the Moving Homes Safely Protocol.
29. Health and Adult Social Care Policy and Scrutiny Committee, when they met in April 2016, reviewed the Moving Homes Safely Protocol in light of its application at Grove House and Oakhaven. It was agreed that suitable adjustments would be made to the Protocol and it is this updated document which will guide our actions at Willow House.

30. As of 5 December 2016, seven residents had moved and one resident was admitted to hospital and died there. Of those residents who have moved, 4 have chosen to take up residence in independent sector homes, 2 at Haxby Hall and 1 has been able to return home to live with their partner, supported by a package of community care.
31. We expect that the remaining residents will move over the next six weeks and take up places in residential and nursing care homes or extra care. All residents who choose to move to Haxby Hall do so in the knowledge that this home will be the subject of consultation on the option to transfer management to another organisation.
32. We are working with the existing staff team to help them move to new roles within the council. We will agree approximately 20 requests for voluntary redundancy from across the care home staff team in order to facilitate these moves.
33. We are working with the customers who use the learning disability support facilities that are currently based at Willow House in order to identify the best place for them to be re-located to. Meanwhile, they will remain in operation during early 2017 while the appropriate moves are made.

### **The Mazars Value for Money Review, October 2016**

34. The Council's external auditors carried out a Value for Money review of the Older Persons' Accommodation Programme as part of their wider review of delivering significant projects and new ways of working at the Council. The work took place in the late summer and autumn of 2016.

The review focused on following up the actions taken since their previous review of the Older People's Accommodation Programme. Mazars concluded that:

- a) "The business case for the revised OPA programme presented in July 2015 provided a clear and comprehensive summary of the rationale for proposals, key issues and risks.

The planned phased development and implementation for the new programme provides a more prudent and measured approach and is a positive way forward in terms of risk management and providing flexibility to future changes in the operating environment.

- b) The project has progressed well during 2015/16 and appropriate governance and risk management discipline has been maintained.

The Council has strengthened its programme management methodologies for all major projects adopting a best practice framework which is supported by the Verto project management system. The OPA programme is now managed through Verto.

- c) Reporting to the Executive has been very comprehensive and timely at required key decision points. We highlight in particular the thorough approach taken in the July 2016 report to the Executive. We also observed a marked improvement in progress reporting to the Audit and Governance Committee, including the new arrangements for quarterly reporting on major projects.
- d) Arrangements for engagement and consultation with the public and other stakeholders are comprehensive and continue to be effective. This has been a strength of the programme throughout.
- e) We consider that the work undertaken and in progress comprehensively addresses the main issues we raised in our previous review. To ensure continued focus and rigour we recommend some areas for development in formal reporting, for example, on interdependencies between key stages and simplifying the presentation of financial information. Communication and reporting requirements to the Health and Wellbeing Board should be reconfirmed.
- f) At a delivery level, programme team resourcing should be considered routinely by the Project Board and the Verto functionality should be used to a greater extent”.

35. The Mazars recommendations are accepted and the Programme team is implementing an agreed action plan to address them.

### Programme Plan

36. The Programme plan is proceeding well.

Tasks & Milestones Status

On Target

Previous Tasks & Milestones Status

On Target

Tasks & Milestones Status Explanation

A high level project plan is now in place and this will be reviewed and updated as the Programme proceeds. Detailed project plans are now in place for the Glen Lodge Extension and the Burnholme Health & Wellbeing campus. A draft project plan is in place for the new Extra Care facility at Oakhaven.

## Key Milestones

Date	Milestone
Q1 2017	Appoint developer of Burnholme Care Home
Q1 2017	Appoint developer of Oakhaven Extra Care scheme
Q2 2017	Burnholme community facilities start on site.
Q3 2017	Submit Oakhaven Extra Care facility planning application.
Q3 2017	Complete Glen Lodge extension.
Q4 2017	Burnholme care home start on site.
Q4 2017	Oakhaven Extra Care facility starts on site.
Q4 2018	Complete Burnholme care home.
Q4 2018	Complete Oakhaven Extra Care facility.

## 37. Risks

Risks Status

On Target

Previous Risks Status

On Target

Key Risks

38. Key risks are kept under review and mitigations are pro-actively managed. No key risks currently present a concern. Recent progress in mitigating risks include:

- a) The acceptance of a good offer above original estimate for Grove House.
- b) Department for Education consent granted for the disposal of the Burnholme school buildings.

	Risk	Control/action	Gross	Net
39.	Anticipated level of capital receipts not realised.	Work closely with partners and CYC finance to maximise capital receipts.	8	1
40.	Incorrect procurement of capital works.	Applying due diligence to ensure Council's normal approach to procurement of capital works.	13	2
41.	Increase in interest rates.	Ensure impact is capped or controlled through the contracts.	19	14

	<b>Risk</b>	<b>Control/action</b>	<b>Gross</b>	<b>Net</b>
42.	Rising cost of external residential care providers.	Undertaking negotiations with Independent Care Group.	<b>23</b>	<b>19</b>
43.	Project does not deliver the right number and type of care places required by the city.	Modelling of predicted care levels to look at effect of the provision of different numbers of care places by type.	<b>19</b>	<b>13</b>
44.	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/updates; engagement through OPH Managers and staff groups; investment in staff training, support and development.	<b>19</b>	<b>13</b>
45.	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.	<b>19</b>	<b>13</b>
46.	Burnholme - Disposal of redundant school assets not approved by Department for Education.	Partnership working with local schools to ensure that requirements for playing fields are addressed via access to existing facilities, etc.	<b>19</b>	<b>13</b>
47.	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>
48.	Burnholme - Private Sector unattracted to financial viability.	Soft market testing / 'socialising' the scheme with potential bidders.	<b>19</b>	<b>18</b>



	<b>Risk</b>	<b>Control/action</b>	<b>Gross</b>	<b>Net</b>
49.	Burnholme - Planning Permission not granted / onerous.	Early site master planning and pre-submission engagement.	<b>19</b>	<b>18</b>
50.	Burnholme - Phasing & Construction Conflict.	Consider in deliberations regarding commercial options.	<b>19</b>	<b>14</b>
51.	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>

### Recommendations



52. That the Committee review the update on progress to deliver the Older Persons' Accommodation Programme.
53. That the Committee note the positive comments made by the Mazars auditors in relation to Programme progress, management and oversight.
54. That the Committee request that regular updates are presented at future meetings.

### Contact Details

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	<b>Report Approved</b>	✓	<b>Date</b> 8 Dec 2016
<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>	<b>All</b>		✓
<b>For further information please contact the author of the report</b>			

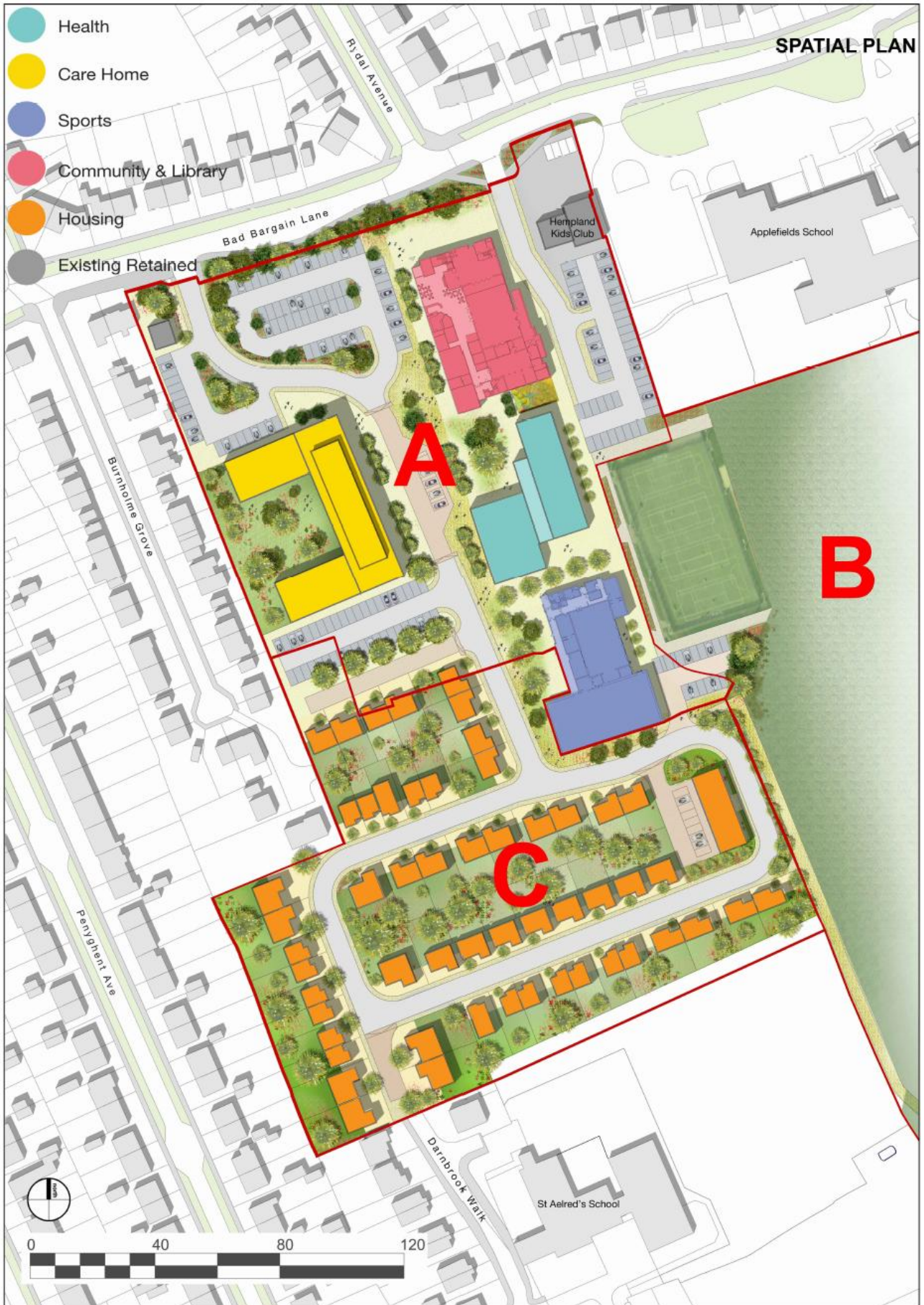
**Annex 1: Plan: CYC Homes and Sites included in the OPAP**



 <p><b>CITY OF YORK</b> COUNCIL</p>	<p>Older Person's Accommodation Programme Sites</p>	
<p><b>CBSS</b> Asset &amp; Property Management</p>	<p>SCALE 1:50,000      DRAWN BY: DH</p> <p>Originating Group: <b>Asset &amp; Property Management</b></p>	<p>DATE: 16/11/2015</p> <p>Drawing No. _____</p>
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# Annex 2: Burnholme Spatial Plan





**Annex 3: The Lowfield Green Development**





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**Health & Adult Social Care Policy Scrutiny  
Committee****20 December 2016**

Report of the Head of Commissioning, Adult Social Care

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

1. Members of the Health & Adult Social Care Policy & Scrutiny Committee will recall the last report they received on the 26 April 2016 detailing the performance by organisations providing a service in York against Care Quality Commission standards. Members will also recall that there are robust processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission.
2. Members will note from the tables below that standards in York, based on CQC ratings are slightly below National averages in relation to overall ratings and within the five key domains, York is also below national figures in Safe and Well Led. Within Safe Services, the key areas are around adequate levels of staffing in care homes as providers struggle to recruit, followed by Medicines Management and procedures relating to risk management.
3. Management and Leadership continues to be a key area of concern and the Council is working with it's partners through the Adult Social Care Workforce Strategy to address these issues and provide additional support to the sector. The Council is also working closely with the Vale of York CCG to support providers in addressing Medicine Management by working with colleagues (community matrons and medicine management) in Health to support providers, signposting providers to specific training opportunities and circulating the all good practice guidance.

