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: Wednesday, 28 September 2016

Time: 5.30 pm

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

A G E N D A

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 19 July 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 **5:00pm** on **Tuesday 27 September 2016**.

Filming, Recording or Webcasting Meetings
Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at: http://www.york.gov.uk/webcasts.

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

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. Chair's Report - Health and Wellbeing Board (Pages 11 - 16)

This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board. The Chair will be in attendance at the meeting to present the report**.**

5. 2016/17 First Quarter Finance and Performance Monitoring Report - Health & Adult Social Care (Pages 17 - 32)

This report analyses the latest performance for 2016/17 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health*.*

6. Report on Change of Services at Archways Intermediate Care Unit (Pages 33 - 44)

Members will receive a verbal update on the change of services at Archways Intermediate Care Unit.

7. Update Report on the NHS Vale of York Clinical Commissioning Group Turnaround and Recovery Plans (Pages 45 - 46)

Members will receive a verbal update on the financial recovery and improvement plan that the NHS Vale of York Clinical Commissioning Group (CCG) are developing.

8. Bootham Park Hospital Draft Final Report (Pages 47 - 200)

This report provides the Health & Adult Social Care Policy & Scrutiny Committee with all the information gathered around the closure of Bootham Park Hospital and actions taken to date to restore mental health services in York.

9. Work Plan 2016/17 (Pages 201 - 202)

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 under the Local Government Act 1972.

Democracy Officer:

Name- Judith Betts
Telephone – 01904 551078
E-mail- judith.betts@york.gov.uk

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

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

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

☎ **(01904) 551550**

Agenda Item 1

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

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

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Douglas (Substitute)	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Richardson	Niece is a district nurse. Undergoing treatment at York Pain clinic and awaiting surgery for knee operation.

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City of York Council	Committee Minutes
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	19 July 2016
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Craghill, Richardson And Derbyshire
Apologies	Councillor S Barnes

8. Declarations Of Interest

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

9. Minutes

Resolved: That the minutes of the meeting of the Health and Adult Social Care Policy and Scrutiny Committee held on 24 May 2016 be approved and then signed by the Chair as a correct record.

10. Public Participation

It was reported that there had been one speaker registered to speak at the meeting under the Council's Public Participation Scheme.

Eileen Ronan from Changing Lives spoke regarding Agenda Item 4 (Pre Decision Report on Reprocurement of Substance Misuse Treatment and Recovery Services). She requested that the provider who was selected to run the substance misuse service, spread cost savings over their contract period, as she was concerned that due to customers' complex needs that there could be a wider impact on health, adult social care and on the Police. She asked for further work to be carried out and a Community Impact Assessment to be produced and submitted before the service reprocurement took place.

11. Pre Decision Report on Reprocurement of Substance Misuse Treatment and Recovery Services

Consideration was given to a pre decision report which sought authorisation to approach the market for the tendering of adult substance misuse harm reduction, treatment and recovery services. The report also included a recommendation that the decision to award the contract be delegated to the Director of Public Health and that the outcome be reported to the Executive.

The Committee were informed that a Community Impact Assessment (CIA) on the tendering of the service would be carried out and the results would be included within the Executive papers. Members were informed that two contracts had been proposed within the tender, the medical contract for substitute drugs and one for alcohol.

Discussion took place during which the following points were raised;

- The spend did not include services run by the Police and Crime Commissioner, Safer York Partnership would be given responsibility to undertake these savings.

- The contract could not be legally extended beyond three months, after this a re-tendering of the service had to take place.

- It was difficult to set measures for performance of this type of service.

- There needed to be greater accountability for the funding of council contracts.

Members felt that a further detailed report was needed and asked if they could recommend to the Executive that the decision be deferred. The Committee were informed that the re-procurement report would be signed off by the Corporate Management Team (CMT) before it went to the Executive. As there was time to do some more detailed work Officers suggested this update report could be circulated to Members with the opportunity for a further briefing in the future.

Resolved: That the report be revised to incorporate further details discussed, as referred to above, and a Community Impact Assessment.

Reason: To inform Members of the re-procurement of substance misuse treatment and recovery services.

12. Healthy Child Service

Members received an update report on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Trust to the council. It set out the progress of development with a new Healthy Child Service for the city.

It was highlighted that;

- In the transfer of staff from the NHS over to the council, some issues had appeared such as the storage of records.
- In regards to Health Visitors safeguarding training, a report and decision on the development of an in-house training model integrated with children's social care would be taken at the City of York Children's Safeguarding Board.
- There was a current lack of developed performance data on the school nursing service.
- The new Healthy Child Service for the 0-5 age group would look at dental services, immunisation and toilet training to enable young children to start school.

Resolved: That the report be received and noted.

Reason: To provide an update on the transfer of health visiting, school nursing and National Child Measurement Programme and progress with the development of a new Healthy Child Service.

13. 2015/16 Finance and Performance Draft Outturn Report- Health & Adult Social Care

Consideration was given to a report which analysed the financial outturn position and performance data for 2015/16 by reference to the service plans and budgets for all of the relevant services

which fall under the responsibility of the Directors of Adult Social Care and Public Health.

Members asked questions that related to the following;

- Staffing at Older People's Homes
- The continued low take up of Direct Payments
- Rise in Delayed Transfers of Care

Officers reported that there had been an overspend on staffing at older people's homes. This was because agency staff had been used as posts became vacant. There was a plan in place for this year to reduce the numbers of agency staff used in Older People's Homes.

It was expected that as there would be an increase in Direct Payments due to the launch of a new case management system in October and additional providers to organise the payments.

Regarding the rise in the numbers of delayed transfers of care, there had been a pilot discharge scheme between the Council and the hospital at the beginning of the year. Members were told that it had the most effect at the start of the year, but then showed a decline. However, as the reported figures only showed the end of year figures the overall effect would be evident at the next quarter.

Resolved: That the report be received and noted.

Reason: To update the committee on the latest financial and performance position in health and adult social care for 2015/16.

14. Update Report on Consultation on The New Mental Health Hospital in York

Members received an update report from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) which informed them about the formal consultation on the new mental health hospital in York.

Questions from Members included;

- How much money was available for the building of the hospital, and would cost determine the outcome?

- Would the Trust have any Out of Area beds?
- Was the community hub site options consultation included as part of the consultation on the new mental health hospital?

Members were informed that based on floor area, TEWV was looking to source £29m as part of its business case for the hospital. The Trust underlined that this was a working figure. It was confirmed that the Trust would not be looking to access beds outside the area and that the community hub site options consultation was separate.

The Chair thanked the TEWV Chief Operating Officer and Clinical Director for Adult Mental Health Services for their attendance and for answering Members questions.

Resolved: That the report be received and noted.

Reason: To keep the Committee updated on arrangements for the formal consultation process and the new mental health hospital in York.

15. Safeguarding Adults Annual Assurance

Members received an update report which outlined arrangements in place to ensure that the council discharged its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and wellbeing. The report also included the City of York Safeguarding Adults Board Annual Report 2015-2016.

In response to a question on what proactive measures had been taken in light of the recent closure of a hospital in the city and low inspection ratings at care homes from the Care Quality Commission, Officers reported that;

- The commissioning department had a regular process by which it engaged care homes around its quality and sustainability standards, however some care homes did not have a relationship with the council and were self funders.
- An intelligence group had been established which shared and monitored safeguarding intelligence from a variety of sources. There were plans for Healthwatch to be a member of this group.

- More general adult safeguarding work, such as workshops being undertaken to ensure that care providers were being trained.
- NHS England were commissioning a piece of work on the oversight of independent hospitals.
- Community safety issues had been identified for a forensic hospital in the city as they took Out of Area patients.

In relation to the report recommendations, the Chair requested that a six month update report be circulated to Members by email.

Resolved: (i) That the report be received and noted and the Committee be assured that the arrangements for safeguarding adults are satisfactory and effective.

(ii) That the Committee receive a six monthly update report via email.

Reason: To assure Members about adult safeguarding arrangements in the city.

16. Work Plan

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

It was suggested that a report on the GP Practice Mergers at Beech Grove and Front Street, Acomb should be removed from the work plan and be circulated to Committee and Ward Members via email.

In relation to the possible work plan item on commissioning of GP services across the city, it was suggested to wait until NHS England and NHS Vale of York Clinical Commissioning Group had finished all their public consultations on the matter, before it was considered by the Committee.

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

- The removal of a report on GP Practice Mergers at Beech Grove and Front Street, Acomb. This report to be circulated to Committee and Ward Members via email.

- The update report on the Clinical Commissioning Group (CCG) Turnaround plans be considered at September's meeting.
- The update report on the roll out of the re-procurement of North Yorkshire Community Equipment and Wheelchair Services be considered at October's meeting.

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

Councillor P Doughty, Chair
[The meeting started at 4.00 pm and finished at 5.45 pm].

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Health & Adult Social Care Policy & Scrutiny Committee **28 September 2016**

Report of the Chair of the Health and Wellbeing Board

Chair's Report – Health and Wellbeing Board

Summary

1. This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board (**Annex A refers)**. The Chair of the Health and Wellbeing Board will be in attendance at the meeting to present the report.

Background

2. It was agreed as part of the working protocol between Health and Adult Social Care Policy and Scrutiny Committee (HOSC), the Health and Wellbeing Board (HWBB) and Healthwatch York that the Chair of the HWBB would bring reports to this Committee. This protocol has recently been reviewed and it has been agreed that the Chair will provide two reports per year (usually March and September), with the March report being the Annual Report of the HWBB.

Consultation

3. Not applicable to this report.

Options

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

Analysis

5. This report is for information only.

Council Plan

6. This report has links to all three elements of the Council Plan 2015-19 – a prosperous city for all; a focus on frontline services and a council that listens to residents.

Implications

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

Risk Management

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

Recommendations

9. Members are asked to note the contents of this report.

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

Contact Details

Author:
Tracy Wallis
Health and Wellbeing
Partnership Co-ordinator
Tel: 01904 551714

Sharon Stoltz
Director of Public Health

Approved ✓ 15.09.2016

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers:
None

Annexes
Annex A – Report of the Chair of the Health and Wellbeing Board

Annex A

Update from Councillor Carol Runciman - Chair of Health and Wellbeing Board (HWBB)

In March 2016 the Chair of the HWBB presented the Board's Annual Report to the Health and Adult Social Care Policy and Scrutiny Committee. This paper provides an update as to work undertaken by the HWBB since then.

1. **Formal Meetings** - There have been three formal meetings covering the following topics:

<u>18 May 2016</u>

i. Sustainability and Transformation Plans
ii. Update on Better Care Fund
iii. Alcohol Strategy
iv. Update on the York, Easingwold and Selby Integration and Transformation Board
v. Building the Right Support Across York and North Yorkshire *[transforming care for people with learning disabilities and/or autism]*

<u>20 July 2016</u>

i. Presentation from the Independent Care Group
ii. Older People' Survey
iii. Update on Service Delivery for Dementia Care in York and Selby
iv. Annual Report – Safeguarding Adults Board
v. Monitoring and Managing Performance
vi. Sustainability and Transformation Plans
vii. Healthwatch York Report – Access to GP Services
viii. Progress in York with Implementation of the Care Act 2014
ix. Better Care Fund Submission 2016/17

<u>7 September 2016</u>

i. Rehabilitation and Recovery, Adult Mental Health Service Developments in York and Selby
ii. Mental Health In-Patient Facilities for York
iii. Update on the Work of the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group (JSNA/JHWBS Steering Group)

Annex A

iv. Update from the Integration and Transformation Board
v. Alcohol Strategy – Consultation Response

HWBB agenda's have continued to be tightened to ensure that there is a focus on a particular theme at each meeting as well as including core business.

2. **New Board Members** – Since the election in May 2016 the Health and Wellbeing Board has seen some changes to its membership; in most instances this has been appointing new board members to existing board places to respond to staff changes in the various organisations represented. However, there has been one significant change and that is the appointment of the Chair of NHS Vale of York Clinical Commissioning Group (CCG) as an additional member and Vice-Chair of the HWBB.

3. **Key pieces of work** – in the three meetings of the HWBB that have taken place since I last updated this Scrutiny Committee there have been a number of significant developments which include;

   - The Better Care Fund Submission has now been agreed by the CCG and the Council and approved by NHS England. The Integration and Transformation Board have been delegated the responsibility of monitoring progress against this and will be reporting back on this and their other work to every HWBB meeting going forward

   - The HWBB has agreed to sponsor an Older People's Survey; as the older population continues to increase it is important that health and social care partners understand
     - the factors that impact on older people's wellbeing;
     - how we can effectively support people to live independently for as long as possible
     - the gaps in our knowledge in order to aid health and social care services in meeting the specific needs of the older population in York

     The Older People's Assembly will be playing a major role in this work.

4. **The Joint Health and Wellbeing Strategy** – work is now underway to renew the current Joint Health and Wellbeing Strategy for York. A number of engagement events have recently taken place as has an

Annex A

online survey in advance of drafting the Strategy. The feedback from the engagement has been considered by the JSNA/JHWBS Steering Group and will be used to inform the new Strategy.

5. The Strategy will be a high level, five year Strategy underpinned by detailed delivery plans and other relevant strategies for the city. It will be based around a life course approach such as:

   - Starting Well
   - Growing Well
   - Living and Working Well
   - Ageing Well and End of Life

6. The expected timescales for this work are as follows:

   - September 2016 – production of draft Strategy
   - October and November 2016 – formal consultation on draft Strategy
   - December 2016 – amendments to Strategy based on consultation responses
   - January 2016 – launch of the new Strategy

7. **Development Sessions** – the Board also meets outside the formal meeting structure to increase our sum of knowledge of some of the more complex issues. We are currently undergoing a period of self assessment with the help of the Local Government Association. This has included work around:

   - Reflecting on national developments and where York is against these
   - Looking at how the Board will shape responses to the challenges facing the health and care system locally
   - Taking stock of the HWBB's successes and challenges
   - Considering what further development the Board needs
   - Considering what the priorities should be in the new Joint Health and Wellbeing Strategy

8. In addition to this the Board is reviewing their governance arrangements including membership, terms of reference and sub-structures. A fuller report regarding these will be presented to the HWBB in due course.

Annex A

9. **Building Relationships** – as Chair of the HWBB I continue to meet with key partners in the city including, the Chair of the Fairness and Equalities Board and also the Chair of the Mental Health and Learning Disabilities Partnership Board. I have also met with the Chairs of the CCG, York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). In addition to this I have visited Peppermill Court which will be the interim mental health in-patient facility for the city until a new hospital is built.

10. **Communications** – work is in progress to develop the visibility of the HWBB and to improve communications. We are working towards producing an external newsletter and would like the first edition of this to coincide with the launch of the new Joint Health and Wellbeing Strategy in January 2016.

Health and Adult Social Care Policy and Scrutiny Committee **28 September 2016**

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

2016/17 First Quarter Finance and Performance Monitoring Report - Health & Adult Social Care

Summary

1 This report analyses the latest performance for 2016/17 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

2 A summary of the service plan variations is shown at table 1 below, with the following sections providing more details of the significant potential outturn variations and any mitigating actions that are proposed.

Table 1: Health & Adult Social Care Financial Summary 2016/17 – Quarter 1

2015/16 Draft Outturn Variation £000		2016/17 Latest Approved Budget			2016/17 Projected Outturn Variation	
		Gross Expen-diture £000	Income £000	Net Expen-diture £000	£000	%
-101	ASC Prevent	7,497	1,367	6,130	+122	+2.0
	ASC Reduce	9,834	2,802	7,032	+188	+2.7
	ASC Delay	12,671	7,548	5,123	+52	+1.0
	ASC Manage	42,433	14,364	28,069	+1,922	+6.8
-	ASC Mitigation Options	-	-	-	-2.000	-
+24	Public Health	9,176	8,799	377	+57	+15.1
-77	**Health & Adult Social Care Total**	**81,611**	**34,880**	**46,731**	**+341**	**+0.7**

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

Adult Social Care Prevent Budgets (+£122k / 2.0%)

3 There is a net projected overspend of £79k on staffing budgets mainly due to additional senior practitioner hours within the occupational therapy service. A number of other more minor variations produce a net overspend of £43k.

Adult Social Care Reduce Budgets (+£188k / 2.7%)

4 The projected overspend is mainly due to a £176k pressure within direct payment budgets where the are currently 13 more customers than allowed for in the budget and some short term delays in initiating the saving to reclaim unspent direct payments. A number of other more minor variations produce a net overspend of £12k.

Adult Social Care Delay Budgets (+£52k / 1.0%)

5 There is a net projected overspend of £77k within community support budgets mainly due to an increase in the number of customers on exception contacts. In addition learning disability transport budgets are projected to overspend by £31k. These overspends are being partly offset by holding posts vacant in the customer access and assessment team generating a saving of £56k.

Adult Social Care Manage Budgets (+£1,922k / 6.8%)

6 There is a net projected overspend of £460k within external residential and nursing care placement budgets as a result of increased residential placements (+£487k) and delays in transferring some learning disability customers to supported living schemes (+£160k), partly offset by fewer than expected nursing placements (-£187k). In addition, the on-going negotiations with external providers to establish a 'fair price for care' from 1 April 2016 are expected to result in fee increases significantly in excess of the inflationary growth allocated in the 2016/17 budget process. This will be the subject of a report to the Executive later this month.

7 Older People Homes' budgets are projecting a net overspend of £422k. This is mainly in respect of under recovery of income (£190k) and staffing (£212k). Income has been affected by a higher than budgeted for number of vacant beds. Staffing costs are higher due to an increased use of casual staff in the homes as permanent posts are kept vacant in order to facilitate staff moves resulting from the reprovision programme. Windsor House staffing continues to form a significant element of the overspend as staffing has been maintained at Dementia Care Matters levels, although rotas are being reduced as the customer group is changing from a full dementia unit to a mix of customers with dementia and short term care needs. As per the mitigations described at paragraph 13, work will be undertaken to try and achieve a balanced budget the end of 2016/17.

8 There is a net projected underspend of £191k in supported living budgets due mainly to a number of places being kept vacant in advance of the anticipated transfers of learning disability customers from external placements.

9 Staffing budgets are projected to overspend by a net £56k due mainly to the temporary need for additional group managers during the first half of the year.

10 The directorate's budget for 2016/17 included a requirement to deliver savings totalling £3m from the on-going work being undertaken on service transformation. To date savings of £1,942k have been identified and implemented, leaving a shortfall of £1,058k. Plans are in place to deliver almost all of the shortfall from 2017/18, so this is a short term pressure.

11 The council's former £1m care act grant was transferred to mainstream funding from 2016/17. Commitments and expenditure totalling c£600k are now expected to be made against the budget, leaving an uncommitted balance of £400k available to contribute towards other directorate pressures.

12 A number of other more minor variations produce a net overspend of £17k.

Adult Social Care (ASC) Mitigations (-£2,000k)

13 ASC DMT are committed to doing all they can to try and contain expenditure within their budget for 2016/17 and reduce the projected overspend as far as possible by the year end. Dealing with the budget pressures is a regular item at DMT meetings with all options available to further mitigate the current overspend projection being explored. The current intention is to undertake action and explore options with the aim of reducing the projected overspend by a further £2m by the end of the year. Areas being considered include the following:

- Bring the existing OPH budget back into line by the end of the year by making full use of vacant beds to reduce requirements for external long-term and respite placements.
- Review direct payment values in light of the new Resource Allocation System and consider reductions where unspent balances have already been reclaimed.
- Review the level of the care packages provided following reablement.
- Review our fairer charging rates to customers.
- Ensure top up contributions are being made where appropriate.
- Continue the restrictions on all discretionary spend and hold recruitment to vacant posts wherever possible and safe to do so.

- Consider whether any of the existing 2016/17 efficiency savings proposals can be stretched to deliver additional short term and on-going savings.
- Consider whether any of the savings being developed for 2017-20 can be delivered earlier to generate a savings benefit in 2016/17.
- Review any potential to charge costs against capital schemes or reserves.

Public Health (+£57k / 15.1% or 0.7% of gross expenditure budget)

14 Within Public Health there are net projected overspends on sexual health contracts (+£66k), and the healthy child programme (+£59k) due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. These are partly offset by a projected underspend on staffing (-£57k) due to vacancies being held pending approval and implementation of the public health restructure. A number of other more minor variations produce a net underspend of £11k.

Performance Analysis

Adult Social Care

15 Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. At the end of Q1, the rate for Younger Adults (aged 18-64) who were assessed as requiring future residential care was 1.52 per 100,000. This is half the rate of the same period last year. If the trend is maintained this will equate to an end year position of 9.89, achieving the required target of 10. For older people the rates of those assessed as needing to go into residential care in Q1 have improved and are significantly lower than the same position last year. At this early stage we are predicting that performance will exceed the target of 238 new placements or less (a rate of 620 per 100k or less) by end of year.

16 A review has been undertaken on the Actual Cost of Care, providing a proposed policy and level of resourcing between the council and independent sector residential and nursing care providers. This will determine the amount which the council pays for this provision whilst ensuring a sustainable care market in the city. A report will be sent to Executive in the Autumn.

17 Delayed transfers of care from hospital measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care

services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. The level of delay appears to have increased in the last month of the quarter, which presents a worsening situation. This is due to larger reported delays from the mental health provider. These figures are currently being investigated as they are produced from a process which has not been agreed between the organisations. The number of delayed days per person from the acute setting is significantly lower.

18 There is a strong link between employment and enhanced quality of life, reducing the risk of social exclusion and evidenced benefits for health and wellbeing. The Q1 position for the proportion of adults with learning disabilities in paid employment is lower than the expected target and lower than the same position last year. This is rated as a deteriorating position. This indicator has been reviewed within the directorates performance clinic and at this stage it is thought that some aspects of lower performance against the target may reflect good work that the service has done to move people with learning disabilities out of statutory services so they no longer count on the indicator. A detailed analysis of the customer group and changes will be created by the service manager in charge as part of the monthly performance improvement framework.

19 Evidence shows that the nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. The current outturn, while short of the year end target represents an improved position from end of year 2015/16.

20 The proportion of adults in contact with secondary mental health services in paid employment is a measure intended to improve employment outcomes for adults with mental health problem and accommodation status and is linked to reducing risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. The performance is short of the year end target, but represents an improvement from last year.

21 The proportion of adults in contact with secondary mental health services who live in their own home or with family is a measure intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion. There is no comparable position in the last year as data was unavailable at this time; however the outturns are significantly lower than the targets and lower than the 2015/16 year end outturns. This is a deteriorating position. The issue has been raised with our provider and ongoing monitoring of the data within monthly performance clinics as well as actively engaging with the provider is designed to drive out any recording and practice issues.

22 York Independent Living Network (YILN) - a local disabled people-led organisation - has received funding from the City of York Council to set up a steering group with representation from community organisations and local authorities to take the Safe Place Scheme forward in York. The nationally recognised Safe Place Scheme gives people a short term 'Safe Place' to go if they are feeling threatened when out and about in their local area. It enables public spaces (such as shops, cafés and libraries) to be designated as safe and supportive places where disabled people can go if they are having difficulty, feel lost or frightened. The steering group will develop resources for the scheme, recruit venues to become Safe Places and make recommendations to the council and the police to help maintain the Safe Place Scheme. The steering group aims to launch the York Safe Place Scheme by the end of the year.

Public Health

23 The latest figures from the 2015 Annual Population Survey show that the adult smoking prevalence rate in York has reduced. York has a significantly lower proportion of adult smokers (14.6%) compared with the England average (16.9%). For certain population groups in York, however, the rates are slightly higher than the England average. The rate amongst adults working in routine and manual occupations is 27.8% in York compared with 26.5% in England. The percentage of women known to have been smokers at the time of delivery is 12% in the Vale of York Clinical Commissioning Group area compared with 10.2% nationally. Pregnant smokers and people with long term health conditions who smoke are able to access specialist stop smoking support through the Council's stop smoking service.

24 The new model for delivering health checks is currently being developed. In the interim period a small amount of activity is being reported for York using local data from the NHS England pilot programme which is delivering health checks in the workplace to YTHFT staff.

25 Public Health England released data for 2015 from the Active People Survey and this reports that York has the highest level of physical activity and the lowest level of physical inactivity in England. Amongst a sample of 527 adults taking part in the survey, 69.8% reported doing more than the recommended 150 minutes of at least moderate intensity physical activity per week (highest in England) and 17.5% reported doing less than 30 minutes per week (lowest in England). The activities included in the definition are: sport and active recreation including cycling and walking, walking and cycling for active travel purposes, dance and gardening.

26 People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and

colon/breast cancer and with improved mental health. Whilst the overall figures are clearly positive, we know that participation in activity is not consistent across the City and there are some sectors of the population with lower rates of activity (women and girls, older people, those with a long term limiting disability and those on very low incomes).

27 Performance on the suite of health visitor indicators remains below the national average, although there has been an improvement in the percentage of timely new birth visits (74%) and 6-8 week reviews (75%) carried out in York. The percentage of timely 12 month and 2.5 year visits carried out remains low (24% and 22% respectively). The service is currently being reviewed following the TUPE transfer from York Teaching Hospital NHS Trust to the Council on 1 April 2016.

28 The latest data shows that over 8,000 young people aged 15 to 24 were tested for Chlamydia in York in 2015. The proportion receiving a test in York (22.3%) is in line with the national average (22.5%) but the number of people testing positive is lower in York. This suggests the underlying Chlamydia infection rate is lower in York.

29 The sexual health service in York offers a comprehensive Chlamydia screening provision which follows the National Chlamydia Screening Programme guidelines which are considered best practice. The service has established sexual health services for both Universities and the local FE college, where drop in and appointments are available. The service also has long standing clinics both in the city centre and in Acomb. Free Chlamydia postal kits are available with telephone or face to face triage available and self-sampling kits are available to pick up in a wide range of localities.

30 The latest quarterly under 18 conception figures (April to June 2015) show that the rate in York was above the national average and had risen in York for two consecutive quarters. The numbers are small and fluctuate widely from quarter to quarter. Based on the rolling annual rate overall York remains below the national average for teenage conceptions.

31 The rates of substance free discharge from treatment for alcohol, opiate and non opiate users in York are all similar to the national averages. The best outcomes in York are achieved for alcohol users, where 40% of all those people in treatment in a 12 month period are discharged from treatment alcohol free.

Corporate Priorities

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

Implications

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

Recommendations

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

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

Contact Details

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Will Boardman Strategy & Policy Group Manager Phone: 01904 553412 will.boardman@york.gov.uk	**Report Approved** ✓ **Date** 20/09/16

Specialist Implications Officer(s) None

Wards Affected: **All** *Y*

For further information please contact the author of the report

Background Papers
2016/17 Finance and Performance Monitor 1 Report, Executive 25 August 2016

Annexes
Annex A: 2016/17 Quarter 1 Performance Scorecard

Health & Adult Social Care Policy & Scrutiny 2016/2017

Annex A

No of Indicators = 62 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Strategic Business Intelligence Hub September 2016

				Previous Years			2016/2017						
			Collection Frequency	2013/14	2014/15	2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
Adult Social Care	PVP01	People supported through personal budgets or direct payments receiving community-based services (%) (ADASS Survey definition)	Monthly	84.13%	91.29%	93.88%	90.69%	-	-	-	-	Up is Good	Neutral
	PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	-	241	260	57	-	-	-	-	Up is Bad	Neutral
Adult Social Care Outcomes Frame	ASCOF1E	Proportion of adults with a learning disability in paid employment	Monthly	7.7	13.7	9.72	7.12	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	6.7	6.0	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.2	6.6	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	9	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	1	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	1	-	-	-	-	-	-		
	ASCOF1G	Proportion of adults with a learning disability who live in their own home or with family	Monthly	82.6	91.8	82.61	84.30	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	74.9	73.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	79.2	81.4	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	5	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	1	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	1	-	-	-	-	-	-		
	ASCOF2A1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (YTD Cumulative) (New definition for 2015/16)	Monthly	11.5	9.9	11.42	1.52	-	-	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	14.4	14.2	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	11.0	11.5	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	50	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	5	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	11	-	-	-	-	-	-		
	ASCOF2A2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative) (New definition for 2015/16)	Monthly	767.5	630.8	693.93	156.34	-	-	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	650.6	668.8	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	644.1	726.9	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	72	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	13	6	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	8	-	-	-	-	-	-		
		Delayed transfers of care from hospital, per 100,000 population (YTD Average)	Monthly	17.6	11.6	13.36	17.88	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	9.6	11.1	-	-	-	-	-	-		

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ework	ASCOF2C 1	Benchmark - Regional Data	Annual	9.1	9.6	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	102	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	11	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	11	-	-	-	-	-	-		
	ASCOF2C 2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)	Monthly	11.1	6.3	6.95	10.13	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	3.1	3.7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	2.5	3	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	133	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	14	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	5	-	-	-	-	-	-		
	ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	67.4	67.1	64	-	-	-	-	-	Up is Good	Bad
		Benchmark - National Data	Annual	64.8	64.7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	65.8	65.9	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	44	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	7	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	5	-	-	-	-	-	-		
	ASCOF4A	Proportion of people who use services who feel safe	Annual	63.4	62.3	67	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	66	68.5	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	66.2	67.7	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	-	131	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	11	13	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	-	16	-	-	-	-	-	-		
Adults and Older People	PHOF15	% of adult social care users who have as much social contact as they would like	Annual	43	46.6	-	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Annual	44.5	44.8	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	44.2	45.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	7	-	-	-	-	-	-		
Alcohol	LAPE03	Alcohol-specific mortality: Males, all ages (per 100,000 population)	Annual	14.60	11.3	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	16.61	16.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	18.13	17.6	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	2	-	-	-	-	-	-		
	LAPE04	Alcohol-specific mortality: Females, all ages (per 100,000 population)	Annual	7.86	7.6	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	7.47	7.4	-	-	-	-	-	-		

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		Benchmark - Regional Data	Annual	8.73	8.1	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	5	-	-	-	-	-	-		
	LAPE22	% successful completions from alcohol treatment	Quarterly	31.40%	31.60%	40.00%	40.00%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	-	38.4	39.17%	39.48%	-	-	-	-		
Employment	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	62.9	63.2	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	64.7	66.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	62.2	62.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	8	8	-	-	-	-	-	-		
Health	EH2	Proportion of population aged 15 to 24 screened for chlamydia	Annual	19.60%	23.60%	22.30%	-	-	-	-	-		
Life Expectancy	PHOF36	Life Expectancy at birth - Male	Annual	79.4	80.1	-	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	79.41	79.55	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	78.5	78.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF16	Life Expectancy at birth - Female	Annual	83.5	83.5	-	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	83.12	83.2	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	82.2	82.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-		
	PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.4	6.5	-	-	-	-	-	-	Up is Bad	Good
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	5.82	5.1	-	-	-	-	-	-	Up is Bad	Good
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
Mental Health	POPPI01	Total population aged 65 and over predicted to have dementia	Annual	2,623	2,680	2,717	-	-	-	-	-	Up is Bad	Neutral
	CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	153.23	307.08	-	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	707.60	838.72	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	701.69	909.29	-	-	-	-	-	-		
	CMHD03	% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	55.88%	61.40%	-	-	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	61.92%	61.62%	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	63.29%	60.17%	-	-	-	-	-	-		
	CMHP15A	Number of bed days in secondary mental health care hospitals, per 100,000 population - (VoY CCG)	Quarterly	4786.44	8285.59	6584.59	-	-	-	-	-	Up is Bad	Neutral

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	PHOF32	Suicide rate (per 100,000 population)	Annual	10.13	9.94	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	8.77	8.94	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.33	9.26	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	11	-	-	-	-	-	-		
Mortality	PHOF33	Excess Winter Deaths Index (all ages single year)	Annual	14.71	-	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	11.63	-	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	12.25	-	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	11	-	-	-	-	-	-	-		
	PHOF46	Mortality rate from causes considered preventable (per 100,000 population)	Annual	189.04	173.77	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	185.13	182.7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	201.39	197.82	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	3	-	-	-	-	-	-		
	PHOF50	Under 75 mortality rate from all cardiovascular diseases (per 100,000 population) - Male	Annual	115.63	101.94	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	109.55	106.21	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	122.93	119.56	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF56	Under 75 mortality rate from cancer (per 100,000 population) - Male	Annual	171.06	163.27	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	160.87	157.67	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	173.71	169.88	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	4	-	-	-	-	-	-		
	PHOF62	Under 75 mortality rate from liver disease (per 100,000 population) - Male	Annual	16.16	16.45	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	23.57	23.39	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	23.94	23.72	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
	PHOF67	Under 75 mortality rate from respiratory disease (per 100,000 population) - Male	Annual	38.3	36.24	-	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	39.1	38.25	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	44.9	43.8	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	4	-	-	-	-	-	-		
	CHP02	Child mortality rate (1-17 years), per 100,000 population	Annual	10.8	10.3	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	11.9	12.0	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.3	13.3	-	-	-	-	-	-		

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		Regional Rank (Rank out of 15)	Annual	3	4	-	-	-	-	-	-		
	PHOF72	Mortality from communicable diseases (per 100,000 population)	Annual	60.81	54.49	-	-	-	-	-	-	Up is Bad	Good
Obesity		% of reception year children recorded as being obese	Annual	7.82%	7.03%	-	-	-	-	-	-	Up is Bad	Good
	NCMP01	Benchmark - National Data	Annual	9.48%	9.08%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.20%	8.83%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
		% of children in Year 6 recorded as being obese	Annual	15.35%	14.97%	-	-	-	-	-	-	Up is Bad	Good
	NCMP02	Benchmark - National Data	Annual	19.09%	19.08%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	19.22%	19.19%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
		% of adults classified as overweight or obese	Annual	-	56.88	-	-	-	-	-	-	Up is Bad	Neutral
	PHOF44	Benchmark - National Data	Annual	-	64.59	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	-	67.09	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	1	-	-	-	-	-	-		
Physical Activity		% of physically active and inactive adults - active adults	Annual	66.16%	62.18%	69.83%	-	-	-	-	-	Up is Good	Good
	PHOF01	Benchmark - National Data	Annual	56.03%	57.04%	57.05%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	55.28%	56.08%	56.35%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	2	1	-	-	-	-	-		
		% of active and inactive adults - inactive adults	Annual	21.09%	21.57%	17.54%	-	-	-	-	-	Up is Bad	Neutral
	PHOF02	Benchmark - National Data	Annual	28.34%	27.73%	28.65%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	28.73%	29.21%	29.12%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	1	-	-	-	-	-		
	EH1	Chlamydia diagnoses (15-24 year olds), per 100,000 population	Annual	1728.26	1525.92	-	-	-	-	-	-	Up is Bad	Good
	HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	-	-	74.40%	-	-	-	-	-	Up is Good	Neutral
	HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	-	-	21.70%	-	-	-	-	-	Up is Bad	Neutral
	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	-	-	70.80%	-	-	-	-	-	Up is Good	Neutral
	HV04	% of infants being breastfed at 6-8wks	Quarterly	-	-	30.10%	-	-	-	-	-	Up is Good	Neutral
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	-	-	16.77%	-	-	-	-	-	Up is Good	Neutral