4. Members will also note that three Local Authority Services are rated as requiring improvement and whilst the provider received a good rating in some domains (including caring, safe and well led) it is working with CQC on detailed action plans. All outstanding actions from the inspections have been addressed and close monitoring of the services is taking place to ensure standards are maintained.

### Background

5. All Residential, Nursing and Home Care services are regulated by the Care Quality Commission (CQC) and, as the regulator, it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.
6. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team on occasions will also undertake visits jointly with colleagues from the PCU and the Vale of York Clinical Commissioning Group where it felt necessary or there are safeguarding concerns.
7. The Adult Commissioning team have a programme in place to undertake monitoring visits on an annual basis. These will be appropriate to the services provided and will consist of an Observation Visit and /or a Quality Assurance Visit and consultation with residents/customers. Reports are shared with the provider and with CQC colleagues to inform their programme of inspections.
8. In addition to the visits listed above, the Commissioning team have regular Business Meetings with Social Care Providers and take a proactive partnership approach to effective working with providers in order to both support and encourage good practice and to work with providers where practice is not as expected to prevent issues

escalating. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch.

9. CQC ratings of Outstanding, Good, Requires Improvement, or Inadequate are given both as an overall rating as well as for each of the five key questions. The tables below compare the current overall CQC ratings of York services to National figures published by CQC. The position for York reflects the challenges the sector is facing with recruiting and retaining good quality senior managers. CQC have identified nationally that “good systems and management are important drivers that support caring staff to deliver better services”

#### Performance and Standards in York

10. The following tables provide an analysis of quality standards across care provision in York.

#### CQC Ratings (all settings) against National Levels

<b>Overall Rating</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>York Nov 2016</b>	<b>1%</b>	<b>66%</b>	<b>30%</b>	<b>3%</b>
<b>*National</b>	<b>1%</b>	<b>71%</b>	<b>26%</b>	<b>2%</b>

\*CQC State of Care report published 12 Oct 2016

For information purposes, detailed below is a comparison between York and national figures on compliance (rated ‘good’ or ‘outstanding’) within the different domains that CQC now inspect against. Inspections undertaken in York show that “Safe and Well Led” are the areas of concern identified by CQC colleagues and this would agree with findings of the commissioning team following visits and monitoring that they have undertaken.

The customer facing aspects of services are areas where York performs well on. Two Providers receive outstanding ratings in these areas (caring). This is reflective of the picture nationally with the key question about caring performing best, with safe and well-led being significantly lower.

Area	Safe	Effective	Caring	Responsive	Well led
York	60%	74%	90%	84%	60%
National *	67%	74%	92%	80%	71%

\*CQC State of Care report published 12 Oct 2016

- Members will note that not all York providers have had an inspection rating published to date. Where providers have not yet been inspected, this is due to administrative changes within the service, for example a change of premises or change of trading name. This means that a new inspection has to take place so therefore only 90% of registered services in York have had an inspection to date - this report focuses on these services.
- Copies of all CQC reports can be found at [www.cqc.org.uk](http://www.cqc.org.uk)

#### CQC Ratings (all settings) – York

<b>Inspected to Date (x of 81)</b>	<b>73</b>	<b>90%</b>
<b>Outstanding</b>	<b>1</b>	<b>1%</b>
<b>Good</b>	<b>48</b>	<b>66%</b>
<b>Requires Improvement</b>	<b>22</b>	<b>30%</b>
<b>Inadequate</b>	<b>2</b>	<b>3%</b>

#### Residential and Nursing Care Inspections - York

<b>Care Homes</b>		
<b>Inspected to Date (x of 41)</b>	<b>39</b>	<b>95%</b>
<b>Outstanding</b>	<b>1</b>	<b>3%</b>
<b>Good</b>	<b>23</b>	<b>59%</b>
<b>Requires Improvement</b>	<b>13</b>	<b>33%</b>
<b>Inadequate</b>	<b>2</b>	<b>5%</b>

Of the 41 homes in York, 39 have an inspection rating to date. The tables above detail the findings of these inspections and Members will note that 15 homes have been rated as requires improvement or inadequate including three in house services.



Care Homes (x of 39 )	Safe	Effective	Caring	Responsive	Well Led
As a %	54%	72%	90%	79%	56%
Fully Compliant	21	28	35	31	22
Outstanding	0	0	2	1	0
Good	21	28	33	30	22
Requires Improvement	16	10	3	6	14
Inadequate	2	1	1	2	3

### Home Care Inspections - York

Home Care		
Inspected to Date (x of 40)	34	85%
Outstanding	0	0%
Good	25	74%
Requires Improvement	9	26%
Inadequate	0	0%

Homecare (x of 34)	Safe	Effective	Caring	Responsive	Well Led
As a %	68%	76%	97%	91%	65%
Fully Compliant	23	26	33	31	22
Outstanding	0	0	0	0	0
Good	23	26	33	31	22
Requires Improvement	11	8	1	3	12
Inadequate	0	0	0	0	0

Of the 40 registered domiciliary care services providing homecare and supported living in York, 34 have been inspected to date. The above tables detail the findings of these inspections and Members will note that no services have been rated as inadequate although 9 have been rated as requiring improvement.

### Summary

11. Alongside the above, Members may also wish to note the outcome of the latest Customer survey on Homecare undertaken by the Adults Commissioning Team. Out of a total of 159 customers or carers surveyed, 91 % stated that they were satisfied with the quality of the services they received.
12. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and Quality Assessment Framework process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.
13. Where providers are classed as 'requires improvement' for the Key Questions of Safe, and Well Led, this is largely due to staffing levels as providers continue to find recruitment and retention of suitable staff a challenge, both from a 'front line' and management perspective.

### Implications

#### Financial

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

#### Equalities

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

#### Other

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

#### Risk Management

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

Recommendations

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

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

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**Report Approved** ✓ **Date** 5 December 2016.

**Specialist Implications Officer(s)**

**Wards Affected:**

**All** ✓

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

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

**20 December 2016**

**Report of the Head of Commissioning, Adult Social Care**

**Be Independent – Contract Monitoring Information**

**Summary**

1. This paper provides an update to Members on the performance of Be Independent for 2016/17. It advises Members on the key performance areas included within the Council's contract, highlights areas where increased monitoring is required and advises Members of any concerns regarding performance of the organisation.
2. The key issues that the report highlights are;
  - A lack of qualitative data due to the next customer survey not being due until June 2017.
  - Clarity about outcomes for customers.
  - The need to have a revised business plan.
  - How the service is contributing to enable people to live independently.

**Background**

3. The City of York Council previously provided a community alarm, telecare and equipment service. These services were externalised in 2014 and as a result a Social Enterprise was established which was awarded the contract to manage services for an initial five year period. The new organisation, Be Independent, is now in its third year of operations.
4. Following the externalisation of Be Independent and York Explore, an audit of monitoring processes was carried out by Veritau in October 2014. This audit demonstrated that effective processes were in place to monitor the contract for Be Independent with the exception that

monitoring data should be reported to this Committee on a half yearly basis.

5. Monitoring indicators reflecting customer satisfaction were assessed as a baseline before the service was externalised and were initially derived from the National Adult Social Care Survey. A further national survey and a specific consultation carried out by the Council indicated equivalent levels of overall customer satisfaction of 87% and 91.3% respectively (baseline 90.5%). It was reported to this committee on 16<sup>th</sup> September 2015 that as part of the contract monitoring, a service specific customer consultation would be carried out annually with a 10% customer sample applied. However, to prevent survey fatigue and confusion for older people with the ASC National Survey taking place in January/February 2017, the consultation will not take place until after the National ASC Survey and will be reported in 2017 to Members.

#### Be Independent Monitoring Information

##### Telephone calls

6. The service provides a 24 hour call and response service depending on the package of service they receive. Receiving calls in a timely manner is therefore an essential requirement to providing a good quality service:

Indicator	Indicator Values 2016/17 to date			
	14/15	15/16	Q1	Q2
Telephone calls answered promptly				
% calls responded to in under 30 seconds	94.7%	95.8%	96.1%	96.7%
	<b>Target: 90%</b>	<b>Target: 90%</b>	<b>Target: 90%</b>	<b>Target: 90%</b>
Total number of telephone calls received	<i>Average per quarter = 39,434</i>	<i>Average per quarter = 35,220</i>	35,770	30,869

The results demonstrate that there is sufficient staffing and telephone lines to provide responsive customer care and that there has been a continuous improvement in response times since the service was externalised. The outcome of the calls are evidenced through quarterly performance data and validated through annual quality assurance visits. The service also records customer calls so they can ensure suitable responses are provided and staff individual performance can be recognised or improved.

7. Outcomes are recorded through direct views of customers receiving the service and are as follows:

<b>Outcome</b>	<b>Applicable to</b>	<b>Monitored By</b>
<b>preventions during service provision</b>	Community Alarm	Number of Customers received advice
		Number of Customers signposted to additional services
		Number of anxiety calls where re-assurance was given
		Number of times emergency services contacted for genuine reasons due to fire alarm activation

<b>Outcome</b>	<b>Applicable to</b>	<b>Monitored By</b>
Satisfaction with service received	Equipment Loan and telecare	Council consultation, aligns with National Adult Social Care Survey
Enhanced quality of life		
Increased independence		
Improvement in feeling safe		
Improved wellbeing		
An increase in the number of people who are enabled to remain living in their chosen home		Council consultation

A reduction in the number of people requiring admission to hospital, residential or nursing care		Council consultation
Evidence of efficient hospital discharges facilitated by a responsive Equipment Service		Council consultation/ stakeholder feedback/ case studies
Evidence that the provision of appropriate equipment can in some cases prevent deterioration of a condition or the complications of additional related health problems		Stakeholder consultation
Reduced fear of falls or accidents		Council consultation
Their Carer/s are more confident and able to look after them safely		Carers Survey
Their Carer/s have peace of mind knowing that the person they care for is safe in their own home		Carers Survey

8. The quantity of calls has reduced during the lifetime of the service, decreasing from an average of 39,434 a quarter in 2014-15 to 35,220 in 2015-16 with evidence of a further reduction in Quarter 2 of this year. This further reduction is due to Be Independent risk assessing very persistent callers that were using the telephone line inappropriately, particularly those with dementia. Alternative telecare provision was put in place to better meet their needs and determine where an intervention is required.



Community alarm customers

9. One of the potential benefits for externalising the service was to place a greater emphasis on developing the private market place and therefore creating economy of scale with eligible customers funded by City of York Council. Financial planning for the service is based on 3% annual growth in customer numbers.