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				Previous Years			2016/2017						
			Collection Frequency	2013/14	2014/15	2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
Public Health and Wellbeing	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	-	-	70.00%	-	-	-	-	-	Up is Good	Neutral
	HV07	% of children who received a 2-2½ year review	Quarterly	-	-	11.60%	-	-	-	-	-	Up is Good	Neutral
	PHOF11	Cumulative % of eligible population aged 40-74 offered an NHS Health Check	Quarterly	20.93%	38.11%	70.67%	71.91%	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	18.42%	37.94%	56.44%	61.51%	-	-	-	-		
		Benchmark - Regional Data	Annual	14.41%	31.33%	49.80%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Quarterly	2	4	2	-	-	-	-	-		
	PHOF11b	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Quarterly	41.54%	39.35%	37.57%	37.47%	-	-	-	-	Up is Good	Bad
		Benchmark - National Data	Quarterly	49.04%	48.93%	48.59%	48.37%	-	-	-	-		
		Benchmark - Regional Data	Annual	57.14%	52.23%	48.80%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Quarterly	13	12	12	-	-	-	-	-		
	PHOF12	Cumulative % of eligible population aged 40-74 who received an NHS Health Check	Quarterly	8.69%	14.99%	26.55%	26.95%	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	9.03%	18.56%	27.42%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	8.24%	16.36%	24.30%	29.75%	-	-	-	-		
		Regional Rank (Rank out of 15)	Quarterly	6	7	5	-	-	-	-	-		
	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check	Quarterly	8.69%	7.32%	9.81%	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	9.03%	9.62%	8.99%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	8.24%	-	-	-	-	-	-	-		
	PHOF79	HIV late diagnosis	Annual	44.00%	56.30%	-	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	45.00%	42.20%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	50.50%	49.70%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	3	-	-	-	-	-	-		
Safeguarding (Youn	CHP32	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	401.21	552.96	-	-	-	-	-	-	Up is Bad	Bad
		Benchmark - National Data	Annual	412.07	398.80	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	394.68	367.90	-	-	-	-	-	-		
	PHOF06	Under 18 conceptions (per 1,000 females aged 15-17) (Calendar Year)	Quarterly	21.59	15.71	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Quarterly	24.35	22.8	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	28.53	26.35	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	1	-	-	-	-	-	-		

Health & Adult Social Care Policy & Scrutiny 2016/2017

Annex A

No of Indicators = 62 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Strategic Business Intelligence Hub September 2016

				Previous Years			2016/2017						
			Collection Frequency	2013/14	2014/15	2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
g People)	PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	2.83	2.13	-	-	-	-	-	-	Up is Bad	Good
		Benchmark - National Data	Annual	4.81	4.38	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.02	5.49	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
Smoking	PHOF10	% of women who smoke at the time of delivery	Annual	10.63%	10.80%	-	11.96%	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	11.99%	11.38%	-	10.21%	-	-	-	-		
		Benchmark - Regional Data	Annual	16.22%	15.56%	-	14.24%	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
	PHOF20	% of population smoking (routine and manual workers) (APS)	Annual	32.39%	32.48%	27.82%	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	30.64%	30.79%	28.22%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	28.51%	27.97%	26.51%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	10	6	-	-	-	-	-		
	PHOF45	% of population smoking (APS)	Annual	18.72%	17.24%	14.63%	-	-	-	-	-	Up is Bad	Neutral
		Benchmark - National Data	Annual	20.48%	19.86%	18.63%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	18.39%	17.85%	16.93%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	4	2	-	-	-	-	-		
	NGPP01	Gap in smoking prevalence rate between adult general population and adults in routine and manual occupations	Annual	13.66%	15.24%	13.19%	-	-	-	-	-	Neutral	Neutral
		Benchmark - National Data	Annual	10.16%	10.93%	9.59%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	10.12%	10.12%	9.58%	-	-	-	-	-		
Sport	SSN004	Adult participation in 30 minutes, moderate intensity sport	Annual	40.95%	40.57%	(Avail Oct 2016)	-	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Annual	36.09%	35.55%	(Avail Oct 2016)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	35.07%	34.90%	(Avail Oct 2016)	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	2	(Avail Oct 2016)	-	-	-	-	-		
	CSB17	Number of mothers recorded by Midwifery Services in regard to alcohol or substance misuse (by Estimated Delivery Date)	Quarterly	-	26	33	-	-	-	-	-	Up is Bad	Neutral

Health & Adult Social Care Policy & Scrutiny 2016/2017

Annex A

No of Indicators = 62 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Strategic Business Intelligence Hub September 2016

				Previous Years			2016/2017						
			Collection Frequency	2013/14	2014/15	2015/16	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target	Polarity	DoT
Substance Misuse	PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	7.00%	5.20%	5.50%	6.07%	-	-	-	-	Up is Good	Neutral
		Benchmark - National Data	Quarterly	7.76%	7.38%	6.80%	6.97%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	6.91%	6.24%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	11	9	-	-	-	-	-	-		
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	34.60%	40.10%	31.10%	32.51%	-	-	-	-	Up is Good	Good
		Benchmark - National Data	Quarterly	37.66%	39.19%	37.30%	37.17%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	36.33%	40.19%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	9	-	-	-	-	-	-		

York Teaching Hospital NHS
NHS Foundation Trust

Delivering 'Home First':
Re-providing Archways Intermediate Care Unit

Briefing Paper for the Health and Adult Social Care Policy and Scrutiny Committee, 28 September 2016

Archways Intermediate Care Unit consists of 22 beds (arranged over two floors) and is based at Clarendon Court, York. This represents 2% of York Teaching Hospital NHS Foundation Trust's bed stock.

Archways was established over twelve years ago as an intermediate care unit; typically providing short term rehabilitation and support to adults who need a period of rehabilitation, recovery or reablement after a stay in hospital or because of 'a crisis' which means that they can't remain at home (or their usual place of residence). Typically, 350 patients are managed via the unit annually, of which 270 are over 75 years old.

Services are delivered by a multi-disciplinary team which includes nurses, allied health professionals and advanced care practitioners. There is no doubt that the unit is valued by patients and staff alike and its success to date is due to the commitment and dedication of this highly professional and valued team.

York Trust has, over the last twelve months, participated in the national Emergency Care Improvement Programme (ECIP). The ECIP aims to support local health and social care systems to review and improve the way that emergency care services are delivered. As part of this programme, the national ECIP team has undertaken audits across all of the Trust's community units. This audit work has determined that many of the patients being managed at Archways could, in fact, be supported at home, if robust alternative services were available to them.

In addition, emerging national evidence suggests that elderly patients suffer from the harmful effects of deconditioning relatively quickly, following admission into a hospital bed. After 24 hours, muscle power reduces by 2-5% and circulating volume by up to 5%. At seven days, this has

deteriorated even further with a reduction in muscle power of 5-10% and circulating volume of up to 20%. In many cases this isn't reversible. Therefore, minimising hospital stays (or avoiding admission altogether) is essential.

On this basis, a plan has been developed to close Archways and reinvest the resources released into an expanded range of community services. This will mean that only those patients who cannot be managed at home (or in their usual place of residence) with support are admitted into an inpatient bed. This proposal to enhance and re-provide these services forms part of the Vale of York CCG and York Trust's out of hospital strategy that sets out our ambitions to deliver care closer to home.

The development of community teams and their impact has been tried and tested in Ryedale and Selby, and in both these areas this new model of care has reduced length of hospital stay and prevented emergency admissions. The service in these areas has been evaluated and well received by patients, their carers and relatives as well as clinicians.

In many respects, this approach mirrors the well documented and successful changes in the delivery of mental health services, which has seen the closure of many mental health units and institutions across the country in favour of community-based teams who can support individuals at home.

However, we do know that for some patients remaining at home with support may not be clinically appropriate and for these people 'bed based' intermediate care will still be available at other community units such as Whitecross Court [23 beds] or St Helen's [20 beds] rehabilitation units. These units are located on Huntington Road and Tadcaster Road respectively. Admission to these units will be based on individual clinical need.

This approach is consistent with the learning from conversations that the Vale of York CCG has held with the public about 'what good care or services looks like.' People have told them that they would prefer to be supported at home by coordinated health and social care services that are tailored to meet their own individual needs. When asked, the local community has told us that they want to tell their story once and they want to receive treatment and care at home, in their own familiar surroundings.

Over the last 18 months, health and social care partners have been working together via a Provider Alliance Group to consider how local

services can be reconfigured to better respond to what the public tell us they want and also to ensure that the services we deliver are efficient and cost effective. Local demographics suggest that the demand for services is likely to increase, and it is well recognised at both a local and national level that in responding to this, continuing to provide services in their current format is neither desirable, sustainable or affordable.

The closure of Archways (and the reinvestment of resources into home based provision) forms part of this approach. In addition, the Archways proposal has been a regular agenda item at the Vale of York Integration and Transformation Board (ITB)[1] where a wide range of partner agencies are represented. The Trust and the CCG have kept all ITB partners informed about progress on the project, and wider partners have been invited to participate in the project.

Reinvesting the resources released from closing Archways into community based services will provide an alternative for those patients who do not need to be in a hospital bed. The services currently delivered from Archways will be provided through an expanded York Community Response Team and other appropriate support services enabling a greater number of patients to be supported at home by nursing, therapy and social care assessments, rehabilitation support and treatment.

These services include:

- Expanded Community Response Team - allied health professionals, nurses and generic support workers who work as part of a multidisciplinary team providing nursing, therapy and social care interventions;
- Community Discharge Liaison Service – ensuring that people receive the most appropriate community service appropriate to their level of need;
- Advanced Clinical Practitioners – providing enhanced assessment, diagnosis and treatment of people in their own homes;
- Outreach Pharmacy – providing support in managing multiple medicines following discharge from hospital.

<u>What next?</u>

[1] ITB partners - Healthwatch York, York Community and Voluntary Services (CVS), City of York Council, North Yorkshire County Council, Tees, Esk and Wear Valleys NHS Foundation Trust, Public Health and Primary Care.

A Project Group has been established. Key deliverables include:

- Supporting the Archways team through a consultation period to ensure that their knowledge and skills are retained – all staff will be offered posts in one of our units or the expanded home based team;
- Recruiting staff to the expanded home based team;
- Reviewing operational policies for the home based team and the other bed based units;
- Planning the safe closedown of the Archways unit – including arrangements for patients and their families.

The expectation is that the Archways unit will close by 31 December 2016.

Closure of Archways: Changes to intermediate care services in York

September 2016

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healthwatch York

Closure of Archways:

Changes to intermediate care services in York

Introduction

Archways is a 22-bed Community Unit in York, named after former Lord Mayor and charity volunteer Jack Archer. It was designed to help stop people going into hospital, and to help them leave hospital earlier. People are admitted directly from home, from the Emergency Department or following a hospital stay.

The focus of the unit is to assess what a person needs to be independent, and then support them with treatment and rehabilitation. Most people return to their home with the average length of stay being three to four weeks.
The hospital treats adults over the age of 18 who have a Selby or York GP.

On August 17th it was announced that Archways would close. From 31 December 2016 services currently delivered from Archways Intermediate Care Unit will be provided through the York Community Response Team.

Why is Healthwatch York looking at the closure of Archways?

Following the publicity in The Press about the closure of Archways Healthwatch York has received 19 phone calls and e mails from members of the public. All were against the closure, most expressed their anxiety and concern and asked why there had been no consultation.

This report summarises the feedback received:

- People are concerned about the impact the closure will have on hospital waiting times/shortage of beds/'bed blocking'. They fear it may lead to more re-admissions to hospital

- Concern was expressed that care in peoples' own homes is not always practical, for example if they need hoists, IV drips etc. or cannot use the stairs to get to the bathroom

- Particular concern was expressed for people who live alone and would not be able to prepare food, wash/dress, use the toilet without assistance

- Concern was expressed about how people would manage overnight. Currently the Community Response team finish at 8pm

- People commented on the excellent care they had received at Archways and how good all the staff were

What we did to find out more

Following the announcement of planned closure on 17th August, Healthwatch York issued a statement on its website asking for feedback, both positive and negative. We added this statement to our Facebook page and our twitter feed, encouraging people to get in touch.

The Press amended its story online to invite people to contact Healthwatch York or York Older People's Assembly with their concerns and opinions.

What we found out

Thirteen of the 19 respondents had direct experience of care at Archways either having been patients themselves, or through a close relative or friend and two had been involved professionally (total of 68% of respondents). Another respondent had hoped it would be available on her discharge from hospital; five expressed general concern from their knowledge of provision in York.

The key areas of concern can be summarised under the following headings.

Importance of Archways as a 'bridge' between hospital and home

- Available to all ages
- Some patients virtually immobile on admission, though reason for hospitalisation resolved
- Recovery plans drawn up on admission over 24 hours by multi-disciplinary team
- Availability of instant 24-hour staff help at every stage of recovery
- Specialist care (e.g. physiotherapy) available which may be missing from hospital wards

Importance of Archways as a 'bridge' between home and hospital

- May be referred for rehabilitation to avoid acute hospital admission if unable to cope independently

healthwatch York

Quality of care at Archways

- Excellent staff care, nourishment aids recovery
- En suite rooms promote dignity
- Close, caring monitoring of progress towards full pre-discharge assessment
- Encouragement to be independent

Archways Promotes independence and sense of well being

- Rehabilitative care allays people's anxieties about coping at home
- Lying in hospital bed (e.g. waiting for mealtime) means patients don't get experience trying to manage

Discharge straight home is not desirable or feasible

- Impossible to arrange adequate care at home after discharge
- Needs for specialist equipment – hoists, drips not at home
- Mobility problems: can't use stairs, can't get to toilet
- Community response team not 24- hour cover
- Ongoing multi-disciplinary assessment not available

Closure will affect older people most

- Need longer rehabilitation period and help with range of practical issues
- Scepticism/anxiety about proposed 'full patient management team'

Single householders most affected if need help

- Washing
- Using toilet
- Dressing
- preparing food

Negative impact of closure on hospital

- People discharged too early with insufficient care may need to be readmitted
- Shortage of available beds/bed blocking will extend waiting times for admission

Conclusion

The health and care system must change to meet the challenges of the future. York Hospital believe changes like those proposed at Archways are part of the journey to meet these challenges. However, this journey of change demands a shift in culture. This requires health, care, independent and voluntary sector bodies to work together with patients, families, carers and the public as a whole to redesign services fit for the 21st century. People are concerned about the impact of changes. We need to begin a conversation about how we make the most of the resources we have to meet the growing demand.

We understand this, and want to support the system to face the challenges ahead.

Recommendations

Recommendation	Recommended to
For future service changes, plans for consultation and engagement with the public / other agencies to be developed at the earliest stage	Health & Wellbeing Board
Commit to co-design and co-production (in line with the Social Care Institute of Excellence definition)	Health & Wellbeing Board
Consider the feedback received to date	Scrutiny committee

Contact us:

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Twitter:	@healthwatchyork
Facebook:	Like us on Facebook
Web:	www.healthwatchyork.co.uk

York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York. York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the Healthwatch York office

Agenda Item 7

NHS
Vale of York
Clinical Commissioning Group

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

REPORT TO HEALTH AND ADULT SOCIAL CARE POLICY AND SCRUTINY COMMITTEE

FINANCIAL RECOVERY AND IMPROVEMENT PLAN

INTRODUCTION

The CCG updated the Committee in July 2016 on its Turnaround Plan, which included a briefing on the CCG's Financial Recovery Plan and measures being taken by the CCG in relation to wider governance and leadership arrangements.

As a result of the CCG being assured as Inadequate in its most recent assessment by NHS England, as part of the CCG Improvement and Assessment Framework, the CCG was one of the nine initial CCGs to be issued with legal directions, out of a total of 26 CCGs receiving this rating.

CCG DIRECTIONS

The CCG received the legal directions from NHS England on 30 August 2016, to take effect from 1 September 2016. These directions require the CCG to: produce an Improvement Plan which responds to the recommendations made in the PwC Capacity and Capability Review undertaken in January 2016; sets out how the CCG will strengthen financial leadership; include a Financial Recovery Plan; and makes clear the process for the appointment of executive and management roles.

The Financial Recovery Plan will set out how the CCG delivers financial targets in 2016/17 and how it will operate within its annual budget for 2017/18 onwards.

The plan is also required to be independently scrutinised to confirm all facts, figures and projections and will provide analysis of the causes of the current underlying financial position of the CCG.

The Directions also require the CCG to nominate an Interim Accountable Officer to the Board and work with NHS England regarding the appointment to this role.

NHS England also directs the CCG to work with NHSE on the appointment of any members to the CCG Executive Team or to the next tier of management.

NHS
Vale of York
Clinical Commissioning Group

CCG IMPROVEMENT PLAN

The CCG is currently in the process of developing its Improvement Plan. This will include the following:

- The Financial Recovery Plan, including plans for recovery, risk assessment and internal reporting and control systems and processes.

- Leadership Capacity and Capability, including strengthening financial leadership. The actions taken by the CCG in response to the recommendations of the PwC report will also be reflected, including the appointment of the Accountable Officer, clinical leadership and alignment of capacity to support delivery of the key programmes of work and establishment of a Project Management Office function.

- Governance and Reporting Arrangements which will include the review of Committee arrangements and the establishment of a new Clinical Executive and separate dedicated Finance and Performance Committee and a Quality and Patient Experience Committee.

- Engagement with the Council of Representatives and member practices.

- Partnership arrangements with stakeholders.

NEXT STEPS

The CCG Governing Body will be agreeing the Improvement Plan prior to its submission to NHS England on 28 September 2016. The CCG is happy to provide the Committee with further information at future meetings.

Background: See the NHS England report: STRENGTHENING FINANCIAL PERFORMANCE & ACCOUNTABILITY IN 2016/17 published in July 2016.

Rachel Potts – Chief Operating Officer
Tracey Preece – Chief Financial Officer

Health & Adult Social Care Policy & Scrutiny Committee **28 September 2016**

Report of the Bootham Park Hospital Task Group

Bootham Park Hospital Draft Final Report

Summary

1. This report provides the Health & Adult Social Care Policy & Scrutiny Committee with all the information gathered around the closure of Bootham Park Hospital and actions taken to date to restore mental health services in York.

Background

2. Bootham Park Hospital is an 18th century Grade 1 listed building. The building is owned by NHS Property Services but English Heritage also has a say in work carried out. Services are commissioned by the Vale of York Clinical Commissioning Group and up until 30 September 2015, these were provided by Leeds and York Partnership NHS Foundation Trust (LYPFT).

3. The hospital was closed following an unannounced inspection of the psychiatric inpatient services by the Care Quality Commission (CQC) in September 2015. The CQC reaffirmed that the service being provided to patients from Bootham Park Hospital at this time was not fit for purpose and that all clinical services had to be relocated from 30 Sept 2015.

4. From 1 October 2015 responsibility for mental health and learning disability services in the Vale of York transferred from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

5. Problems at Bootham Park were highlighted in a CQC inspection in December 2013 which found that action was needed to improve the safety of the building and the management of risks in delivering the service. Some improvements were made, including the removal of

several ligature points, but in January 2015 the CQC visited again and expressed concern about safety on some of the wards.

6. CQC found that, despite some improvement work having been done, the design and layout of the premises was still unsuitable and unsafe for patients and there were considerable problems with staffing levels. A Quality Summit in January 2015 reinforced the work that needed to be done at Bootham Park, but progress to implement this during 2015 was very slow.

7. In May 2015 the CCG announced TEWV as the preferred provider to deliver mental health and learning disability services in the Vale of York. However the decision was challenged by LYPFT. Therefore registration of locations with the CQC could not take place until a final decision had been made which was in July prior to the meeting with the CQC, LYPFT and TEWV on 31st July 2015 to understand which properties needed to be registered.

8. On 23 July 2015 the CQC met with TEWV to discuss the transfer of mental health services in York and issues of registration of Bootham Park Hospital. The CQC acknowledged the restrictions and limitations of the existing building but were unable to confirm whether BPH would be compliant with the requirements for registration until a further inspection had been undertaken.

9. CQC carried out an unannounced inspection of the psychiatric inpatient services within Bootham Park Hospital on 9 and 10 September 2015. Inspectors had previously had concerns with the delay in Leeds and York Partnership Foundation Trust implementing CQC's recommendations from an earlier inspection.

10. CQC inspectors were concerned about a number of issues relating to the safety of patients including the fact that not all potential ligature points within the building had been either removed or made safe. Some rooms that still had fixtures and fittings that could be potential ligature points were found to be unlocked.

11. Elsewhere, CQC’s inspectors again found in September 2015 that nursing staff were unable to observe all parts of the wards due to the layout of the building and inspectors found a lack of call alarms for patients, insufficient staffing numbers, and poor hygiene and infection control in two of the hospital’s wards.

12. In reply to LYPFT’s application to vary conditions of registration, the CQC, on 24 September 2015, confirmed LYPFT’s application to remove

the regulated activities at Bootham Park Hospital. The CQC formally requested LYPFT to move inpatients to alternative services within the trust and to relocate all clinical services that were provided by Bootham Park Hospital, which it did by midnight on 30 September 2015.

13. Some of the inpatients were transferred to alternative units with acute mental health services and others were discharged to home treatment. With no provision for acute mental health care in York, patients had to be taken out of the area for inpatient treatment.

14. On 2 October 2015 the CQC received a request from Tees, Esk and Wear Valleys NHS Foundation Trust to register non-inpatient mental health care services (outpatient services, electroconvulsive therapy, and Section 136 Place of Safety) at Bootham Park Hospital. The Chief Inspector of Hospitals asked the registration and mental health teams within CQC to consider this as quickly as possible.

15. The Section 136 Place of Safety was reopened at Bootham in December 2015. Outpatient services including Improving Access to Psychological Therapy (IAPT) and psychology appointments returned to Bootham in February 2016.

16. The future of Bootham Park Hospital and the provision of mental health services in York has long been an issue for this Committee and the previous Health Overview & Scrutiny Committee and Members have considered a number of update reports, including plans for interim alternative premises, and received numerous assurances.

17. On 20 October 2015 the Committee met to consider the circumstances leading to the closure of Bootham Park Hospital and heard evidence from NHS Property Services; Leeds and York Partnership Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; the Care Quality Commission and the Vale of York Clinical Commissioning Group (VoY CCG).

18. As a consequence the Committee agreed to write to the Secretary of State for Health supporting a call for an inquiry / urgent investigation into the hospital's closure.

19. At a meeting on 24 November 2015 the Committee agreed to carry out its own review of the Bootham Park Hospital closure utilising the support of an Independent Expert Adviser, John Ransford, who was prepared to provide his services on a pro bono basis, and NHS England who were carrying out their own lessons learned review – Annex 1.

20. The Committee also agreed that delegated authority be given to the Chair and (now former) Vice-Chair to set the parameters of the review and they agreed the remit: *"To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, particularly for in-patients and their families, and identify any appropriate actions for relevant partners."*

21. In December 2015 the Committee met representatives from Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York CCG, who presented an update on the Bootham situation outlining the work to address the closure of wards and associated services at Bootham Park Hospital and the plans to return services to York as soon as is reasonably practicable.

22. The Committee also asked Healthwatch York to co-ordinate and collate the views and concerns of patients and carers and other interested parties. These were published in the Healthwatch York report Bootham Park Hospital: What next for mental health in York? (Annex 2)

23. In January 2016 the Scrutiny Officer gave a verbal update on progress and the Committee agreed that Cllr Cannon should join the Chair and (now former) Vice-Chair to form a cross-party Task Group to take the Committee's work forward. It was subsequently agreed that Cllr Craghill should also join the Task Group.

24. The Task Group met with the Independent Adviser and the NHS England Director of Nursing – Programmes in late January 2016 to discuss the Bootham situation and Members agreed part of the reason was the fragmentation of the NHS. There was confusion about the clarity of roles of the organisations involved and this resulted in an outcome nobody wanted.

25. In early February 2016 the Independent Adviser and Scrutiny Officer attended a meeting in Leeds chaired by NHS England and attended by the CQC, NHS Property Services, Leeds & York Partnership FT, Vale of York CCG, Tees, Esk & Wear Valleys FT and the Partnership Commissioning Unit to discuss a confidential draft of the NHS England Reflections, Learning and Assurance Report on the transfer of services between Leeds & York Partnership FT and Tees, Esk & Wear FT.

26. And, in late February 2016 the Task Group met NHS England Chief Nursing Officer and Director of Nursing – Programmes to discuss an updated draft report prior to be going to the NHS England Senior Management Team. It was agreed that the final report be published

alongside the Healthwatch York report on the agenda of a meeting of York Health & Adult Social Care Policy & Scrutiny Committee and that all partner organisations involved in the compilation of the final report be invited to attend.

27. This meeting was held in April 2016 and was attended by representatives from NHS England, the CQC, TEWV, the Vale of York CCG, LYPFT, NHS Property Services, Healthwatch York, the Partnership Commissioning Unit and the Committee's Expert Adviser. Members were able to question all those involved on specific issues related to the closure of BPH.

28. At this meeting Members were told that BPH was in breach of regulations in the run up to its closure and the responsibility to make the hospital safe rested with LYPFT, not the CQC. The CQC felt they could not add a hospital to the registration of a new provider (TEWV) to deliver services from a building they knew to be unsafe.

29. The Task Group met again on 13 May 2016 and agreed to wait until they seen the action plans – Annex3 – from all partner organisations – as requested by NHS England and agreed at the full committee meeting in April 2016 – before making their draft recommendations. These were due to have been completed by 25 May 2016 but were not finalised until early July 2016.

30. The Task Group met to discuss these action plans on 21 July 2016 and Members were disappointed to note that they did not address issues around responsibility and accountability. In addition, they were not satisfied by some of the defensive positions adopted by these organisations.

Initial report of the Independent Adviser

31. Independent Expert Adviser John Ransford is a qualified social worker who was successively Director of Social Services and Chief Executive in both Kirklees and North Yorkshire. He was subsequently Head of Health and Social Care at the Local Government Association and its Chief Executive from 2008 to 2011. He is a resident of York.

Terms of Reference

32. To work with NHS England in providing a review of lessons learnt.

33. Accepting that most of what occurred was commissioned through the NHS, where appropriate and correct NHS England should take the lead.

34. City of York Council has a broad scrutiny role across Health and Social Care and while scrutiny committee members have formally expressed concerns by requesting an independent review, it is recognised it is likely to be both more timely and pertinent to work with NHS England.

35. On that basis the scrutiny committee sought to have someone to act as an agent, arguably someone who is both independent but also has the experience and capacity required, to:

    - To work with NHS England to support them in developing their report.
    - To use this as the main basis of engaging in a broader system to represent the scrutiny committee in meetings as appropriate in developing NHS England's report.
    - To work in liaison with the scrutiny officer and report back to the scrutiny committee via the scrutiny officer, the Chair and Vice-Chair.
    - To provide a report back to the scrutiny committee in a timely manner, e.g. by the end of March 2016, to provide a local authority perspective on the lessons learnt and address issues raised by scrutiny committee members.
    - To engage with Healthwatch to consider the concerns of the people of York.

Method

36. In forming his independent view, John Ransford met on several occasions with the Committee's scrutiny support officer, the NHS England lead reviewer, Ruth Holt and attended a meeting of the main NHS bodies involved, chaired by Margaret Kitching (Chief Nursing Officer, North) who has overseen the review on behalf of NHS England.

37. Numerous background papers have been referred to but the main source has been NHS England's report: *'Transfer of Services between Leeds York Partnership NHS FT and Tees, Esk and Wear Valleys NHS FT: Reflections, Learning and Assurance Report and Timeline'*

38. The NHS England report is a comprehensive and detailed record, which was prepared in full consultation with the participating organisations. This report was presented in a professional and methodical way so it was not necessary to carry out separate, original research.

39. The report took a considerable time to complete, but given the difficult circumstances, it was important that all parties involved in this situation were in agreement to the final report.

40. However, as this is primarily an internal NHS process, a separate and independent view of the conclusions and recommendations are contained in the report.

41. At the NHS England meeting in early February 2016, Margaret Kitching was impressive in the way she held the various organisations to account in a constructive manner.

42. The comprehensive report prepared by Healthwatch York: *Bootham Park Hospital: What next for mental health in York?* on the impact felt by people who use mental health services – inpatients, outpatients, current of former patients, their families and carers, staff involved in treatment and the public in general, also formed part of the review considerations.

Observations

43. From the information available the following issues have been drawn out as the basis for discussion with Members of the Committee. They must be considered in conjunction with the summary of events, issues raised and recommendations in the NHS England report.

    i. An action plan to identify and manage the important issues was devised and followed, but no one person or agency 'took charge' in order to ensure that it was delivered in an effective manner. There was a lack of strategic leadership, which contrasts with the role taken by Margaret Kitching after the event. There is insufficient evidence of rigorous project planning and management, the integration of roles performed by the various parties involved and a full risk analysis.

    ii. The current organisation of the NHS is a factor in the difficulties which developed in this situation. Relationships between the various groupings are both complex and fragmented, which makes patient centred care difficult to achieve in an integrated manner.

    iii. A re-tendering for the service provider took place at a critical phase. The previous contract was time limited, but there was a huge risk in changing provider in the face of all the challenges

being faced.

iv. All of the organisations involved contributed in some way to the unintended consequence of the sudden closure of hospital facilities:

a. The **Vale of York Clinical Commissioning Group** is responsible for commissioning the service. The lack of strategic leadership must rest primarily with it. The CCG was also responsible for retendering the service at a critical stage. Therefore, it did not lead effectively as a commissioner of services or allow sufficiently for the complexities of re-procuring and contracting the service at a critical phase for delivering the required and agreed improvements.

b. The **Leeds & York Partnership NHS Foundation Trust** did not take responsibility for the building at the commencement of its contract and lost control of it to NHS Property Services Limited. It lost focus on safe service provision during the process and outcome of re-contracting.

c. The **Tees, Esk & Wear Valleys NHS Foundation Trust** did not achieve sufficient due diligence before taking on this contract. Their fault in this is limited, as they only had access to information publicly available and received from the CCG and there was reliance on experience in other situations. Nevertheless, given the known complexity and warnings here, too many assumptions were made.

d. **NHS Property Limited** significantly underestimated the logistic and practical challenges of upgrading a Grade 1 listed building where shortcomings had been identified over many years. Crucial works were not carried out on time according to the agreed programme. The other bodies involved were not informed sufficiently of problems and delays.

e. The **Care Quality Commission** gave insufficient attention to the particular issues raised by formal deregistration and registration of facilities, triggered by the transfer of services between agencies. This is particularly significant as they had determined that Bootham Park Hospital was unfit for purpose.

f. **NHS England** was not involved prior to the notice of hospital closure. No complaints had been made by patients or relatives, which may have triggered their involvement. Once they did become involved in working with all parties to make the closure process as safe as possible, their work with the CQC led to the facility remaining open for a few days to allow this to happen.

Review Analysis

44. A key critical issue is around how the deregistration was managed, particularly as the service in question was not ceasing.

45. Despite working together, all the agencies involved failed to ensure the improvements required were progressed within an agreed timescale. No agency took the lead role. There is a need for individual organisations to be clear about their roles and accountability.

46. There is no question that the service being provided was not fit for purpose at the time of closure, but it may have been possible to continue providing services in the building into the future if agreed plans had been implemented on time.

47. The CQC confirmed there is no difference in registration standards for existing or new services and that had the service not been deregistered it is likely a longer period of notice would have been provided.

48. There is a question mark over how patient focussed the CQC was by giving just four working days notice of cessation and did this include a risk / impact analysis? If the CQC had concerns over the likely impact of deregistration, was consideration given to alternative options, such as LYPFT maintaining registration for a short time to allow an ordered closure?

49. There was a need to balance the risk to patient safety of continuing, in the short term, to use services provided at an unsafe building against moving them, at short notice, out of the hospital and, in most cases, out of the city.

50. The Vale of York CCG, as commissioners, should not have allowed LYPFT to continue providing services from an unsafe building, but should have ensured that agreed improvements happened on time.

51. NHS Property Services did not manage contractors to robust timeframes. Assurances were given that refurbishment work at BPH would be delivered to timeframes but this was not the case.

52. Leeds & York Partnership FT should not have continued to deliver services from an unsafe building. They should have taken action to ensure that basic maintenance work was done, the planned programme of works was implemented on time and staffing levels were appropriate for working in the building environment and enabling proper processes and procedures to be followed.

53. There is little argument that Bootham Park should have closed and this should have occurred earlier. Therefore the main issue is in how the deregistration process was poorly managed. Giving only 5 days notice of closure was high risk and not necessary.

54. However, it was clear from representations made to the Committee by BPH service users and their families that staff at the hospital provided excellent care in challenging circumstances and their efforts were appreciated by patients.

Conclusions

55. It is considered that a lack of strategic grip is the key problem here. An overall view was not taken as to how patients and the community could be best served given the challenging factors which were well known to all concerned. It was assumed these were being addressed satisfactorily, but there was insufficient rigour in checking this was in fact the case. All the agencies involved focussed on their particular role without sufficient attention to the big picture.

56. It is now evident that some services were re-provisioned at Bootham Park within three months of the enforced closure and TEWV has a resourced plan in place to provide inpatient facilities in York during 2016. Why was this re-provisioning not put in place to avoid services being significantly disrupted and inpatients having to move at short notice, many as far as Middlesbrough?

57. If all organisations had worked together in partnership to deliver a plan based on the needs of patients and local people, more suitable solutions would still have been difficult, but surely not impossible to achieve.

Looking Forward

58. In addition to examining the circumstances around the closure of BPH the Health & Adult Social Care Policy & Scrutiny Committee has also been looking at the provision of a new mental health hospital proposed to be opened in 2019.