Community Alarm Connections	14/15 at year end	15/16 at year end	Indicator Values 2016/17 to date	
			Q1	Q2
Total number of community alarm customers (across all tiers)	2,769	2,575	2,366	2,408
Total number of self funding customers (across all tiers)	1,435	1,363	1,296	1,338
Total number of eligible customers (across all tiers)	1,334	1,212	1,070	1,070
% of eligible community alarm customers	48.2%	47.1%	45.2%	44.4%

10. New data for 2016/17 shows a further reduction of 9% during the year to date albeit with a small recovery in the number of self-funding customers reported for Quarter 2.
11. Officers have highlighted the need for Be Independent to revise its Business Plan. The revised plan should focus on marketing the service directly to the public, developing partnerships with external organisations, developing new business and encouraging increased referrals from CYC adult social care.
12. Be Independent have also reviewed their marketing and communications strategy with support from the CYC performance improvement team. This has included;

- A successful pilot scheme has been developed with Be Independent technicians working alongside ward staff at York District Hospital
  - Working with the Council to develop an initiative where telecare is offered initially free of charge to customers of reablement services, who are discharged from hospital with a need for adult social care services.
  - Promoting the service to Council teams through attending team meetings.
  - Providing equipment open days.
  - Promoting services via carers representatives.
  - Promoting service via Connect 4Support and direct payment customers.
  - Improving ease of referral through online referral form.
  - Contacting third sector providers and care homes.
  - Promoting bogus call telecare device to mental health providers.
  - Promotion of services to health practitioners
  - Leafletting in targeted areas to increase quantity of private customers.
  - Pop-up stalls at supermarkets and other locations.
  - Bus advertising
  - Exploring other business areas that utilise the 24 hour service and telecare devices.
13. However the number of new referrals has generally remained less than the relatively high numbers of customers no longer requiring the service resulting in net loss of customers from the service.
14. Previous concerns have been raised about data quality in customer records for Warden Call as an internal service and, subsequently, Be Independent as an external organisation. This raises the possibility that reported customer numbers may be affected, for example by customer records remaining open after customers have left the service.
15. These concerns have been considered through an annual quality assurance visit carried out by council staff on 30th September 2016. This year's visit included an audit of the current customer data-base on the Be Independent management system ( PNC7). A sample of 50 customer records from PNC7 were checked against CYC Adult Social Care records and out of the sample of 50 customers, only two had no

footprint in adult social care records, whilst the other 48 had some previous contact with adult social care. There was no strong evidence of inaccuracies in the Be Independent customer data-base.

16. In respect to general validation of the quality of the service, this is undertaken by an annual quality assurance visit and a customer consultation exercise. In addition the Council receive quarterly performance data, carry out regular Business Meetings alongside an annual Contract Review. The level of monitoring takes into consideration the size of the contract and the fact this is a non-statutory low level service.
17. Information on reasons for customers leaving the service shows that 42% of customers no longer using the service have passed away, 37% are no longer able to continue living independently, 19% “no longer require the service” and less than two percent leave the service due to reasons specifically identified as dissatisfaction with the service, cost reasons or preference for another service provider. Further work will be requested of Be Independent to try to get a more detailed breakdown moving forward to reduce the proportion of “other”. However it is recognised that customers may choose not to provide a reason for leaving a service.

Deceased	325	154	42.1%
Moved to sheltered housing	33	9	3.7%
Moved to SHEC	7	5	1.1%
Moved to hospice or long term hospital admission	14	5	1.7%
Moved to Care Home or Care Home with nursing	175	103	24.4%
Moved to in with family or equivalent (away)	45	22	5.9%
Evicted/abandoned tenancy/imprisoned	2	0	0.2%
Dissatisfied with service	1	2	0.3%
Financial reasons	8	5	1.1%
Transferred to other agency	0	3	0.3%
Other (No longer required)	166	54	19.3%

18. Work has been completed which provides assurance about data quality for customer records currently held on Be Independent systems and provides some insight into reasons for customers leaving the service. This data shows that at least 80% of customers leaving the service no longer require the service due to a significant change in circumstances.
19. The Adult Commissioning Team is continuing to engage regularly with Be Independent to develop understanding of the performance of different aspects of the service provision.

Number of Loan Equipment Deliveries

Indicator			Indicator Values 2016/17 to date	
	14/15	15/16	Q1	Q2
Number of Deliveries	<i>Average per quarter = 4337</i>	<i>Average per quarter = 3404</i>	4,160	4,384
Priority 2D (Within 5 working days) - % Deliveries completed on time	93.7%	94.7%	96.9%	97.9%
			<b>Target: 90%</b>	<b>Target: 90%</b>

20. Previous reports have highlighted that the number of deliveries decreased in the second year of operations (2015/16), compared to the previous year. However an upward trend in the number of deliveries has been maintained and new data for 2016/17 shows that the volume of deliveries in the current year matches volumes of activity in the first year of operations. Deliveries completed within 5 working days are performing strongly, with the indicator values showing continuous improvement in this area.
21. Reporting information generally indicates that the quality of service in respect to outputs for delivery remained good since it was externalised in April 2014. Outcomes are less easy to obtain due to services being one off pieces of work rather than a continued service. Feedback cards are provided by Be Independent with a satisfactory level of positive responses. In addition a sampling of customer satisfaction will

be carried out alongside the telecare consultation to demonstrate outcomes.

22. Be Independent are working alongside the OT team to ensure there is good communication and a shared expectation with respect to service delivery.

### **Implications**

#### Financial

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

#### Equalities

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

#### Other

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

### **Risk Management**

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

### **Recommendations**

27. It is recommended that future reports include:
  - (i) The reasons why alarms were activated.
  - (ii) What the assessed outcome for the customer would be if the service was not offered (for example in the last quarter 6.9% of referrals would have likely to have remained in hospital if the service was not available).
  - (iii) Further exploration and detail from Be Independent regarding why a customer has left a service.

Reasons:

- (i) This will help to demonstrate how the service has contributed to a customer's independence.
- (ii) This would provide greater clarity regarding the benefits of this preventative service.
- (iii) This would reduce the proportion of reasons classified as "other".

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Report  
Approved

Date 5<sup>th</sup> December 2016

✓

**Specialist Implications Officer(s)**

**Wards Affected:**

**All**

✓

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



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## Health and Adult Social Care Policy & Scrutiny Committee

20<sup>th</sup> December 2016

Report of the Director of Public Health

### Consultation on a new Joint Health and Wellbeing Strategy for York

#### Summary

1. This report presents the Health and Adult Social Care Policy and Scrutiny Committee with the draft of the new Joint Health and Wellbeing Strategy for York 2017-2022 (**Annex A** refers).
2. Members are asked to note the draft and give any comments they might have.

#### Background

3. Production of a Joint Health and Wellbeing Strategy is the statutory responsibility of the Health and Wellbeing Board. The current Strategy runs until the end of 2016 and it is therefore necessary to renew this.
4. During 2016 there were a number of engagement opportunities for residents and key stakeholders to help shape and develop a new Strategy; these took place prior to the new Strategy being drafted. A summary of the feedback from these is at **Annex B** to this report.
5. This feedback was taken into consideration when developing the new Strategy, in particular in identifying what the priority areas should be.
6. The new Strategy is high level with four key themes, namely:
  - Mental health and wellbeing
  - Starting and growing well
  - Living and working well
  - Ageing well

7. Each of the themes has an identified top priority and a number of additional things linked to the theme that the Health and Wellbeing Board would like to achieve; page 7 of the Strategy sets these out as a plan on a page.

### **Consultation**

8. The draft Strategy is currently open for consultation on the Council's website and the online survey asks the following questions:
  - Does the draft Strategy make it clear to you what the aims and ambitions for health and wellbeing in the City of York are for the next 5 years?
  - Is the strategy document well presented and easy to read?
  - How could we improve the presentation of the Strategy?
  - What will you or your organisation do to contribute to the successful implementation of the Joint Health and Wellbeing Strategy
  - Do you have any other comments about York's Joint Health and Wellbeing Strategy?
9. In addition to the online survey there will be one face to face consultation session at the Priory Street Centre on 15th December 2016. A verbal update on the comments received at this session will be given at the meeting.
10. The closing date for the consultation is 22<sup>nd</sup> January 2017 and the new Strategy will be launched at the March 2017 meeting of the Health and Wellbeing Board.

### **Options**

11. This report is for information, there are no specific options associated with the recommendations in this report.

### **Analysis**

12. This report is for information only.

### **Council Plan**

13. Production of a Joint Health and Wellbeing Strategy is the statutory duty of the Health and Wellbeing Board.



### Implications

14. There are no known recommendations associated with the recommendations in this report.

### Risk Management

15. There are no known risks associated with the recommendations within this report.

### Recommendations

16. The Health and Adult Social Care Policy and Scrutiny Committee are asked to note and comment on the draft Joint Health and Wellbeing Strategy 2017-2022.

Reason: To keep members of the Committee up to date with progress against producing a new Strategy.

### Contact Details

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Sharon Stoltz  
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**Report  
Approved**



09.12.2016

**Specialist Implications Officer(s)** None

**Wards Affected:**

All

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

**Background Papers:**

None

**Annexes**

**Annex A** – Draft Joint Health and Wellbeing Strategy

**Annex B** – Summary of Feedback

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# York's Joint Health and Wellbeing Strategy 2017-2022



Consultation Draft



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# Glossary

**Advanced Directive** – a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity

**Joint Strategic Needs Assessment** – a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce health inequalities

**Local Area Teams** – multi agency teams, covering the entire city and delivering early intervention services to families with children aged 0-19 years (up to 25 years for those with a learning or physical disability)

**Social prescribing** – a means by which primary care services can refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector

**Workplace Wellbeing Charter** – a statement of intent showing an employer’s commitment to the health and wellbeing of their workforce

**Health and Wellbeing Board** – Health and Wellbeing Boards are a statutory forum where key leaders from the health and social care system work together to improve the health and wellbeing of their local population

# Foreword

On behalf of City of York’s Health and Wellbeing Board, we are delighted to present our new Joint Health and Wellbeing Strategy for the five years to 2022.

There is much to be proud of in York. We all love living here, and appreciate what the city and its community have to offer. On almost every indicator, health, wellbeing and happiness in York is well above the national average. We must make sure we keep it that way.

However, these benefits do not extend to everybody. There are communities within our city for whom health and wellbeing outcomes fall well short of those enjoyed by the majority. In particular, people who experience mental ill health are still not consistently getting the services they need. The Health and Wellbeing Board is determined to make sure this changes.

At the same time, we need to reduce pressure on our services by supporting people to better manage their own health and wellbeing, and by intervening at the earliest sign of problems. This was a consistent theme in the engagement exercises we conducted as part of the preparation for this Strategy. You also asked us to place more emphasis on the things to do with health and wellbeing that are not about doctors or hospitals - wider issues such as poverty, housing, crime, loneliness, transport and the environment. We have taken this into account, whilst at the same time being open about the extent and the limitations of what the partners on the board can do.

We have therefore decided to concentrate on just four themes: **mental health and wellbeing**, and three **life stages**. Within each theme we have set out our top priority, plus five or six other things we want to achieve. We hope that this approach will help everybody to focus their efforts over the next five years. By everybody we mean not just those who commission or provide health and social care, but also communities and individuals, who are just as significant. We want everyone in York to have the confidence to play their part.