59. In early March 2016 Members took part in an organised visit to the TEWV Roseberry Park facility in Middlesbrough, which provides adult mental health services; mental health services for older people; children's learning disability short break / respite services; secure accommodation and electroconvulsive therapy. Inpatient services are supported by physiotherapy, occupational therapy and psychology teams.

60. Roseberry Park is made up of a number of self contained ward units, clustered around closed landscaped courtyards. It has more than 300 inpatient beds and all the single, en-suite bedrooms are on the ground floor. The facilities are complemented by various activity and recreational areas with ready access to safe and secure courtyards and gardens.

61. To put the services offered at a modern mental health facility into context, Members also took part in an organised visit to Bootham Park Hospital to see for themselves the challenges of providing services in a listed building.

62. In late May 2016 Committee Members took part in a TEWV-organised engagement session on the development of a new mental health hospital in York. At the meeting it was revealed that 12 sites are being considered for the new hospital, including BPH itself, The Retreat site off Heslington Road and land near Clifton Park Hospital in Rawcliffe.

63. Members also learned that the initial suggestion is for a 60 bed hospital, although it was stressed that this figure was a starting point and all comments from five consultation sessions would be considered. The new hospital will also house therapy suites, day rooms, crisis team accommodation, the Section 136 suite and outdoor space.

64. And in July 2016 TEWV's chief operating officer gave the full Committee an update on engagement to date and the next steps around the new hospital plans, including plans to reduce the current number of inpatient beds within the locality by enhancing the community services

65. TEWV are working towards a 5,500 square metre facility which is expected to cost £29 million to complete. It is anticipated the formal consultation process will begin in autumn (September) 2016 and will last for 12 weeks. The consultation feedback will inform the next steps around the new hospital plans. In addition the option appraisal will take into consideration time factors, cost, achievability, site investigations and design review. The outcome of consultation and the preferred option will be reported back in the New Year.

66. TEWV also emphasised to the Committee that since it took over services in the Vale of York on 1 October 2015 it has been working to minimise the impact of the closure of BPH on service users, their families and staff.

67. Currently inpatient assessment and treatment services for older people are provided at Meadowfields in York, Worsley Court in Selby, and Cherry Tree House in York. TEWV have also refurbished Peppermill Court in York for use as a 24-bed adult inpatient assessment and treatment unit from late summer 2016.

68. In late August 2016 Members visited the newly refurbished Peppermill Court prior to it reopening. During the visit it was stressed that Peppermill Court was an interim solution to bridge the gap until the new hospital is opened in 2019. As a consequence compromises had been made – such as no en suite bathrooms.

69. However, the effect of the refurbishment has enabled inpatient services to be reinstated in York and has led to patients being returned to the city from other TEWV facilities. Peppermill Court now also houses a purpose designed Section 136 place of safety suite and is the base for the 24-hour crisis team.

Review Recommendations

70. Having identified the circumstances leading to the closure of Bootham Park Hospital, and the measures taken to re-establish services in York, particularly for in-patients and their families, the Task Group recommends NHS England should ensure that:

    i. The NHS nominates a named person to be responsible for the overall programme of sustained improvements to mental health services in York. That person to provide regular progress reports to the Council and meet this Committee when requested to review progress;

ii. Specific details are provided of all mental health services currently provided or planned in the City of York area, with timescales for provision or replacement where appropriate;

iii. A detailed memorandum of understanding to avoid the sudden closure of facilities on the grounds of serious quality or safety concerns should be shared with the Committee within a month.

71. Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York Clinical Commissioning Group:

iv. Carry out a full and robust consultation process ahead of the procurement of a new mental health unit in York and that details are shared with this Committee.

72. The Care Quality Commission:

iv. Should consider varying its internal processes so that there is a procedure for service transfers between providers, rather than treating them as a full deregistration and re-registration procedure.

Reason: To ensure sustained improvements in mental health services in York and prevent the sudden closure of services in the future.

Options

73. Having considered the information provided in this report and its annexes the Committee can:

i. Identify any additional work needed to conclude the review

ii. Indicate any amendments or additions to the draft recommendations;

iii. Endorse the draft recommendations and sign off the review as having been completed.

Consultation

74. The Task Group, Independent Adviser and Scrutiny Officer have consulted extensively with NHS England who in turn have been involved in detailed consultation with the partner organisations mentioned above. In addition the Committee has been able to question all health partners about the circumstances leading to the closure of BPH.

Council Plan

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

Implications

76. While there are no direct implications on CYC from the recommendations made in this report, there could be serious implications for vulnerable members of the community unless the organisations mentioned in the recommendations recognise the impact of their actions on patients.

Risk Management

77. The Committee has already acknowledged that there are potential considerable risks to vulnerable members of the community caused by the closure of Bootham Park Hospital and the subsequent loss of services. **For that reason**, a scrutiny review was commissioned as set out in paragraphs 19 & 20 above.

Recommendations

78. Having considered the draft final report and the draft recommendations the Members are asked to:

    i. Endorse the draft recommendations as set out in paragraphs 70-72 of this report and sign off the review as having been completed;

    ii. Refer this report and its final recommendations to the Executive and/or Health & Wellbeing Board for endorsement and consideration as appropriate, prior to forwarding them to NHS England for consideration;

    iii. Agree that copies of the report be sent to all the organisations mentioned in the recommendations in paragraphs 70-72, above;

    iv. Ask those organisations mentioned in the recommendations to respond to this Committee within three months.

    Reason: To conclude the work on this review.

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Report Approved	✓	**Date**	31/08/2016

Wards Affected: **All** ✓

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Annexes

Annex 1 – NHS England Reflections, Learning and Assurance Report on the transfer of services between Leeds & York Partnership FTY and Tees, Esk & Wear FT

Annex 2 – Healthwatch York: Bootham Park Hospital: What next for mental health in York?

Annex 3 – Action Plans

Abbreviations

BPH – Bootham Park Hospital
CCG – Clinical Commissioning group
CQC – Care Quality Commission
FT – Foundation Trust
IAPT – Improving Access to Psychological Therapy
LYPFT – Leeds and York Partnership NHS Foundation trust
NHS – National Health Service
TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust
VoY CCG – Vale of York Clinical Commissioning Group

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Transfer of Services between Leeds York Partnership FT and Tees, Esk and Wear Valleys NHS FT
Reflections, Learning and Assurance Report

31st March 2016

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1.0 Executive Summary

Background

1.1 Bootham Park Hospital (BPH) is a grade 1 listed building, dating back to 1777, adjacent to York Hospital in the centre of York. Until the 30th September 2015 – adult acute inpatient, elderly assessment unit, community mental health teams and IAPT (improving access to psychological therapy) for the population of York were delivered from BPH.

1.2 These services were provided by Leeds York Partnerships NHS Foundation Trust (LYPFT) between February 2012 and 30th September 2015.

1.3 The contract for mental health services in York was awarded to Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) by the Vale of York Clinical Commissioning Group (VoYCCG) in May 2015. Responsibility transferred on the 1st October 2015.

1.4 The environment of BPH is unsuitable for modern day mental health care and the subject of serious concerns by the CQC in their inspection in December 2013 and in September 2014 when the CQC found the premises to be unfit for purpose.

1.5 A further inspection took place on the 9th and 10th September 2015. During this inspection the Care Quality Commission (CQC) found some very serious safety issues, including ligature points (which had previously enabled one patient to hang herself, in March 2014) and a lack of hot water temperature regulation, posing a risk of scalding and legionella. They also found that nursing staff were unable to observe all parts of the wards (due to the layout of the building), insufficient staffing numbers, and poor hygiene and infection control.

1.6 On the 24th September 2015 the CQC wrote to LYPFT stating they were "minded to grant [LYPFT's] application [to remove regulated activity] on the basis the location Bootham Park Hospital is not fit for purpose". Information was requested with regards to LYPFT's intentions as of midnight of 30th September 2015 in respect of carrying on the regulated activities which were required to cease by midnight on the 30th September. The process of moving service users to alternative accommodation and services was completed by midnight on the 30th September.

1.7 The CQC were critical of the environment, the staffing levels on ward 6 and the impact this had on the care being provided and the lack of risk assessments. They were not critical of the care provided by staff in very difficult circumstances.

1.8 There is currently no evidence of harm to patients as a result of the closure of BPH.

Action taken by NHS England

1.9 This review was commissioned by Margaret Kitching, Chief Nursing Officer; NHS England (North), in October 2015 to identify lessons learnt and has been conducted with the full cooperation of the following organisations: Leeds York Partnership NHS Foundation Trust, Tees Esk and Wear Valleys NHS Foundation Trust, Care Quality Commission, Vale of York Clinical Commissioning Group, NHS Property Services. NHS England and members of the York Health and Social Care Policy and Scrutiny Committee, City of York Council have provided oversight of this review. This has included significant challenge from NHS England including at the three meetings held in October 2015 February 2016 and March 2016.

Key findings:

1.10 Lessons learnt fell under 3 headings:

<u>Managing safe services in an unsuitable environment</u>

a) Governance arrangements for the management of action plans such as the Bootham Park Hospital action plan following the CQC review need to include clear reporting arrangements with organisations with responsibility for actions being held to account.
b) The regulatory remit and expertise of the CQC do not currently allow the CQC to take part in programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care. The CQC should consider whether this should be part of their remit adding to the expert advice that a programme board seeks and utilises. The commissioner, provider and NHSPS should ensure that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards. The CQC may want to consider providing additional assurance to this process.

c) Delays in the critical path for the redevelopment of the buildings (Bootham Park and Cherry Tree House) were caused, in part, by contractor delays. These were identified to the BPH Programme Board. Where building programmes are significantly delayed alternative provision should be considered with a view to maintaining safety.
d) Contingency or business continuity plans should be written to cover the loss of estate and re-provision of services. LYPFT enacted their business continuity plans following notification by the CQC that all regulated activity must cease at BPH.
e) The CQC should consider sharing reports of specialist advisors where the content of those reports may impact on the safety of patients or the public and where this is permitted by the relevant information governance, legislation and codes of practice.
f) Closing premises and relocating patients can be concerning in its own right – the risks of continuing in premises which are not fit for purpose and closure need to be carefully considered, by all parties, commissioner, provider and the CQC, before a decision to close is made.

<u>The safe transfer of services between organisations</u>

g) The time frames for the transfer of services between organisations should be appropriate to the action which needs to be taken to ensure a safe transfer. This is a recommendation which applies equally to the organisations transferring services and the CCG with responsibility for these services.
h) Commissioning and procurement processes should recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.
i) As the organisation receiving services it is essential that the new provider ensures that premises are suitable before the services are accepted. Where this is not possible a plan should be enacted to mitigate risk.
j) A clear plan needs to be developed to ensure that services are safely maintained in the period leading up to the transfer of services.
k) The balance of risk to patient safety should be considered when deciding to close services. Time frames should be proportionate to this risk.
l) The roles of both the inspection and registration teams in this process needs to be understood by commissioner and provider organisations.
m) Clear escalation between organisations around dispute resolution between commissioner and provider (mental health and property services) when dispute resolution is required. Initially this should utilise the contractual mechanisms available to commissioners and providers – in this case the lease or contract for services.
n) A lead body should be nominated at the outset to take charge of the process of closure (this would normally be the commissioner).

The process of varying the registration of the outgoing and incoming trust with the Care Quality Commission where services are transferring

o) Where concerns regarding safety standards are identified by the CQC the Trust and commissioner must seek the appropriate expertise and professional advice urgently to ensure that premises are refurbished to the required standard.

p) Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.

q) The CQC should be involved at the earliest possible opportunity when services are being transferred between provider organisations.

r) Where the CQC have significant concerns about the safety of services delivered by provider organisations these should be raised with the commissioning organisation and, if necessary, NHS England.

Learning for individual organisations

1.11 Vale of York CCG

- Commissioning from unsafe buildings – the provision of services from BPH should have ceased when concerns were first raised by the CQC (if not before)
- Management of actions plans and holding to account on time frames specifically for LYPFT and NHSPS should have been more robust.

1.12 Leeds York Partnership FT

- Should not have delivered services from unsafe premises – concerns were raised but action should have been taken to move out sooner
- LYPFT should have been more forceful in taking action in line with their accountabilities as a provider.

1.13 NHS Property Services

- Robust management of contractors to agreed timeframes. Assurance was given that refurbishments would be delivered to timeframes when this was not the case.
- Due diligence is essential before taking the ownership of properties to ensure an understanding of the issues associated with the building.

1.14 CQC

- Where closure will occur to ensure that they consider, with colleagues who provide and commission services, the risk of running services from unsafe locations and the risk to patients of moving elsewhere at short notice.

2.0 Terms of reference

2.1 The following review has been commissioned by Margaret Kitching, Chief Nursing Officer NHS England (North), following concerns about the risk to patients and resulting negative press following the transfer of mental health services provided at Bootham Park Hospital (BPH), York between two provider organisations: Leeds and York Partnership Foundation Trust (LYPFT) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

2.2 The review is intended to answer the following:

- The time line of events which resulted in the transfer of services and subsequent closure of BPH
- Clarify the responsibilities of each organisation through the process of transfer of services
- To confirm if these responsibilities were met
- To identify lessons learnt for each organisations and the wider NHS
- To understand the implication for patients cared for at Bootham Park Hospital and their relatives and carers
- To agree actions to be taken forward

2.3 The brief does not include a review of the decision making process in respect of the awarding of the contract to TEWV.

2.4 The review has been written as a learning review with the cooperation of all parties listed in section 3.

2.5 The nature of the incident is such that it has not been considered for investigation as a serious incident or safeguarding incident but the nature of the concerns is such that a multiagency review of the lessons learnt and oversight by NHS England are required. The level of oversight, provided by NHS England and the York Health and Social Care Policy and Scrutiny Committee, City of York Council are such that the review provides significant assurance in respect of the lessons learnt.

3.0 Organisations involved in the review

Organisation	Role of organisation
NHS Vale of York Clinical Commissioning Group (VoYCCG or CCG)	The statutory body responsible for commissioning health care services for patients across the Vale of York – an area of approximately 857 square miles and covering 30 GP practices. CCG commissioning responsibilities can be summarised as follows: • "planning services, based on assessing the needs of your local population; • securing services that meet those needs • Monitoring the quality of care provided." (Commissioning fact sheet, for clinical commissioning groups, July 2012, NHS Commissioning Board)
Leeds and York Partnership Foundation NHS Trust (LYPFT)	LYPFT provides a range of specialist mental health and learning disability services to Leeds and across the Yorkshire and Humber region. In respect of BPH they were the provider up until 30th September 2015 when responsibility for mental health care provision at BPH transferred to TEWV.
Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)	TEWV provides a range of mental health, learning disability and eating disorders services to 2 million people living in and around County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton, Richmondshire and the Vale of York. Responsibility for the provision of mental health services at BPH transferred from LYPFT to TEWV on 1st October 2105.
NHS Property Services Ltd (NHSPS)	NHS Property Services Ltd was set up by the Department of Health in April 2013 to manage all the ex-Primary Care Trust estate not transferred to providers. Two main types of services are provided:

	• Strategic estate and asset management – strategic planning of the estate, acting as a landlord, modernising facilities, buying new facilities and selling facilities that NHS commissioners decide they no longer need • Dedicated provider of support and facilities services, such as health and safety, maintenance, electrical, cleaning and catering
Care Quality Commission (CQC)	The CQC is the independent regulator of health and social care in England. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.
NHS England - North	NHS England leads the National Health Service (NHS) in England by setting the priorities and direction of the NHS. NHS England supports local health services that are led by Clinical Commissioning Groups
York Health and Social Care Policy and Scrutiny Committee, City of York Council,	The Committee's responsibilities include monitoring the performance of service areas including commissioning, partnerships and mental health. In addition the Committee is responsible for reviewing and scrutinising the impact of the services and policies of key partners on the health of the city's population. In respect of BPH the Committee has the remit: "To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, particularly for in-patients and their families, and identify any appropriate actions for relevant partners." Representatives of the committee have provided oversight of this report.

4.0 Background

4.1 Following a competitive tendering process the commission for mental health services in York was awarded to Tees, Esk and Wear Valleys NHS FT. The contract was to be effective from the 30th September 2015 at which point the outgoing provider, Leeds and York Partnerships NHS FT would reduce the services they provide in York and North Yorkshire including services provided at Bootham Park Hospital York. LYPFT continue to be the responsible provider of low secure services at Clifton Park, specialist deaf services for children and young people at Lime Trees and Tier 4 Children and Young People inpatient

services at Mill Lodge. Relationships between directors at the Vale of York CCG and LYPFT were professional but strained by the outcome of the tender process.

4.2 Bootham Park Hospital is a grade 1 listed building located in the centre of York and adjacent to York Hospital. As such mental health services in York were one of the few NHS services in the country delivered from listed buildings with the restrictions to development that these bring. Until 1st October 2015 clinical services to people with mental health needs were provided from this facility by LYPFT. Soft facilities management was provided by LYPFT and hard facilities management services were provided by York Teaching Hospitals NHS FT under a service level agreement with NHS Property Services (the landlord). LYPFT in February 2012, at the time at which they were awarded the contract for the delivery of mental health services in York, decided not to take ownership of the building in part due to the listed building status of Bootham Park Hospital and the need for improvements to the building.

4.3 The following report focusses on the transfer of services between the provider organisations, specifically the closure of Bootham Park Hospital, and the lessons learnt. The circumstances surrounding the closure are unique to BPH however the lessons learnt are not restricted to mental health services and can be used to support the transfer of services between organisations where this occurs elsewhere in the country.

4.4 A timeline of events and list of services provided at BPH are included in appendix 2 of this report.

4.5 Staff working at Bootham Park Hospital delivered a high standard of care in a difficult physical environment. They did so with suboptimal staffing and in the absence of risk assessments that should have informed their care (ref. CQC inspection 9-10th Sept. 15). This report does not look at the quality of care provided at this time.

4.6 The report is not intended to apportion blame and has been written with the input and full cooperation of all organisations involved in the transfer of services between providers of mental health services at Bootham Park Hospital. It is important to recognise that the circumstances surrounding closure: premises unsuitable for the delivery of care; change of provider with the necessary deregistration and reregistration of services and delays in the re-provision of new premises and unclear ownership and reporting arrangements with no single leadership organisation are an exceptional set of circumstances which all contributed to the failures that surrounded the closure of Bootham Park Hospital and the lessons which need to be learnt.

5.0 Summary of events

5.1 A number of NHS providers have inherited Bootham Park Hospital (BPH) over the years. In February 2012 LYPFT took over the delivery of services from BPH under a contract with North Yorkshire and York PCT (this transferred to Vale of York CCG on the 1st April 2013). On the 1st April 2013 the hospital building became the responsibility of NHS Property Services (it should be noted that limited information was available to NHSPS at the time of transfer).

5.2 Primary Care Trusts (PCT) owned the property from which they delivered services. This changed with the establishment of Clinical Commissioning Groups who took on contracts but not assets when they were created in April 2013. York PCT had previously identified the property for disposal, recognising that it was not fit for the delivery of mental health services. Their intention to dispose of BPH did not include a plan to manage in the interim and as a result only limited backlog maintenance was completed. LYPFT was given the option of owning the BPH site during the financial year 2013/14 but chose not to do so. This decision reflected the fitness for purpose of Bootham Park Hospital a grade 1 listed building built in 1777 and in need of significant improvements.

5.3 LYPFT commissioned a preliminary back log maintenance and anti-ligature review in 2011 (during due diligence pre transfer) this was followed up in early 2012 by a further more detailed review by North Yorkshire and York Primary Care Trust at the request of LYPFT. The review covered all areas of Bootham Park Hospital, inpatient and outpatient. The CCG believe that responsibility to complete the necessary actions from the report transferred to LYPFT when they took over the provision of mental health services at BPH. LYPFT however believe that the funding was retained by North Yorkshire PCT – the assets belonged to them and the work was managed by their capital project process until the assets transferred to NHSPS and, from LYPFT perspective confusion erupted in the system about how capital would be accessed and managed. LYPFT report raising this with the CQC and including in their risk register.

5.4 The risk and actions were noted by the CQC during a visit in 2013. During the CQC inspection in December 2013 the Trust was found to be non-compliant with 2 regulations:

- People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)
- The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16)

5.5 In the action plan in response to the inspection in early 2014 LYPFT took the decision to plan to remove services from Bootham Park Hospital as the premises were not viewed as suitable for mental health care. Under this plan patients would be moved from ward 6 BPH to Cherry Tree House and wards 1&2 to Peppermill Court a property, which at the time, was serving the needs of older people with challenging behaviours. LYPFT report that the plans for

Peppermill Court were based on a detailed site assessment and clinical engagement with staff and took into account and addressed concerns about recreational space raised by their special advisor and clinical team. LYPFT report that these plans had clinical approval subject to further updates regarding changes to the design of the therapeutic space. The plans were signed off by the LYPFT Trust Board on the 24th April 14.

5.6 The notes from the Mental Health Strategy Board meeting on the 16th June 14 (LYPFT were not present) show concerns about the interim move. These refer to the ability to move clinically complex patients from Peppermill Court in a suitable time period which could be up to 2 years. LYPFT were requested to provide individual assessments in terms of timescale. LYPFT believe all clinical concerns re the building layout had been addressed at this time.

5.7 The plans were considered at the Mental Health Strategy Board (28th July 2014) and the Peppermill Court option thought not to be a viable option as the scheme would take 52 weeks and cost significantly more. An alternative interim solution was proposed by NHS Property Services and the CCG and agreed. This was the refurbishment of Bootham Park Hospital at a cost of £1.5million over a shorter time frame of 36 weeks.

5.8 In early 2014, and before this plan could be enacted, an unexpected death took place at BPH. This involved a curtain hook which appeared to have been used as a ligature point. The coroner's verdict in this case was misadventure.

5.9 In July 2014 all parties, Vale of York CCG, LYPFT and NHS Property Services signed up to a refurbishment programme that included inpatient facilities at Bootham Park Hospital. Cherry Tree House, a mothballed mental health facility in York, would be refurbished as part of the plan to facilitate the decant of patients from ward 6, older peoples services, BPH and allowing necessary works to be undertaken. The cost of this scheme was estimated at £1.7million.

5.10 The CQC carried out a comprehensive inspection under their new methodology in September 2014. They found that Bootham Park Hospital was unfit for purpose and called a multi-stakeholder quality summit in January 2015. This is part of the normal processes following a CQC inspection and prior to the publication of the CQC report.

5.11 Key actions from the Quality Summit were:

- A commitment that the interim solution for BPH would be delivered by July 2015.
  VoYCCG confirmed that the permanent solution was being pursued and that a new build would be achieved within 3 years. The options were the Retreat Hospital and Clifton Hospital Sites both of which are in York, other sites might be suitable following investigation.
- LYPFT was required to complete an action plan to address the regulatory compliance actions – both must do's and should do's.

5.12 CQC were asked, at the Quality Summit, if any of the compliance actions took precedence and they advised that they would be particularly concerned if the safety domain issues were not addressed.

5.13 In March 2015 it was highlighted, by LYPFT, at the BPH Programme Board that the interim plans still carried a risk which would have to be managed – it was inferred that these may not meet all current health technical memoranda (HTM) requirements and that there was a risk that they may not meet CQC requirements for registration. Meetings subsequently took place between NHS Property Services, CQC, English Heritage, City of York Council Conservation Office and LYPFT to discuss proposals for the way forward. The CQC considered this a substantial refurbishment and would expect it to meet health building notes for mental health hospitals. A substantial amount of time was spent looking at potential anti ligature window options and further modifications to the internal plans. Concerns were raised by LYPFT about the basic infrastructure including drainage and fire systems.

5.14 In May 2015 TEWV were awarded the contract for services. During the tender process information available to TEWV, to inform their due diligence, was limited to information that was in the public domain or made available by the CCG. When the contract was awarded TEWV were able to gain additional information about the plans for BPH and formed a view that the interim works may not meet the safety requirements for CQC registration. TEWV asked for the proposals to be paused for 2 weeks while they reviewed the plans. As part of the due diligence process a number of estate information requests were made to LYPFT and NHSPS. NHSPS arranged for a detailed report to be prepared by the specialist architects used on the refurbishment project which set out where the final design would not comply with health technical memoranda or building notes "Derogations Report". This report was supplied to LYPFT, TEWV and the CCG. TEWV subsequently asked for the plans to go ahead with modifications to the scheme of works and a revised operational plan to support the identified estates issues which had been identified.

5.15 On 18th August 2015 a letter was sent to the CQC by the Directors of Nursing at LYPFT and TEWV raising concerns about the ability to offer safe and high quality care within the environment of BPH; specifically a lack of progress to ensure patient safety due to the slippage in deadlines (these were "6 months behind the original schedule" with "no guarantee that further slippage will not occur") and that the services would remain non-compliant at the point services were to be de-registered with LYPFT and registered with TEWV. The letter stated that "at this stage it is unclear whether these environmental risks will ever be fully addressed due to the significant limitations and restrictions placed on this site". Given the complex governance arrangements, both Directors of Nursing, asked for a further meeting with CQC inspection and registration colleagues to clarify the CQC's position on how the compliance actions would be managed for the respective organisations. As a result of the letter an urgent meeting was called by the CQC (25th August). At the meeting and on advice from NHS Property Services, all parties were informed that a realistic timescale for completion of the necessary work was

February 2016. This represented a delay of 7 months from the original time frame of July 2015 and was due to contractual performance and design issues. These delays in the scheme were reported to the Bootham Park Programme Board as they occurred.

5.16 On the 25th August 2015, the CQC received an application from TEWV to vary their registration by adding 8 locations, including Bootham Park Hospital, as a result of the transfer of services from LYPFT. The variations were agreed (with the exception of Bootham Park Hospital) on the 30th September 2015 and in line with the agreed date of transfer. A process which took just over 5 weeks.

5.17 Following the meeting in August the CQC undertook a planned visit with inspectors, registration managers, and representatives from both Trusts and other stakeholders on the 2nd September 2015.

5.18 The letter of the 18th August from the Directors of Nursing at LYPFT and TEWV to the CQC in conjunction with additional concerns identified during the planned visit on the 2nd September 2015 and from a Mental Health Act Reviewer during a monitoring visit led to a further inspection on the 9th and 10th September. A specialist estates adviser was included in the team. Due to the poor state of the ceiling, and during the visit on the 10th September, a patch of plaster/part of the ceiling fell down. The CQC Specialist Adviser's report stated this was a serious risk of injury and "represents a serious fire and spread of fire risk and is potentially disastrous". The Specialist Adviser's report was not made available to LYPFT or NHSPS who were therefore unable to challenge the findings or act upon them. The CQC full report (which excluded the Specialist Adviser's report) was published on the 8th January 2016.

5.19 On the 10th September, LYPFT were informed that the CQC had raised a safeguarding alert with City of York Council with particular reference to the (BPH) elderly assessment unit (also known as Ward 6) and that the CQC had concerns relating to wards 1 and 2 but the most urgent was Ward 6.

5.20 The inspection team held an urgent management review meeting on 11 September 2015. LYPFT had been alerted by CQC to the fact that CQC may serve an urgent Section 31 Notice under the Health and Social Care Act 2008. The letter confirming the information was sent via email to LYPFT on 15 September 2015, requesting urgent confirmation of LYPFT's intentions, and outlined the consequences of non-compliance or an inadequate response. LYPFT responded on 18 September 2015 detailing what they proposed to do.

5.21 On the 24th September 2015, CQC wrote to LYPFT, based on:

- the findings from the inspection on 9-10 September 2015; and
- the knowledge that LYPFT had submitted an application to remove the location Bootham Park Hospital from their registration;

- and that LYPFT were intending to take steps to move patients from that BPH;

5.22 On the 28th September 2015 the Chief Executive of TEWV sent an email to the Chief Executive of the CQC under the heading "whistleblowing concern about patient safety and quality" expressing concerns "about the patient safety issues and patient quality issues that will arise as a consequence of the decision made by the CQC to require an evacuation of Bootham Park Hospital within 4 working days i.e. by midnight on the 30th September". A telephone conversation between the Chief Executives of the CQC and TEWV confirmed agreement that the wards were not fit to be used and agreement that if TEWV were to make a reasonable submission to request that the non in-patient facilities were registered by the CQC this would be given due consideration by the CQC. Arrangements for an interim solution to the provision of relevant services until a new hospital is available were discussed (expected date January 2019). The CQC were happy to engage in dialogue with the CCG and other key partners about these interim plans.

5.23 It was not however possible to stop the closure of Bootham Park Hospital at this late stage.

5.24 The CQC formally requested confirmation of the actions that LYPFT were taking or intended to take to move all services provided at BPH to alternative locations had commenced and was completed by midnight on the 30th September 2015.

5.25 In October 2015 the CQC publicly expressed concerns about the delay in LYPFT implementing recommendations from their earlier report. "Specifically, CQC's inspectors were concerned about the risk of suicide or serious harm to patients because the trust had not removed potential ligature points within the building. In addition, patients were at risk of serious scalding because of unregulated high water temperatures. Elsewhere, CQC's inspectors found that nursing staff were unable to observe all parts of the wards due to the layout to the building and inspectors found a lack of call alarms for patients, insufficient staffing numbers, and poor hygiene and infection control in two of the hospital's wards." (Ref. CQC update on Bootham Park Hospital in York, 2/10/15).

5.26 The closure of BPH meant that services were no longer provided from this location and the "mothership", as it was referred to by one service user, was no longer there. This sense of loss to service users was compounded by the apparent suddenness of the closure and uncertainty and lack of information about the future – how would service users access services? Would they still be close to York Hospital?

5.27 York Health & Social Care Policy & Scrutiny Committee has requested a report from Healthwatch York, "*Bootham Park Hospital: what next for mental health in York*?" The report will review the impact on patients and will be presented at the meeting of the Scrutiny Committee in April 2016. In light of the

extensive communication by Healthwatch York with service users of BPH this work has not been duplicated in this report. Readers of this report are referred to the work by Healthwatch York for further detail of the impact of the closure of Bootham Park Hospital on services users.

5.28 All regulated activity, adult acute inpatient (male and female), elderly assessment unit, community mental health teams and IAPT (Improving Access to Psychological Therapy), has ceased at Bootham Park Hospital. All services have been re-provided with patients accessing care from TEWV. Inpatient services are temporarily provided in sites mainly in Middlesbrough and Darlington. Some patients were transferred into the community with enhanced home treatment support.

6.0 Issues raised in the investigation

6.1 The investigation raises three specific issues:

- Managing safe services in an unsuitable environment
- The safe transfer of services between organisations
- The process of varying the registration of the outgoing and incoming trust with the Care Quality Commission where services are transferring

6.2 These issues are discussed in the sections below. Each section concludes with recommendations for consideration by organisations in addition to those involved in this review and in the same process of delivery and transfer of services in similar circumstances. These are applicable to organisations other than mental health organisations.

Managing Safe Services in an Unsuitable Environment

6.3 Bootham Park Hospital was an unsuitable environment for the delivery of mental health services and had been for a number of years prior to services transferring to Leeds York Partnership FT in February 2012 (concerns about quality date from December 2011 when an anti-ligature assessment was conducted and in March 2014 LYPFT raised concerns about the BPH site and proposed a plan to decant patients out of BPH to more suitable premises).

6.4 It is very apparent that senior staff responsible for the delivery of care for patients at Bootham Park Hospital were aware of this and action was being taken to upgrade and provide alternative solutions for care. These actions necessitated all parties involved, commissioner, provider and NHS Property Services, working together to find a solution spending financial resources diligently in the knowledge that a solution would be an interim solution only.

6.5 The assessment and decisions made were in the context of limited alternative service options within York which could be facilitated in a timely manner.

6.6 It was following the CQC inspection in December 2013 that an action plan to address concerns about the quality of services – clinical and environmental – was written. This plan was managed through two structures:

- Monthly quality and performance meetings chaired by VoYCCG as part of their contract management arrangements to raise and address concerns about quality of services. The timeline in this report shows these running from March 14 however the meetings were in existence prior to this and prior to the CQC inspection.
- The BPH Programme Board, chaired by VoYCCG, established in August 14. The board had the remit of looking at improvements which could be made in the estate. In establishing the board the CCG recognised the need to improve the environment. The BPH Programme Board became the Mental Health Estates Programme Board, chaired by the VoYCCG, in June 2015. Extracts from the terms of reference for the BPH Board and the Mental Health Strategy Group into which the Mental Health Estates Programme Board reported (as they relate to Bootham Park Hospital) are listed below:

Extract from the Bootham Park Hospital Programme Board terms of reference:

At the Leeds and York Partnership NHS Foundation Trust Board meeting in March 2014, the Board of Directors concluded that neither Lime Trees or Bootham Park Hospital were suitable for modern day mental health care. The recommendation was made that the Trust needs to vacate these two premises as an interim holding safety position.

The Trust has since been working closely with the CCG as the lead commissioner for Bootham Park Hospital services and NHS Property Services Limited to find an interim solution for the relocation of these services within York.

As to a longer term solution the CCG with partners across the York economy and alongside the Vale of York CCGs 5 year Strategic Plan and vision for

high quality, safe services have established a Mental Health Strategy Board. The remit of this Board will be to look at mental health across the economy and model a new pathway for services in line with best practice. This will take into account the longer term vision for the respective services at Bootham Park Hospital.

Programme Mandate

The Bootham Park Hospital Programme Board has the mandate to oversee the safe movement of the respective clinical and associated non clinical and support services within the estate to appropriate interim facilities and in doing so minimise and resolve quality and safety risks. This is a transition move whilst the longer term vision is developed by the Mental Health Strategy Board.

The Bootham Park Hospital Programme Board will take ownership of securing appropriate capital funding and commissioning of this interim alternative from NHS Property Services and NHS England.

The programme board will, in undertaking this work, constantly reassess and reassure the threshold level of clinical and non-clinical risk putting in place contingency plans should risk threshold increase to an unsatisfactory level. Quality assurance will be provided to the Mental Health Strategy Board and to all partner boards on a regular basis.

Extract from Mental Health Strategy Group terms of reference:

4.2 Objectives – Bootham Specifically

4.2.1 The overall objectives of the Mental Health Strategy Group are to ensure that the CCG delivers the planned programme of transformational and continuous improvement work within the allocated timescales, financial projections and to maintain a focus on quality through the delivery.

4.2.2 Where deemed necessary, the Group shall escalate matters of concern to the Quality and Finance Committee or Governing Body.

4.2.3 The Group will oversee that the short term interim solution and the longer term re-provision of Bootham Park Hospital.