This Strategy is important. It is a shared agreement between each partner organisation in the Health and Wellbeing Board with, and for, people of all ages living in York. It is about what we can and want to change. We hope the new Strategy inspires you to be part of that change.



**Cllr Carol Runciman**  
Chair, York Health and Wellbeing Board



**Sharon Stoltz**  
Director of Public Health,  
City of York



# How we put this Strategy together

In putting this Strategy together we have taken account of:

- the latest evidence about what is needed in York, drawing on information from a wide range of sources. You can see the most recent analysis in our Joint Strategic Needs Assessment, which is available at [www.healthyork.org](http://www.healthyork.org). There are key facts and figures in the individual chapters of this Strategy;
- an honest assessment of how far we have achieved the objectives we set out in our previous Strategy, published in 2013. Some of the priorities in that document have continued into this one;
- your views about what's important for your long term health and wellbeing, expressed individually and collectively through a large number of consultation and engagement events, plus an online survey. We received over 1200 comments; a summary of these is available at [https://www.york.gov.uk/info/20139/health\\_and\\_wellbeing\\_partnerships/973/health\\_and\\_wellbeing\\_board](https://www.york.gov.uk/info/20139/health_and_wellbeing_partnerships/973/health_and_wellbeing_board), and key points are summarised in the individual chapters;
- the wider things - beyond the state of someone's physical health - which can affect a person's wellbeing. You told us this was particularly important;
- groups or communities who have particular needs;
- the latest relevant national guidance, and links to other local plans, strategies and reports.

We will also need to be continually mindful of the budgets available to us and likely further reductions in these over the next five years.



# York in a nutshell

York's population is now estimated to be just over 200,000 people. The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non White British) compared to 4.9% in 2001. By 2025, it is estimated that

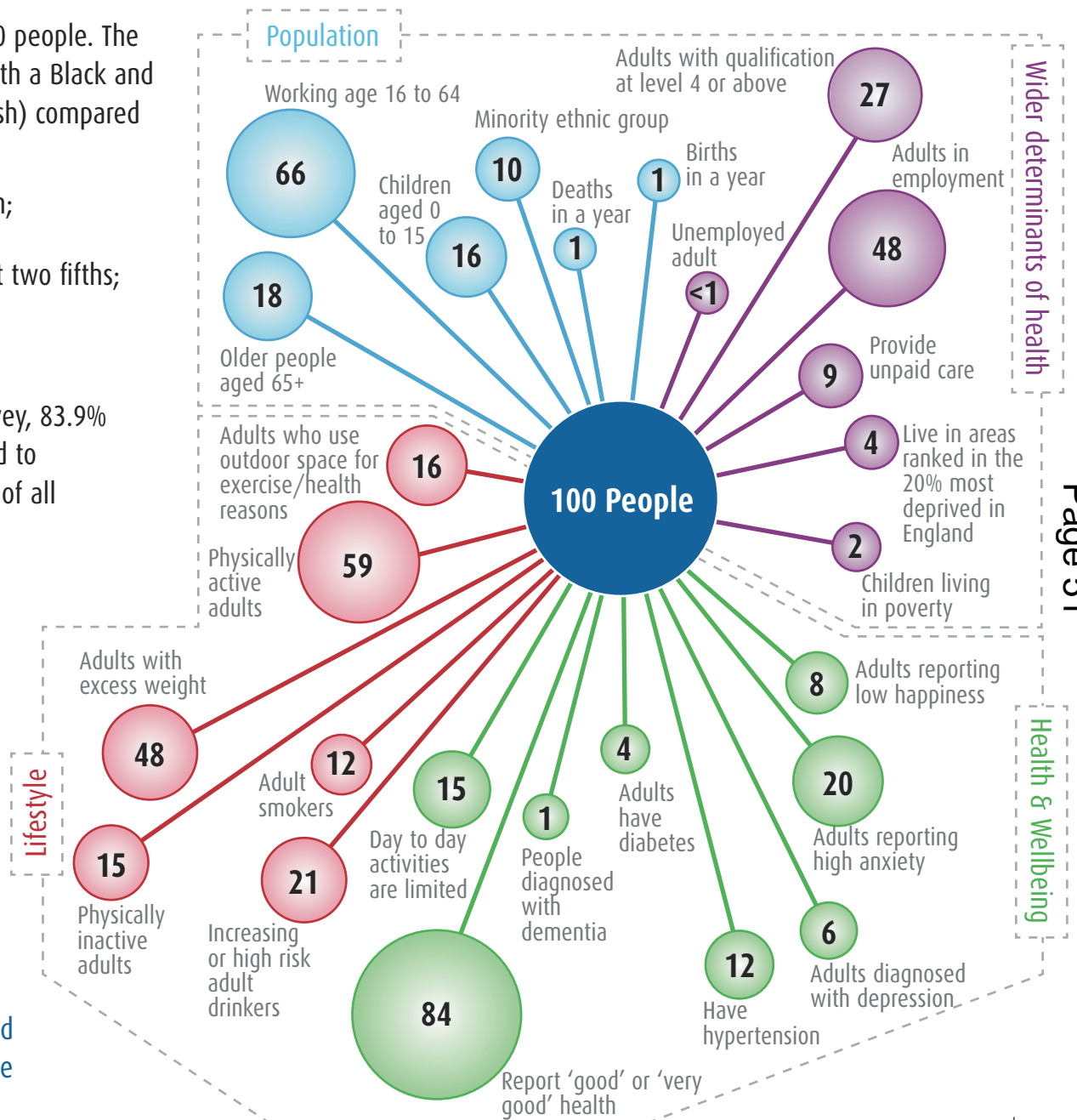
- the 65+ population in York will have increased by a fifth;
- the 85+ population in York will have increased by about two fifths;
- the 0-19 population will have risen by about 9%.

York's population is on the whole healthy (in a recent survey, 83.9% stated that they are in very good or good health compared to 80% regionally and 81.2% nationally). But this is not true of all communities and groups.



This graphic illustrates what the composition of York would be like if it was a village of 100 people based on available data. (October 2016)

## If York was a village of 100 people







## The new Strategy on a Page

What we want to achieve is simple to say: our ambition is for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life:

- by promoting greater independence, choice and control,
- building up community based support;
- by supporting self care and management;
- with greater use of early help though targeted/short term interventions;
- by imaginative use of new technology;
- with fewer people using statutory services.

This document sets out how we will do this. It doesn't attempt to describe every trend or cover every issue. Instead, it seeks to focus on the key priorities. These are illustrated in the diagram below and explained in more detail in the following chapters.



## Four themes for Health and Wellbeing in York 2017-2022

Theme	<b>Mental Health and Wellbeing</b>	<b>Starting and Growing Well</b>	<b>Living and Working Well</b>	<b>Ageing Well</b>
Top Priorities	Get better at spotting the early signs of mental ill health and intervening early	Support for the first 1001 days, especially for vulnerable communities	Promote workplace health and remove barriers to employment	Reduce loneliness and isolation for older people
Additional things we want to achieve	<p>Focus on recovery and rehabilitation</p> <p>Improve services for young mothers, children and young people</p> <p>Improve the services for those with learning disabilities</p> <p>Ensure that York becomes a Suicide Safer city</p> <p>Ensure that York is both a mental health and dementia friendly environment</p>	<p>Reduce inequalities in outcomes for particular groups of children</p> <p>Ensure children and young people are free from all forms of neglect and abuse</p> <p>Improve services for students</p> <p>Improve services for vulnerable mothers</p> <p>Ensure that York becomes a breastfeeding-friendly city</p> <p>Make sustained progress towards a smoke-free generation in York</p>	<p>Reduce inequalities for those living in the poorer wards and for vulnerable groups</p> <p>Help residents make good choices</p> <p>Support people to maintain a healthy weight</p> <p>Help people to help themselves including management of long-term conditions</p> <p>Work with the Safer York Partnership to implement the city's new alcohol strategy</p>	<p>Continue work on delayed discharges from hospital</p> <p>Celebrate the role that older people play and use their talents</p> <p>Enable people to recover faster</p> <p>Support the vital contribution of York's carers</p> <p>Increase the use of social prescribing</p> <p>Enable people to die well in their place of choice</p>
Directed by dedicated groups, and measured through both hard data and what people tell us				

# Mental Health and Wellbeing

**What this covers:** anyone who experiences mental ill health or who is affected by its impact on others. Over the course of a lifetime, this is pretty much everyone.

## We know that:

- One in four adults experiences at least one diagnosable mental health problem in any given year;
- Over half of those with poor mental health had symptoms before the age of 14;
- Between 2006 - 2014 there were 154 suicides in York; 84% of those were men;
- York has a higher rate of emergency hospital admissions for intentional self-harm than the national average;
- York has an estimated 2,717 people with dementia and this is expected to rise to 3,503 by 2025.

You told us that mental health services in York are still not good enough; that more support needs to be given in particular to families and carers; and that intervening earlier would be far more effective. You were particularly concerned about support for young people, for students, and for those with dementia. You said that mental health needs should be treated with equal importance to physical health needs.

We want to see people in York enjoying good mental health throughout their lives, with the confidence to promote their own wellbeing, supported by excellent, integrated services should they need it.

Our top priority is to get better at spotting the early signs of mental ill health so that we can provide support sooner and prevent problems from escalating.

## We also want to:

- focus our efforts on recovery and rehabilitation wherever this is possible, recognising people's need for ongoing support and the importance of housing, education and employment;
- improve services for young mothers, recognising that this group can be particularly at risk;
- improve mental health and wellbeing services for children and young people;
- improve the services we offer to those with learning disabilities;
- ensure that York becomes a Suicide Safer City and a mental health friendly environment;
- continue the work to ensure that York is a dementia-friendly environment.

## The board will:

- promote the **five steps** to **wellbeing** approach to help people to improve their own mental health;
- use its influence to press for greater parity between mental and physical health services;
- tackle stigma, ensuring there are safe places to talk to friendly people, and that everyone is treated with respect and dignity;
- develop a better understanding of mental health needs in York so that we can ensure our services are fit for purpose, redesigning them if necessary;
- work in particular to improve mental health services for children and young people so that emerging issues are quickly identified and supported within universal settings, and that timely specialist help is available when it is needed;
- ensure that the actions arising from this Strategy also take account of the guidance and specific targets within the national **Five Year Forward View for Mental Health**.



## We will monitor our progress on:

- access to, and take-up of, talking therapies;
- dementia diagnosis within primary care;
- a sustained reduction in premature deaths among people with severe mental illness;
- a sustained reduction in the number of people admitted to hospital for self-harm;
- regular sharing of information between GPs and CYC about people with learning disabilities;
- more people telling us that they and their families feel well supported through a crisis and afterwards.

# Starting and Growing Well

**What this covers:** pregnancy, birth, early years, childhood, schooldays and young adulthood - roughly up to age 21.

## We know that:

- 1 in 5 of York's population is a child;
- 1 in 10 of York's population is a Higher Education student;
- 11.7% of children in York were living in poverty in 2015;
- Childhood obesity affects more children in our most deprived wards;
- During the first two years of life the foundations of a baby's mind are being put in place; when a baby's development falls behind during the first years of life, it is likely to fall even further behind in subsequent years.

You told us that you value services provided by children centres and school nurses, but that there should be more support for young mums, including parenting skills and healthy eating. You wanted more play spaces and were concerned about air pollution. You felt schools should provide education on a wider range of life skills. You were concerned about the impact of domestic abuse. Young people said they wanted to be able to talk privately to GPs and specialist staff.