6.7 Two different structures appear to have been used to manage clinical and environmental concerns. LYPFT were held to account by the CCG for the progress against the CQC action plan but were not directly responsible for the delivery of those relating to the majority of the estate. LYPFT's key means of influencing these was at the BPH Programme Board. A single action plan had in effect two different reporting mechanisms with one organisation, LYPFT, being held to account for the actions for which two organisations, LYPFT and NHSPS were ultimately responsible. LYPFT and NHSPS were members of the BPH Programme Board (a). The reporting mechanism for estates issues was through the Programme Boards and from there to the Mental Health Strategy Board. LYPFT were in regular dialogue with NHSPS to influence design and timeline however it is unclear to what extent LYPFT were in a position to influence NHSPS in the delivery of their actions other than through the Programme Boards. The CQC, despite expressing significant concerns about the environment, were not members of the Programme Board and it would not be normal practice for them to be members of such a board. In accordance with their regulatory remit the CQC can highlight breaches of the regulations to a provider and request that they comply with the regulations, but cannot tell them *how* they must achieve that compliance. That is strictly within the remit of the provider. This is necessary to stop the CQC micro-managing the day to day work of provider organisations. All programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care, should ensure that plans for addressing these issues are robust and that relevant expertise is sought and followed with a view to achieving a safe environment which meets the requirements for registration by the CQC. It is unclear as to whether delivery of the plans, as intended, would meet the CQC standards.

6.8 The delivery of any construction contract is subject to risks however had reporting arrangements been clear and organisations held to account, by commissioners, for the delivery of actions which were their responsibility actions may have been delivered at a faster pace (b).

6.9 A multi stakeholder quality summit was held in January 2015 and in March 2015 concerns were raised at the BPH Programme Board "that Ward 6 allowed better lines of sight however Ward 1 was still an issue due to the age and layout of building and would not be considered suitable for modern facility. [A director from LYPFT] queried the doors and windows as a starting point for risk".

6.10 Bootham Park Programme Board notes show that 2 options were discussed over a 3 month period in 2014 initially by LYPFT (April 2014 – decant to Peppermill Court) and subsequently at the Mental Health Summit in July 2014 (3 year interim solution while a new purpose built mental health hospital is built – patients would be decanted to Cherry Tree House to allow refurbishment of wards 6 and 1. Ward 2 would close). Delays in an ambitious critical path for the re-provision of services meant that deadlines were not met (c). Business continuity plans, should have been in place to recognise action to be taken should closure be necessary. These would seem particularly important in the light of the failing infrastructure and are necessary should closure be

necessary for other reasons such as infection or fire. Had there been enacted earlier NHSPS, LYPFT as the provider organisation, and VoYCCG could have worked together to relocate patients on an urgent but planned basis in advance of the CQC agreeing to the application to vary the registration of LYPFT, to remove amongst other locations the location of BPH (d).

6.11 Once the decision was made to move patients partners worked together to ensure this was completed safely in 4 days.

6.12 The closure of services, such as the mental health services at BPH, presents a risk to service users. LYPFT as the outgoing provider and in conjunction with the CCG and NHSPS were unable to address the risks regarding safety of the premises which had been highlighted for some time. The safety concerns had escalated, as identified in the September 2015 inspection, to such a degree that they were now serious risks and patient safety was questioned. The detail of this is contained within the CQC Safety Advisor's report which was not shared with LYPFT or NHSPS at the time or subsequently (e). The incoming provider, TEWV was unable to satisfy the CQC they would be able to rectify these issues within in a suitable timeframe. The CQC at the meeting on 25 August discussed with all present the possibility of other wards being utilised and made available as acute inpatient wards as other wards in the York area were not seen in the same light as those at Bootham Park Hospital. This would mean patients could continue to receive care and treatment in York whilst the building works continued or alternative plans were set into motion. The decision as to *where* to move patients was taken by the provider organisations. In the case of Bootham Park Hospital patients they were transferred at short notice to other premises outside of the York area. This is a poor patient experience and could be detrimental to the health of users of the service. The risk of moving service users' needs to be balanced against the risk of continuing to provide services in the substandard buildings (f).

6.13 Recommendations

a. Governance arrangements for the management of action plans such as the Bootham Park Hospital action plan following the CQC review need to include clear reporting arrangements with organisations with responsibility for actions being held to account.
b. The regulatory remit and expertise of the CQC do not currently allow the CQC to take part in programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care. The CQC should consider whether this should be part of their remit adding to the expert advice that a programme board seeks and utilises. The commissioner, provider and NHSPS should ensure that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards. The CQC may want to consider providing additional assurance to this process.

c. Delays in the critical path for the redevelopment of the buildings (Bootham Park and Cherry Tree House) were caused, in part, by contractor delays. These were identified to the BPH Programme Board. Where building programmes are significantly delayed alternative provision should be considered with a view to maintaining safety.
d. Contingency or business continuity plans should be written to cover the loss of estate and re-provision of services. LYPFT enacted their business continuity plans following notification by the CQC that all regulated activity must cease at BPH.
e. The CQC should consider sharing reports of specialist advisors where the content of those reports may impact on the safety of patients or the public and where this is permitted by the relevant information governance, legislation and codes of practice.
f. Closing premises and relocating patients can be concerning in its own right – the risks of continuing in premises which are not fit for purpose and closure need to be carefully considered, by all parties, commissioner, provider and the CQC, before a decision to close is made.

The safe transfer of services between organisations

6.14 The contract for the provision of mental health services at Bootham Park Hospital (part of a larger contract) was awarded in May 2015 with services to be delivered by TEWV from the 1st Oct. 2015. There will always be an element of risk when services transfer between provider organisations and a significant amount of work was required in this time period to ensure the safe transfer of services including the TUPE (Transfer of Undertaking Protection of Employment) of staff and the requirement to deregister and reregister services with the Care Quality Commission. As the receiving organisation there would be an expectation that staff would TUPE from LYPFT to TEWV and that there would be continuity of services. This is particularly important to ensure a good patient experience and safety of services. It is recognised that while LYPFT met their legal obligation to give 28 days' notice for the TUPE of staff significant amounts of work needed to be done within the time period.

6.15 The CCG were concerned that any extensions to the contract would have increased uncertainty for staff particularly once the process of TUPE had begun and the timetable to meet the deadline of the 1st October was adhered to (g).

6.16 LYPFT and TEWV both tendered for services in the knowledge that BPH, as it was configured at the time, was not a suitable environment for mental health care, however there was information provided within the tender documentation which indicated that the plans for BPH would address all of the known environmental concerns prior to October 2015 (TEWV sort clarification through a question within the tender process). This was also known to the CCG. The CQC expect applications to be made to the CQC in a reasonable timeframe to enable checks to be made. With any transfer of services from one

provider to another, the CQC would expect that the provider proposing to take over the service has undertaken due diligence in respect of any safety issues and that issues are addressed by the outgoing provider prior to transfer. While this was the expectation of TEWV this was not possible in the timeframe given. TEWV sought due diligence information and the complex nature of information/actions and building works which extended into September meant that a number of risks remained whilst the building programme was ongoing (h).

6.17 It is essential that the providers ensure that premises are suitable for care provision (in the case of BPH the CQC could not support regulated activity in the hospital) before agreeing to the provision of services (I) and a clear plan needs to be developed, to include business continuity, to ensure services are safely maintained in the period leading up to the transfer of services (j).

6.18 It is important to recognise that despite the actions being taken by commissioners and providers the risk of delivering services at BPH remained and there was a serious safety risk to service users. When Bootham Park Hospital ceased to provide regulated mental health services patients were transferred to locations some of which were outside of the York area. Transfer of services, at short notice and for patients who are vulnerable and may have been receiving care over a long period of time, presents a risk to those patients. The CQC were unable to transfer registration to TEWV due to these safety risks. The timing was such that closure happened very suddenly although LYPFT had started to move patients to more appropriate premises/care shortly before the CQC confirmed that they would not be in a position to reregister BPH as one of TEWVs registered locations. The risk to patients of closing these premises should be considered by the CQC, providers and commissioners when safety issues mean that it is not possible to agree to the transfer of existing registrations when there is a change of provider and alternative options should be sort as a matter of urgency (k). The roles of both the inspection and registration teams in this process needs to be clearly understood by commissioner and provider organisations (l).

6.19 Tensions between the different organisations were apparent and there appears to have been no clear method by which disputes between commissioners and providers (of all services) were resolved (m).

6.20 The closure of a hospital, such as Bootham Park Hospital, has the potential to cause serious harm to patients. While there is no evidence, at the current time, that harm occurred the risk and concern about the poor patient experience is such that coordination of the process of closure by a single agency is important (n)

6.21 Recommendations

g. The time frames for the transfer of services between organisations should be appropriate to the action which needs to be taken to ensure a safe transfer. This is a recommendation which applies equally to the organisations transferring services and the CCG with responsibility for these services.
h. Commissioning and procurement processes should recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.
i. As the organisation receiving services it is essential that the new provider ensures that premises are suitable before the services are accepted. Where this is not possible a plan should be enacted to mitigate risk.
j. A clear plan needs to be developed to ensure that services are safely maintained in the period leading up to the transfer of services.
k. The balance of risk to patient safety should be considered when deciding to close services. Time frames should be proportionate to this risk.
l. The roles of both the inspection and registration teams in this process needs to be understood by commissioner and provider organisations.
m. Clear escalation between organisations around dispute resolution between commissioner and provider (mental health and property services) when dispute resolution is required. Initially this should utilise the contractual mechanisms available to commissioners and providers – in this case the lease or contract for services.
n. A lead body should be nominated at the outset to take charge of the process of closure (this would normally be the commissioner).

The process of varying the registration of the outgoing and incoming trust with the Care Quality Commission where services are transferring

6.22 Throughout this review there is an emerging theme that the hospital might never be fit for mental health services. It has been suggested that the CQC held the belief that the premises would never reach the standard they required for registration. This is not recorded within the notes of the Programme Management Board and Mental Health Estates Strategy Board however at meetings with both LYPFT and subsequently with TEWV; it was made clear by the CQC that there were significant safety issues and concerns which should be rectified in order to be compliant with the Health and Social Care Act. It was explained by the CQC that the CQC would undertake a visit to determine whether the changes to the building would address the concerns and allow registration to be granted. CQC could not determine this prior to the visit. It is CQC policy to not get involved with reviewing plans from a registration perspective until after all the work is completed. This should not be necessary as plans should be considered appropriately by providers to ensure they meet health and safety requirements relating to the service user group they intend to accommodate. The result of this is that services maybe redesigned,

with the time and expense required, but could still be unsuitable when considered against CQC standards thus preventing registration. This is a risk which could be replicated in any type of service reconfiguration (o). There was a balance at play between delivering an improved environment as an interim solution and recognition that any interim solution would only be in place for 3 years.

6.23 In respect of Bootham Park Hospital the registration applications were made at a time which coincided with concerns regarding the safety of the hospital escalating within the CQC. These escalating concerns were based on inspection activity and a joint visit relating to the registration application between inspection and registration colleagues at the CQC. This meant that making changes to registration to transfer the hospital to TEWV could not be agreed by the CQC at that time.

6.24 In instances such as this, the CQC would normally wait until such time as both providers are ready to conclude the transfer and align the processing of their registration applications with the conclusion of the transfer. In this case, that was an option in that LYPFT could have remained responsible for Bootham Park Hospital. The Clinical Commissioning Group could have liaised with both parties and pushed back the transfer of responsibility for this particular hospital. However, the concerns regarding the safety at Bootham Park Hospital would have meant that, had LYPFT retained responsibility for the hospital that this would have resulted in the CQC taking further action in respect of its concerns regarding the safety at the hospital. This action is likely to have resulted in the same outcome. VoYCCG had concerns about delays and the effect the uncertainty would have on staff.

6.25 There appeared to be a lack of knowledge on behalf of providers and commissioners of the timeframes required for the registration and deregistration of services which hindered suitable planning (p). This was a complex process during which discussion took place around the outstanding compliance actions and the transfer from one organisation to another and impact on the new organisation's rating. It is important that the CQC are involved at the earliest opportunity when transfer of services is planned, and that applications for registration are submitted in a timely manner, however it should be noted that the application by TEWV to vary their registration took just over 5 weeks in line with the agreed transfer of services to TEWV (q)

6.26 TEWV, as part of this review, expressed the belief that the CQC when designing it's registration procedures did not envisage a scenario that existed in York with regard to a change of provider taking place when there were concerns about the quality of a hospital facility, the consequence of which is that in all probability patient services were ceased with just a few days, even though there was no increased risk than had previously existed. The organisation expressed the belief that this would not have happened had LYPFT continued to be the provider and that it cannot therefore be right that a change of provider precipitates such a significant dislocation of service for no other reason than it "can not" register a building that is not fit for purpose with a new provider, when the building is already in use and an upgrading scheme "ready to go" which would have been completed within 6 months.

6.27 These concerns are documented in an email from Martin Barkley, Chief Executive, TEWV to David Behan, Chief Executive, CQC, under the heading "whistleblowing concern about patient safety and service quality" (28/9/15 see section 5.22).

6.28 The CQC however state that they clearly informed LYPFT of their concerns which demonstrated increased risk. These included reporting a safeguarding alert immediately due to the concerns on Ward 6 and informing the trust that the CQC were considering a notice of proposal to close wards 1 and 2 to new admissions – again this should have alerted the provider to the concerns that the CQC considered the level of risk was increased from the September 2014 inspection. CQC did however fail to communicate this level of concern to NHS England and VoYCCG (r). The plans to upgrade the building were originally due for completion in July 2015, this slipped and the suggested date for completion (although slippages could still occur and were not taken into consideration) was February 2016. This was 17 months post the 2014 inspection when the hospital was considered 'unfit for purpose'.

Recommendations

o. Where concerns regarding safety standards are identified by the CQC the Trust and commissioner must seek the appropriate expertise and professional advice urgently to ensure that premises are refurbished to the required standard.
p. Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.
q. The CQC should be involved at the earliest possible opportunity when services are being transferred between provider organisations.
r. Where the CQC have significant concerns about the safety of services delivered by provider organisations these should be raised with the commissioning organisation and, if necessary, NHS England.

In order to ensure that the lessons are learnt and mistakes are not repeated it is recommended that NHS England take the lead in developing a memorandum of understanding for the sudden closure of hospital facilities on the grounds of serious quality or safety concerns.

7.0 Conclusion and next steps

7.1 Throughout this process all organisations have recognised the impact of their actions on patients and the difficulties associated with moving their care to other locations.

7.2 The decision to transfer services was made in May 2015 with a view to implementation in October 2015. Transfer of services is a complex process and the question was raised as to whether this was sufficient time to allow these processes to occur.

7.3 Key learning from this relates to the need to be clear about the roles and accountability of individual organisations when services are being re-procured and transferred from one provider to another. In doing so the impact on patients can be minimised.

7.4 This report will be made public at an extraordinary meeting of the City of York Council Health & Adult Social Care Policy & Scrutiny Committee in April 2016. At the same meeting reports will be presented by the York Heath watch and the Independent Advisor to the Committee. It is important that these reports are in the public domain and are subject to appropriate scrutiny and challenge.

7.5 Further scrutiny will be provided by NHS England Regional Quality Surveillance Group and National Quality Assurance Group (QAG) to ensure recommendations are adopted and learning is shared across England.

7.6 Following publication of the report Margaret Kitching, CNO, NHS England (North) will write to each organisation involved in the review requesting an action plan to be returned within 1 month of the publication date.

7.7 The Quality Assurance Group will actively manage the process of receiving assurance of the delivery of the plans by each organisation. The development of the Memorandum of Understanding will also be overseen by the QAG.

7.8 The author would like to thank all who have contributed to the completion of this report:

- Gillian Anderson, Senior Litigation Lawyer, NHS England Legal Team
- Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS FT
- Ian Butterworth, Regional Programme Manager, NHS Property Services Ltd
- Michelle Carrington, Chief Nurse, Vale of York CCG
- Lisa Cooper, Deputy Director Quality & Safeguarding (Cheshire & Merseyside)/Regional Lead Safeguarding, NHS England (North)
- Karina Dare, Project Director - York, NHS Property Services Ltd
- Anthony Deery, Chief Nurse, Leeds York Partnerships FT
- Julia Denham, Head of Registration, Operations Directorate, Care Quality Commission
- Dawn Hanwell, Director of Finance, Leeds York Partnerships FT
- Ruth Hill, Director of Operations, Tees, Esk and Wear Valleys NHS FT

- Elizabeth Moody, Director of Nursing and Governance, Tees Esk and Wear Valleys NHS FT
- Sarah Penkethman, Registration Manager Operations, Adult Social Care Directorate, Care Quality Commission
- Janet Probert, Director of Partnership Commissioning, Partnership Commissioning Unit
- Jenny Wilkes, Head of Inspection, Mental Health North East Region, Care Quality Commission

Oversight of this report has been provided by:

- Steven Entwistle, Scrutiny Officer, City of York Council Scrutiny Services
- Margaret Kitching, Chief Nurse, NHS England (North)
- John Ransford, Adviser to City of York Council Health & Adult Social Care Policy & Scrutiny Committee

Thank you to the services users who gave up their time to share their experience of the closure of Bootham Park Hospital

Ruth Holt

Director of Nursing – Programmes, NHS England (North)

31st March 2016

Appendix 1

Timeline

The timeline was originally collated by the CCG and submitted to City of York Council, Health and Adult Social Care Policy and Scrutiny Committee for their meeting held on 20th October 2015. As part of this review the time line has been extended to include additional contributions from, VoYCCG, LYPFT, TEWV, NHSPS and the CQC.

Date	Event	Description of Activity
December 2011 – March 2012		An initial survey was undertaken by LYPFT (at their cost) which informed the requirement for the Primary Care Trust to conduct a more in-depth survey (concluding in March 2012) which included both anti ligature and back log maintenance surveys. The more in-depth survey was in accordance with the NHS Estates Code and was carried out by Capita Symonds on behalf of NHS North Yorkshire and York (the PCT).
February 2012		LYPFT commences its contract for mental health and learning disability services in the local area. Through 2012/13 LYPFT (as tenant) and the PCT (as landlord) negotiated a programme of maintenance (including anti ligature) across the PCT mental health estate portfolio but concentrating on BPH.
2012		Anti-ligature assessment at Bootham Park Hospital identifies: ▪ "Little or no attempt to alleviate ligature points that were found in most rooms'; ▪ Ligatures omitted from ward and LYPFT risk registers.
1 April 2013	NHS Vale of York Clinical Commissioning Group becomes	The CCG takes up responsibility for the monitoring of commissioned healthcare in the Vale of York and the planning and design of many health services. NHS Property Services takes PCTs landlord responsibilities under statutory transfer scheme. The

	the commissioner of local healthcare services	commissioner/landlord functions of the scheme previously held by the PCT are split.
December 2013 – January 2014	CQC inspection	Full inspection of Bootham Park Hospital. This was a responsive visit that identified non-compliance with: 1. Safety and suitability of premises; 2. Assessment and monitoring of the quality of service provision; 3. Records - including medical records should be accurate and kept safe and confidential. ▪ Lift inaccessible to wheelchairs. ▪ Ligature risks found in lift. ▪ No effective systems in place to risk assess and monitor service quality. This included ▪ No audit of records ▪ Little evidence of risk assessment actions carried out. ▪ Ligature risks omitted from ward risk registers. ▪ Care plans not reviewed, monitored or audited. ▪ Inaccurate records and not fit for purpose which meant patients not protected from risk. Section 17 (granting short term leave) not managed properly.
3 February 2014	Place of safety (section 136) facility opens at Bootham Park Hospital	Good news story for York. CCG invests £400,000 to provide safe and dignified mental health assessments for vulnerable adults detained under Section 136 of the Mental Health Act.
7 February 2014	Quality and performance meeting with LYPFT hosted and	CCG noted that estates strategy meeting to be organised. LYPFT noted potential concerns by CQC at BPH though magnitude not appreciated.

	arranged by the CCG.	
11 February 2014	Publication of the CQC's inspection report	***CCG public announcement*** *The CCG is 'working closely with Leeds and York Partnership Foundation Trust and other partners to resolve the immediate issues will continue to focus upon the improvements needed.'*
13 February 2014	Meeting of CCG's Chief Nurse and Chief Nurse / Directors of Quality and Patient Safety from LYPFT	To discuss and work through outstanding quality, quality governance and patient safety concerns.
19 February 2014	Monthly Contract Management Board (CMB) CCG and LYPFT.	LYPFT updated on immediate ligature point issues and initial engagement with NHSPS and scoping of alternative accommodation. LYPFT noted in relation to Lime trees provision that systemic issues were delaying delivery of necessary works.
27 March 2014	Inpatient death at Bootham Park Hospital	Unexpected death at BPH. This involved a curtain hook which appeared to have been used as a ligature point, the coroner's verdict was death by misadventure.
5 March 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	The CCG instigated monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital by the Partnership Commissioning Unit (PCU) on behalf of the CCG to manage the service contract and the CQC's action plan. LYPFT is putting a proposal to the executive teams. Proposals to Vale of York CCG re how estates in York are used

	Board to board meeting took place to consider the estates strategy.	including an interim solution for exit from Bootham.
9 April 2014	BPH Programme Board (chaired by VoYCCG) inaugural meeting.	Terms of reference circulated; agreed that Peppermill Court preferred option for BPH decant. Programme Board to report to the Mental Health Strategy Board and accountable for: ▪ Programme delivery, benefits and outcome realisation, completion ▪ Risk and issue escalation ▪ Programme resource allocation ▪ Consultation, engagement and communication of the BPH interim solution programme for all stakeholders assurance to all partners
14 April 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT updated on proposals submitted to CCG and LYPFT's boards; focus on interim Peppermill solution. Indicative timeline for proposals (Cherry Tree plus Peppermill) to vacate BPH was 18 months (Sept. 2015 completion) subject to agreement with NHSPS.
16 April 2014	Monthly CMB CCG & LYPFT	LYPFT updated on BPH developments and the notable duplication between the Quality Group and CMB was discussed. Note that relevant LYPFT director lead only attends CMB.
28th April 2014	Launch of the DISCOVER engagement programme to support and	DISCOVER was created to generate immediate feedback to the CCG about what matters to patients, carers and the families. It helped to identify what patients felt was good about mental health services and asked how wanted they wanted to see more of.

	complement existing engagement processes, bring together stakeholder views about mental health and learning disability services.	
12 May 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates plans
21 May 2014	Monthly CMB CCG and LYPFT	Update on estates issues: note environmental works being programme managed on a weekly basis. Delays to anti ligature works discussed, Agreed for estates to be a regular standing item at CMB.
9 June 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates issues at this meeting
18 June 2014	Monthly CMB CCG and LYPFT	CCG advises LYPFT of support for move of Elderly Assessment Unit to Cherry Tree House and of CCG approach to acute re-provision including further review of Peppermill option. CCG advised of forthcoming estates summit to be

		organised by the CCG and held on the 21st July.
9 July 2014	Bootham Park Hospital Programme Board (CCG led meeting)	NHS Property Services updated the board on the issue of tenders for improvement works for Cherry Tree House to be completed allowing for the transfer of patients from Ward 6 by 15 December 2014. NHS Property Services confirmed the process for the sign off of a business case for the work. Peppermill, the principle solution, discussed.
14 July 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates issues at this meeting
16 July 2014	Monthly CMB CCG and LYPFT	CCG advised of summit date (now 28th July) and that LYPFT representatives had been invited CCG requested time line on anti-ligature work: LYPFT confirmed report done and would be forwarded LYPFT expressed concerns over time scales to resolve issues once a risk was identified; noted that LYPFT had (against process) been expending its own resources to resolve issues quickly. CCG requested that issues (with NHS PS) be brought to CMB so that the CCG is informed.
28 July 2014	Mental Health Summit	Summit meeting arranged and hosted by the CCG. This was a meeting of partners from City of York Council, English Heritage, NHS England, NHS Property Services and LYPFT. All present at the meeting agreed to: ▪ Move patients from Ward 6 to Cherry Tree House ▪ Improve and refurbish Ward 6 to accommodate the male patients from Ward 2 ▪ Improve and refurbish Ward 1 and extend into the Chantry Suite to accommodate female patients ▪ To close Ward 2. ▪ The Section 136 Place of Safety and the Mental Health Crisis Team and ECT to remain at Bootham Park

Hospital.

CCG statement following the Summit meeting

Dr Mark Hayes, the CCG's Chief Clinical Officer said: "I am very pleased to announce that whilst we develop a state of the art hospital for mental health patients, the CCG and its partners have agreed an interim solution that will improve the setting for the people who access services at Bootham Park Hospital.

"Quality and safety in services are priorities for the CCG and our interim plan will ensure that these will be provided at the Bootham Park Hospital site.

"Our next step is to review the options and analyse the costs and benefits so we can develop a new hospital that delivers high quality and safe services.

"The interim plan will be formally discussed at the CCG's Governing Body meeting on Thursday 7 August 2014. Once a formal agreement has been made, the CCG hopes to announce the site of the new hospital in approximately six months."

The interim plans will provide solutions for three years when it is expected that a new purpose-built mental health hospital will open its doors to patients.

LYPFT statement following the Summit meeting

Jill Copeland, Chief Operating Officer and Deputy Chief Executive at LYPFT said: "Our priority is to make sure that mental health service users are cared for in environments that are safe and conducive to delivering high quality patient care. As such we fully support the CCG's vision for a modern, purpose-built mental health hospital in York.

"The interim proposals we've agreed include changing wards at Bootham Park Hospital to make them more suitable for providing inpatient care; and moving Ward 6 and the ECT suite to Cherry Tree House in York. These plans will improve the environment for service users who access these services.

"We have also agreed plans with our specialist commissioners to move inpatient services for children and young people from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and will allow us to care for more children and young people in inpatient facilities close to their homes and families.

"We are fully committed to providing the best possible care and we will continue to work with service users and their

		families to engage them on the things that matter most about their treatment and care." ***English Heritage, Yorkshire statement following the Summit meeting*** *Neil Redfern, Principal Inspector of Ancient Monuments for English Heritage, Yorkshire, said: "Bootham Park Hospital is a Grade I listed building of outstanding significance. It has a historic role in providing and developing psychiatric care in England. English Heritage is pleased to be working with the CCG and all of the NHS trusts to help them maintain services on site that meet the needs of users."*
6 August 2014	Bootham Park Hospital Programme Board (CCG led meeting)	NHS Property Services confirmed a review of agreed works with in-patients remaining onsite. LYPFT confirmed that consultations with staff about the improvements had gone well. LYPFT highlighted a CQC review of services in Leeds and York via a new style inspection. Chief Nurse/Director of Quality and Patient Safety at LYPFT confirmed to be leaving the Trust on 31 October 2014
10 Sept. 2014	LYPFT Incident Review Group	Review of unexpected death on remaining ligature point 27 March 2014.
11 August 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates issues at this meeting
20 August 2014	Monthly CMB CCG & LYPFT	CCG updated on property summit and BPH interim solution. Outstanding query on governance process to take proposals forward; confirmed that CCG Finance Director to lead. Noted that capital costs to be picked up by NHS England; action for CCG to contact NHS England to ensure timely decision making.

3 Sept. 2014	Bootham Park Hospital Programme Board (CCG led meeting)	It was noted that consideration was required around linking other works and business cases as part of the total interim improvement solutions. Consideration to be given to wider estates issues alongside the programme for the procurement of the mental health and learning disability services contract.
8 Sept. 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates issues at this meeting.
17 Sept. 2014	Monthly CMB CCG & LYPFT	LYPFT updated on necessary changes to wards 1 &2 spec's – urgent action needed due to sickness absence at NHS PS CCG updated on development of a project initiation document for permanent solution for BPH Issues regarding day to day maintenance issues discussed; action to contact York Hospital Foundation Trust (e.g. intermittent hot water)
29 Sept 2014	Bootham Park Hospital Programme Board (CCG led meeting)	The programme timeline for completion of works at Cherry Tree House was revised to March 2015. LYPFT's Board requested clarification of costs.
30 Sept - 2 Oct 2014.	CQC inspection of Bootham Park Hospital Estate	This was a comprehensive inspection of the Trust which included an inspection of all parts of the Trust and the community mental health teams.
	Quality and performance	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham

13 October 2014	meetings with LYPFT hosted and arranged by the CCG	Park Hospital to manage the service contract and the CQC's action plan. LYPFT provided a report on progress against CQC action plan
15 Oct 2014	Monthly CMB CCG & LYPFT	LYPFT provided initial feedback from CQC inspection. Viability of BPH interim solution discussed in consideration of the CQC inspection. Views to be taken to the quality summit in December Noted that Cherry Tree (EAU) business case now complete – potential for contractors to be on site on the 20th October
10 November 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT provided information on the closure of the seclusion room at BPH
14 November 2014	Bootham Park Hospital Programme Board (CCG led meeting)	LYPFT updated from the CQC's inspection (the CQC are not members of this Board and the final report had not been received by LYPFT at this point) and explained the feedback following the CQC visit still raised concern around the ligature anchor points and they had commented that BPH was still unfit for use as a mental health estate….CQC had raised issues across the trust regarding ligature anchors and clinical risk however they had noted that there had been significant improvement and progress made. The CCG queried if there were any issues raised by the CQC around the interim move and plans for wards 1, 2 and 6. LYPFT confirmed that there were no issues. Timescales for the interim solution had been discussed. (Taken from the notes of the BPH Programme Board). NHS Property Services confirmed that despite the delays works were due to be complete by end of March 2015. An agreement was made the permanent solution of a new hospital would be made when the new contract holder had been selected. This was to allow the new estate requirements to support the new models of care.
19 Nov. 2014	Monthly CMB CCG & LYPFT	LYPFT noted two delays by NHSPS in commencing work at Cherry Tree House – new revised date given as 15th December. 20 week programme indicates completion by end of May 2015.

		Noted issues with outdoor space at BPH having deteriorated.
3 Dec. 2014	Bootham Park Hospital Programme Board (CCG led meeting)	LYPFT said: ▪ Their concerns remain around the treatment of impairment costs and liability over an unusually short period; ▪ That these would have significant implications during times of austerity. The Board agreed to seek clarification from NHS England.
4 Dec. 2014	Feedback to Bootham Park Hospital Programme Board	The CCG confirmed that issues for clarification by NHS England had been resolved and that final approval would be sought.
8 Dec. 2014	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. BPH discussed but only in the context of a service visit
17 Dec 2014	Monthly CMB CCG & LYPFT	LYPFT confirmed that estates processes had benefitted from weekly project meetings and anticipated that three main service moves could be accomplished by July 2015. CCG noted that following earlier meeting with NHSPS that there were concerns over effectiveness of NHSPS's contractor and that this had created a three week delay with knock on effects to other projects.
Jan 2015	Weekly (Friday) conference calls – CCG, NHSPS, LYPFT	Regular meetings intended to keep the three critical parties apprised of developments – not minuted.
7 Jan. 2015	CQC LYPFT Quality summit	Much of the Quality Summit was dedicated to BPH. All parties made it clear, and CQC challenged this, that the work would ensure sustainable change. CQC reinforced what steps it may take if this were not the case.

12 Jan. 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT provided specific comments on Eliminating Mixed Sex Accommodation (EMSA).
21 Jan 2015	Monthly CMB CCG&LYPFT	LYPFT expressed concern that Cherry Tree House works could slip. Noted weekly meetings with NHSPS now in place.
9 February 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT updated on estates progress at Acomb Garth and EMSA
18 Feb 2015	Monthly CMB CCG &LYPFT	Reported that estates timescales re BPH (& Cherry Tree House) appear to be on track
February 2015	LYPFT Quality sub-group	Meeting of the LYPFT Quality sub-group (that monitored the CQC Action Plan and compliance actions for the Bootham Park Hospital estate)
4 March 2015	Bootham Park Hospital Programme Board (CCG led meeting)	NHS Property Services confirmed that contractors were on site at Cherry Tree House and a revised completion date of mid-June 2015. Plans for Ward 8 had been agreed by LYPFT. Timelines for Wards 1 and 6 remained the same with an appointment of contractors scheduled for the end of March 2015. LYPFT confirmed staff morale was good and facilities at Cherry Tree House would be superior.

		NHS Property Services confirmed that following the CQC's report that no concerns had been raised about the interim solutions (CQC were not members of the Board and therefore not present at the meeting)
9 March 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates programme at this meeting
19 Mar 2015	Monthly CMB CCG & LYPFT	Reported that Cherry Tree House project on track for June completion. Optimism that BPH moves on track for September 15 completions.
1 April 2015	Bootham Park Hospital Programme Board (CCG led meeting)	NHS England consented to release the funds for development of Cherry Tree House on the 25 March. Confirmation provided that the process for the approval of future business cases would be completed in the correct sequence. NHS Property Services brought the Board's attention to a letter from the contractor that indicated a delay. The Board noted the delay with the improvements to Wards 1 and 6 but that there was a contingency period in the phase 2 plans.
13 April 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT updated on estates progress in the context of CQC action plan
16 April 2015	Monthly CMB CCG	Reported that Cherry Tree House June date and BPH Sept date appear to be on track

	& LYPFT	
6 May 2015	Bootham Park Hospital Programme Board (CCG led meeting)	NHS Property Services had confirmed delays on plans due to thefts on site and drainage issues. The Board noted that the accounting for impairment costs required a balance between what happens locally and the national precedent for how these are treated. The Board held detailed conversations on: ▪ The reversibility of proposed interim solution works with English Heritage ▪ The City of York Council's Conservation Architect indicated "red light" items which would hold up plans, especially with the requirement to add in the Chancery Suite. NHS Property Services updated the Board that it held lengthy conversations with the manufacturers of windows which would meet the requirements of a facility for mentally ill service users.
11 May 2015	Mental health and learning disability services preferred provider announced	The CCG announced Tees, Esk and Wear Valleys NHS Foundation Trust as the preferred provider to deliver mental health and learning disability services in the Vale of York. However the decision was challenged by LYPFT. Therefore registration of locations with the CQC could not take place until a final decision had been made which was in July prior to the meeting with the CQC, LYPFT and TEWV on 31st July 2015 to understand which properties needed to be registered.
11 May 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT updated on CQC action plan and noted that estates targets were tight
3 June 2015	Bootham Park Hospital Programme Board (CCG led meeting)	NHS Property Services updated the Board that: ▪ There would be further delays and revised the completion date of improvement works due to issues with windows. ▪ It assumed that York Teaching Hospital NHS Foundation Trust Estates Department had adequate schematic plans of Ward 6. This was not the case.

		The CCG confirmed that capital funding had been approved by NHS England for Phase 2 works on the 1 June 2015
8 June 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. LYPFT updated on CQC action plans and noted that Cherry Tree House and BPH dates could slip
17 June 2015	Monthly CMB CCG & LYPFT	Discussed slippage around Cherry Tree House project and consequential cascade effect. Also on going repairs and maintenance problems. Agreed to add to risk register.
26 June/7 July 2015	CCG (PCU) – LYPFT bi-weekly conference call re de-mobilisation (to end Sept 2015) LYPFT – TEWV – service transfer bi weekly conference call (alternates between CCG and TEWV)	Regular meeting with the commissioner intended to keep CCG cited on risks associated with service transfer, including estates risks. Meeting aimed at facilitating as safe a transfer of services as possible
July 2015	Bootham Park Hospital Programme Board changes to the	Board name changed to reflect other mental health estates needing improvement with Bootham Park Hospital being the priority.

	Mental Health Estates Programme Board	
1 July 2015	Mental Health Estates Programme Board (CCG led meeting)	NHS Property Services updated the Board that there would be a further delay at Cherry Tree House caused by an issue with baths and incorrect measurements. Chief Nurses from the CCG, LYPFT and Tees, Esk and Wear Valleys NHS Foundation Trust agreed to write to the CQC to gain clarity on their position. Chief Nurses from LYPFT and Tees, Esk and Wear Valleys wrote to the CQC (letter received on the 18th August 2015) to raise environmental and clinical concerns due to the slippage of works, problems with the heating system etc.
13 July 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. No material update on estates issues at this meeting
15 July 2015	Monthly CMB CCG & LYPFT	LYPFT advised of slipped date at Acomb Garth (CQC informed) and that there was a forthcoming meeting with NHSPS.
23 July 2015	Meeting between CQC and TEWV	Transfer of mental health services in York discussed and issues of CQC registration of Bootham Park Hospital. The CQC acknowledged the restrictions and limitations of the existing building but were unable to confirm whether BPH would be compliant with the requirements for registration until a further inspection had been undertaken. TEWV stated that they would need to raise these issues with NHSPS and the CCG. Letter written to CQC by TEWV to confirm these discussions. CQC contacted TEWV by phone, on receipt of the letter, to outline their position regarding the need for an inspection of the completed works before they could determine if BPH would be compliant with requirements for registration.

31 July 2015	Meeting at BPH to discuss CQC registration arrangements between TEWV, LYPFT and CQC	The meeting was to establish which locations were to be registered by TEWV from LYPFT. A further meeting was proposed to include LYPFT, TEWV, CQC, CCG and NHSPS to discuss slippage in the action plan following CQC inspection and the way forward.
5 August 2015	Mental Health Estates Programme Board (CCG led meeting)	NHS Property Services expressed concerns relating to the standard of the contractors work at Cherry Tree House and told the Board it would not sign off the work until the contractor had taken remedial action. The CCG requested NHS Property Services to provide a new programme with timelines (revised date provided as February 2016).
7 August 2015	Application to vary registration by TEWV	First application to vary TEWV's registration with CQC submitted to add eight locations to their registration in the Vale of York including Bootham Park Hospital. The applications were returned twice for amendment to the registration forms and each time was immediately returned to the CQC with amendments.
10 August 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.
13 August 2015	LYPFT submitted risk register via quality meeting	Extreme risks identified as: ▪ Ligature points ▪ Staff vacancies (nursing and admin staff)
18 August 2015	Directors of nursing for TEWV	Letter written to CQC to raise that due to outstanding actions in the CQC action plan in respect of environmental issues that the service would remain non-compliant at the point services were to be de-registered with LYPFT and

	and LYPFT	registered with TEWV. Given the complex governance arrangements the DoNs asked for a further meeting with CQC inspection and regulation colleagues to clarify the CQC's position on how the compliance actions would be managed for the respective organisations. CQC, on receipt of letter, wrote to the Chief Executives of LYPFT, TEWV, VoYCCG and NHSPS to invite them to an urgent meeting on the 25th August 2015.
19 August 2015	Monthly CMB CCG & LYPFT	Estates - A regular item requested by Dawn Hanwell. JC referred to the further delays, the standstill period whilst TEWV looked at plans and on the continued delays from the NHS Property Services. TEWV's views are awaited.
25 August 2015	CQC requested meeting following letter from Chief Nurses at LYPFT and Tees, Esk and Wear Valleys Trust	TEWV confirmed that following a period of due diligence on the Phase II works their assessment that this was the best interim solution available, subject to a number of additions that they had identified, but which were not fundamental changes to the programme or timescale of works. LYPFT tell the CQC it was confirmed that TEWV would submit a revised action plan to flag additional actions around operational and environmental plans to mitigate the risks identified as part of the pause process and that it had not agreed to the interim solution. CQC requested assurance and update on a range of issues. All issues explained as in hand. CQC expressed that despite the updates on their action plans and knowledge of building slippage and other clinical issues, it was their opinion that the delay in the works to Bootham Park Hospital meant that patients were still in an unsafe environment Registration timeline concerns were discussed and whilst the CQC was aware of the change of contract between LYPFT and Tees, Esk and Wear Valleys Trust was due on 1 October, it confirmed it was currently taking 10 weeks to process registrations. An amended application to vary the registration of TEWV by adding a number of locations including Bootham Park Hospital was received by the CQC. CQC requested a planned walk around Bootham Park Hospital on the 2 September 2015. At the meeting the CQC stated from a regulatory perspective the responsibility of the provider was that the building be safe. Irrespective of

		slippage CQC needed a date when the building would be safe… so that CQC could make a decision about whether to tolerate the ongoing issues. The letter CQC received [from TEWV and LYPT DoNs in August 2015] showed that not a lot of progress had been made and Bootham Park remained unsafe. Further discussions took place regarding whether the CQC was minded to look at a Notice of Proposal (NOP) to LYPFT. Following the notice there would be a period of three months to continue to keep people at BPH and the NOP would transfer to TEWV when the services transferred.
28 Aug 2015		TEWVs action plan submitted to CQC regarding environmental and operational issues at Bootham Park
2 Sept 2015	Planned walk around Bootham Park Hospital takes place (organised by the CQC)	CQC Inspection Managers and Registration Manager, LYPFT and Tees, Esk and Wear Valleys Trust in attendance.
10 Sept 2015	Unannounced CQC visit to Bootham due to clinical concerns raised by the CQC and Chief Nurses at LYPFT and Tees, Esk and Wear Valleys Trust.	**Ward 6** ▪ Patients had access to hot water (54 degrees) and were at risk of legionella ▪ Doors that should have been locked were unlocked ▪ Staffing was inadequate ▪ Issues with record keeping ▪ Roof to the entrance to the ward appeared worn and cracked. CQC could not be certain that the ceiling was safe or not (This was confirmed to be caused by water penetration from gutters and later identified as sound). **Ceilings** During the unannounced inspection, a small patch of plaster approx. 1m square fell from the ceiling. This took place at the far end of the main corridor of the building whilst work in the area took place. It did not fall onto the inspectors during their visit, as reported in the media and was not in a ward area. The author has been told that the ceiling was in the process of being repaired by staff from YTHFT when the plaster came down and the area was closed to access while this work was underway. Assurance was provided that no other

		ceilings in the building required work. This is however at odds with the CQC specialist adviser's notes which note that there was no evidence that on arrival the ceiling was being in the process of being repaired , there was a large crack in the ceiling and during the visit as section of the ceiling broke and dropped to the floor. Verbal feedback given to LYPFT by CQC re concerns raised during the visit.
14 Sept 2015	The CCG receives notification of the CQC's inspection via Chief Nurse at LYPFT	CQC contacted the CCG's Chief Nurse and NHS England to clarify the outcomes and actions and expressed that the planned move from Ward 6 to Cherry Trees House took place asap then an issue of further action for Bootham Park Hospital would not take place. CQC confirmed it was still considering if it would 'remove the location' and in order to make a decision it would look at the evidence files again. NHS England escalated the information to the Chief Nurse for the North of England who in turn liaised with the CQC to agree the safest and most appropriate option of an extension of a week to move patients from Ward 6 to Cherry Trees House. This was agreed and patients were moved in this time. LYPFT updated on estates problems in the context of CQC action plans
14 Sept 2015	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan. These ward visits did not take place on a regular basis by the CCG
16 Sept 2015	Monthly CMB CCG & LYPFT	Meeting intended to be phone conference only (as close off meeting prospective of transfer to TEWV); physical meeting reinstated given CQC inspection and estates issues. A notice of intent letter was issued by the CQC. Complex meeting; notes submitted by LYPFT (these were not agreed, as no further meetings):

		Summary by author: update on CQC inspection, concerns about delays in building works and responsibility for this, lack of reliability of the contractor, LYPFT and TEWV to work together on final building work.
15 Sept 2015	Leeds and York Partnership Foundation Trust receives findings of the unannounced inspection from the CQC	The main concerns were: ▪ We have significant concerns regarding Ward 6. Some of these are not new concerns, for example the ligature concerns were identified at the last inspection, and however there appeared to be no mitigation of these risks since our announced inspection. ▪ At the time of our unannounced inspection we identified staffing concerns. There were less than the agreed numbers of staff on duty and it appeared that it was difficult to find staff (bank or agency) to work on the ward. We noted there were a number of vacancies for band 5 nurses and one vacancy at band 6. ▪ Some patients required enhanced observations. Some patients required additional staff to mobilise safely. The staffing levels on the ward at the time of our visit could not meet the patient's needs. ▪ Risk assessments were generic and did not carry over into care plans. None of the risk assessments related to the environment that the person was to be nursed in. Ligature risks remained in place in some unlocked areas of the ward including toilets. ▪ Nurse call points were not easily accessible for some patients. No nurse pull cords in toilets. Lines of sight remain very poor in the ward. ▪ The lounge was unsupervised. The kitchen was off the lounge and accessible to patients. Water temperatures exceeded safe temperature limits. ▪ We also identified that water temperatures were excessive on Wards 1 and 2. There appears to be no regulation of the water temperature. ▪ Ward 1 smelled of urine. There remain several blind spots that had not been mitigated since our announced inspection. [LYPFT dispute this as there were no incontinent patients at the time and the reported smell was that

		which came from the drainage system at BPH which they describe as a long standing issue]. ▪ The general maintenance of the wards is of concern. We saw maintenance logs which showed wards have to wait some considerable time for repairs to be completed. In one of the bedrooms we saw a missing window pane which had been boarded up since June.
16 Sept 2015	The CQC urgently requested further information from LYPFT (in the next column) for it to be satisfied that the extreme risk on Ward 6 would be alleviated. Action plans on all findings and mitigation for these were submitted on time by 18 September 2015.	▪ Provide the proposed transfer date to Cherry Trees of the 12 patients currently on ward 6. ▪ Provide notification when patients are discharged from Ward 6. ▪ What is the timeframe for the updated risk assessments be reviewed and audited by the ward manager and a report provided and followed up with the registered nurses? ▪ What is the timeframe to put in place short term contracts with the agency to ensure semi-permanent staff are in place? ▪ Confirmation that ligature risks have been mitigated/managed with details of how this is provided for in local protocols and communicated effectively to staff. ▪ What is the timescale for repair of the leak below the sink in the patient beverage area to be repaired? ▪ Confirmation of the completion date of the works to remedy the high temperature water and possible legionella risk. Confirmation of the progress of risk assessments and surveys of the public areas.
22 Sept 2015	No decision made by the CQC regarding registration of BPH	The CQC were not in a position, at this point, to agree the variation to registration of TEWV to add BPH given the safety concerns identified in the unannounced inspection of the 10th September. The CQC would not reach a decision until 30 October 2015 but had a planned meeting to discuss on 5 October 2015. The amended application for registration was received only on 25 August 2015 and therefore could not be determined for the original timeline which the Trusts were working towards of 30 September, particularly given issues in respect

		of Bootham Park Hospital. Hence a more realistic timescale of 30 October 2015 was suggested. . The timeline for registration applications to be determined is 10 weeks. However, given that there had been previous delays in submitting applications a suggestion had been made to TEWV to allow a longer timescale for submission. A timescale of between 10 to 20 weeks was suggested to encourage early application, where changes of this nature are planned. The transfer of contract from LYPFT to Tees, Esk and Wear Valleys Trust was due to take place in eight days. Serious implications to extension of contract to current provider which would require contract extensions with LYPFT and would have implications around contract mobilisation including TUPE arrangements etc. NHS England escalated to the CQC for a decision of condition to not provide in patient care at Bootham Park Hospital if registration decision was not reached in time for the transfer of the contract. No decision was reached at this time whilst CQC sought legal advice. Daily conference calls set up between the CCG, the Partnership Commissioning Unit, LYPFT and Tees, Esk and Wear Valleys Trust to work through implications and scenarios.
24 Sept 2015	CQC reply to LYPFT's application to vary condition of registration.	**CQC confirms:** LYPFT's application to remove regulated activities indicated intent to cease provision in line with TEWV taking over. Given the concerns that existed regarding the safety of care at Bootham Park Hospital, LYPFT were asked by CQC to cease providing regulated activities by midnight on 30 September. **CQC requests:** LYPFT's intentions as of midnight of 30 September 2015 in respect of carrying on the regulated activities. Provision of the following information: ▪ Confirmation that all patients from ward 6 have been moved to Cherry Trees House. ▪ Where all patients currently accommodated at the location Bootham Park hospital will be relocated to. ▪ Where health based place of safety patients will be admitted to.

		Where community outpatients will be seen. Teleconference call at 5.00pm on 24.9.15 between LYPFT Executive team members and CQC to discuss the implications of the Section 64 letter from the CQC and possible alternatives to ceasing regulated activities. LYPFT informed that if they did not comply they would be issues with an enforcement notice. During the call it was confirmed that no regulated activity should take place at BPH after midnight on the 30th September. LYPFT therefore enacted its Business Continuity Plan to meet the deadline set by the CQC
28th September 2015	Email from Martin Barkley to David Behan, Chief Executive, CQC	Email headed: "whistleblowing concern about patient safety and service quality" expressing concerns *"about the patient safety issues and patient quality issues that will arise as a consequence of the decision made by the CQC to require an evacuation of Bootham Park hospital within 4 working days i.e. by midnight on 30th September 2015"*
30th September 2015	Email from David Behan to Martin Barkley	Confirms telephone conversation and agreement that the wards were not fit to be used and agreement that if TEWV were to make a reasonable submission to request that the non-in-patient facilities were registered by CQC, this would be given due consideration by the CQC Arrangements for an interim solution to provision of relevant services until a new hospital is available were discussed (expected date January 2019). CQC happy to engage in dialogue, with the CCG and other key partners, about these interim plans.
30th September 2015		**Mental Health Services regulated by the CQC ceased at midnight.**

Appendix 2

Services Provided at Bootham Park Hospital by Leeds York Partnership FT prior to closure

Service	Description of Service
Outpatients **Chantry Suite** **The Chapel**	Outpatient appointments with psychiatrists, nurses, counsellors and other health care practitioners. This includes medical outpatients, the Improving Access to Psychological Therapies (IAPT) service and Psychology services.
Inpatients	
Ward 1 – female **Ward 2 – male** **Ward 6**	Inpatient mental health services – assessment and treatment Inpatient mental health services – assessment and treatment elderly assessment unit (patients moved to Cherry Tree House on the 24th September 2015)
Cotford Centre **(Section 136 - place of safety)**	The Section 136 service is for people who are detained by the Police under Section 136 of the Mental Health Act in a public place who have a need for acute care and assessment in a clinical environment rather than be detained in police custody.
Needham Suite	Electroconvulsive Therapy Services
North Community Mental Health Team	

healthwatch York

Botham Park Hospital: What next for mental health in York?

March 2016

Annex 2

healthwatch York

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Acknowledgements

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We have had responses from all those sections of the community, with people getting in touch in every conceivable way. Some by letter; some by telephone; some by email; some by written statements; some through conversations individually or with groups; through regular activities like our community drop-ins; and through service user meetings. Many of these accounts and conversations convey an intensity of emotion coupled with acute anxiety, setbacks in recovering, and some even describing relapses to conditions they hoped were behind them. For some, the attempt to convey their feelings, to set down how they felt at the time proved an impossible task causing them to relive the anguish they experienced when the news of the closure reached them. Talking with friends and other people using services often served to intensify and prolong the feelings of abandonment and anger the confused picture gave rise to.

Healthwatch York is nothing without the voice of the people in York. This is your report. Thank you for writing it and for continuing to let us be part of your story. We are profoundly grateful not just to those people who came forward to share their views but also to those for whom it was simply too hard. It is vital that we remember they have not yet been heard, and leave the door open for them to get involved in planning for the future whenever they feel able to.

We would also like to thank The Press, York for encouraging people to share their stories. With this support many more people came forward. We must also thank Georgey Spanswick and Radio York for helping to raise awareness of this story with their listeners after inviting us to talk about hospital finances. And last but definitely not least, the members of York's voluntary sector mental health forum, for spreading the word about what we were doing, and supporting people to speak up.

The Closure of Bootham Park Hospital: What next for mental health in York?

Introduction

In 1772, Robert Hay Drummond, Archbishop of York, and 24 Yorkshire gentlemen agreed to establish an asylum, to be known as the County Lunatic Asylum. John Carr was appointed as the architect, funding was collected, and by 1777 the building was completed. Later, the building's name was changed to Bootham Park Hospital.[i]

In April 2014 the Care Quality Commission (CQC) raised concerns about Bootham Park Hospital's suitability for modern mental health services. Discussions began about what a new hospital might look like. At the same time, plans were drawn up by Leeds and York Partnership NHS Foundation Trust (LYPFT) to address some of the CQC's concerns about Bootham Park.

The CQC inspected all LYPFT services again in September and October of 2014. A further report was published in January 2015, giving the provider an overall rating of 'Requires Improvement'. The CQC held a 'Quality Summit' to agree collective action on the issues raised in the report.[ii]

Also in January 2015 NHS Vale of York Clinical Commissioning Group (VoYCCG) put out to tender the contract for delivering mental health and learning difficulty services across the Vale of York[iii] and made a commitment at the Quality Summit that a new hospital would be built within three years.

It was announced in June 2015 that Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust had successfully secured the 5-year contract for delivering mental health and learning difficulties services across the Vale of York area. LYPFT made a formal complaint to monitor about the CCG's decision as they did not believe it to be in the best interest of the patients at that time. Their complaint was unsuccessful.[iv] As a result, all VoYCCG commissioned services in York would transfer from LYPFT to TEWV on 1st October 2015.

The CQC carried out a further unannounced inspection at Bootham Park Hospital on 9th and 10th September 2015. The inspection was in response to concerns inspectors had about delays to implementing previous CQC recommendations relating to patient safety. As a result, the CQC formally required that all regulated activities at Bootham Park Hospital must cease by

midnight on 30th September 2015.[v] They also confirmed they would not register Bootham Park Hospital as a site for TEWV to deliver services from.

As a result, York's acute mental health hospital, Bootham Park, was closed to new admissions from 1st October 2015. Plans are in place to change the use of a number of existing mental health facilities to best meet local needs in the short term. On 2nd October TEWV asked CQC to consider reopening Bootham for outpatient services.[vi] Works have been undertaken at Bootham Park Hospital to allow the health-based place of safety to reopen, and for outpatient services to return on a phased basis to Bootham. CQC has visited the site to inspect again[vii]. A new hospital is expected to be built by 2019.

The closure of Bootham Park Hospital has been covered extensively in the media (see Appendix 4). It has been debated in Westminster Hall.[viii] There is a report from NHS England looking at the roles of organisations within this, which will cover lessons learnt for organisations. It may yet be the subject of a judicial review. We hope this report adds the voices of those most affected to the story of Bootham Park to what has already been said, and helps them be heard in shaping the future.

Why is Healthwatch York looking at the closure of Bootham Park Hospital in York?

The closure of any hospital is likely to be a serious and significant event for those living near it. The closure of Bootham Park Hospital has been particularly difficult. As the hospital was deemed to be unsafe, the closure happened fast, without consultation. With only a few days to arrange alternative provision for individuals needing the most intensive mental health support, the impact on patients, carers and staff has been significant. This has resulted in increased anxiety and confusion for people locally who relied on its services.

However, given the need to develop short, medium and longer term solutions for providing services in York, the closure is just the beginning of the story. There are still opportunities for the views of the public to be included in future plans. All local facilities have been reassessed, to understand their potential role in bringing back mental health inpatient services to our city.

In December 2015 we were asked by the Health and Adult Social Care Policy and Scrutiny Committee to help make sure everyone had a chance to be heard. We agreed to work with existing groups to collate the messages of those most affected by the closure of Bootham Park Hospital and present them back to the committee.

The aim of this report is to gather the views and experiences of local people following the closure of Bootham Park Hospital. It aims to give voice to those affected by the closure, and the hopes and aspirations of York's people for the future of mental health in our city. It also makes recommendations based on everything people have told us to help shape what comes next for York.

What we did to find out more

We put out a request for members of the public to get in touch with us and share their experiences. We sent a press release to a wide range of media sources, to encourage people to come forward. We also circulated our request to a wide range of voluntary and community groups with an interest in mental health services, through York CVS's forum for organisations working in mental health. Many publicised our call for information through their websites.[ix]

York Press published our press release and made it one of their A-board items. This enabled us to reach a much wider audience.

Healthwatch York staff and volunteers also spoke at a number of regular meetings for people living with mental ill health, including the Service User Network.

We also undertook desk research, reading through press cuttings and other online sources for people's experiences.

Every item of feedback has been gathered together to form this report.

What people told us

Created using all feedback, with word size representing number of times it came up. Scale – patient 170, hospital 96, treatment 33, person 28, specialist 9

Key findings from individual's calls, emails, conversations, letters and written feedback;

- York needs a good quality acute mental health hospital (including suggestions for what is needed within the hospital)
- The speed of the closure was a shock and caused anxiety
- Having to travel to Darlington, Middlesbrough and beyond is a further source of stress for patients and relatives
- The impact of the closure of Bootham Park Hospital is part of a much wider capacity and suitability issue for local mental health services
- Most respondents were happy with staff and the quality of care
- Many found the building and gardens therapeutic
- Concern over the apparent lack of co-operation between agencies
- Some sympathy for TEWV who are seen as inheriting a 'mess'

Evidence from the public in more detail

66 people contacted us during our call for evidence. Responses came through via calls, emails, conversations, letters and written feedback. We heard from 19 concerned citizens who contacted us to express worry about what was happening to mental health care in their area, and ten were people in need of mental health services who were unsure who to contact. We heard from 30 people who had experience of Bootham Park Hospital, either as a patient, carer, friend or relative of a patient or an employee who wanted to share their experiences and seven people from York who were currently using other Mental Health services.

York needs a good quality acute mental health hospital

The consensus from responses we received is that York needs a good quality acute mental health hospital close by, whether by modernising Bootham Park Hospital or building a new hospital elsewhere.

"It is time to have a state of the art mental health hospital in the city. It doesn't matter to me where it is. Bootham is a lovely big hospital with lovely grounds. It would be a shame to waste it. But the most important thing is a state of the art hospital, and getting that right as soon as possible. We need to make it clear we believe people with mental ill health have the same right to treatment as those who are physically unwell." ***Relative of a user of mental health services in York***

"'Fit for purpose'? 'Outdated'? But far better than Middlesbrough, or other facilities far away from the support of friends and family!"

"People are aware that Bootham was not the finest of mental health institutions… However, it was in the city and available to all… We need to know how the Trust and the Council intend to provide immediate facilities required for essential health care within the city now."

"The support of family and friends is so important in the recovery of people with mental health problems. It is vital to have a psychiatric hospital in York."

"It is a disgrace that York currently has no appropriate facilities which is leading to great concern." ***Local Resident, York***

Further information on what the public told us they would like from a new hospital is on page 16.

The speed of the closure was a shock and caused anxiety

"The closure of Bootham Park Hospital greatly affected my mental health. [..] When it closed suddenly and without warning this rug was pulled under my feet. I became anxious about contacting mental health staff and about revealing the true state of my mental health because of the ever present fear that if I said too much I could be sent to a hospital hours away that I did not know. [..] Because I was so scared of being hospitalised even though I had regular contact with the crisis team, I felt unable to share as my mental health deteriorated rapidly. My self-harm became more and more dangerous. I was being commanded by voices to do things that scared me horribly. […] This culminated in a serious attempt on my life." ***Person using mental health services, York***

"A friend rang me during the evening, asking if I knew anything about the closure. No! What! I was there the other day, say that again was my initial response, then a few choice expletives. I ended the call, looked online for that evening's Press. Whilst reading the main headlines I felt sick." ***Person using mental health services, York***

"The sudden closure of the hospital will have a negative impact on the inpatients. Those assessed as fit enough have been discharged. They have not had enough opportunity to prepare themselves for the change. It will also have affected family carers who have had to arrange care and support needed at very short notice. The patients who were assessed as not being fit to be discharged have been moved to other hospitals out of the York area. They will have to get used to a different hospital and environment, meet a new staff team and develop trust with that team. Family and friends may not be able to visit as regularly, if at all, because of the distance and the cost." ***The Press newspaper, letters 3 Oct 15***

"The refusal by the CQC not to register BPH, leading to its shock closure with almost no notice was a bombshell which left a black hole where York's mental health services were supposed to be." ***Local Resident, York***

"The closure of Bootham has meant any hope of accessing treatment is gone for the foreseeable future." ***Person waiting to access mental health services, York***

"The closure of Bootham Park Hospital makes you feel really vulnerable – where would you go if you were taken ill now" ***Former service user, York***

"Once I had calmed down I felt angry and powerless." ***Person using mental health services, York***

Having to travel to Darlington, Middlesbrough and beyond is a further source of stress for patients and carers

Five patients and relatives of patients from York who are currently receiving mental health care contacted us to tell us the problems having to travel to services far from home was causing. This included increased stress for patients at the prospect of travelling, extra costs for relatives who want to visit, and the impact that being able to visit less often can have on patient recovery.

"77 miles to visit (Cheadle Royal), and … not even offered a drink by staff… Feel very cut off and very anxious about ongoing support and care." ***Carer for person using mental health services***

"(before the closure of Bootham) the person was taken to Darlington. It was an excellent hospital and they received good treatment, but the travel costs for us as a family were high." ***Carer for person using mental health services***

The impact of the closure of Bootham Park Hospital is part of a much wider capacity and suitability issue for local mental health services

A number of respondents expressed concerns about the state of mental health services in the area. Capacity issues and lack of provision in and around York were key concerns. The following account from an ex-employee at Bootham illustrates some of these problems:

"The number of ward closures, and therefore bed availability, had reduced the capacity for admission of patients in acute distress. This meant that they had to be admitted to hospitals many miles away. I have lost count of the number of incidents where the bed manager on duty had to make dozens of phone calls at my request around the country, to try to identify a vacant (gender appropriate) bed; sometimes with no luck whatsoever. Approaches to the private sector (as a last resort the Trust had always insisted) meant that these independent hospitals would cherry pick the patient and on top of that there would be hours of delay whilst they discussed the level of care / observation required in order to ramp up the cost to the NHS of a private bed. Neither form of solution provided a local response. The problems this caused led to

patients having to remain in police custody pending the availability of a bed." ***Ex-employee at Bootham Park Hospital***

"I'm terrified to hear that mental health care in York is being ignored."

"I fear that the "powers that be" will say that there is no money available for investing in a service that is still considered to be a low priority in NHS budgets."

"The mental health service in the city at the time I needed it was widely recognised as being excellent, but because of politically imposed restructuring has, over the decades, become tragically inferior." ***Former service user, York***

"There are so many facilities for people with physical problems, far less so for those with mental health problems."

"York desperately needs Bootham Park. Haven't mental health services been cut enough?"

"Mental health is still a Cinderella service, in spite of what we are being told by the Government and NHS Executives. Would people requiring surgery or cancer treatment have put up with a district hospital if it was in the same condition as BPH?"

"Something is going wrong in York around mental health. Everything is slipping, and falling to the side." ***Carer, York***

"I do not like the visiting arrangements at Cherry Tree, and do not believe it is a suitable environment for my mother." ***Relative of a user of mental health services, York***

Concern over the apparent lack of co-operation between agencies

Perceptions were expressed of mismanagement and lack of accountability amongst the organisations involved. There was a general lack of confidence from the public in key decision makers locally, and concern about overall accountability within the NHS locally and nationally.

"The bickering that seemed to dominate the discussions within the health service, bickering that carried on at a surreal level whilst patients and service users were in utter crisis with absolutely nowhere to turn, disgusts me."

"We are at the mercy of an NHS system which has been set up in such a way so as to ensure no-one can be held responsible or accountable… The victims are the patients. Their welfare should have been the first consideration. The truth is, they have been given none at all."

"Do not let our Government wriggle out of its responsibility to the health of its citizens."

Most respondents were happy with staff and the quality of care

"The nurses at Bootham were amazing."

"It would have been more appropriate for the CQC to have acted to shut down the Trust as being 'unfit for purpose' rather than blame the building and its dedicated staff."

"I have found from my own experience that these teams are staffed by dedicated and professional people who are frustrated that they are unable to deliver the levels of care they would wish to."

Many found the building and gardens therapeutic

The majority of respondents were happy with the building, and some felt that the peaceful surroundings made them feel better. Others though expressed concerns about the "gloomy" old fashioned "lunatic asylum."

"The knowledge that I had a safe place in the event of an emergency helped me to try and remain safe." ***Person with experience of mental health services, York***

"I found the buildings heritage and grandeur added to the recovery experience. The park setting is wonderful for quiet strolls, the adjacent YTH (*York Teaching Hospital – our addition) meant easy access for medical care (after all there's no health without mental health)."*

"It felt a very safe place. It was good to have the gardens and grounds to walk in – it helps you get better. Bootham felt very homely – it looked like someone's home with fireplaces, etc."

"Bootham Park ***is*** *an old building, but the grandeur of the place was something that helped me recover. I would walk down the main corridor and out through the front door and feel at ease. In fact being in the grounds and the wide open space was one of the main reasons I always got better."*

"I am happy Bootham Park has closed. It was designed as a lunatic asylum and is not fit for purpose. Modern treatment is not about sitting in a bed in hospital being given drugs."

"Being admitted to Bootham Park at the age of 18 was not a good experience"

There were concerns expressed regarding poor maintenance. One local resident contacted us to tell us that maintenance of the hospital had reduced significantly in the past few years.

"They say it was closed because it was unsafe with plaster coming down. What happened to the hospital maintenance team, the hospital had its own works at one time." ***Local resident, York***

"The building is old fashioned but it's ok… It was just an excuse so the building could be sold off." ***Local resident, York***

"It seems extraordinary that such a vital resource could be neglected in this way… Even the most naïve are bound to ponder on what vast sums of money could be made by selling off this prime estate in the city centre."

Some sympathy for TEWV who are seen as inheriting a 'mess'

"I have to say that I have great sympathy for TEWV as they inherited a chaotic mess."

"Not surprised by the closure of Bootham… entirely unsuitable for patients with mental health problems… Far more concerned about the Trust management and delighted it has changed."

These views are balanced with a repeated desire for local ownership and management of our own mental health services.

"It would also be more helpful to have a Trust that is based in York, as before, rather than the TEWV Trust, which is 50 miles away and has also 'invaded' Harrogate MH services. One could ask why a city such as York has to have its mental health services managed by a Teesside authority!"

It is clear that there is a lack of wider public awareness regarding how the NHS is currently structured. This has added to the confusion around the closure. We have attempted to provide details of key organisations involved with Bootham in Appendix 5, and a potted history of the NHS at Appendix 6.

healthwatch York

Feedback on what is needed for the new hospital, wherever located

a) Large hospital in pleasant grounds
b) Close to York Teaching Hospital
c) Warm welcoming reception area including a walk-in clinic; a welcoming reception area, The Retreat in York manage it, theirs feels like a hotel reception as opposed to a cold, clinical doom laden building
d) more support for people who are suicidal
e) treatment rooms for every sort of treatment people experiencing mental ill health might need – including a unit for postnatal depression and one for addictions
f) a café area
g) rest rooms for the staff
h) Separate male and female wards
i) Each room should have ensuite facilities and be decorated in neutral, calming colours
j) Sensory areas are vitally important - gardens/small water features/soft lighting/scented planting. Have garden areas that can be worked in for therapeutic purposes. Similarly have areas for artistic talents that can be open to and viewed by the public at agreed and acceptable times so that people gain recognition for what they do and feel important
k) The wider community need to be encouraged to attend social events to encourage acceptance and understanding as far as possible
l) A safe area for smoking. It has to be accepted that a lot of people due to stress levels fall into smoking. It cannot be enforced upon people to have nowhere to go when they need to smoke, naturally all support to cease smoking should be on site and every available method should be readily available
m) Dietary therapy needs to be seriously looked at. Many people have allergies that they may not be aware of and tests need to be run to ascertain if people would benefit from changes to diet along with medication instead of just turning to powerful medication as the only option tying people to a lifetime of dependency
n) Have on site things which make most of us feel better about ourselves. Hairdresser/chiropodist/alternative therapies/gym equipment etc.
o) Remember - this will be a new hospital **not** a correctional facility. Whenever I have visit my relative in a hospital setting in 2

different catchment areas all the units have felt cold and impersonal and neglected. Not places where I have felt relaxed and certainly not where I felt my relative would feel safe or recover well

p) A separate unit should be created within the hospital for people with substance abuse problems

q) I think it is crucial that the new hospital has sufficient beds for in-patients. At a meeting late last year, a representative of TEWV said that the number of beds in the new hospital would be the same as at Bootham. This is too few. In opening a new hospital, York has an opportunity to provide care that matches the number of patients that are in need.

Other concerns

Importance of timely information following the closure which needs to be made more widely available especially for those not online
Whilst it is hard to find direct quotes regarding this, we received a significant number of calls in the days following the closure. Most of these calls were from people not knowing where they should go for help. We also spoke to a number of people at meetings and our drop-ins at community venues who raised concerns about how they can receive information when they are not online.

A number of people also took this opportunity to raise concerns regarding other mental health services. For example, we received a report from one person using services at the Becklin Centre that this support had been cut.

A record of signposting contacts and other concerns raised can be found in Appendix 3.