We want to see every young resident of York getting the best possible start in life, with excellent opportunities to grow up healthy and happy

Our top priority is to provide excellent, coordinated support through pregnancy and the first two years - the first 1001 days - especially for our most vulnerable communities.

## We also want to:

- reduce inequalities in outcomes for particular groups, including children eligible for free school meals/ the pupil premium, children who are looked after, young carers and refugees;
- improve services for vulnerable mothers, including very young mothers, single parents, parents with learning disabilities, or those whose children have learning disabilities;
- improve services for our large student population;
- make sustained progress towards a smoke-free generation in York;
- ensure that York becomes a breastfeeding-friendly city;
- ensure children and young people are free from all forms of neglect and abuse.

## The board will:

- promote healthy choices including healthy eating and locally-sourced food;
- ensure the successful establishment of York's Local Area Teams;
- further develop the parenting offer for all families, especially those with children under five;
- ensure that the ambitions outlined in the **Children and Young People's Plan 2016-2020** are delivered;
- ensure that the particular needs of students are understood and reflected in all relevant local plans.



## We will monitor our progress on:

- the increase in the percentage of mothers in York who are breastfeeding;
- improvements in the timeliness of visits and reviews in the first year of life to at least the national average;
- reducing the variation in obesity levels between different wards in York;
- improved school readiness for the most vulnerable groups, e.g. those on free school meals;
- reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);
- more young people in York telling us they feel safe, happy and able to cope with things.



# Living and Working Well

**What this covers:** adulthood - roughly from 21 to 66 - including working life.

## We know that:

- 2 in 3 people in York are of working age (16-64);
- 3.8% of York's population live in areas that are among the most deprived in the country;
- poverty is associated with much poorer health and wellbeing outcomes;
- there are also poorer outcomes for certain vulnerable groups, e.g. the gypsy and Roma community and the lesbian, gay, bisexual and trans (LGBT) population.

You told us you wanted to see the living wage across the board in York and more affordable housing; better advice; and more job opportunities, especially for those who may face difficulties in the market, e.g. those with learning or physical disabilities or long term conditions. You wanted us to promote the importance of a good work/life balance and to engage early with those who need to change their lifestyles. You told us that LGBT people experience significant health inequalities which need to be addressed. You asked for a comprehensive strategy to address alcohol use in the city.

We want to see everyone in York having the maximum opportunity to live their lives to the full, including employment for everyone capable of it, with employers taking seriously the health and wellbeing of their staff.

Our top priority is to work with York's employers to promote health and wellbeing in the workplace, and to help remove any barriers to the employment of vulnerable groups.

## We also want to:

- reduce inequalities in outcomes for particular groups, including those living in the poorer wards, and vulnerable groups such as the LGBT community and the Gypsy and Roma community;
- offer a range of support to help residents make good choices about their own health and wellbeing;
- support people to lose weight and maintain a healthy weight, including promoting the benefits of walking and producing guidance on healthy eating;
- help people to access the services to help them to help themselves, including the management of long-term conditions;
- work with the Safer York Partnership to implement the city's new Alcohol Strategy.

## The board will:

- promote greater awareness of, and referral to, services that support people to live healthily by all frontline staff;
- oversee the establishment of an integrated wellness service in York, providing advice on a wide range of health and wellbeing issues;
- promote the Workplace Wellbeing Charter amongst the city's employers, ensuring board members lead by example;
- lead by example in the employment of people with learning disabilities, and other vulnerable groups;
- scrutinise and challenge the development and delivery of local health and care services to ensure a focus on physical activity and healthy weight is embedded in the management of long term conditions;
- increase the visibility of alcohol-related harm as a key public health issue, supporting an approach to alcohol licensing that ensures alcohol is sold and consumed in a responsible way.

## We will monitor our progress on:

- improving uptake of all screening programmes;
- the number of major employers signed up to the Workplace Wellbeing Charter;
- reducing the number of adults classed as overweight or obese;
- sustaining a reduction in the rate of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause;
- York being nationally recognised as a more equal city, with a measurable reduction in the gap in outcomes between different wards;
- increasing the number of people with a learning disability or mental health condition in employment;
- more people, particularly from vulnerable groups, telling us they are happy with their health and wellbeing.



# Ageing Well

**What this covers:** the so-called third age, roughly from 66 onwards, including the end of life.

## We know that:

- over the next 15 years the number of people over 65 in York will increase from 36,000 to 46,000 and those aged 75 and over from 17,000 to 26,000;
- nationally, 1 in 10 older people are suffering from chronic loneliness;
- in 2014 there were 1,771 deaths of York residents;
- In 2014, 9.2% of households in York were living in fuel poverty;
- the number of delayed discharges from hospital beds in York is higher than the national average.

You told us you wanted to feel included in your community, and that your age and experience is valued. You wanted more support for people to manage long term conditions away from GP services and a wider range of housing options for older people. You asked for more resources for care agencies and better services. You wanted better public transport. You particularly wanted us to tackle isolation and loneliness and to ensure that in York, no one ever dies alone.

We want to see York as a fantastic place to grow old, with our increasingly ageing population able to stay fit, healthy and independent for longer, and (though it is a sensitive topic) also a good place in which to die.

Our top priority is to reduce loneliness and isolation for older people.

## We also want to:

- ensure that there is sufficient community-based support to tackle the problem of delayed discharges from hospital;
- celebrate the role that older people play in making York such a special place;
- enable people to recover faster and remain independent for longer;
- recognise and support the vital contribution of York's carers;
- increase the use of social prescribing, ie, linking patients in primary care with sources of support within the community;
- enable people to die well in a place of their choosing and encourage people to prepare advanced directives.



## The board will:

- promote volunteering, befriending and other opportunities to share knowledge, skills and experience;
- promote local social opportunities such as health walks;
- press for improvements in the accessibility and availability of community transport;
- press for improvements in the range and choice of accommodation available for older people;
- ensure that the needs of carers feature prominently in all policy making and service delivery;
- offer practical support and advice to those preparing for the end of life;
- champion the issues of older people, ensuring they have a voice in all local debates.



Annex A

## We will monitor our progress on:

- more older people telling us they have as much social contact as they would like;
- reducing the number of unnecessary admissions to hospital for older people;
- reducing the number of delayed discharges from hospital beds;
- more older people still being at home 91 days after reablement or rehabilitation;
- more volunteering opportunities for older people;
- more older people telling us they are happy with the care they receive, and have done the groundwork to prepare for their end of life.

# How we will deliver the Strategy

In order to deliver this Strategy we will need to transform the way in which we work - with individuals, with communities, and with each other. Each of these has three components.

## Transforming how we work with individuals

- continuing the process of **transferring responsibility**, decision-making and (where possible) budgets to individuals so that they can better understand the choices available to them, and take full ownership of the outcomes. Some call this way of working co-production;
- seeing the **whole person**. This means ensuring that we can (for example) recognise the physical health needs of someone presenting with mental illness, and vice versa. Our staff need to be trained to have the confidence to think beyond their professional specialism, while also being clear about when a referral to another service may be needed;
- acknowledging the **wider determinants** of people's health and wellbeing, especially housing and employment. These may not be directly under our board's control, but we can use our influence to ensure that policy-makers always take this dimension into account; and at an individual level, ensure we are equipped to point people in the right direction for advice and support. The board recognises that economic growth is not always inclusive and some people can get left behind. The board endorses the use of tools such as the Joseph Rowntree Foundation's Inclusive Growth monitor, which assesses inclusivity within regions.

## Transforming how we work with communities

- helping to build friendly, **resilient communities** in York through targeted interventions and support. Such communities need the encouragement and resources to help themselves, for example through building networks of peer support;
- ensuring that when we commission services, we do so taking full account of the individual circumstances - and, in particular the **assets** - of the community;
- reducing the use of traditional medical prescribing and increasing the use of **community-based solutions**, - such as joining a club or engaging in volunteering - where this may be the best approach to an individual's problems.

## Transforming how we work with each other

- further work to pool our budgets and commission services on a **joint basis** where this makes sense, as part of a strategic process to transform the way that health and social care services (in particular) accept joint responsibility for issues such as delayed discharges;
- ensuring that organisational boundaries never stand in the way of the best solution to an individual's issues, and that the principle of **no wrong door** runs through all of our services. Our workforce may need additional training to deliver this;
- focusing in particular on **transitions** between institutions and services. Experience - and your feedback - suggests that this is the point at which problems occur, and that we could transform people's experiences if we could get this right.

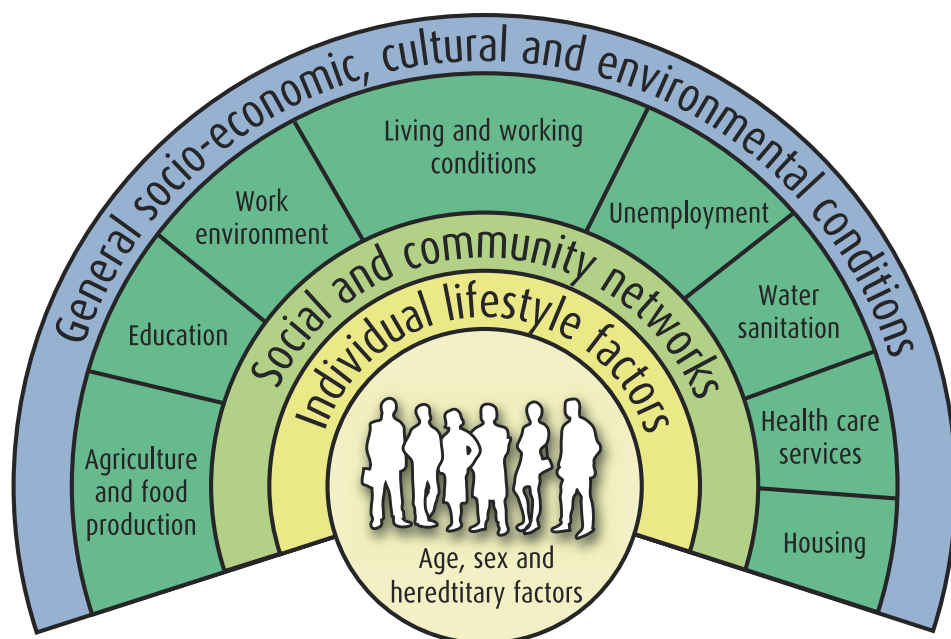
The role of the **Health and Wellbeing Board** will be to champion the ambition and priorities of this Strategy, maintaining a clear focus on outcomes. This will require us to support and challenge organisations to align their work to the strategic direction we have set out and to show action-focused leadership if barriers exist and are preventing progress. This may include board members working to drive change in their own organisations, or looking together at how resources are used across different agencies and partners for maximum impact.

The board will use its sub-groups, and action focused task groups, to develop action plans to take forward the initiatives outlined in this Strategy. Each will be the personal responsibility of an individual board Member. The board will monitor a range of indicators, some of which were set out in the previous chapters, to ensure that the Strategy is on track and - if not - to make adjustments based on clear evidence. At the same time, the board will establish new mechanisms to ensure it is constantly in touch with what residents think and feel, and has access to relevant case studies, because we accept that some aspects of health and wellbeing can't be measured by numbers alone. The board has also agreed some key principles that will underpin this work.