Key Messages from local organisations

Cloverleaf Advocacy

Cloverleaf Advocacy are providers of statutory Independent Mental Health Advocates (IMHAs) to service users in York and North Yorkshire. Feedback to the Cloverleaf IMHA team from local service users and their families re the closure of Bootham Hospital, 1st October 2015 includes the following:

- Insufficient notice or preparation given to clients, their families/carers and/or IMHAs who were supporting clients. This caused distress, anxiety and lack of understanding for vulnerable clients and their families.
- Inappropriate discharges, which were precipitated, often against the wishes of relatives, as a result of the closure, not as a result of the clients' well-being or recovery.
- Vulnerable clients moved out of area, against their wishes, often many miles away to Middlesbrough and away from the support of family and friends.
- Clients and families had relied on Bootham for mental health support, often over many years and felt that a valuable local resource had suddenly been taken away from them, without any consultation as to their views as service users. Most wished money to be spent on Bootham so that it could be restored and modernised rather than closed.

Ongoing effects of closure to local service users, feedback from individual service users and their families, as reported by Cloverleaf IMHA team:

- Currently no acute mental health unit in York for adults aged 18-65 years. Proposal for Peppermill Court to become the acute unit but not available at the moment, so vulnerable clients are still being accommodated out of area. This is causing enormous, additional stress to clients and their families/carers and additional expense to already overstretched mental health resources.
- Additionally, many families have been extremely unhappy with the enforced closure of Peppermill Court as this has led to upheaval and uncertainty for elderly, vulnerable clients with dementia and/or

challenging behaviours. This has been aggravated even further by the fact that some clients who have been moved from Peppermill Court to Worsley Court in Selby, will apparently now have to endure further upheaval with another move out of Worsley and into Acomb Garth. Some discharges and transfers have not been handled appropriately with relatives reporting that they have not been fully consulted or involved in the process. Discharges appear to have been rushed in an effort to create bed space in order to accommodate the many different moves between units. Some individual clients have been involved in an extremely distressing sequence of moves e.g. Peppermill Court to Worsley Court to Cherry Tree House, in the space of a few weeks. This is not in the best interest of any client and certainly not in the best interest of vulnerable, elderly clients with dementia. Some clients have been wrongly placed in units which do not meet their mental health needs profile. Relatives and clients are confused as to the reasoning behind moves.

- Additionally, our IMHA team have only been able to glean information piecemeal from staff on units and wards, regarding closures and transfers. There has been no regular and consistent update on what exactly is the situation for York clients. Whilst we appreciate this may be a fluid situation, nonetheless there should be regular communication with all mental health services and support providers, regarding the provision for clients in York.

York Mental Health Carers' Group and Rethink – York Group

Our Carers' Group arranged a Conference for carers on the future of local mental health inpatient care soon after Bootham Park Hospital was closed; it was attended by 80 people. A party of our carers has visited Kingfisher Court a state of the art psychiatric hospital in Hertfordshire. Rethink York Group, as well as supporting the Carers' Group, also runs a programme to help and support people recovering from mental illness.

We have the following comments:

1. At a recent carers' meeting attended by 20 people, one carer argued in favour of opening the existing building to inpatients as soon as possible but the rest were strongly in favour of getting a new hospital built.

2. Our members suggest that before forming a view on the requirements for inpatient care in the long term, people should visit a modern state-of-the-art hospital to see the facilities which are provided. We suggest that members of the Scrutiny Committee would find such a visit useful. (This happened on 4th March 2016, when the Health and Adult Social Care Policy and Scrutiny Committee visited the TEWV-operated Roseberry Park Hospital in Middlesbrough)

3. We note that the number of beds in the new hospital has yet to be decided. We also note that developments in treating mental illness might lead to the need for fewer inpatient beds in the future. Some members have suggested that, in designing the new hospital, thought should be given to how additional beds could be provided should this become necessary at some time in the future. We suggest that the options appraisal should explain how the proposed number of beds for the new hospital has been determined.

4. The options appraisal will clearly be a key document in the decision-making process. We imagine that the appraisal will set out the advantages and disadvantages of the various options and other factors that need to be considered; publishing a detailed appraisal will allow an informed discussion to take place during the public consultation. Because of the importance of the appraisal, we suggest that some consultation with interested stakeholders on its scope and methodology (but not of course the content) would be useful before it is completed.

5. Bearing in mind the advantages of the Bootham site (e.g. easy access for patients/carers and its proximity to York Hospital etc) our members believe that the options appraisal should examine the possibility of building a new hospital on the Bootham site.

6. One of our members is an architect. He has done some detailed work on the possibility of building a new unit on the Bootham site and has consulted many of the interested parties; he is keen to share this work.

The Mental Health Accommodation Panel

We would like to express our concerns at the sudden and unplanned closure of Bootham Park Hospital. Referrals to the Mental Health Housing Panel have been affected because of this and we feel patients who may have had housing needs that were residing in inpatient services at Bootham Park have not had the opportunity to explore their future housing options in a considered

planned way. The housing panel has already had feedback from people living in the community waiting for housing transfers. They feel very unsettled about the future of mental health services in York and we have had anecdotal feedback from service users that the absence of local in-patient provision has had a detrimental effect on their mental health irrespective of whether they needed the service at that time.

There also seems to be pressure to discharge people as soon as possible who have gone to out of area hospital settings back to York with very little planning in place. Whilst we understand the financial pressures caused by out of area placements premature discharge without adequate planning can lead to poor outcomes for the client. One person we know of was given leave to try living at home again and with minimal support, was very unprepared and not able to cope and had to return to hospital.

The closure of the hospital has impacted on other services. People who are feeling displaced are coming into the housing drop in service and to Sycamore House, CYC's mental health day service, seeking reassurance and asking staff to try and locate workers in mental health services for them as there is no hospital any more to enquire at. Whilst the staff at Sycamore House will always try to help signposting customers effectively there has been a lack of communication with regards to which staff are based at which hub.

Staff who worked at Bootham were familiar with the patients they looked after. Professional links between housing and nursing staff have been built up over many years. There was no information or communication as to what happened to the patients or nursing staff when Bootham Park Hospital closed. Did they move to other hospitals or move into the community? The expertise and knowledge of the ward staff who looked after the patients was essential as they make the necessary onward referrals for services in the community when preparing people for discharge.

Now we have been advised the Recovery Unit is closing on 24 March and no information is available as to what is going to happen to the existing residents or staff there. This unit is a stepping stone for some patients who need a longer pathway to housing of their own. A current client who is in the middle of his recovery has been prioritised by the housing panel to move to our supported housing option. There is no current vacancy so if the unit is closing

he will either have to be transferred to another recovery unit out of area or be discharged to homeless services in the meantime. This is not fair on patients or staff and causes considerable anxiety to both parties.

22 The Avenue has worked closely with both the acute wards at BPH and the Recovery Unit to help customers develop and evidence the necessary tenancy skills to allow them to access social housing. With no recovery unit we are not clear where and how these patients will begin the very basic work on independent living skills that is necessary before a placement at 22 The Avenue could be considered.

All in all there appears to be a lack of communication about what the specific plans for individual customers are and we feel that this issue needs to be addressed in order to ensure a smooth, successful outcome for customers.

Tim Carroll, Resettlement Services Manager & Chair of Mental Health Accommodation Panel

Questions for consideration

Raised by the public with Healthwatch York

- For any building project there must be a clear timeline. What is the current timeline for any new build in York? What parts of this work can we get involved with?
- How and why was the hospital allowed to degenerate into such a state that immediate closure was necessary. If it truly was in a dangerous condition, then how was this allowed to happen and why was it continuing in use as a hospital? Surely regular inspections were made?
- What are the reasons the CEO, Martin Barkley gave for his sudden resignation?
- How are the rights of the patients being met with regards to the Mental Health Act, the Mental Capacity Act and the Human Rights Act? Where is the Equality Impact Assessment?
- Can City of York Council, the Vale of York Clinical Commissioning Group and the Leeds and York Partnership NHS Trust and the Tees, Esk and Wear Valleys NHS Foundation Trust release into the public domain all of the documents, including all Board Meeting minutes, relating to this case?
- To what extent are patients being supported at the moment? How are patients being involved in the decision making - these are their services? How are personalised care plans being developed for each and every patient affected by the move - including for those who lack mental capacity?
- How will the Council and the Trust put in place preventative services to support people in the community? What are their plans and where will preventative services be provided?
- What are the plans for this building and its land and how long have those plans been in place? Who would benefit from such a sale?
- What Equality Impact Assessment was completed prior to closure? According to Equality Impact Assessments, ‘where possible, if any

negative or adverse impacts amount to unlawful discrimination, they must be removed.'

- Has a cost analysis been done? Do we know how much it would cost to get Bootham into a fit state again?
- Has a decision been made to exclude Bootham from the list of potential sites for any new hospital?
- Are there any criteria any new facility must meet?
- New facilities all seem to be single storey. Is this essential, or desirable, in modern facilities? What is the thinking behind this?
- What are the ongoing maintenance costs for Bootham?
- what training and support are in place for staff leaving Bootham to work in the community?
- How have they been supported in the transition e.g. around medicine management, and working in a non-hospital environment?
- Can childcare costs be claimed like travel costs can?

Ways to get involved

Tees Esk and Wear Valleys NHS Foundation Trust

Service User Network

York's Service User Network extends a warm welcome to all service users and carers. Refreshments are available at meetings.

To find out more, contact Heather Simpson, PPI / Engagement Lead for the Vale of York area, on 01904 294605 or email heathersimpson1@nhs.net

Become a member

Members get regular newsletter updates, vote for governors, and can stand as a governor. More information on this is available at;

http://www.tewv.nhs.uk/site/get-involved/members/become-a-member

or call the Trust Secretary's department on 01325 552314.

TEWV said: We have regularly published a newsletter / update on services which is circulated to over 180 stakeholders. Our first update was circulated on the 2 October 2015 and we have provided additional updates since then. These are also posted on the TEWV website and sent to local media. We are keen to ensure that this is up to date / and include additional representatives, so any additional stakeholders can be included in these updates.

They are holding 3 public engagement events, titled the Exchange, on 31st March, 6th April and 7th April.

Conclusion

The evidence we collected suggests that closure of Bootham Park Hospital has been immensely stressful for many people involved and that the impact will continue to be felt for the months to come.

However, the evidence we collected also shows that there is a lot of concern and passion for Mental Health provision in York. People across York and the surrounding area have an appetite to be involved in creating a better future for those experiencing mental ill health. This has been ably demonstrated by their willingness to come to meetings, to set up action groups and discussion forums, to get involved in visits, to share their views and experiences with us.

The current changes present us with an opportunity. We must work together as people who use services, as carers, service providers statutory and independent, voluntary and commercial, and commissioners as we decide the next steps for mental health services in York.

It is also important to remember that the service changes, the interim solutions, will bring about fresh change and uncertainty which is deeply unsettling for those most affected. We must continue to support these individuals with their anxiety and distress. We must remember that change is difficult for many people. What next for mental health in York? What we build together. We can and must help deliver the mental health services York deserves together, as equal partners.

healthwatch York

Recommendations

Recommendation	Recommended to
Provide interested parties with an e-bulletin (at least monthly) giving brief information about ○ Current situation ○ Any changes to service provision ○ Notice of any engagement opportunities This action has been both explicitly and implicitly raised through individual accounts. This should be printable so local groups can display this for those not on the internet. It should also be displayed at Bootham Park.	Tees Esk and Wear Valleys NHS Trust, working with the support of all partners involved in the Bootham work
Develop a briefing paper explaining the thinking behind the approach being taken towards determining the number of beds required for the new hospital as part of the pre-options work. Hold discussions on any concerns or questions within engagement events.	TEWV / VoYCCG
A protocol should be developed in case of any future emergency situation in health and care, highlighting how local organisations can work together to help disseminate essential information. This should include identifying mechanisms for including the voluntary and community sector and independent providers.	Health & Wellbeing Board member organisations
Hold public engagement events that provide face-to-face opportunities for people to hear what is happening	TEWV VoYCCG
Provide details of the expected building timeline and linked engagement opportunities	VoYCCG / TEWV / NHS Property
Begin to address the questions for consideration as Frequently Asked Questions. This information, once collated, could be shared with all relevant bodies to improve public access to information	TEWV / VoYCCG / CYC
Enable local people to be confident about the future of the historic building at Bootham by separating out and clearly outlining the responsibility of Historic England, York Civic Trust, City of York Council, NHS Property Services, Vale of York CCG, York Hospital and TEWV regarding the ongoing maintenance of the building to	All named parties

address concerns over it deteriorating further, regardless of where services are provided.	
Consideration must be given at national level to the ultimate responsibility and accountability for resolving any such complex situations in future, especially given the removal of the overall accountability of the Secretary of State for Health.	Department of Health / Healthwatch England and network partners / CQC / Parliament

Appendices

Appendix 1 – Press Release - closure of Bootham Park Hospital – York Mind Statement

Statement from Alyson Scott, Chief Executive of York Mind:

York Mind were shocked at the speed of the closure of Bootham Park Hospital. Although we are very aware of the shortcomings of the building, we do not believe that giving a hospital only 5 days to close is beneficial for patients and their families, friends and carers.

York Mind are being kept informed by all statutory services of the ongoing developments and we are committed to offering practical support to patients and service users whenever possible.
Any service users, family members or carers with concerns about services at Bootham Park Hospital are asked to contact the Trust's Patient Advice and Liaison Service on 0800 052 5790. Alternatively, please continue to check the website for updated information at www.leedsandyorkpft.nhs.uk

Thursday, October 1 from 4pm to 6pm, at City of York Council's West Offices in the Craven Room York Central MP Rachael Maskell is to host a meeting for worried families. Ms Maskell will listen to worries about the future of mental health provision in York and has pledged to raise any issues with the mental health minister Alistair Burt, and NHS managers in York.

Annex 2

Appendix 2 – Healthwatch York Press Release asking for feedback

Press Release - For immediate release 25.01.16

Have your say about the closure of Bootham Park Hospital and the future of mental health services in York

Healthwatch York has been set up by the government to put you at the heart of health and social care services in York. The Health and Adult Social Care Policy and Scrutiny Committee at City of York Council have asked us to make sure views on the closure of Bootham Park Hospital are heard. This can include people's experiences following the closure, and their hopes and worries about what comes next.

Siân Balsom, Healthwatch York Manager said "Following further conversations with Tees, Esk and Wear Valleys NHS Foundation Trust and a number of local groups, I thought it might be helpful to outline what we are trying to do."

"Healthwatch York does not have a view on what should happen next. We do not wish to form a 'Healthwatch' view, nor duplicate the work of others. What we do want is to help collate local people's thoughts, experiences and concerns and play our part in making sure what matters to people is heard whatever comes next. To do this in a timely manner will be challenging. We also appreciate how busy everyone is. We are asking for your help and good will to really make this work."

Our commitment to you:

- We will add everything we have heard direct from people about this topic into a short report. All comments from individuals will be used anonymously
- We would like the report to include key messages from other local groups. This is any group or collective who are willing to share their key messages with us, in whatever form they choose. These will be added

to the report under the name of the group, and where possible making it clear how the feedback was gathered. If you have anything you would like to include, please send this to us

- We will make suggestions / recommendations solely based on what people have said
- We will raise questions with TEWV to help clarify what is already known, and we will highlight what more people would like to know
- We will also highlight existing ways to get involved in TEWVs work, and engagement opportunities for people who use services

We aim to get a report together in draft very quickly, which we can then take to the Health Scrutiny Committee. We would therefore welcome your comments by 5pm on Friday 12th February.

We hope you feel able to support us in this piece of work. We also welcome any further suggestions on what role we can helpfully play. If you would like to discuss this, please do get in touch as we will need all of your help to do this well!

Please get in touch – you can phone 01904 621133, email healthwatch@yorkcvs.org.uk, tweet us @healthwatchyork or find us on facebook at https://www.facebook.com/healthwatch.york/
For more information about the work of Healthwatch York visit: www.healthwatchyork.co.uk.

ENDS
To arrange an interview, please contact the Healthwatch York team on 01904 621133.

http://www.yorkpress.co.uk/news/14230950.Bootham_Park__Have_your_say/?action=success#comment_15326858

Article as it appeared in the York Press.

Appendix 3 – Full record of comments received

These are individual's comments made to us, and should not be considered to be the views of Healthwatch York.

- Person who was an inpatient in October 2015 feels that the physical problems of the building were exaggerated. 'The building is old fashioned but it's ok'. 'It was just an excuse so that the building could be sold off.'

- Person with bipolar had been admitted to Bootham Park hospital. Although very ill, I was able to appreciate the beautiful entrance hall with its stained glass, lovely tiled floor and staircase leading to ward 3. I think it is important to have local mental health services, for patients and their families alike as conditions such as mine need urgent attention. If this can be achieved by preserving the best of this lovely building then it would be an advantage to all.

- Person who experienced depression due to financial problems stayed twice in Bootham, 3 years apart. Initially admitted to Bootham hospital on a voluntary basis for a 10 week stay, accessed anti-depressants, managed to build up some sleep and allocated a social worker. Found the stay beneficial and helped work way back to normal living. Second admission was for a 6 weeks stay with the same process. Currently still seeing the social worker but that is due to end.

  Feels strongly that there is a need for residential services and that the provision before Bootham was closed was not sufficient, as a lot of people were being sent to Middlesbrough, Harrogate and other centres in the north. Also a great number of agency staff were being used.

- Person who cares for his wife, who was diagnosed with Alzheimer's nearly 4 years ago. He feels things in York are not as good as they were and that staff are overworked.

  Initially there were quite a few visits, regular checks on how things were. A woman from Bootham Park used to come and take his wife out for coffee, which gave him a break. Up until October he was getting fortnightly visits, but the member of staff who visited left or was

promoted and their details were passed to another member of staff. They are now getting visits once a month.

His wife has deteriorated a lot in 3 years, and no longer cooks, talks or showers herself. He has asked to see a psychiatrist to get an up to date understanding of where they are now, and what the longer term prognosis is. This has not been possible. He feels that if it was another condition, like cancer, the medical professionals involved would spell out where they were at and what might come next.

He feels something is going wrong in York around mental health. Everything is slipping, and falling to the side. He also feels that Bootham Park Hospital is in a sense a part of him. His mother worked there, he started as an apprentice builder at 15 years old on the Bootham site. His wife got her diagnosis at Bootham when she was 66, on her birthday. To take his wife there felt fitting. Bootham has been important in his life.

But there is support elsewhere if you look for it, and if you are able and willing to pay for it. He is linked to Dementia Forward, has had great information and advice from Age UK York, and Bootham Park Hospital let him know about Galtres Day Care. Although this costs £50 a day he feels the break he gets when he knows his wife is being looked after is worth it. Because they have some assets, he has to pay for all her care. He now employs a carer, Monday to Friday 9.30am until 4pm, to help him care for his wife. He makes sure she is looked after, kept clean and tidy. He says that “she’s looked after me all my life, and it’s my turn to care for her.” He couldn’t cope though without the support he receives, he thinks he’d go crazy if they didn’t employ a great carer.

- Person waiting for treatment. She feels that the closure of Bootham has meant any hope of accessing treatment is gone for the foreseeable future. She was assessed by CMHT over a year ago, with two psychological reports completed, and has been on the waiting list for CBT since then, with a diagnosis of anxiety and split personality. She was seeking help having experienced symptoms for about 8 years, having finally accepted she had a mental health problem as her

symptoms were exacerbated by pregnancy hormones. She now has a 6 month old. She was told just before Bootham closed that she was very near the top of the waiting list. She is now pregnant again, and experiencing the same difficulties she had with her last pregnancy. She states that CMHT have told her they can do nothing whilst she is pregnant, her doctor says he can do nothing further but think she needs help. She states that her social worker also believes she needs help urgently. Her partner has said he is at the end of his tether and ready to walk away as he cannot cope with her at the moment.
She says she's not been signposted to any support whilst she is sitting on the waiting list. Her social worker is apparently as frustrated as she is with the lack of support.

- Person who has friends and family members who have experienced mental ill health. Questions who is responsible for everything that has happened in York?

  Building a new mental health hospital is incredibly important for York – we need one. At the moment, for people with mental ill health, there is no place to easily go. Son called mental health services, said he had a drug problem and needed help. They said you need a referral. This city is full of people who are mentally ill, there is nothing in the city to help them. When he went to the doctor for a referral, the doctor just sent him to groups to talk. But he needed actual help. He's since been in hospital three times through taking drugs. If there was something physically wrong you'd take the person straight to hospital. There is no urgency around mental health. For people considering suicide, you should be able to call a place for help, but you have to go round in circles finding help. It is time to have a state of the art mental health hospital in the city. It doesn't matter to me where it is. Bootham is a lovely big hospital with lovely grounds. It would be a shame to waste it. But the most important thing is a state of the art hospital, and getting that right as soon as possible. We need to make it clear we believe people with mental ill health have the same right to treatment as those who are physically unwell.
- Young woman, 17, sectioned recently. No beds in York, so taken to Cheadle Royal in Manchester. Has been an inpatient there for 3 weeks.

Carers stress there are real challenges for communication – they have been given 2 telephone numbers for the hospital but no one answers it. Has been called by the patient, but not frequent contact. 77 miles to visit, and when they did, they were not even offered a drink by staff, met in a cold, sterile environment that felt like a decompression chamber. Feel environment is important as this can help things 'get back to normal'. Have received no support to help the family visit, have had no involvement in planning for discharge. Feel very cut off, and very anxious about ongoing support and care for the individual and the family (other family members also have enduring mental health issues)

- Relative of person who was an inpatient at Bootham Park during 2015 and is still receiving mental health services. Says it feels like a conspiracy to close everything down, services at Bootham Park had already been reduced e.g. the mother and baby unit. It's a very anxious time for us, worrying about where my relative would go if they need to be an inpatient again. The people who made the decision to close it don't have to face the consequences. The reasons given for the closure seem 'quite stupid', nothing that major was wrong. If they can spend £1million on Peppermill Court to make it suitable for inpatients why couldn't they have spent that money on putting Bootham right? The staff at Bootham Park were always wonderful.

  When they build the new hospital it needs to be near to York Hospital. My relative really benefitted from the proximity of York Hospital when they were in Bootham Park – it's just a short walk away. The mental health hospital needs to work in harmony with York Hospital – it's much easier if they are close together.

- Former inpatient at Bootham Park who is still receiving mental health services. Full of praise for the services at Bootham Park. Stressed the importance of having a quiet, peaceful, calm environment in which to recover with the aid of appropriate care and medication. Bootham Park was a refuge – somewhere like it will be needed even more in the future. Liaison with GPs is very important. My current GP understands mental health issues very well and that really makes a difference. The GP is able to liaise with CPNs about medication. Mental health services

are so important. I'm lucky, I've got a family who can support me. What about people who are vulnerable and don't have anyone?

- Both myself and a member of my family have been inpatients at Bootham Park during the past few years. The closure of Bootham makes you feel really vulnerable – where would you go if you were taken ill now? The nurses at Bootham were amazing. It felt a very safe place. It was good to have the gardens and grounds to walk in – it helps you get better. Bootham felt very homely – it looked like someone's home with fireplaces etc. I was admitted as an inpatient in Scarborough when there were no beds at Bootham. In Scarborough the hospital is more modern and it's a bit too clinical. Most doctors at York Hospital don't understand mental health. They get a psychiatrist to come and see you if you go to A and E but that can take hours.

- Person speaking on behalf of a relative who has had mental health problems for 30 years. They have been a frequent user of Bootham, although they have not been an inpatient for three years, and they has been a frequent visitor and did want to say that the staff were exceptional. The problems at Bootham should have been noticed earlier as it is now a disgrace that York currently has no appropriate facilities which is leading to great concern. It is a difficult situation for older carers who might now have to make long journeys to in-patients sent away from York. There is also no respite care available due to Acomb Garth closing. There are so many facilities for people with physical problems, far less so for those with mental health problems.

- Caller not surprised by the closure of Bootham. Stated that the building was entirely unsuitable for patients with mental health problems. Far more concerned about the Trust management and is delighted it has changed. Has had ongoing challenges to address his complaint since 2010 when under NHS North Yorkshire and York. During all of this experience he feels he has been lied to and ignored. He feels no-one listened to him and there has been no apology about what happened to his wife.
  The caller realises he is unlikely to resolve the situation regarding the past treatment of his wife. What he wants to stress is that the mental

health services in York are “appalling” and there are still “serious issues with local management” of these services. He wants to prevent what has happened to his wife from happening to anyone else. He would also like to see ongoing oversight of the new management again, to prevent these situations.

- Local NHS owns the land that used to house the nurses accommodation right next door to Bootham yet maintains that it has it earmarked for something else, senior staff car park? If the planners had the foresight to install deep enough foundations in the multi-story car park so they could go up one/ two levels parking problem solved. It is arrogant stupidity to ignore this parcel of land and build elsewhere.

- A relative of an adult who had 4 admissions to mental health care between 2007 and 2014 told us “I am convinced it is essential to retain a large in-patient facility in York. As an in-patient, my relative received excellent care and became well very quickly, but when agitated is totally uncontainable and terribly frightened. In-patient care has ensured that they can be given powerful sedatives, with all the devoted supervision they needs. They have now accepted their diagnosis and take their medication, so may never be ill again. On the two occasions when they had to be sectioned, there was no place available in York so they spent their worst nights in Middlesbrough or Leeds. The care received there was excellent, but visiting was very time-consuming. Family support is often a big factor in recovery from mental ill-health, so it is important to make it as easy as possible. The Middlesbrough and Leeds mental health hospitals are both much more modern than York. Roseberry Park in Middlesbrough has a serene, comforting, optimistic atmosphere, but the Becklin centre in Leeds is very depressing, and feels like being in a submarine. Bootham Park, by contrast, was light and airy, relaxed and calm. "My son feels safe there," confided a friend, at her wits' end when her son was suddenly released to home when Bootham Park closed so suddenly. The original Bootham Park was built by public subscription. Might that be the solution to providing an up-to-date facility? I'm sure Shepherds builders would be delighted to co-ordinate such a project.

Briefly, there will always be patients for whom hospital care is essential. York was short of mental health beds even before Bootham Park was closed, with patients frequently sent out-of-area. Do not let our government wriggle out of its responsibility to the health of its citizens.

- I have been a patient Bootham Park several times before TEWV took over the running of our mental health services. I have also been a patient at Roseberry Park in Middlesbrough. Bootham Park closing meant that when I became unwell and had to be sectioned under the Mental Health Act I was taken miles away from anything I knew my family were torn apart, the care I received was of an appalling level and I was discharged after only 24 hours whilst still suicidal. When I have been in Bootham Park I have never been discharged so quickly and the staff have always listened to my thoughts and views and took every step possible to protect me. Because of Bootham closing the most vulnerable have being put at even more risk than ever. I would rather die than be admitted to Roseberry Park or any out of area hospital. People are going to suffer and cost lives because of the closure. Bootham is nothing like the reports say. I always felt very safe and secure and the ward I was on was always very clean and well kept up with. Whilst I was a patient there was a leak from the above bathroom and the repairs team attended very soon after this was reported. My room was cleaned daily and the staff were always so much help. Our services need to be re-instated asap before it costs dearly.

- Avoid too many organisations getting involved who do not/will not work together for the good of the people requiring care (I believe this contributed to the debacle regarding Bootham Park) the effects of which are still reverberating through everyone. Base provision on all age groups and give equal importance to these categories. Early Intervention works well but there are many people who did not have the benefit of this due to their age and they are largely forgotten almost as if they are an embarrassment. This is simply not good enough and at worst, is inhumane. Some Councils apparently file mental health under miscellaneous (refer to Rethink Campaigns). If York is one of these councils then this policy must be changed immediately. Mental health is a massive issue and must be given parity with physical health if we are ever to make the changes and improvements that are required. It is

reported repeatedly in the press that patients cannot find beds in their local hospitals and are sent many miles from home. This causes added suffering and problems for the patients and their families. My daughter has needed urgent in-patient care in the past and was once accommodated in a private hospital in Harrogate. This surely is an expense the NHS could avoid by having more beds in its own hospital. At a meeting late last year, a representative of TEWV said that the number of beds in the new hospital would be the same as at Bootham. This is too few. In opening a new hospital, York has an opportunity to provide care that matches the number of patients that are in need

- Person who was an inpatient and an outpatient at Bootham for a long period in the mid-1980s told us “The manner of the recent closure of Bootham Park Hospital is a disgrace, a national shame on the administrative organisation of the mental health sector in York. The mental health service in the city at the time I needed it was widely recognised as being excellent, but because of politically imposed restructuring has, over the decades, become tragically inferior. One significant reason for the way the building and its facilities and safety deteriorated so badly is that there are far too many different private agencies involved in operating the service, with little meaningful, effective, practical co-operation between any of them. Where several diverse agencies are meant to be contributing there is bound to be constant conflict, disagreement, delay and lack of overall responsibility. That will always happen in this type of scenario. It is wrong and should be changed so that efficient direct action can be implemented whenever required in good time.

  Go with the advice of medical professionals first and foremost.
  A new hospital or facilities suitable for and able to cope with the volume of demand will take considerable time to create.
  In the meantime I strongly urge that Bootham Park should be rendered safe structurally for use as (a) fit to receive outpatients; and then (b) fit to house inpatients, including safe quarters for those referred on by police. It might well be that, sadly for such an historic building with an important place in the early history of asylums in England, Bootham Park will not be suitable in future for modern treatment in mental health and new premises will be required. Bootham Park should, however, be

made safe for use on a temporary (i.e. next handful years) basis. If new premises are provided some years ahead, careful thought needs to be given about linking mental health with other aspects of medical care and not divorcing mental health facilities from the rest of the NHS. There needs to be strong medical co-operation between mental health and other facilities. Medical professionals (psychiatrists, psychologists, general doctors, nurses, community workers, etc.) should be the main advisers in what is required, not mostly administrators. Thought needs to be given to what might be required twenty and many more years ahead, not just the near future.

When another very historic and renowned York mental health hospital like The Retreat can continue to flourish and even expand its facilities, Bootham Park Hospital has been let down atrociously… (which is) in my opinion wholly disgraceful. There is an opportunity to make some amends by rendering Bootham Park safe for temporary re-use while new facilities are discussed and planned.

- It seems utterly amazing to me that a city the size of York and in this busy highly populated region should have allowed its services to fall into such a state as to need to be closed down with such immediate effect. This is a terrible indictment on both the civic and health management and leadership. How can the quality of services have become so utterly dysfunctional as for there now to be no, or very little, local service? This is obviously partly the result of mental health being the cinderella of the health service and of funding problems but surely it must also reflect a lack of leadership (which I see as separate from management) since this should have been flagged up publicly….I am not aware that it was but perhaps I missed it. Thus I can only imagine the suffering (probably in silence due to the stigma of mental health) by individuals and their families which has occurred. It will take time to regain confidence. A future mental health service needs to be multifaceted:

    - preventative,
    - easily accessible,
    - local, and
    - primarily community based and focused but with the
    - capacity to cope with breakdown and emergencies.

Community support staff should be able to be flexible and responsive and backed up by effective day services, drop in centres, and respite care; these characteristics seem to me to form the backbone of this. The adult mental health teams made up of social workers, psychiatrists, community psychiatric nurses, psychologists and community support workers need to be based and managed together in order to fully understand and respect their prospective roles…..and should not be so precious about mental health ideology as to continually be seeking ways to disqualify people from their services. There can be an ongoing dogma about what constitutes personality disorder or what constitutes mental illness….meanwhile the person and their family or carers continue to struggle alone. It has been appalling at times to read of police and police cells being used as a substitute for effective caring services and their apparent unwillingness to respond early enough. The role of family members and/or informal carers needs to be part of the consideration….without this their support can break down thus rendering the person with mental illness even more vulnerable and at risk of (perhaps unnecessary) admission. Obviously funding issues are at the core of this and of these in York I know little except that I am sure there are not enough and that the professionals may constantly be 'competing' with other higher profile or more prestigious services. So many good people do work in these services who often get disillusioned because they do not feel valued. Hence, the value base and 'spirit' of the service which in itself is very important needs to be established and protected……some good people are needed for this who value personal and caring relationships above hierarchal relationships. It feels as though York may well have had some good people who have not felt valued or cared for by the systems they worked in…..as a result it is the people with mental illness and their families who suffer.

- Relative of person who had a severe psychotic episode 6 years ago and was inpatient at Bootham Park Hospital for 9 weeks, and subsequently cared for by the Early Intervention team for 3+ years. They told us it was the most traumatic experience of their lives, and the GP did not respond adequately when told him how ill relative was. We

tried to care for him at home for 10 days, as we watched him deteriorate. After 10 days we had an appointment with the community mental health team, who realised immediately how ill S was. They contacted the Intensive Home Treatment Team, and the next day relative was sectioned and admitted to BPH. It was still a very difficult time for all of us, but knowing that he was in a safe place and being properly cared for was a huge relief. Progress was slow, and some days when we visited he turned us away within minutes. This was upsetting, but not a great hassle to us as we only had a half hour journey to BPH. It must be dreadful for families who, at the moment, have a long and expensive journey to visit their relatives in hospital. The support of family and friends is so important in the recovery of people with mental health problems. It is vital to have a psychiatric hospital in York.

BPH should have been closed to in-patients years ago. That was obvious to us when we were visiting. The building was neglected, gloomy and completely unfit for purpose. Patients were not only frightened by their illness but also by the surroundings. Every time our eldest daughter came to visit S she would say "I can't believe they are still using the original Lunatic Asylum for patients in the 21st century."

> The old red-brick part of BPH is an interesting building and would make a much better museum than hospital.

I have to say that, in spite of these complaints, most of the nursing staff and all the EIT gave excellent care. I believe that the EIT and family support have played a large part in S's recovery. There were many stresses and strains during those years, and having to travel long distances may have been the final straw.

Mental health is still a Cinderella service, in spite of all that we are being told by the government and NHS executives. Would people requiring surgery or cancer treatment have put up with a district hospital if it was in the same condition as BPH?

York Health Trust, and more recently Leeds Mental health Services have let us down by not being pro-active enough in the replacement of BPH. York should have been a centre of excellence in psychiatric

services, not staggering on for years in 'the old lunatic asylum'. The residents of our city, especially those already suffering mental health problems, deserve better. I hope that TEWV keep the promises made at the meeting on 11th November, and do everything in its power to facilitate the building of a new, well-designed psychiatric hospital within the City of York.