## Wider determinants of people's health and wellbeing

The health and wellbeing of individuals and communities in York is affected by a wide range of factors. Some of these, such as gender and genetic makeup are outside our control. Other factors which might be beyond an individual's control can be improved with support from organisations such as the NHS, local authority or voluntary sector. These factors include things like the environment, the economy and housing.



Factors that affect people's health and wellbeing are generally connected.

### Plans and strategies

The board will take into account the relevant national and local plans and strategies.

### Some of the groups in York where there is evidence of poorer outcomes

- Those living in the **poorer parts of the city**, where there are higher rates of childhood obesity, greater prevalence of chronic health conditions, and lower life expectancy;
- **single parents** - to ensure their children get the best possible start in life, and that their own health needs are not neglected;
- **children on free school meals**/eligible for the pupil premium, or in the care of the local authority;
- **students** - there is concern at the apparent increase in students of all ages experiencing mental and emotional health issues;
- people with **long term conditions**, who may find it difficult to get employment;
- people with a **learning disability**;
- people from **minority ethnic groups**, such as the traveller community;
- those from the **LGBT** community, where there is evidence of poorer health outcomes;
- **frail elderly** people living on their own;
- **carers** - people who deserve more support, and who have their own health and wellbeing needs.

## Key Principles for the Health and Wellbeing Board

**Ensure** that we work together in true partnership for the good of the people of York;

**Involve** local people in identifying the challenges and redesigning services;

**Promote** equality of opportunity and access for all communities, and challenge discrimination if it arises;

**Treat** everyone with dignity and respect at all times;

**Recognise** and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York;

**Champion** the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents;

**Work** with the Adults' and Children's Safeguarding Boards to ensure that everyone always feels safe, and that the ways to report concerns are clear.

This Strategy does not stand alone, and the board is not the only body with an influence over the outcomes.

The board will strive to ensure that all these strategies and plans are aligned, so as to maximise their impact. This is especially important given the pressures on our budgets. The board will keep an overview of certain additional indicators that are not its direct responsibility in order to achieve this alignment and in case there is a need to challenge partners.

There will also need to be actions at a community level and by families and individuals. The board will not seek to micro-manage, but will instead maintain a strategic overview. We hope this Strategy will encourage individuals to take more responsibility for their own health and wellbeing, and to look out for others in their local community.

People should, of course, not hesitate to ask for help if they need it. For our part, we undertake to continue to listen to residents to ensure we are getting things right, and to make rapid changes if we are not. If we can nurture and sustain a spirit of true partnership throughout York, we really will be able to make it the best City in England in which to grow up, live, and grow old.



If you require further information then please contact the Public Health Team:

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E-mail: [healthandwellbeing@york.gov.uk](mailto:healthandwellbeing@york.gov.uk)

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Partners who sit on the York Health and Wellbeing Board **Annex A**



Tees, Esk and Wear Valleys **NHS**  
NHS Foundation Trust

York Teaching Hospital **NHS**  
NHS Foundation Trust

**NHS**  
Vale of York  
Clinical Commissioning Group





**Renewing the Joint Health and Wellbeing Strategy for the City of York**  
**Summary of the feedback received from pre-drafting/pre-consultation**  
**engagement with stakeholders and residents**



During late 2015 and throughout 2016 engagement took place with stakeholders and residents prior to producing a draft of a new Joint Health and Wellbeing Strategy for York. This has ranged from attendance at specific meetings to focused engagement events and an online survey.

**The key engagement events were:**

(i). Open Engagement Sessions

Two events were held on 25<sup>th</sup> July 2016. These events were open to both residents and stakeholders and approximately 60 people attended. The Director of Public Health for the City of York gave a presentation setting out a 'life course approach' for the new Strategy covering the following themes:

Starting and Growing Well

Living and Working Well

Ageing Well

Dying Well

Attendees took part in table discussions based around the following questions?

1	What is great about life in York?
2	What could be done to improve life in York?
3	What do you think the top two priorities are for each of the life course themes?
4	What one thing would have the most impact in narrowing the gap between those with the best and those with the worst life expectancy in the city?



(ii). A discussion at the Healthwatch York AGM

The 26th July 2016 Healthwatch AGM was very well attended. The Health and Wellbeing Partnerships Co-ordinator presented background information at the session that mirrored that of the Director of Public Health at the open engagement sessions. Attendees were asked what they thought the top two priorities were for each of the life course themes.

(iii). A Day in West Offices Foyer

West Offices is the main building for City of York Council and the customer centre is based here. Staff from the Council and from Healthwatch York spent the 4<sup>th</sup> August 2016 in the foyer asking customers what they thought the health and wellbeing priorities for York were and what one thing would improve their health and wellbeing. This was a very informal day and the number of people that contributed was not recorded. However, approximately 150 comments were received.

(iv). An online survey

An online survey ran from 27 July 2016 to 29 August 2016 and 131 responses were received. The online survey was accompanied by an information pack that reflected the presentation the Director of Public Health gave at the open engagement sessions. The questions asked were:

1	What do you think are the two most important priorities for improving health and wellbeing in York?
2	If you could only do one thing to improve health and wellbeing in York what would that be?
3	Do you have any other comments about the content of our information pack or about renewing York's Joint Health and Wellbeing Strategy?

Over 1200 comments were received in total and a summary of these is set out on the following pages.





## Starting and Growing Well

Many people agreed that the Starting and Growing Well theme should be a key priority for the City, with children's health and wellbeing highlighted as being extremely important. Wellbeing for children and young people comes through as being particularly important including access to physical exercise, a range of activities, good diet and good emotional and mental health

### What you said was important:

Educate children and young people about health, wellbeing and personal responsibility

More activities and physical exercise opportunities for children and young people

Tackle physical inactivity of children and families

For young people to understand the benefits of exercise and healthy lifestyles

Encourage exercise and healthy eating

Education for children, young people and families around healthy eating

More green spaces

Keep children's centres open and review Sure Start

Mental health support for all children and young people

The social determinants of health

Target key services to families in poverty

More school nurses and health visitors

Support for expectant Mums and easy access to maternity services

Early intervention and family support close to home

Good and affordable nursery and childcare provision

### Broad themes

- ❖ Children & young people (including maternity)
- ❖ Education, skills & training
- ❖ Support & supportive communities
- ❖ Wellbeing
- ❖ Environment
- ❖ Emotional & mental wellbeing
- ❖ Early intervention & prevention
- ❖ Information & advice

## Living and Working Well

There were five themes that came out very strongly when this theme was discussed

### What you said was important:

#### Housing

Housing was one of the most frequently mentioned themes in this section, particularly affordable housing for all. In addition to this support for those that are homeless and appropriate accommodation for those with specific or complex needs and mental health problems was high on the list.

#### Employment

Employment was fairly high on the list too:

- Focus efforts on the 4 wards where the 50% of York's unemployed are
- Good and well paid employment opportunities for all
- A robust Strategy & more job opportunities for those with disabilities.

#### Wellbeing

Wellbeing was also high on the list when this theme was being discussed – physical activity, healthy eating and obesity being mentioned the most. There were mixed opinions on how to achieve this – whether it should be through supported programmes, self help or resilience in communities. People clearly felt that wellbeing was very important.

#### Health and Social Care

Health, social care and primary care services were clearly important issues for people. There were a wide variety of comments around this theme but good mental health services and support systems, access to GP appointments and shorter waiting lists at hospital were the comments that came up most frequently.

#### Environment

Environment (including transport and culture) was something else that was clearly important to people. Tackling poor air quality, more open and green spaces, less cars in the city and improvements in public transport (particularly buses) were the most common issues raised.

## Ageing Well

This was another theme that people felt should be a key priority for the city.

### What you said was important:

**Support & Supportive communities** - Make York a friendly city for ageing - accessibility, community support, groups & engage the old; build community resilience; more support for carers; subsidise facilities to encourage community sessions; support for those without families; support to manage long term conditions; independent living for the elderly

**Health care** in the community – an improved approach to care in the community

Easier access to GPs – less waiting time

Supportive health and social care

Holistic physical and mental health care for the elderly

**Dementia should be a priority** - More support for people with dementia; more care places for people with dementia and Alzheimer's disease

**Accommodation** - More Council run care homes with reasonable care fees; more sheltered housing and home support after discharge from hospital

**Plan ahead** - Ensure better care for the elderly and plan ahead for a longer living population with more elderly residents and care requirements

**Join up those services!** For older citizens it is about joining up services to provide a coherent simple service designed to meet the patient's needs; co-ordination of services across providers and sectors so that people quickly get all the support they need

**Wellbeing** – tackle loneliness and isolation; fund voluntary bodies to tackle social isolation; increase social prescribing – this issue was raised by lots of people

**Wellbeing** – more help for older people to keep fit; specific exercise classes; affordable exercise

**Quick Fix** - Early intervention and prevention – the simple, quick fix installation of a grab rail versus hospital admission

Supporting and treating mental health issues is very important

Sustain independence for York's older residents

## Dying Well

This emotive topic highlighted a number of areas that stakeholders and residents felt were important

### What you said was important:

- Full range of options and support available to facilitate where people want to die
- Services that mean people don't need to die in hospital
- Social care and resources to prevent hospitalised deaths
- Starting conversations about end of life early
- More information about Power of Attorney, end of life wishes, Advanced Directives and DNACPR
- Clear, explicit and accessible information about death and dying and encouragement to make person centred end of life plans
- Individual has a good death in their chosen location
- Dignity and respect when at the end of life
- Clear end of life pathways
- McMillan type nurses for non-cancer end of life care
- This priority should be included within the ageing well priority
- Support for the bereaved



## Cross Cutting Themes

There were a number of issues raised that cut across all age groups with emotional and mental health being the issue that was raised the most throughout the entire engagement period.