- Inpatient at Bootham Park Hospital for 10 weeks in Autumn 2008 told us they were was not impressed by the facilities - shared bedrooms on Ward 2; no separation between men and women on the high security ward where I spent most of my time. I think when patients are acutely ill they shouldn't be on a mixed ward given their frequently increased and often inappropriate sexual appetite.
  I think the new hospital should be a purpose built, well designed group of buildings which have secure and protected outdoor space, where in-patients can spend time outdoors by themselves and not under supervision. I welcome TEWV taking an interest in what locals think about the plans for Bootham. I hope they are engaging with patients past and present too.

- As someone who has suffered bouts of severe mental illness for over three decades the closure of Bootham Park last year came as a shock. Although many years separated each bout I always knew that Bootham was there as a safe haven in times of trouble. The closure of Bootham Park appears to be due to too many different bodies having a say in the running of the hospital, everybody losing sight of the real purpose of Bootham Park, which is to care for patients.

- I have nothing but praise for the staff, who always treated me fairly. Bootham Park **is** an old building, but the grandeur of the place was something that helped me recover. I would walk down the main corridor and out through the front door and feel at ease. In fact being in the grounds and the wide open space was one of the main reasons I always got better. A new shiny replacement could be built, and maybe some patients would prefer that, but that will take time and money. I would suggest putting money into Bootham Park itself, I personally found no fault with the ward or the facilities.

- Botham Park is vital for the people of York and surrounding area's who are in need of help. I also noticed that the mental health counsellor that I saw at my local GP surgery seems to have been taken away. Chatting with *name removed* at *name removed* Surgery has helped me a lot, to the point now where I am managing to do a bit of volunteering work, doing courses and attending Kyra for more support. All in all I think the mental health services in York have gone downhill and the closure of Botham Park makes it a whole lot worse. I am hoping Botham Park is sorted out and reopened and I am also hoping that this government starts putting more money into mental health services or people will suffer.

- Carers for a family member who was first hospitalised for a suicide attempt aged 13 and has made other attempts since, the most recent 6 months ago, now in their mid-thirties, has chronic mental health problems and is an outpatient of Botham Park hospital contacted us.

  The refusal by the CQC not to register BPH, leading to its shock closure with almost no notice, was a bombshell which left a black hole where York's mental health services were supposed to be. That isn't an overstatement. The absence of any kind of Plan B led to the sort of chaos that would have brought shame on a Third World country, never mind a major city in England.

  The current providers of these services has since set up a sort of merry-go-round, bumping dementia patients out of their accommodation to make way for acute BHP patients, the dementia patients being dispatched in their turn to Selby where another group of patients then find themselves bumped out and sent off to another facility in York.

  One family, reported in today's York Press, is in anguish at the way one of their number is being shipped around the system in this manner. The stupidity and callousness of it is breathtaking.

  A few days ago, the chief executive of the NHS trust who are organising all this, went on Radio York to explain himself. During the broadcast he emphasised how much he enjoyed his job and the prospect of the

challenges ahead. That was in the morning. At teatime he said he was packing it in.

Why should we believe any of the senior NHS officials who, with regard to BPH, have mostly distinguished themselves by their skill at buck-passing? I have heard what most of those in charge have had to say at public meetings in the past few months.

What has emerged from this is crystal clear: we are at the mercy of an NHS system which has been set up in such a way so as to ensure no-one can be held responsible or accountable for a huge decision such as the abrupt closure of BPH. That includes the government minister in charge who I have written to. 'Nothing to do with us pal' was the essence of the message I received back from his office. And the victims are the patients. Their welfare should have been the first consideration. The truth is, they have been given none at all.

We wish to stress the need for urgency in taking action that will ameliorate things for patients. Leisurely timescales really will not do.

The quickest and most effective thing to do would be to re-open BHP, maybe temporarily. The TEWV trust should get together to discuss with CQC to agree on a programme of remedial works. Once completed the CQC could carry out another inspection and if still dissatisfied could insist on further charges until they are happy for a BHP in 'special measures' or something like that that could open its doors for the time being.

I've been told this won't happen because it's not how the CQC operates. But it seems to me that the CQC operates - ultimately - at the behest of the public.

The public must make its voice heard. I can't believe that any clear-thinking member of the public thinks that the CQC is acting in their name in this case. It is inconceivable that had BHP been run and administered locally it could have been closed in such a way, leaving vulnerable people with nowhere to turn to.

- The closure of Bootham Hospital greatly affected my mental Health. Although I had no desire to be in, the knowledge that I had a safe place in the event of an emergency helped me to try and remain safe. I knew the staff, I the wards and I knew that if I had to be hospitalised then I could have visitors. When it closed suddenly and without warning this rug was pulled under my feet. I became anxious about contacting mental health staff and about revealing the true state of mental health because of the ever present fear that if I said too much I could be sent to a hospital hours away that I did not know. I struggle with going to new places even when in a normal mental state. In a crisis I was paralysed with fear.

  Because I was so scared of being hospitalised, even though I had regular contact with the crisis team, I felt unable to share as my mental health deteriorated rapidly. My self harm became more and more dangerous. I was being commanded by voices to do things that scared me horribly. My physical health became a problem as I stopped eating and sleeping. Within a month I was at the point of suicide, spending hours everyday planning how I would achieve it. This culminated in a serious attempt at my life. It was only through luck and the timely intervention of a friend that I did not succeed. Even at that point as the intensive home treatment team intervened I still felt unable to tell them just how low, drained and sick of life I had become. The voices that I struggle daily with were constantly trying to make me harm myself and others. I felt powerless and alone. The fear of ending up in prison cell haunted me, the fear of the unknown was even worse. Staff would ask if I had suicidal intent and I would trot out the line that although I had suicidal thoughts I had no intention of acting on them. This was a complete lie. I took an overdose two weeks later. But paralysed by fear again I did not ring an ambulance or tell the staff I was dealing with.
  I don't really know how to end this. I certainly don't want people to think this is a criticism of staff, they were all magnificent. I understood even when I was in Bootham that it needed work. If a proper and safe replacement is built then I see that as a good thing. But the nature of the closure, the lack of warning, the lack of preparation in advance by whoever was supposed to make the building safe all contributed greatly

to the situation I found myself in. The bickering that seemed to dominate the discussions within the health service, bickering that carried on at a surreal level whilst patients and service users were in utter crisis with absolutely nowhere to turn, disgusts me. I guess that's it. I'm not really sure that if I was in the same place again that I would do anything different whilst the situation remains as it is.

- Where were you when you heard about the closure, what you were doing/who you were with/what the general reaction was. What your knee-jerk reaction was and what it means for you. How you felt about it a few days later when it had sunk in/what the reaction of people you know was, when the full consequences became clear xx

  I became aware that Bootham Park Hospital had closed, when a friend rang me during the evening, asking if I knew anything about the closure. No! What! I was there the other day, say that again was my initial response, then a few choice expletives, I ended the call, looked on line for that evenings Press. Whilst reading the main headlines I felt sick, and started thinking about the patients, what must be going through their minds? How were they informed? Were they informed? If very ill were they sedated during the move? Making them even more disorientated.

  I did not sleep well that night and throughout the next day became more and more anxious. Around lunchtime I opened an email from Heather Simpson (PPI Lead, York and Selby, TEWV) explaining that Bootham Park had been closed, where patients had been moved to etc.

  As the day wore on I became very upset, not so much about the closure. More around what will I do now, as a service user and volunteer, I had a purpose in life, a role and responsibility, built up lost confidence, and without warning I had that taken away. The busier I am the more I can stay focused. Then I started feeling guilty, as there were acutely ill patients, sent miles out of area and there I was feeling sorry for myself. I eventually became confused, very low in my mood and found myself making an emergency appointment with my GP. I did try to ring my CPN only to find the phones had been switched off. GP prescribed me Lorazepam.

Once I had calmed down I felt angry and powerless. One week later I had not officially been told anything regarding Bootham by either of my care coordinators. I think it was about three weeks before my CPN visited and informed me.

I did attend a public meeting arranged by MP Rachel Maskell. I came away from that outraged, after learning that all associated NHS staff had been told that they could not attend, inspired that people were willing to support a local inquiry, as to the closure of Bootham.

- Befriender has been to visit an individual in Cherry Tree Lodge. Very concerned by what they found there. Individual, possibly due to treatment, appeared to be sedated, was slumped sideways in their wheelchair, and seemed "really out of it", unable to recognise or respond to their friend, or stay awake. Visitors are not allowed in the bedrooms there, or in the lounge, making friendships more challenging to maintain. Patients are brought to small, bare waiting rooms so there is nothing to stimulate conversation or make it feel like an ordinary home visit to a friend. Took about 5 minutes, along with another couple, to gain entrance, as the bell was broken and no staff members who saw them waiting opened the door. All doors and windows have notices explaining what visitors cannot do, which does not make for a warm, welcoming environment.

- Has been waiting for a referral to the memory service. Got a call from someone inviting him to a short notice appointment due to a cancellation. Couldn't make it, tried to call to get hold of someone to find out where and when should be coming in. *Name of doctor* also seems to be peripatetic at the moment. Not very helpful if you are already struggling with your short term memory. Asked for email to confirm appointment, seemed reluctant but eventually agreed.

- Son has cerebral palsy and epilepsy and a behavioural problem. His family are trying to get support. Does not have learning difficulties. Mental health services will not have him as they say he has a mental problem not a mental illness. He is having attacks, where his lips turn blue, he seems to be in a disassociated state, and he gets very volatile.

He can be violent with people but does not seem aware of this. There is no definite diagnosis. He is being given anti-psychotic medication as a sedative. It works fine for a few weeks but then the dose needs increasing, and again, until it stops working altogether. He has been on the same medication since he was 3 years old. He does not appear to be under anyone's ongoing care. He has not been seen at the epilepsy clinic in 10 years. He sees his GP, but is awaiting referrals which services refuse. His social worker left, and they now have contact with duty social workers, but no ongoing relationship established which is unhelpful. He had a care assessment and got 15 hours of support from St Anne's. But they are not trained to deal with his attacks of difficult behaviour, or to communicate effectively with him. When he kicks off, they leave. In reality this means he is receiving only 5 hours of care. His family feel he has been abandoned because he does not tick the right boxes for services. His mother has health issues herself and does not feel able to deal with these whilst worried about his care. They have been offered personal budgets, but are worried about taking on the responsibility of employing support. They believe there are neurological issues, but the consultant formerly at Bootham won't do anything about it, and he can't get a referral into neurology at the hospital. Suggested working with York Advocacy to see if can access appropriate care. Family agreed had been in touch before so would pick this up.

- Mental health inpatient care being provided at Middlesbrough following closure of Bootham. Family member raised concern about the impact on them. Stated that while travel costs are being reimbursed some families are struggling to visit due to childcare and other caring duties - there is no help with this. Also what training and support is in place for staff leaving Bootham to work in the community? How have they been supported in the transition e.g. around medicine management, and working in a non-hospital environment?

- Concern regarding the closure of Bootham & care in the home which is not always as good or as available as it should be. Also, due to a number of illnesses, very upset about the battle to get PIPS, etc.

- My mother is currently at Cherry Tree House, having previously spent time in Bootham. I do not like the visiting arrangements at Cherry Tree, and do not believe it is a suitable environment for my mother. The

length of time she spent waiting for a care package has made her institutionalised hindering her ability to recover and cope alone at home.

- I am happy Bootham Park Hospital has closed. It was designed as a lunatic asylum and is not fit for purpose. Modern treatment is not about sitting in a bed in hospital being given drugs.

- My voice echoes those of very many others I know. It is totally reprehensible to close one, and the only, facility for a particular service, and a special group of needy people, before an alternative is available. I'm led to fear that a similar move might happen for the residents of the Graves home for frail elderly people, near me – and I fear for their welfare.

  "Fit for purpose"? "Outdated"? But far better than Middlesbrough, or other facilities far away from the support of friends and family! My visits, of late, have mainly been to friends in Ward 6 ("Elderly Assessment" previously) who were suddenly moved to Cherry Tree House. Yes, their rooms in Bootham Park were not "en suite", but the ward was spacious, clean, with a variety of "sitting places" and community rooms, and excellent staff! No complaints!

  Is York suffering from the "remote control" of its mental health services? Why were they transferred first to Leeds then to TEWV? Can we take back into local ownership and management our own services? I hope this will be carefully considered after the failure of "outsourcing" and the need for a new site and building urgently!

- I have worked in an administrative role at Bootham Park Hospital for 9 years and also have recent experience of local mental health services from a service user viewpoint.

  I have to say that I have great sympathy for TEWV as they inherited a chaotic mess created by LYPFT. This was done without any thought for the consequences for vulnerable people. Many service users felt a great sense of loss when BPH closed without warning and services were scattered around York. The closure of the wards has also caused untold misery for service users who were admitted to out of area beds often several miles away. Some service users were discharged into the

community with an "enhanced package of care" which has put an unsustainable burden on the Crisis Team and the Community Mental Health Teams.

I have found from my own experience that these teams are staffed by dedicated and professional people who are frustrated that they are unable to deliver the level of care they would wish to because of excessive caseloads and therefore significant time constraints. My own Community Psychiatric Nurse has given me wonderful support during my own illness. She is firm but fair and I have always felt at ease discussing difficult personal issues with her. The whole team has shown incredible sensitivity towards me as a member of staff and have taken every precaution to ensure my privacy is respected.

I hope that TEWV is successful in their efforts to run an inpatient unit at Peppermill Court and reopen BPH for outpatient services. I have to admit that I am rather cynical about plans for a new purpose built hospital. I fear that the "powers that be" will say that there is no money available for investing in a service that is still considered to be a low priority in NHS budgets.

- Just to give a perspective with regard to the hospital and my connection with it, I will briefly outline it.

  I trained as a psychiatric nurse (RMN) at Naburn and Bootham Park Hospital from 1960 to 1963, going on to qualify (SRN) at the County Hospital in York in 1965. I was appointed a Charge Nurse at the latter covering night duty A&E and operating theatres. During this period I saw many patients with acute mental health needs. In 1972 I went into social work being a Mental Welfare Officer (MWO, later AMHP) from that year. I qualified in social work in 1978. At that time, all out of hours emergency social work in mental health was handled by daytime staff on call in addition to their day time duties. In 1987, North Yorkshire County Council set up an out of hours emergency team (EDT) and I was appointed Team Manager, though remaining a practitioner as part of my duties, until retiring finally in 2013.

The EDT, which was a generic team covering all aspects of social care – children and older people as well as mental health, covered the whole of North Yorkshire and the City of York and therefore a very wide perspective of the mental health services across N Yorks, West Yorks and East Riding areas where liaison was necessary due to the catchment areas of NHS Trusts overlapping county council areas, was a constant factor for my team operationally.

With regard to the present matter of the closure of BPH, I have to say I was staggered by the decision of the Leeds York Mental Health NHS Trust to arbitrarily close it. (Our note – Bootham was not closed by LYPFT) For a number of years I had been aware of the lack of maintenance; evident as one walked in the grounds. Examples, such as the poor quality of the beautiful wooden doors, due to lack of varnish etc., and window frames that were badly in need of a coat of paint; to the point where the wood was visibly rotting underneath. This was totally counter to the care and maintenance that took place under previous (local) management trusts and their predecessors over all the years I was involved.

The number of ward closures, and therefore bed availability, had reduced the capacity for admission of patients in acute distress. This meant that they had to be admitted to hospitals many miles away. I have lost count of the number of incidents where the bed manager on duty had to make dozens of phone calls at my request around the country, to try to identify a vacant (gender appropriate) bed; sometimes with no luck whatsoever. Approaches to the private sector (as a last resort the Trust had always insisted) meant that these independent hospitals would cherry-pick the patient and on top of that there would be hours of delay whilst they discussed the level of care/observation required in order to ramp up the cost to the NHS of a private bed. Neither form of solution provided a local response. The only exception to this was the Retreat Hospital in York, which was excellent, but regretfully couldn't always help in such circumstances.

The problems this caused led to patients having to remain in police custody pending the availability of a bed. It would have been better if

the Trust had allowed a patient to be taken to a ward if only to have a more comfortable environment with trained staff present whilst the bed was identified.

Even more concerning was the recent trial of a senior employee of the LYMH NHS Trust who was found guilty of embezzling over £3 million pounds worth of funding earmarked for maintenance work at BPH. He fraudulently pocketed the money by falsifying accounts showing the work was carried out. This took place over 7 years, but no one seems to have had any overview of the process! (Comment from LYPFT – there is no correlation between the fraud case and the closure of BPH. The fraud against the Trust was committed over a 5 year timeframe (2008-2012. It linked to the misuse of staff training budgets specifically allocated for this purpose. It was not at all related to maintenance resources for York premises.)

There has been no comment from the LYMH Trust that appeared to link the two issues where it seems clear that the latter was the cause of the former. It would also seem that the abrupt closure of BPH by the CQC, (with no prior consultation with patients or their relatives to seek their wishes) was seized upon by LYMH as an opportune moment to cover up its total lack of due diligence or 'bury bad news'.

Rather than closing BPH, it would have been more appropriate for the CQC to have acted to shut down the Trust as being ‘unfit for purpose’ rather than blame the building and its dedicated staff for something that was outside its control but that the latter had raised with the former in the past. I raised the chronic bed shortage issues on many occasions and expressed my team’s concerns at the lack of facilities to provide a local service, as had been the norm for many years.

Bootham Park Hospital is a beautiful building that has been highly respected by its patients over the years. I know; I have met many of them. The CQC comment that picture hooks were potential ligature points where patients could hang themselves doesn’t hold much weight (pardon the pun) when the extensive grounds are well endowed with mature trees that ought to have been considered as ligature points if

the same criteria were used: it is also interesting that the nearby Scarborough railway line was never mentioned as a point of self harm. In the 50+ years of my involvement, I don't remember an occasion when a patient tried to climb the fence separating the hospital from the main line. The other CQC comments regarding the ceiling fragments dropping down etc., would have also occurred because of the lack of maintenance. Quite possibly, the issue with hot water at some taps was also linked to poor maintenance.

Bootham Park Hospital should be reinstated in full catering for in and out-patients as before. From all the comments that have been made by current and former staff and patients, it is interesting that none have supported the Trust decision.

It would also be more helpful to have a Trust that is based in York, as before, rather than the TEWV Trust, which is 50 miles away and has also 'invaded' Harrogate MH services. One could ask why a city such as York has to have its mental health services managed by a Teesside authority!

- I find it insane (irony?) that in a city like York, the last mental health facility is to have been closed off. There is zero confidence in City of York Council and this is frankly another in a long line of terrible decisions. This needs to be kept open, and a significant improvement made in facilities for mental health in York

- Bootham Park being closed due to condition of building. York desperately needs Bootham Park. Haven't mental health services been cut enough? These cut backs are wrong. It's not fair. The NHS cannot lose another hospital in York.

- It has been the policy of the government to steadily cut down the Psychiatric Service for acute and chronically ill psychiatric patients in our midst? We in 1990 knew that 250 inpatients were adequately looked after by 6 consultant psychiatrists and a full complement of Mental Nurses. There was a famous Neuropsychiatric and Epilepsy centre with inpatient care which no longer exists. There is no facility for

acute admission of psychiatric patients in York and patients are shunted hundreds of miles away from there home. In my opinion, proper repairs of the present Bootham Park Hospital will be cheaper than building a brand new hospital. For a reliable inpatient psychiatric patients a full complement of Mental Health Nurses are required and not large numbers of Care Assistants. The NHS England will demand Efficiency Saving and penalty for not curing certain types of psychosis in fixed time. I worked over 40 odd years in NHS and feel sorry for what has happened to NHS. Public assets have been sold off by the government and private finances making profit for investors.

- I am a relative of an adult with lifelong mental health issues. We have mostly had good help from CPNs, doctors and nurses. A difficult situation arose when the person I care for had been well for some time and therefore 'signed off' from their CPN. They had to get back into the system via their GP. It was months before an appointment with a psychiatrist was offered. A crisis developed and they had to be sectioned the night before the psychiatrist appointment. This was last year, before the closure of Bootham Park. The person was taken to York Hospital initially. No beds were available at Bootham Park and so the person was taken to Darlington. It was an excellent hospital and they received good treatment, but the travel costs for us as a family were high.

  I worry what people without a supportive family do. When they came out of hospital and were unable to work, a benefits error resulted in them having no money at all until the issue was resolved. Fortunately our family was able to help. People without family support need someone to be an advocate on issues like this.

  There is also an issue when young people turn 18. My relative had been at Limetrees and got on well. After 18 they wanted to go back and see friends there, but were not able to. Being admitted to Bootham Park at the age of 18 was not a good experience.

- Local NHS owns the land that used to house the nurses accommodation right next to Bootham yet maintains it has it earmarked

for something else, senior staff car park? IF the planners had the foresight to install deep enough foundations in the multi storey car park so they could go up one/ two levels parking problem solved. It is arrogant stupidity to ignore this parcel of land and build elsewhere.

Comment relating to above: Regarding the multi storey car park, the first set of plans were rejected because: 'Monolithic' design out of character with area, says council. Plans to ease long-running parking pressures at York Hospital are set to be rejected.
However, York Council planners are recommended the scheme is rejected because the "monolithic" building would harm its setting on Wiggington Road, one of the main routes into York city centre. Read more: http://www.yorkshirepost.co.uk/news/hospital-car-park-plans-rejected-1-2392790#ixzz3ySlEGvYH

- They say it was closed because it was unsafe with plaster coming down. What happened to the hospital maintenance team, the hospital had its own works at one time. The building needs keeping even if it means building onto the old building. It's a place of safety for so many who use it, It's quite central with good access to the hospital / Get people to check out the building for safety the reopen it. So many mental health places have, or are, earmarked to close.

- Don't worry about the patients, never mind. Some of us weren't even consulted or told until Christmas time! Well actually don't think they give a toss about mental health here in York for the next few years. The quicker the new hospital is built the better, quite happy for it to be turned into flats, sold and reinvested into modern services and pay off all that debt. Oh and they tried to close it in 1870s as a lunatic asylum, still we have some 17th century building. Are we a) trying to save a building or b) trying to have a mental health service? At present we have neither.

- It seems extraordinary that such a vital resource could be neglected in this way. However, from reports in the papers, it would seem that, although run down, none of the problems cited for its instant closure were of such a magnitude that a firm of builders couldn't have sorted

out these issues within a few weeks. Both the Vale of York Clinical Commissioning Group and the Leeds and York Partnership NHS Trust have many important questions to answer over the state of this building and its closure. We are very aware that Bootham Park is a fine, Georgian building, set in its own extensive park land. Even the most naive are bound to ponder on what vast sums of money could be made by selling off this prime estate in the city centre.

The CEO of the hospital was on local radio one lunch time expanding on how much he loved his job and was looking forward to the challenges ahead for him in York. By that afternoon, he had resigned. Either he was being extremely economical with the truth during that interview, or he became aware that he would find himself in a very difficult position if he stayed in the post. It all seems very odd and obviously raises the suspicion, whether unfounded or not, that something most irregular has been going on.

Moving patients to other hospitals (e.g. Middlesbrough) is bound to have a serious impact on recovery, as well as being deeply upsetting, and highly inconvenient, to patients and their families and friends. Is York just moving into crisis management? This will inevitably cost far more in the long run. The cost to the patients will be even greater; many individuals and families will be severely traumatised by the lack of care and support on offer in York.

We have been lucky enough never to have needed help from Bootham Hospital, but we have many close friends who have. They are understandably in a very anxious state over the closure of Bootham and the stress of the situation will, of course, impact on their health. If it were cancer patients who suddenly had their only hospital closed down then everyone would jump up and down in outraged protest on their behalf. The inequality of treatment for people with mental health issues in the 21st century is disgraceful.

We require an assurance that the services of Independent Mental Health Advocates and Independent Mental Capacity Advocates are being proactively promoted to patients to ensure that they a) understand what is happening and b) ensure that their voices are heard

and listened to by the Trust and Council. The rights of the patients seem to have been totally ignored.

People are aware that Bootham was not the finest of Mental Health institutions. The standard of care was not of the best. However, it was in the city and available to all. It played a vital role in the health, safety and well-being of many seriously ill people and gave support to them and their families in times of absolute crisis. Its sudden closure was one of the most cruel and disgraceful acts imaginable. We wish to know whether Bootham will be reopened, or when and where a decent new hospital will be built. But more vitally, we need to know how the Trust and the Council intend to provide immediate facilities required for essential health care *within* the city *now*.

- It might pay to spend on Bootham now rather than wait for a new hospital. But hospital should be the last resort, it should only be for when you need it. I worry about the pressure on staff to get people out into the community because there are insufficient inpatient beds. I also worry about waiting lists for therapy and other services to stop people needing hospital. We need to drive these down. There are not enough hospital places, community beds, mental health nurses, counselling. We're just displacing people. I would welcome more information on the clinical decision making around who can be supported in the community.

- Staff were compassionate, caring & skilled - Prior to the merger with Leeds, I found BPH staff were in my experience highly skilled, compassionate, caring. The ward I was on (Ward2) had an ethos of the 3R's. For its age the building was well maintained, it needed repairs just like any other and I found the buildings heritage and grandeur added to the recovery experience. The park setting is wonderful for quiet strolls, the adjacent YTH meant easy access for medical care (after all there's no health without mental health). BPH ran efficiently with the clinicians being O/P & I/P. However big corporate mergers have ruined services, there is now a culture of bullying within the service created by Leeds and it has not only ruined the quality of services but it drove highly skilled staff from what was once a service of excellence.

  Answers need to be given by LYPFT & VoYCCG why they left remedial

repairs undone when VoYCCG had £5M sat in a pot for over a year. BPH has stood the test of 2 world wars, it has seen countless restructures throughout the evolution of modern mental health services. That building should be retained for mental health purposes in accordance with the English Heritage covenant. It is not hard to upgrade that wonderful building. What seems much harder is getting the health provider and funder to acknowledge where things went wrong so they can address how the provision of services needs to change in order that they are fit for purpose. Let's stop blaming the bricks and mortar and actually acknowledge the horrid pervasive culture within services that affects staff and service users alike!

- Bootham should be renovated and be made more homely for people with depression.

Other mental health issues not directly related to Bootham

- Woman discharged with insufficient medication, and not what had been agreed. CPN trying to sort packs of medication on the floor and had misplaced some which added to the mix up. CPN was trying to make arrangements for more to arrive before the woman would run out the following week. Woman picked up on this and became very emotional. Friend had to calm her down and assure her it wasn't her fault and would be sorted out.

- I'm terrified to hear that mental health care in York is being ignored. My mother was severely bi-polar and unfortunately I am following suit. Hopefully without sounding like a bolshy teen "I didn't ask for this" etc…. After a suicide attempt last week, I was given a telephone number and nothing more, I'm sick and tired of being, as my ex describes me (and used to describe my mum when she was alive) as a "crazy". My GP will not take it seriously, because I have too much insight into bi-polar disorder. Having lived with my mum, yes I do have insight. There is a just a mental door slamming in your face now, when asking for help.

- Issues following discharge from mental health setting that cheque book had run out and there was a two week wait for a new one to be issued. Meant she was unable to pay for shopping. Suggestion that issues like

this are not health priorities but need to be identified to prevent any care issues being created.

- Daughter of individual, a long-stay patient at Bootham. When patients had visits with counsellors it was a requirement that a hospital staff member was present. As the daughter was allegedly suffering abuse, she was unable to talk freely with the staff member there.
- Healthwatch - you still have not reported to the Press over the Leeds Teaching Hospitals CCG cuts have you? Considering that some of those patients will have cancer and complex needs their services have been cut.
- As a service user who has used Liaison Psychiatry Service from the Becklin Centre in Leeds for 4 years, my services were suddenly cut just before Christmas. My psychiatrist whom I have a good patient relationship with has told me to appeal the decision of which is going through. I have 22q11.2 deletion syndrome/DiGeorge syndrome and he also treats me for long qt syndrome and adverse reactions for drugs. The letter came as somewhat of a shock to me as I had come to the conclusion and accepted the position in relation to DiGeorge syndrome and psychiatric illnesses. Even if Bootham Park Hospital was re-opened that I would be the last place I would ever wish to go to - horrific would be the right word! The Becklin Centre is a modern, 21st century psychiatric facility. It is not just Bootham Park Hospital that has been affected by the closure it is the patients who have services out of Leeds Teaching Hospitals. All these services out of Leeds and York Partnership Trust have gone. http://www.leedsandyorkpft.nhs.uk/our_services/Specialist-LD-Care/liaisonpsychiatry. Nor was I given a care plan or follow-up appointment, just cut. As I understand it from my doctor it is all four North Yorkshire CCGs that have cut this service for all patients. What happened to patient choice and also follow-up and patient care? The situation led me to call the crisis team before Christmas.
- Woman discharged mid-November. Glasses were lost whilst receiving treatment. Constantly asking when she might receive some more as it was limiting what she could do for herself. Social worker and CPN both

not happy that nothing was done prior to discharge. CPN trying to arrange a home visit from an optician. There were several things that came through the post she needed to know about, e.g. medical appointments, but was unable to read.

Signposting Enquiries

- Woman came to Priory Street for a copy of the mental health guide. Her grandson is exhibiting difficult behaviour, and is taking drugs. Family have thrown him out, and he is currently living with his other grandparents, who are in their 80s and struggling to deal with the situation. She hopes the family will find some answers in our guide. Highlighted sections on support for people with substance misuse issues and for carers of people with substance misuse issues.
- Concern reported to community champion that service users and carers are not sure where mental health community services are since closure, or who to contact in a crisis
- One person called needing information about what to do following Bootham's closure. Provided details of the TEWV helpline.
- Comment from individual not currently receiving any mental health services but has relapsed previously. Worried that they do not know where anything is in York any more, or what they should do if they experience a crisis.
- Person called needing more information about where to go in York. Provided TEWV helpline number and copy of MH guide
- MH service patient with outpatient appointment did not know where to go for the appointment. Provided TEWV helpline number
- Person requested phone number for Sycamore House
- A person contacted us as had heard about the closure of Bootham. Wanted information about who to contact. Provided details of TEWV helpline and website, VOYCCG contact details and York MP contact details

Appendix 4 – Comments from local press stories, links to news stories on Bootham and petitions against its closure

"During eight years contact with Bootham Park, I found the atmosphere always serene and optimistic. The mental health care we have received was second to none. We must fight to retain it."
The Press letters 29/09/16

Nurse speaking in The Press 30/09/15
"They wasted so much money and lost so many good staff. Staff are devastated. It is a hospital but it was at the heart of the community. Patients came back to us, it's reassuring to them, they look to us for guidance.
It was a beautiful hospital and if they had done the essential works that needed to be done and spent the money in the hospital instead of shutting wards in favour of private beds this would never have happened."

"The mother of a patient due to be immediately discharged from Bootham Hospital said she is concerned her son isn't recovered sufficiently. She said he felt comfortable at Bootham Park Hospital, and feels strongly that the facility should stay open for his sake and for many other patients in York.
"Part of my son wants to be out and in his own home but he isn't really ready for it," she said "It's rushing things and that's not good. It's very concerning. I feel for all the patients."
The Press 30/9/15 p.15

"The closure of Bootham Park Hospital is not a major surprise. Anyone who has been a patient or a visitor has known for a long time that it was not suitable for modern day care. However the speed of this closure is shocking. These are people who are very vulnerable and how cruel to put them through this ordeal. There is a human cost here and whoever allowed this to happen should hang their heads in shame."
The Press letters 30/09/15

"Even now we aren't getting details. I don't know if I'm getting a psychologist or a psychiatrist anymore. The patients like myself and others just don't know what's going to happen." Quote from The Press 1/10/15f

"The sudden closure of the hospital will have a negative impact on the inpatients. Those assessed as fit enough have been discharged. They have not had enough opportunity to prepare themselves for the change. It will also have affected family and carers who have had to arrange care and support needed at very short notice. The patients who were assessed as not being fit to be discharged have been moved to other hospitals out of the York area. They will have to get used to a different hospital and environment, meet a new staff team and develop trust with that team. Family and friends may not be able to visit as regularly, if at all, because of the distance and the cost. Someone assessed as needing inpatient care could struggle with these changes and they could have a negative impact on their illness."
The Press letters 3/10/15

"I was very disappointed that Bootham Park Hospital had to close. I have visited people in Bootham and it was clean and the staff were very good. A lot of the patients sat outside in the sunshine and talked to us. It's such a shame. Some of them called it their home."
The Press letters 8/10/15

"I was admitted to Bootham and spent a month in their care. It was somewhere that I was safe, unable to harm myself and where I had trained professionals to talk to, who helped me recover." She said because she was at a local hospital, her friends were able to visit and give support, and her parents could visit and regularly bring her children, whom she was missing terribly. "I have no doubt whatsoever that if wasn't for the wonderful care I received at Bootham. I wouldn't still be here today. My children would have lost their mother. …. I know I would have been terrified at the idea of going so far from York."
Article in The Press 14/10/15

"What I would like to know is where do these people now go when they are at their lowest for health and support? Do they check in at York Hospital, causing more pressure on an already overloaded struggling accident and emergency department? My fear is that they have nowhere to go and have no choice but to walk the streets of York in a desperate state, putting not only themselves at risk but others too."
The Press letters 29/01/16

News stories
About the inspection and decision to close the hospital

http://www.bbc.co.uk/news/uk-england-york-north-yorkshire-34363232

http://www.yorkpress.co.uk/news/13785542.Bootham_Park_Hospital_to_shut_after_damning_inspection_and_ceiling_collapse/)/

http://www.theguardian.com/society/2015/oct/01/bootham-park-hospital-sudden-closure-leaves-patients-vulnerable

http://www.yorkmix.com/news/arrested-sectioned-and-sent-50-miles-from-home-one-womans-nightmare-after-bootham-hospital-was-closed/

http://www.yorkshirepost.co.uk/news/opinion/michael-hickling-a-family-s-torment-over-closure-of-bootham-park-hospital-1-7496385

Questions over the future of the building and levels of investment to bring it up to standard

http://www.yorkpress.co.uk/features/readersletters/14155674.LETTERS__Why_won_t_we_spend_a_few_quid_to_make_Bootham_Park_Hospital____fit_for_purpose____/

Campaigns to keep the hospital open including the request for a judicial review of the decision

http://www.yorkpress.co.uk/news/14164022.Councillors_urged_to_back_Bootham_Park_Hospital_reopening_campaign/

http://www.yorkpress.co.uk/news/14173048.Campaign_to_reopen_Bootham_Park_Hospital_boosted_by_supermarket_petition/?ref=twtrec

http://m.yorkpress.co.uk/news/14189272.Bootham_Park_Hospital_closure_taken_to_the_High_Court/

Temporary work to provide in-patient facilities in York at Peppermill Court, and impact on other services

http://www.yorkpress.co.uk/news/14144748.Temporary_hospital_to_open_in_York_in_the_summer/

http://www.yorkpress.co.uk/news/14156786.York_man__73__forced_to_leave_his_lifeline_amid_NHS_crisis/

http://www.yorkpress.co.uk/news/14243134.Vulnerable_York_man_who_was_moved_when_Bootham_Park_closed_is_moved_again___to_a_unit_50_miles_away/

http://www.yorkpress.co.uk/news/14168270.Counselling_service_inundated_after_Bootham_Park_closure/

Wider concerns about mental health services in York

http://www.yorkpress.co.uk/news/14194523.Three_jailed_for_ripping_off_NHS_to_tune_of___3_5m/?ref=rss

http://www.hsj.co.uk/hsj-local/mental-health-trusts/leeds-and-york-partnership-nhs-foundation-trust/monitor-refuses-to-investigate-tender-process-despite-concerns/5089585.article?blocktitle=Leeds-and-York-Partnership-NHS-Foundation-Trust&contentID=5191

http://www.itv.com/news/calendar/2016-01-27/calls-for-york-mother-and-baby-unit-to-re-open/

Petitions

Stop the closure of Bootham Park Hospital and fund an immediate refurbishment (8,232 supporters at 18 Feb 2016)

https://www.change.org/p/jeremy-hunt-mp-york-nhs-trust-re-open-bootham-park-hospital-and-fund-an-immediate-refurbishment

Mental Health Services in York Should Remain on the Existing Bootham Park Site (54 signatures at 19 Feb 2016)

https://www.change.org/p/nhs-vale-of-york-clinical-commissioning-group-dr-mark-hayes-mental-health-services-in-york-should-remain-on-the-existing-bootham-park-site

Appendix 5 - Key organisations involved

Some of these organisations will be better known to local people than others. We have provided the fullest explanations of those we believe to be the least well known.