### What you said was important:

#### Early Intervention & Prevention

- Improve information to enable residents to make better choices
- Increase proactive early intervention programmes to prevent hospital admissions
- Invest in prevention

#### Top Priority Raised

##### Emotional & Mental Health & Wellbeing

- Re-open mental health inpatient facilities in York
  - Better mental health service provision
- Mental health needs to be at the forefront of the new Strategy.
- Raising awareness, then signposting onto support services and ensuring there are fully functioning and empowered services
  - Access to good mental health care
- Not enough priority given to mental health which directly impacts 1 in 4 adults and indirectly impacts the majority of people who live in York
  - Appropriate support for individuals

#### Health Inequalities

- Health Inequalities data should drive the prioritisation of focus for each section
- Reducing poverty and health inequalities should feature highly in the new strategy
- It's difficult in a prosperous city to make sure the issue of poverty doesn't get lost
- Focus on the most deprived wards





If you require further information then please contact the Public Health Team:

TE: 01904 551714

E-mail: [healthandwellbeing@york.gov.uk](mailto:healthandwellbeing@york.gov.uk)

Public Health Team  
City of York Council  
West Offices  
Station Rise  
York YO1 6GA

**This document was produced during November 2016**



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## Healthwatch York: Performance Monitoring / Six Monthly Review Template

<b>Name of Provider</b>	York CVS
<b>Service Provided</b>	Healthwatch York
<b>Contract Start Date (Service Commencement Date)</b>	01 April 2015
<b>Contract Finish Date (Expiry Date)</b>	31 March 2017

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

- *Review the achievements of the Service in delivering the agreed outcomes*
- *Consider how the Service might be developed going forward*
- *Identify how beneficiary needs are being delivered*

*Establish that the Service is being managed in accordance with the Agreement*

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

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

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

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

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

**INDEX**

*Section 1: To be completed six monthly*

*Section 2: To be completed six monthly*

*Section 3: To be completed six monthly*

Signature on behalf of Provider		
Signature <i>Siân Balsom</i>	Name Siân Balsom	Date 17/11/16

### SECTION 1: Service Provided (Quarterly Updates) 01/03/16-30/09/16

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

Qtr 1

- Presented our Bootham Park Hospital report to Health Scrutiny as part of a wider meeting focused on its closure, providing feedback from 66 individuals
- Completed the induction of a new member of staff, to lead on the Community Equipment & Wheelchair Services Forum funded by NHS Vale of York Clinical Commissioning Group
- Attended a Roundtable meeting in Westminster with Alistair Burt (then Communities and Social Care Minister), Rachael Maskell, with Ruth Hill and Stephen Wright of TEWV and received an apology to York regarding how Bootham Park Hospital was closed
- Completed and published our 3<sup>rd</sup> Annual Report, sent to 253 organisations and 923 individuals by post and email
- Published our Access to GP Services report
- Took part in an initial workshop about the Humber Coast and Vale Sustainability and Transformation Plan
- Supported TEWV's informal events about the new mental health hospital in York

Qtr 2

- Held our third Annual Meeting, attended by over 100 people
- Wrote and submitted a tender to keep the Healthwatch York contract at York CVS
- Encouraged people to share their concerns following the announcement of the decision to close Archways, resulting in a report to the September Health Scrutiny meeting

- Held a volunteer development day, including human bingo, a workshop with City of York Council regarding the city's public health offer, and a SWOT analysis to inform our strategic planning
- Held an information stall at 10 one-off public events, including Pride, Fulford Show, York 50+ Festival
- Responded to 14 readability requests, collating responses from our 10 readability volunteers to improve the accessibility of information for the public
- Worked jointly with local Healthwatch across Yorkshire and the Humber completing visits to Community Dental services, speaking to over 60 individuals

### **Key Performance Indicators to include:**

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

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

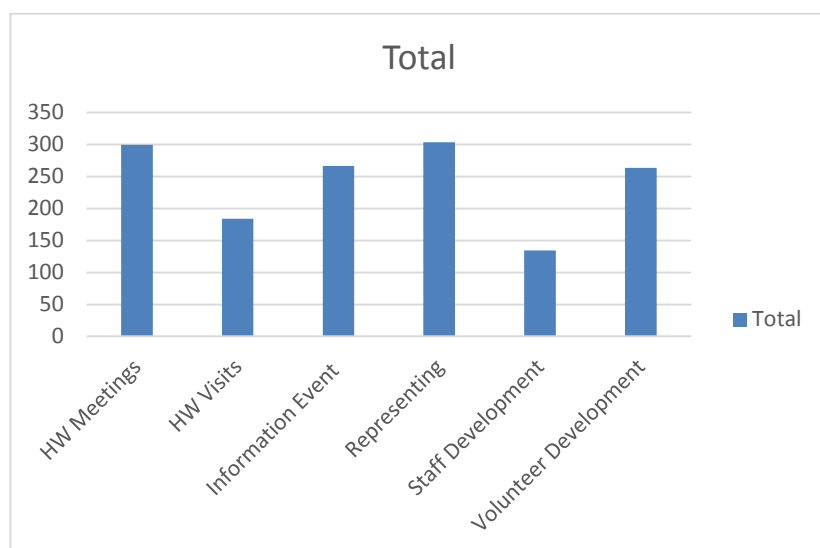
### **Impact of Activity / Public Engagement Reports**

Following the Archways report we have been working closely with Gillian Younger from York Teaching Hospital NHS Foundation Trust and Chris Weeks of City of York Council. We attended a workshop for staff working across the different intermediate care services to join in discussions about what this work will look like. We then arranged 3 focus groups, in Acomb, Tang Hall, and Haxby, bringing together people using intermediate care services, to hear their views. As part of the meetings, we captured details of people who wish to be involved in this work on a regular basis.

York Teaching Hospital NHS Foundation Trust have confirmed that our Accident & Emergency report has been considered as they have been working on redesigning the Emergency Department (ED) waiting area. We have also provided feedback about proposed patient information for people coming to ED.

## Communication, Engagement & Reach

### Staff and volunteer hours by meeting type



For more details regarding our engagement work, we are happy to share our engagement calendar, giving details of all events we have held and participated in.

During strategic meetings, both Healthwatch York staff and volunteer representatives complete Reps Reports. These, along with information about Healthwatch York activity, and wider health and care issues form a monthly bulletin for partners and volunteers which is also publicly available. For more details on these bulletins (monthly) please follow these links;

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/April-2016-bulletin.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/May-2016-bulletin.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/June-2016-bulletin.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/July-2016-bulletin.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/August-2016-bulletin.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/10/September-2016-bulletin.pdf>

### Outcomes of visits to Health and Social Care premises in York

Our care home visits contributed to and enhanced 17 City of York Council care home reports, having engaged with 81 residents in total.

Our Enter & View volunteers and staff team supported work for NHS England, co-ordinated by Healthwatch Leeds, to gather views on community dental services. We undertook 16 sessions with 32 staff and volunteers between 12<sup>th</sup> and 22<sup>nd</sup> July, following a request on 4<sup>th</sup> July. We would like to thank Shaun Raval and his team for making everyone welcome at such short notice.

### Partner Programme

We have 36 voluntary and community sector organisations who are signed up as Healthwatch York partners, and 2 pharmacy partner organisations. We invite our partners to our quarterly Assembly, to get involved in conversations about what is happening locally in health and social care. We also work closely with them to progress our work plan reports.

For example, we worked with York People First and YREN when completing our Access to GP Services report, to make sure the particular concerns of people they work with were included.

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

### **Volunteers**

We currently have 39 volunteers covering a range of volunteer roles. These include Representatives, Community Champions, Enter & View, Care Home Assessor, Research, Marketing and Communications, Readability Panel, and Leadership Group members.

### **Engagement**

Community engagement has taken place at a variety of events throughout the city.

We have maintained our regular outreach posts, with monthly drop-ins at Lidgett Grove, St Sampsons, Sainsbury's Monks Cross and Spurriergate Centre, and regular participation with Food and Fun at Clements Hall. This means our volunteers have established a presence within community venues, becoming a familiar, welcome presence. We have also responded to volunteer feedback regarding visibility of our volunteers, providing t-shirts and sashes with Healthwatch York branding, as well as posters to help advertise these sessions. We are continuing to look at new ways of increasing awareness of Healthwatch York.

1 quarterly magazine produced and distributed by post to 42 organisations and 312 individuals and by email to 212 organisations and 616 individuals, as well as being available through our website, and distributed at our information stands at community venues

@healthwatchyork had 1,767 followers as at 30 September 2016, continuing a steady increase.

### **Logging issues**

- 107 new issues were logged in this half year. This includes 19 comments received following our call for information regarding Archways closure. The majority are still received either direct from the public or via a third party, relating to individual's experiences in health and care.

Place of issue	Comment	Complaint	Compliment	Concern	Signposting	Grand Total
Care home		1		2		3
CCG	1	6		2	3	12
Children		2		1	1	4
Dentist				1		1
GP	5	4		7	4	20
MH	2	2		8	4	16
Not York				2	1	3
Other				4	8	12
Pharmacy				1		1
Social care		2		1	4	7
YAS	1		1	1		3
YTH	1	10	1	8	5	25
<b>Total</b>	<b>10</b>	<b>27</b>	<b>2</b>	<b>38</b>	<b>30</b>	<b>107</b>

## Key themes from the reported issues

### Barriers/ Communication

This includes a number of comments on staff attitudes, use of language and clarity, failure to provide accessible information, language difficulties and failure to communicate in required ways, for example BSL interpreter not booked, text reminder not sent, using a relative to convey messages for deaf client. Lack of communication/ information sharing among professions leads to lots of form filling.

There were 5 comments about difficulties making or cancelling appointments. These included a new phone system where you have to choose an option, rather than speaking to person; not able to book an appointment in advance, or far in advance for chiropody appointments.

There were issues about physical access, including provision for those with wheeled walking frames and scooters in a GP surgery where it was impossible to move around easily once inside the building.

### Care

There were several records of good and bad care received. There were a number of reports of inconsistent treatment, and problems caused by earlier misdiagnosis. Relative of resident in a care home reported no care staff were available to travel with the resident to A&E, and they were left waiting outside in the cold.

### Waiting times

There were 9 comments about long waiting times for appointments including GP, blood taking, mental health support and an urgent foetal scan which should have been done within 72 hours.

There were difficulties in getting an appointment with an NHS dentist and the need for persistence in getting an appointment with the community dentist.



Long waits for appointments at the Wheelchair Centre were also reported for young people and for an initial assessment for an elderly lady. One client reported regular cancellation of hospital appointments.

### **Social**

In a number of cases there was a social impact even if this was not the main issue. These included alterations to the bus service and use of bus passes, access to housing, and lack of activities in care home leading to isolation. There was a report of difficulty recruiting a Personal Assistant, and signposting to a care agency for respite care. There was a comment about the problems of being able to obtain prescriptions at convenient times.

### **Discharge/ aftercare**

There were a number of issues relating to problems with discharge from care environments. These included lack of information on what to expect after surgery, effects of medication and who to contact if concerned, which left people worried or confused. A family member reported feeling under pressure to choose a care home as the relative needed to be discharged from hospital due bed shortages.

There was a report of a lack of support after leaving prison, and people who come out of mental health services.

### **Changes in provision**

Problems or concerns arising from changes to provision were common (more than 10). This included changes to medication due to NICE guidance, advice to move to non-branded items from pharmacist; changes to internal systems (e.g. phones); changes to continuing healthcare; closure of care homes. We had reports of the impact on families and communities of the changes to collections of sharps bins.

### **Signposting and advice**

We continue to record signposting activity through the issues log where this is received in the office. We also keep a full log of all signposting contact through community activities and events, much of which is through our Community Champion volunteers. They have been at events attended by over 7,000 people, speaking with 955 individuals. The combined number of logged signposting contacts over the past 6 months is as follows:

Signposting / info / advice	Apr	May	Jun	Jul	Aug	Sep	total
in person	34	31	27	29	43	64	228
by telephone	0	3	1	0	3	4	11
by email	0	1	0	0	4	1	6

We have also given out 15 leaflets for the Big 5 signposting agencies (First Call 50+, Family Information Service, York CAB, York Carers Centre, York Advocacy), 590 copies of our major publications (the Directory, Mental Health Guide, Magazine and our leaflets), and 142 other leaflets covering mental health, dementia, older people's services, caring, young people and public health.

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

We are also working on a guide to dementia support services as part of our JRF funded project working with people living with dementia.

### **Barriers**

One of the barriers to progressing the recommendations in our reports remains the lack of a firm sub structure under the Health and Wellbeing Board to take forward some of the recommendations made. For example, without a Board overseeing work around “Making York a great place to live for older people” or the health inequalities agenda there is no obvious place for our recommendations around Loneliness to go. There was to be a new working group on loneliness, in line with the Health and Wellbeing Strategy commitment to this area of work, but due to a number of key personnel changes this has not met since its initial formation. Similarly there has been no straight forward mechanism for progressing the recommendations made in our reports on discrimination against disabled people, or around discharge from health and care settings. However, we are hopeful that the JSNA / Health and Wellbeing Strategy meeting, and the refreshed focus on the Health and Wellbeing Board substructures will provide additional clarity.