The Care Quality Commission is the independent regulator of health and social care in England. In their words:

'We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

We take action to protect people who use services.'

NHS Vale of York Clinical Commissioning Group (VoYCCG) is the organisation responsible for purchasing health services in our area. They manage the contract with Tees Esk and Wear Valleys NHS Foundation Trust, and previously managed the contract with Leeds & York Partnership NHS Foundation Trust.

Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) is the current provider of mental health services across the Vale of York area. TEWV also provide mental health services across the North East and North Yorkshire. In their words:

'Tees, Esk and Wear Valleys NHS Trust was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust.

As a foundation trust we are accountable to local people through our Council of Governors and are regulated by Monitor, the health sector regulator. On 1 October 2015 we took over the contract to provide mental health and learning disability services in the Vale of York.

In May 2015 our services were rated as 'GOOD' by the Care Quality Commission (CQC) following the Trust-wide inspection of our services in January 2015.

With over 6,500 staff and an annual operating income of over £300 million we deliver our services by working in partnership with local authorities and clinical commissioning groups, a wide range of other providers including voluntary organisations and the private sector, as well as service users, their carers and the public.'

York Teaching Hospital NHS Foundation Trust runs a number of health facilities and services, including York and Scarborough Hospital. They also maintained the Bootham Park Site on behalf of NHSPS until November 2015.

NHS Property Services manage the Bootham site

In their own words:

'The quality of the healthcare environment has a direct impact on how the NHS delivers care, and our patients' experience of it. The work environment is also important for staff: the better it is the more efficient they can be.

NHS Property Services manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare and working environments.

We are a national company, with a local structure, focusing our strategic and operational property management skills on supporting better health outcomes and experience for patients.

NHS Property Services has two main roles:

1. Strategic estates management – acting as a landlord, modernising facilities, buying new facilities and selling facilities the NHS no longer needs.
2. Dedicated provider of support services such as cleaning and catering.
   We have responsibility for around 3,500 buildings – worth over £3 billion – which were previously owned, leased or managed by primary care trusts and strategic health authorities.

This accounts for some 10 per cent of the NHS estate in England. Most of these buildings are used to provide patient care, such as GP surgeries and community hospitals. We do not have responsibility for hospital estates run by NHS Trusts and NHS Foundation Trusts.

NHS Property Services has a clear mandate to provide a quality service to its tenants and minimise the cost of the NHS estate to those organisations using it. We are passing the savings we make back to the NHS.'

Historic England (Previously English Heritage) is the public body that looks after England's historic environment. In their words:

'We champion historic places
We identify and protect our heritage
We support change
We understand historic places
We deliver national expertise at a local level'

City of York Council is the local council or local authority for York. Local councils are made up of elected local councillors and paid staff. Councils provide a wide range of services, either directly, or by buying the services the local population needs. They also have responsibility for the economic, social and environmental 'wellbeing' of their area.

Partnership Commissioning Unit is hosted by NHS Scarborough & Ryedale Clinical Commissioning Group. They were formerly known as the Vulnerable Adults and Children's Commissioning Unit. They support the four Clinical Commissioning Groups (CCGs) across North Yorkshire with specialist commissioning. Current work includes the Mental Health Crisis Care Concordat and the Future in Mind Transformation Plan for children and young people's mental health services.

Appendix 6 - Recent history – who provides local NHS Mental Health Services?

In July 2000, the Government's NHS Plan promised investment, reform and a shift in power towards principal healthcare professionals and patients. Old health authorities were disbanded and replaced by 28 Strategic Health Authorities.

Part of this reform was the setting up of Primary Care Trusts (PCTs). PCTs were local organisations responsible for managing health services in the community. They included;

- GPs
- Community nurses
- Local community hospitals (but not acute hospitals like York Teaching Hospital)
- Mental health services
- NHS Direct
- NHS Walk-in Centres
- Patient transport (including ambulances)
- Screening and health promotion programmes
- Dentists
- Pharmacists
- Opticians

Our local Primary Care Trust was North Yorkshire and York PCT.

In 2002, Alan Milburn (the Secretary of State for Health) announced the idea of NHS Foundation Trusts. The first 10 hospitals became NHS Foundation Trusts in 2004. They are semi-autonomous organisational units within the National Health Service in England. They have a degree of independence from the Department of Health and from their local strategic health authority until the latter were abolished in 2013. As of February 2016 there were 152 NHS Foundation Trusts.[x] The York Hospital NHS Foundation Trust was established on 1 April 2007, and renamed York Teaching Hospital NHS Foundation Trust in 2010, following its links with Hull York Medical

School (HYMS).[xi] Leeds Partnerships NHS Foundation Trust, a provider of mental health services in Leeds, became an NHS Foundation Trust in August 2007.[xii]

From 2008 onwards, through a programme known as Transforming Community Services, Primary Care Trusts were encouraged to focus on buying services, rather than providing them. As a result, staff were transferred from within the PCT to provider organisations.[xiii] Locally, this meant for example that most community services staff were transferred to York Teaching Hospital. Mental health services and the staff working within them were transferred under contract to Leeds Partnership NHS Foundation Trust in 2012, when they won the tender. In recognition of this, they changed their name to Leeds & York Partnership NHS Foundation Trust (LYPFT).

The Health and Social Care Act 2012 provided the framework for an extensive further reorganisation of the NHS in England. PCTs and Strategic Health Authorities were abolished. Instead, CCGs were set up. They inherited the contracts PCTs held with provider organisations. Locally, this meant that the newly created NHS Vale of York Clinical Commissioning Group held contracts with organisations including York Teaching Hospital and LYPFT.

At the same time, local provider organisations had to decide whether to take responsibility for their estate. LYPFT made the decision to put NHS Vale of York's mental health estate into the hands of the newly formed NHS Property Services. The Health and Social Care Act also removed the overall responsibility for the health of citizens from the Secretary of State for Health, which had been in place since the creation of the NHS in 1948.

Appendix 7 – Engagement activity undertaken by TEWV to date

1. TEWV attended a Carers Meeting on 14 October 2015, giving a verbal update on Bootham Park Hospital and the interim arrangements in place.

2. They provided a briefing to an officers' meeting at the City of York Council on 19 October. Attendees included social care representatives and the Director of Social Services.

3. They provided an update on the tender and hospital plans to the Child and Adolescent Mental Health Service (CAMHS) Executive Meeting on 20 October 2015.

4. They attended City of York Council Health Overview and Scrutiny Committee on 20 October 2015. They made a detailed presentation about the Trust's plans and the preferred option around Peppermill Court to bring adult beds back to York.

5. The presentation made at the Overview and Scrutiny Committee was repeated at the Health and Well Being Board on 21 October 2015.

6. TEWV attended a public meeting which was arranged by Rachael Maskell MP on 6 November 2015.

7. The Trust gave a verbal update and answered questions at a TEWV patient and carer meeting on 9 November 2015. The patients and carers were given an update on Bootham Park Hospital. They were also asked for their input on the plans for the redevelopment of Peppermill Court.

8. A similar presentation was made at a York Dementia Action Alliance event on 10 November 2015.

9. A further presentation was made at the carers group meeting on 11 November 2015.

10. They attended a Converge meeting (Recovery College) on 25 November 2015 and gave a presentation about service delivery including an update on Bootham, interim plans and proposed plans for the reinstatement of adult beds at Peppermill.

11. The Trust attended the CAMHS Conference on 25 November 2015 at a lunchtime networking session and updated the meeting on specific

questions raised during the session about what was happening at Bootham Park Hospital.

12. The Trust attended a Safeguarding Meeting on 27 November 2015. This was a meeting with North Yorkshire County Council and Selby District Council and representatives from the Police to discuss general interface issues. However, specific input was provided regarding Bootham Park Hospital and the Trust's plans was given.

13. The Trust attended a Health and Well Being Board on 2 December 2015 and updated the Board as regards the Trust's plans to reinstate the Section 136 suite at Bootham Park Hospital.

14. On 11 December 2015 the Trust provided a verbal update to the North Yorkshire County Council Overview and Scrutiny Committee regarding the Trust's interim arrangements and plans.

15. On 22 December 2015 the Trust attended a City of York Council Overview Scrutiny Committee Meeting and provided a further update on its plans.

16. On 6 January 2016 the Trust attended the Voluntary & Community Sector (VCS) Learning Disability Forum to update and gain feedback from representatives (service users, carers and VCS representatives) on service issues following the closure of Bootham Park Hospital and to update on our tender plans.

17. On 11 January 2016 there was a service user visit to Peppermill Court to update service users and to seek input regarding the specific form of service provision.

18. Further meetings are scheduled with the service user group in order for the service users to provide input into the Trust's plans for Peppermill Court and a visit to Peppermill Court took place on 11 January 2016.

19. A further YDAA meeting held on 18 January 2016 gave a further update on arrangements.

20. 22 February 2016 Martin Barkley (CEO) participated in a BBC Radio York phone in to respond to mental health issues, a significant proportion of the phone in covered issues relating to the closure of Bootham Park Hospital and its associated impact.

21. A number of service visits have been undertaken (or are planned) for representatives to visit alternative mental health facilities within TEWV.

This has included visits from the Carers group/ Overview and Scrutiny (OSC). OSC and York Civic Trust are also planning to visit the BPH site (8th March and 14th March respectively) to review the building issues and understand the heritage elements.

22. We will try to attend any meeting which is requested by any group to discuss the impact of Bootham, or any associated issues.

Appendix 8 – Glossary of Abbreviations

BPH	Bootham Park Hospital
CQC	The Care Quality Commission
HWBB	Health and Wellbeing Boards
HWY	Healthwatch York
LYPFT	Leeds and York Partnership NHS Foundation Trust
NHSPS	NHS Property Services
PCU	Partnership Commissioning Unit
TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
VoYCCG	NHS Vale of York Clinical Commissioning Group
YTH	York Teaching Hospital

References

[i] https://en.wikipedia.org/wiki/Bootham_Park_Hospital
[ii] http://www.cqc.org.uk/content/leeds-and-york-partnership-nhs-foundation-trust-rated-requires-improvement-overall-chief
[iii] http://publicsectortenders.net/index.php?name=News&file=article&sid=30484&theme=PublicSectorTenders
[iv] http://www.yorkpress.co.uk/news/13329311.Trust_loses_appeal_to_keep___190_million_mental_health_contract/
[v] http://www.cqc.org.uk/content/statement-bootham-park-hospital
[vi] http://www.cqc.org.uk/content/update-bootham-park-hospital-york
[vii] http://www.cqc.org.uk/content/bootham-park-hospital-update
[viii] https://hansard.digiminster.com/Commons/2016-02-03/debates/16020361000002/BoothamParkMentalHealthHospital
[ix] (for example York Mind's website; http://www.yorkmind.org.uk/healthwatch-york-have-your-say-about-the-closure-of-bootham-park-hospital-and-the-future-of-mental-health-services-in-york/)
[x] https://en.wikipedia.org/wiki/NHS_foundation_trust
[xi] https://en.wikipedia.org/wiki/York_Teaching_Hospital_NHS_Foundation_Trust
[xii] https://en.wikipedia.org/wiki/Leeds_and_York_Partnership_NHS_Foundation_Trust
[xiii] http://www.grace-care.co.uk/helpful-information/care-directory/nhs.php

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York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York.
York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

This report

This report is available to download from the Healthwatch York website: www.healthwatchyork.co.uk

Paper copies are available from the Healthwatch York office
If you would like this report in any other format, please contact the Healthwatch York office

Transfer of Services between Leeds York Partnership FT and Tees, Esk and Wear Valleys NHS FT
Reflections, Learning and Assurance Report

Action Plan

Recommendation	Organisation	Objective	Action	How will this be evidenced	Lead	Timeframe
Managing safe services in an unsuitable environment						
a) Governance arrangements for the management of action plans such as the Bootham Park Hospital action plan following the CQC review need to include clear reporting arrangements with organisations with responsibility for actions being held to account.	Vale of York CCG	Effective governance arrangements. Completion to time of action plans and resulting outcomes achieved.	The CCG has undertaken an independent external review of the Partnership commissioning Unit (PCU) who are responsible on our behalf, for the assurance of the mental health contract during its lifetime, in order to see if joint commissioning arrangements and the model over 4 CCGs is effective – report awaited. All contracting arrangements now have CCG representation. All new contracts have levers to incentivise quality improvement such as CQUIN. In addition we have undertaken a deep dive into estates provision and have a Strategic Estates Plan agreed with partners following stakeholder engagement	Minutes from contract management meetings. Completion of action plans	Chief Nurse	In line with timeframes on any action plans
b) The regulatory remit and expertise of the CQC do not currently allow the CQC to take part in programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care. The CQC should consider whether this should be part of their remit adding to the expert advice that a programme board seeks and utilises. The commissioner, provider and NHSPS should ensure that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards. The CQC may want to consider providing additional assurance to this process.	NHS Property Services Ltd	NHSPS ensures that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards.	Ensure that all consultants appointed are competent in healthcare design and fully aware of CQC compliance issue for relevant premises.	Request details of experience and confirmation that each consultant is competent as part of tender return included in all tender specification	Head of Construction Programme Management	By September 2016
	CQC	Consideration of whether CQC should take part in programme boards as part of its regulatory remit, and whether CQC should provide additional assurance to the process of ensuring that building work meets CQC standards.	No further action is required from CQC. As part of our ongoing relationship management between the provider and CQC we may attend programme boards or oversight group meetings as an observer to assess progress and to encourage improvement. However, we would not consider the CQC relationship owner to be part of formal governance, or to be there to sign off plans or to provide internal assurance. It is essential that CQC remains independent, and is able to make independent regulatory judgements in which both the provider and the public can have confidence. To do otherwise could blur the accountabilities for quality at a local level.	N/A	N/A	N/A
c) Delays in the critical path for the redevelopment of the buildings (Bootham Park and Cherry Tree House) were caused, in part, by contractor delays. These were identified to the BPH						

Programme Board. Where building programmes are significantly delayed alternative provision should be considered with a view to maintaining safety.						
d) Contingency or business continuity plans should be written to cover the loss of estate and re-provision of services. LYPFT enacted their business continuity plans following notification by the CQC that all regulated activity must cease at BPH.	NHS Property Services Ltd	NHS PS to support providers when the provider develops their Business continuity plans and provide potential options for other sites and landlord information	Information supporting business continuity planning is provided on request	Guidance issued to NHSPS FM and H&S staff to assist with information and advice	Head of Facilities Management and Head of Safety	By 31 July 2016
	York of Vale CCG	Effective and robust business continuity planning	Robust contracting arrangements must include the provider having effective contingency and business continuity plans and to invoke those plans should the need arise. The CCG will ensure the requirement for effective plans are in the service specification for contracts and are part of the contract going forward to hold providers to account. The CCG will ensure it has business continuity plans which cover the failure of provider business continuity plans preferably over a larger geographical area where appropriate.	Evidence in contracts. Minutes from contract management meetings. Escalation procedures. Business continuity plans.	Chief Finance Officer Chief Operating Officer	On-going as contracts arise January 2017
e) The CQC should consider sharing reports of specialist advisors where the content of those reports may impact on the safety of patients or the public and where this is permitted by the relevant information governance, legislation and codes of practice.	CQC	Consideration of whether CQC should share reports of specialist advisors.	No further action is required from CQC. We do not routinely release individual inputs or pieces of evidence gathered at inspection, as such documentation in isolation would be only a partial representation of the full inspection, and could be misleading. Our policies and internal guidance do allow for the sharing of information (such as specific reports) in certain circumstances where it is considered necessary and proportionate to do so to protect the safety and welfare of patients and the public. Our internal guidance already supports our staff in doing this within the constraints of relevant legislation and best practice.	N/A	N/A	N/A
f) Closing premises and relocating patients can be concerning in its own right – the risks of continuing in premises which are not fit for purpose and closure need to be carefully considered, by all parties, commissioner, provider and the CQC, before a decision to close is made.	NHS Property Services Ltd	NHSPS support active review and clear strategic plans for poor quality premises with health commissioners	NHSPS FM team collates results of 3 facet surveys and highlights to strategy team. NHSPS strategy team highlights properties falling into D or DX[1] in our portfolio. [1] *6 facet survey rating of property, or other similar system of evaluating the quality and suitability of healthcare premises which is in operation from*	List of D & DX properties supplied to Strategy Team NHSPS identify all D and DX properties in strategic estates planning process with CCG and include in SEP documents	Head of Facilities Management Head of Property Strategy	On rolling basis as survey work completed 2016/17 As SEPs are revised 2016/17

			time to time.			
	CQC	Ensure that CQC fully considers the risks of continuing in unsafe premises against the risks associated with closure.	No further action is required from CQC. It is essential that the balance of risks is taken into account when considering any enforcement action and our published enforcement policy sets out our approach. When CQC takes urgent action to suspend, vary or cancel a registration we make a balanced decision that takes into consideration the vulnerability of the people using the service, the seriousness of the shortcomings and the severity of the risks posed to service users against the risks and benefits that arise as a result of taking urgent enforcement action. We also consider how long it would take the provider to put right the serious risks we have identified, whether they are able to put it right, and whether commissioners are involved in supporting the service. CQC is working with NHS England and others on a shared protocol on unplanned or rapid closures, intended to be used by the relevant statutory bodies in partnership with providers to help them support people using care services when care provision fails or closes unexpectedly. It includes a checklist of actions that each organisation should take in closure situations. The remit for this work is initially for care homes. We will work with partners to ensure that an equivalent protocol is developed for full and partial closures in the hospitals sector, including mental health.	We will publish the protocol on our website when it is complete.	Mike Richards	CQC will work to make this available by the end of the year, subject to agreement with partners

The safe transfer of services between organisations						
g) The time frames for the transfer of services between organisations should be appropriate to the action which needs to be taken to ensure a safe transfer. This is a recommendation which applies equally to the organisations transferring services and the CCG with responsibility for these services.	York of Vale CCG	Appropriate and robust procurement and mobilisation processes to allow for safe transfer of services.	The CCG abided by procurement guidance by allowing 4-6 months for mobilisation after contract awarded. However given the complexity of the situation the CCG will allow for longer, more flexible timeframes in future procurement as required.	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement and mobilisation	Chief Finance Officer	On-going as contracts arise
h) Commissioning and procurement processes should recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.	NHS Property Services Ltd	Recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.	Develop a standard set of due diligence questions for procurement processes on estates and property issues	Estates Readiness Checklist developed and made available to CCGs	Director of Asset Management	30 November 2016
	York of Vale CCG	Appropriate and robust procurement and due diligence processes to allow identification of risk.	A full look back exercise on the procurement will occur within 6 months by the project team in order to ensure full learning for future is captured	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement, mobilisation and delivery	Chief Finance Officer	November 2016
i) As the organisation receiving services it is essential that the new provider ensures that premises are suitable before the services are accepted. Where this is not possible a plan should be enacted to mitigate risk.	Tees, Esk and Wear Valleys NHS Foundation Trust	Tees, Esk and Wear Valleys NHS Foundation Trust have no specific actions to address from this report but will be taking into consideration this recommendations any future work streams.				
j) A clear plan needs to be developed to ensure that services are safely maintained in the period leading up to the transfer of services.						
k) The balance of risk to patient safety should be considered when deciding to close services. Time frames should be proportionate to this risk.	CQC	Ensure that CQC fully considers the risk to patient safety when deciding to close services, and works to ensure that time frames are proportionate.	We agree that the balance of risk to patient safety should be considered, and that time-frames should be proportionate to that risk. The closure of an NHS service is a rare occurrence, and the evidential threshold to show that the risk of harm to people necessitates such enforcement action is very high. As noted above, CQC's enforcement policy sets out the considerations we take in coming to a decision on appropriate action. We will work with partners to ensure that a protocol is developed for full and partial closures in the hospitals sector, including mental health.	We will publish the protocol on our website when it is complete	Mike Richards	CQC will work to make this available by the end of the year, subject to agreement with partners

l) The roles of both the inspection and registration teams in this process needs to be understood by commissioner and provider organisations.	York of Vale CCG	Good understanding of inspection and registration processes and appropriate actions relating to this.	The CCG had a lack of organisational history and experience of awarding contracts where deregistration and reregistration was involved. The CCG will ensure the registration process is well understood by commissioners and procurements managers.	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement, mobilisation and delivery. Evidence in contract management minutes to demonstrate appropriate application of guidance where appropriate by provider and commissioners including any clinical visits	Chief Officers	November 2016
	CQC	Facilitate commissioner and provider understanding of the regulatory environment.	We agree that it is essential that commissioners and providers understand the regulatory environment in which they operate. An open and honest dialogue between lead inspectors and providers operating in local areas is important in facilitating this understanding. Where we find unsafe care we will use local relationship management to support providers to improve, using our registration, inspection and if necessary enforcement processes. We are working to improve the robustness, efficiency and effectiveness of registration, as set out in our August 2015 publication A fresh start for registration. This includes what providers can expect from the registration process, how we will make the experience as user-friendly and efficient as possible and what our expectations are of them when they are registered. We are committed to working with our partners to develop further information resources to improve understanding of CQC's role and processes.	Data from post registration provider survey	Sally Warren, DCI National Functions	Improvements will be made on an ongoing basis, as detailed in our publication, A fresh start for registration.
) Clear escalation between organisations around dispute resolution between commissioner and provider (mental health and property services) when dispute resolution is required. Initially this should utilise the contractual mechanisms available to commissioners and providers – in this case the lease or contract for services.	York of Vale CCG	Robust contract management and dispute resolution / escalation processes	Escalation to be built in to terms of reference for programme boards	Evidence in terms of reference	Chief Finance Officer	September 2016
n) A lead body should be nominated at the outset to take charge of the process of closure (this would normally be the commissioner). The process of varying the registration of the outgoing and incoming trust with the Care Quality						

Commission where services are transferring						
o) Where concerns regarding safety standards are identified by the CQC the Trust and commissioner must seek the appropriate expertise and professional advice urgently to ensure that premises are refurbished to the required standard.	York of Vale CCG	Appropriate use of expertise to ensure safe service provision	The CCG will ensure, as part of its contracting and procurement arrangements going forward (and Strategic Estates Plan), that processes for seeking expertise are described within. The CCG has since recruited an estates advisor in order to coordinate the estates strategy and liaise with experts to inform the implementation of the Strategic Estates Plan	Evidence in contracts. Minutes from contract management meetings. Escalation procedures.	Chief Finance Officer Chief Nurse	On-going as contracts arise
p) Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.	York of Vale CCG	Good understanding of registration and deregistration processes and appropriate actions relating to this.	The CCG had a lack of organisational history and experience of awarding contracts where deregistration and reregistration was involved. The CCG will ensure the registration process is well understood by commissioners and procurements managers	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement, mobilisation and delivery.	Chief Officers	November 2016
	CQC	Facilitate commissioner and provider understanding of the timeframes involved in registration applications.	We agree that commissioners and providers should have a clear understanding of the time frames for registration processes. Currently providers are asked to submit their registration applications 10 weeks ahead of service commencement. This information is contained in the application forms available on our website. We are working to improve the information for providers on our website. The actions we have outlined in our response to recommendation (l) above, will help commissioners and providers to be clear about the processes involved, and to factor the likely time frames into their programme plans for service transfers.	Data from post registration provider survey	Sally Warren, DCI National Functions	Improvements will be made on an ongoing basis, as detailed in our publication, A fresh start for registration
p) Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.	Tees, Esk and Wear Valleys NHS Foundation Trust	Tees, Esk and Wear Valleys NHS Foundation Trust have no specific actions to address from this report but will be taking into consideration this recommendation any future work streams.				
q) The CQC should be involved at the earliest possible opportunity when services are being transferred between provider organisations.	CQC	CQC support for this recommendation	We support this recommendation. It is good practice for providers to inform CQC when they are planning transfers or changes in their regulated activities. CQC deals regularly with changes in ownership of services between providers across the health and social care sector, and it is useful for us to be aware as early as possible of any plans. This enables us to ensure that providers have the information on the likely registration processes and timetables,	N/A	N/A	N/A

			and are aware of the link between our registration processes and our monitoring, inspection and rating of services. We have the right to refuse applications for registration, including adding an additional location, where providers are unable to satisfy us that the regulations will be met.			
r) Where the CQC have significant concerns about the safety of services delivered by provider organisations these should be raised with the commissioning organisation and, if necessary, NHS England.	CQC	Ensure that significant concerns are raised with commissioners and NHS England where appropriate.	CQC already does raise significant concerns about the safety of services with the commissioning organisations. CQC is required to notify a number of third parties of a Notice of Proposal, Notice of Decision, warning notices and urgent procedures for suspension, variation etc. This includes the commissioning organisation and NHS England in some circumstances. We may also inform any other organisations that we consider appropriate, where this assists in protecting people who use services. Following all comprehensive inspections of NHS Trusts we hold a Quality Summit, to develop a high level plan of action and recommendations based on the inspection team's findings. Attendees would normally include representatives from the CCG, NHS England Area Team, and NHS Improvement. Similarly, focussed inspections which raise concerns can trigger a Risk Summit as required. Risk Summits may be convened at any time outside of the inspection programme by any statutory organisation that has concerns about the quality or safety of care being provided. Immediately following all our inspections of Trusts we write to the provider to set out any concerns we may have. In future we will copy the commissioning organisation local to the provider into these letters where appropriate.	Our template letter will be amended, and the change will be communicated to inspection teams.	Mike Richards	October 2016
Learning for individual organisations						
1.11 Vale of York CCG Commissioning from unsafe buildings – the provision of services from BPH should have ceased when concerns were first raised by the CQC (if not before) Management of actions plans and holding to account on time frames specifically for LYPFT and NHSPS should have been more robust.	Vale of York CCG	Robust contracting arrangements to ensure arrangements for alternative provision, should serious or significant concerns arise	The CCG sought an alternative to provision once the CQC concerns were known – any suitable alternatives could not occur within a short time frame. The CCG will ensure the requirement for seeking alternative provision, should serious or significant concerns arise, are in the service specification for contracts and are part of the contract going forward to hold providers to	Evidence in contracts	Chief Finance Officer Chief Nurse	On-going as contracts arise

			account			
	Vale of York CCG	Robust contract management arrangements and escalation processes in place	Robust contracting arrangements must include the provider having effective contingency and business continuity plans and to invoke those plans should the need arise. The CCG will ensure the requirement for effective plans are in the service specification for contracts and are part of the contract going forward to hold providers to account. In this instance the CCG accepts it could have escalated issues to CEO NHSPS and NHSE when the position was deteriorating and will ensure escalation processes describe this effectively. The CCG accepts that it could have taken independent specialist advice with regards to grade 1 listed buildings, and will ensure processes are built in to any further procurements. The CCG has since recruited an estates advisor in order to coordinate the Strategic Estates Plan and liaise with experts to inform the implementation of the estates strategy	Evidence in contracts. Minutes from contract management meetings. Escalation procedures.	Chief Finance Officer Chief Nurse	On-going as contracts arise
1.12 Leeds York Partnership FT Should not have delivered services from unsafe premises – concerns were raised but action should have been taken to move out sooner	Leeds York Partnership FT	To maintain safe and suitable premises at all times.	CQC Fundamental Standards Group – tracking of all CQC compliance issues Clinical Environments Operational Group Escalation procedure in place for all staff Developing reciprocal decant options with partners organisations as part of our Business Continuity Plan.	• CQC action plan and tracker • Minutes and action log from CEOG. • Escalation procedure available in all services and via the trust intranet. • Revised Business Continuity plan	Director of Nursing, Professions and Quality Chief Financial Officer	30 June 2016 30 September 2016
1.12 Leeds York Partnership FT LYPFT should have been more forceful in taking action in line with their accountabilities as a provider.	Leeds York Partnership FT	To ensure that where patient safety risks are present and their resolution subject to third party decisions, serious risks and concerns are escalated at the earliest opportunity to all relevant parties including commissioners	• Reviewed and clarified the governance arrangements with third party organisations • Ensure any quality actions, including proposals to close or relocate a service are addressed to commissioners through the Quality Review process.	• Revised SLA with NHS Property Services and PFI providers • Minutes and actions from Quality Review meetings	Chief Financial Officer Director of Nursing, Professions and Quality	30 June 2016 30 June 2016
1.13 NHS Property Services Robust management of contractors to agreed timeframes. Assurance was given that refurbishments would be delivered to timeframes when this was not the case.	NHS Property Services Ltd	Review of all programmes submitted for work via contractors and evaluation of potential risks including design. Ensure adequate	Standard process for programme and risk review on all schemes including float allowance and review and sign off via principal project manager.	Sign off matrix on all schemes at each stage and prior to issue of programmes to tenants and commissioners	Head of Construction Programme Management	31 Sept 2016

		float programme and suitable levels L&D				
Due diligence is essential before taking the ownership of properties to ensure an understanding of the issues associated with the building.	NHS Property Services Ltd	NHSPS document the due diligence process required prior to acquisition of new sites and agree this with Department of Health	A standard process is in place for due diligence and handover of property where all parties understand associated risks and liabilities.	Due Diligence process agreed	Director of Asset Management	By March 2017
In order to ensure that the lessons are learnt and mistakes are not repeated it is recommended that NHS England take the lead in developing a memorandum of understanding for the sudden closure of hospital facilities on the grounds of serious quality or safety concerns.	NHS England	Safe closure of hospital facilities following serious concerns about quality or safety	MOU to be written by multi-organisational working group (to be established). Membership, governance and reporting arrangements to be confirmed	Memorandum of understanding written and agreed by all stakeholders including patient representatives	Ruth Holt, Director of Nursing - NHS England, North	30th September 2016

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

Meeting Date	Work Programme
Wednesday 22 June 2016 @ 5.30pm	1. Attendance of Executive Member for Health and Adult Social Care to explain her challenges and priorities for the municipal year 2. Be Independent End of Year Position 3. Verbal update on Bootham Park Hospital Scrutiny Review 4. Work Plan 2016/17
Tues 19 July @ 4pm	1. End of Year Finance & Performance Monitoring Report 2. TEWV report on consultation for proposed new mental health hospital for York. 3. Safeguarding Vulnerable Adults Annual Assurance report 4. Position report on Healthy Child Service Board 5. Pre-decision Report on Reprocurement of Substance Misuse Treatment and Recovery Services 6. Work Plan 2016/17
Wed 28 Sept @ 5.30pm	1. Health & Wellbeing Board six-monthly update report 2. 1st Quarter Finance & Performance Monitoring Report 3. Report on change of services at Archways Intermediate Care Unit 4. Update report on CCG turnaround and recovery plans 5. Bootham Park Hospital Draft Final Report. 6. Work Plan 2016/17
Tues 18 Oct @ 5.30pm	1. Annual Report of the Chief Executive of York Teaching Hospitals NHS Foundation Trust. 2. Further update on actions against York Hospital Action Plan. 3. Annual Report of the Chief Executive of Yorkshire Ambulance Service. 4. Tees, Esk and Wear NHS Foundation Trust – One Year On in York 5. Update report on Winter Pressures Monies (tbc)

	6. Update Report on roll out of the re-procurement of North Yorkshire Community Equipment and Wheelchair Services (tbc) 7. Update Report on Healthy Child Service Board 8. Work Plan 2016/17
Wed 30 Nov @ 5.30pm	1. Healthwatch six-monthly Performance Update report 2. 2nd Quarter Finance & Performance Monitoring Report 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Draft mental health strategy for York. (Tracy Wallis). 5. Update Report on Elderly Persons' Homes 6. Work Plan 2016/17
Tues 20 Dec @ 5.30pm	1. Work Plan 2016/17
Mon 30 Jan 2017 @ 5.30pm	1. Safeguarding Vulnerable Adults Six-Monthly Assurance Report 2. Be Independent six-monthly update report 3. Work Plan 2016/17
Mon 27 Feb 2017 @ 5.30pm	1. 3rd Quarter Finance & Performance Monitoring Report 2. Annual Carers Strategy Update report 3. Work Plan 2016/17
Wed 29 March 2017 @ 5.30pm	1. Annual report of Health & Wellbeing Board 2. Work Plan 2016/17
Wed 19 April 2017 @ 5.30pm	1. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Work Plan 2016/17
Wed 31 May 2017 @ 5.30pm	1. Healthwatch six-monthly Performance Update report 2. Work Plan 2016/17