### **Strategic Impact**

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

- We will publish our report on making York work for people with dementia, as well as reports on Continuing Healthcare and Home Care services
- We will continue to hold monthly Community Equipment and Wheelchair Services, funded by NHS Vale of York Clinical Commissioning Group
- We will continue to move our data onto the Healthwatch England developed CRM system, improving reporting at national level and streamlining our reporting processes in time for our new contract starting in April 2017
- We will be releasing a 3<sup>rd</sup> edition of our Health and Social Care Directory
- We will be publishing the second edition of our Mental health and wellbeing guide, with printing costs being met by Tees Esk and Wear Valleys NHS Foundation Trust
- We will publish our guide to dementia support in York
- We will continue to raise awareness of Sustainability and Transformation Plans, and encourage people to get involved in work to shape local change

**SECTION 2: Staff training and development / Healthwatch Volunteers***Details of all training courses undertaken in the last six months:*

Course title	No's Of Staff / volunteers Attended	Refresher	
		Yes	No
• Volunteer Induction	5		✓
• Enter & View	2		✓
• Disability Awareness Training	8		✓
• Care home assessor training	2		

Carol Pack, Information Officer, has led on our information work, including our third Annual Report, our quarterly magazine, and our monthly volunteer and partner bulletin. This involves significant amounts of work to very tight deadlines. Carol also leads our Care Home Assessor programme, including training volunteers and accompanying them on their first visits. She has established quarterly meetings for this role, increasing information sharing, and helping resolve any issues or concerns volunteers have. In addition over this period she has developed and delivered 3 half day Enter & View training sessions for Healthwatch North Yorkshire volunteers (2 in May, 1 in August), and responded to Quality Accounts from six local service providers (during May and June).

Helen Patching, Project Support Officer, continues to lead our work on issues log reports to partners. She has continued to look at how we gain more detailed feedback from commissioners and providers regarding action taken following our sharing of issues. Helen provides administrative support for the monthly volunteer meetings, quarterly assembly, and the Annual Meeting in July. She leads the Readability programme, sending out documents to volunteers and collating responses. In Quarter 2 she set up the first meeting for the Readability volunteers, who normally work remotely. This will be held in October. She also provides administrative support around the care home assessment programme.

Barbara Hilton, Project & Volunteer Development Officer, has led on recruitment and interviewing of new volunteers. She has managed events' logging and providing information stands at community events and venues, both regular and one-offs and also ran a number of stands. This involves being the key contact and support for our Community Champions. Barbara has been the contact for organisations who wish to join the Partner Programme. She has been involved with readability work, sending out leaflets to the panel and also collating the responses. With the upcoming 2<sup>nd</sup> edition of the HWY Mental Health & Wellbeing Guide, Barbara has been in touch with all of the local organisations listed in the 1<sup>st</sup> edition to check on their entries, has updated these where necessary and found and added relevant new organisations. She has dealt with and logged issues that have come into the office via phone, email or in person and signposted where ever possible.

Siân Balsom, Director, has led our work around the closures of Bootham Park and Archways, and our involvement in developing future plans for mental health services and intermediate care. She attends a wide range of strategic meetings, maintaining the Healthwatch presence at Health and Wellbeing Board and other partnership boards within the City of York area, and representing patient voice on the Vale of York CCG Governing Body. She has also attended a number of meetings about the Sustainability and Transformation Plans for Humber Coast and Vale.

Carole Money, Project Support Officer has set up and facilitates a Community Equipment and Wheelchair Forum. It meets monthly and supports the recent re-procurement of the two services involving service users as part of the commissioning process. Carole is also involved with the Healthwatch England CIVI CRM database system. She is working with all Healthwatch York records and data; ensuring the information is clean and functional to use the new system fully when the new contract begins on 1<sup>st</sup> April 2017.

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

<b>Staff Support</b>	
<i>How often are staff meetings held?</i>	There have been 4 staff team meetings this period, plus 2 full staff team meeting for all York CVS staff. We also now have weekly start the week meetings with York CVS colleagues.
<i>How often do staff receive supervision from a senior?</i>	Every 6-8 weeks.
<i>How often are staff formally appraised?</i>	We have an annual performance development review system, which involves a full annual review, and quarterly progress checks.
<i>Number of staff appraised in last period:</i>	0
<b>Complaints/Commendations</b>	
<i>How many informal complaints have been received?</i>	<b>0</b>
<i>How many formal complaints have been received?</i>	<b>0</b>
Further detail: We are not supporting people to make complaints but are signposting these to the right organisations, and recording issues people raise with us. See issues log attached for more details.	
<b>SECTION 3: Additional Comments</b>	
<i>Please list any additional details/comments/recommendations that you wish to make.</i>	

### Finances

<b>Staff costs</b> (salaries & expenses)	<b>£37,102.28</b>
Volunteer expenses	£ 1,108.16
Local Administration	<b>£11,175.80</b>
Other	<b>£12,238.97</b>
Total	<b>£61,625.21</b>

### Annex

Annex 1- Healthwatch York highlights and update presentation

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# Healthwatch York

Updates, highlights, things to watch



# A whistlestop tour of recent stuff

- Including some things you will already know
- Some things we think you'd be happy to hear about
- Some things to think about



# Archways closure

## Archways closure

- Approached the Press to encourage feedback to the team
- Had contact with 19 individuals
- Used this as basis for report to Health Scrutiny meeting
- Now involved in further work on intermediate care



# Wheelchair / Equipment services



# Readability work

- Significant increase in demand for this work
- Supporting organisations to improve their communication with the public



# Accident & Emergency Report



# Access to GP Services report



## Access to GP Services



# Antenatal & Postnatal Services report

- Presented to Health & Wellbeing Board on 23<sup>rd</sup> November
- Responding to questions about availability of face to face antenatal services





# Joint reports

- Worked with colleagues across Yorkshire & the Humber to look at community dentistry for NHS England
- Also, initiated a report looking at what we already know about STP priority areas across the Humber Coast & Vale 'footprint'



# Evaluation of 2015/16

- Focussed this year on key statutory stakeholders
- 93% of respondents agree 'Healthwatch York understands what is happening in relation to health and social services in York'
- 82% agreed that 'Healthwatch York involves the public in the work they do'



# On the radar



## Next up

- Homecare survey –  
<https://www.surveymonkey.co.uk/r/homecareyork>

Out now, open until 6<sup>th</sup> January

- Unity Health Appointment changes survey closes shortly  
<https://www.surveymonkey.co.uk/r/UnityYork>



## Next up

- CHC report to complete before end of year
- Dementia report going to HWBB in January
- Gearing up for new contract from 1<sup>st</sup> April



## Want to know more?

- Find ALL our reports at <http://www.healthwatchyork.co.uk/our-work/hw-york-publications/>



# Any questions?





# Get in touch

Healthwatch York

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Twitter: @healthwatchyork

Like our facebook page



## Health & Adult Social Care Policy & Scrutiny Committee Work Plan 2016-17

Meeting Date	Work Programme
Wednesday 22 June 2016 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Attendance of Executive Member for Health and Adult Social Care to explain her challenges and priorities for the municipal year</li> <li>2. Be Independent End of Year Position</li> <li>3. Verbal update on Bootham Park Hospital Scrutiny Review</li> <li>4. Work Plan 2016/17</li> </ol>
Tues 19 July @ 4pm	<ol style="list-style-type: none"> <li>1. End of Year Finance &amp; Performance Monitoring Report</li> <li>2. TEWV report on consultation for proposed new mental health hospital for York.</li> <li>3. Safeguarding Vulnerable Adults Annual Assurance report</li> <li>4. Position report on Healthy Child Service Board</li> <li>5. Pre-decision Report on Re-procurement of Substance Misuse Treatment and Recovery Services</li> <li>6. Work Plan 2016/17</li> </ol>
Wed 28 Sept @ 5.30pm	<ol style="list-style-type: none"> <li>1. Health &amp; Wellbeing Board six-monthly update report</li> <li>2. 1<sup>st</sup> Quarter Finance &amp; Performance Monitoring Report</li> <li>3. Report on change of services at Archways Intermediate Care Unit</li> <li>4. Update report on CCG turnaround and recovery plans</li> <li>5. Bootham Park Hospital Draft Final Report.</li> <li>6. Work Plan 2016/17</li> </ol>

<p>Tues 18 Oct @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Annual Report of the Chief Executive of York Teaching Hospitals NHS Foundation Trust.</li> <li>2. Further update on actions against York Hospital Action Plan.</li> <li>3. Tees, Esk and Wear NHS Foundation Trust – One Year On in York</li> <li>4. Work Plan 2016/17</li> </ol> <p style="text-align: center;"><b>Circulated Reports</b></p> <ol style="list-style-type: none"> <li>5. Front Street / Beech Grove GP Practice Mergers</li> <li>6. Re-procurement of community services and wheelchair services.</li> </ol>
<p>Wed 30 Nov @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Healthwatch six-monthly Performance Update report</li> <li>2. 2<sup>nd</sup> Quarter Finance &amp; Performance Monitoring Report</li> <li>3. Briefing Report on Ambulance Cover in York.</li> <li>4. Update Report on STP</li> <li>5. Further Update report on CCG turnaround and recovery plans.</li> <li>6. Work Plan 2016/17</li> </ol>
<p>Tues 20 Dec @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Update Report on Elderly Persons' Homes</li> <li>2. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services.</li> <li>3. Be Independent six-monthly update report</li> <li>4. Draft report on new Joint Health &amp; Wellbeing Strategy</li> <li>5. Healthwatch York six-monthly Performance Update Report (deferred from November)</li> <li>6. Work Plan</li> </ol>

Mon 30 Jan 2017 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Safeguarding Vulnerable Adults Six-Monthly Assurance Report</li> <li>2. Ambulance Service CQC inspection (TBC)</li> <li>3. Update Report on CCG Improvement Plan</li> <li>4. Update Report on Healthy Child Service Board</li> <li>5. Work Plan 2016/17</li> </ol>
Mon 27 Feb 2017 @ 5.30pm	<ol style="list-style-type: none"> <li>1. 3<sup>rd</sup> Quarter Finance &amp; Performance Monitoring Report</li> <li>2. Annual Carers Strategy Update report</li> <li>3. TEWV / CCG report on outcome of consultation for new mental health hospital</li> <li>4. Work Plan 2016/17</li> </ol>
Wed 29 March 2017 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Annual report of Health &amp; Wellbeing Board</li> <li>2. Work Plan 2016/17</li> </ol>
Wed 19 April 2017 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services</li> <li>2. Hospital updates on: <ul style="list-style-type: none"> <li>• Winter experience</li> <li>• Development of community services in light of Archways closure</li> </ul> </li> <li>3. Work Plan 2016/17</li> </ol>
Wed 31 May 2017 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Healthwatch six-monthly Performance Update report.</li> <li>2. Work Plan 2016/17</li> </ol>

Yorkshire Ambulance Service CQC Inspection 13 September. Report within 50 days (early November).

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