



Notice of a public meeting of

Health Overview & Scrutiny Committee

To: Councillors Doughty (Chair), Funnell (Vice-Chair),
Burton, Runciman, Douglas, Hodgson and Watson

Date: Wednesday, 18 February 2015

Time: 5.30 pm

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

AGENDA

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

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

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

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

2. **Minutes** (Pages 3 - 12)

To approve and sign the minutes of the meeting held on
Wednesday 14 January 2015.

3. **Public Participation**

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 17 February 2015 at 5:00 pm**.

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http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

4. Chair's Report- Health and Wellbeing Board

(Pages 13 - 16)

This is one of the regular update reports provided by the Chair of the Health and Wellbeing Board agreed as part of the working protocol between Health Overview and Scrutiny Committee and the Health and Wellbeing Board.

5. 3rd Quarter Finance, Performance and Monitoring Report

(Pages 17 - 22)

This report analyses the latest performance for 2014/15 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 Public Health services falling under the responsibility of the Director of Public Health.

6. Personal Medical Services (PMS) Review-NHS England

(Pages 23 - 28)

The purpose of this paper is to provide Members with a briefing on the Personal Medical Services (PMS) contracts review that is currently being undertaken by NHS England in conjunction with the local Clinical Commissioning Groups.

- 7. Update Report on merger of Haxby and Gale Farm practices** (Pages 29 - 64)
This report informs Members of the proposal to merge Gale Farm Surgery with Haxby Group and sets out the business case and methods of consultation that have taken place with patients at both surgeries.
- 8. Presentation by Health Education Yorkshire and the Humber on nurse training and workforce planning**
(Pages 65 - 80)
The Committee will receive a presentation by Health Education Yorkshire & the Humber on their skills and development strategy relating to nurse recruitment and workforce planning.
- 9. Report on outcome of the Leeds and York Partnership NHS Foundation Trust Care Quality Commission Inspection Report** (Pages 81 - 120)
This report outlines the findings from a recent inspection Care Quality Commission Inspection into services offered by Leeds and York Partnership NHS Foundation Trust. Chris Butler and Anthony Deery from Leeds and York Partnership NHS Foundation Trust will be in attendance to present the report and answer any questions that Members might have.
- 10. Safeguarding Vulnerable Adults Update on Assurance**
(Pages 121 - 132)
This update report outlines the actions taken to further improve the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep vulnerable adults within the city protected from violence and abuse, whilst maintaining their independence and well-being.
- 11. Work Plan** (Pages 133 - 136)
Members are asked to consider the Committee's work plan for the municipal year.
- 12. Urgent Business**
Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts

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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**

HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item 1: Declarations of interest.**

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

Councillor Doughty Member of York NHS Foundation Teaching Trust.

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

Councillor Funnell Member of the General Pharmaceutical Council
A Non Executive Member of Be Independent

Councillor Hodgson Previously worked at York Hospital.
Member of UNISON.

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City of York Council

Committee Minutes

Meeting	Health Overview & Scrutiny Committee
Date	14 January 2015
Present	Councillors Doughty (Chair), Funnell (Vice-Chair), Burton, Runciman, Douglas, Hodgson and Watson
In Attendance	Councillor Fraser

50. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal, prejudicial or disclosable pecuniary interests that they might have had in the business in the agenda.

Councillor Doughty clarified that one of his standing declarations which had been included within the agenda papers should be amended as his partner no longer worked for The Retreat.

Councillor Funnell declared personal interests in that she was no longer a trustee of York Centre for Voluntary Service (CVS) and was a member of the York Health and Wellbeing Board's Mental Health and Learning Disabilities Partnership Board.

Councillor Hodgson declared a personal interest in Agenda Item 8 (Update Report on Re-procurement of Musculoskeletal (MSK) Services) as a recent former patient.

No other interests were declared.

51. Minutes

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 26 November 2014 be signed and approved by the Chair as a correct record.

52. Public Participation

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

Dr Judith Glover spoke under Agenda Item 3 (Public Participation) regarding the Continuing Healthcare fund which provided nursing care for those who left hospital, granted by the Clinical Commissioning Group. She felt that one factor in bedblocking in Accident and Emergency Departments could be caused by this system and the actions of some CCGs to not allow patients to pay the difference for their care. She shared a personal experience of her terminally ill father and the difficulties she had finding him a place in a care home as the area in which he was resident would not allow for her to pay the difference for his residential care fees as Continuing Healthcare funding was rooted in 1944 Health legislation in which a family cannot top-up funding. She felt the system would lead to delays in hospital discharges, greater anxiety and higher costs for the taxpayers. Dr Glover urged the Committee to request the CCG to respond to the comments she had shared with them.

Andrew Butler spoke regarding Agenda Item 5 (Feasibility Report into Proposed Scrutiny Review of NHS Funding in York). He paid credit to Councillor Fraser for his motion to Council and the request for a review and felt that there was merit in investigating a number of issues such as psychological therapies waiting times and CCG spending per head. However, he suggested that the Committee played close attention to the suggestion that any review remit should have a narrow focus.

Rachael Maskell spoke in regards to Agenda Item 10a) (Urgent Business-Accident & Emergency). She talked about a need to focus on the ambulance service and pointed to a pilot in Surrey that had been carried out where up skilled paramedics had taken pressure off Accident and Emergency Departments. She also felt that capacity needed to be looked at in regards to the wellbeing of those working in the health sector, some of whom felt over-worked.

Dr Mark Hayes, Chief Clinical Officer for the Vale of York Clinical Commissioning Group (CCG) was in attendance at the meeting and responded to the comments raised by Dr Glover.

He informed her that once a patient had been awarded money from the Continuing Healthcare Fund a brokerage system was used where quotes were sought from various care homes. Comparative quotes would also be sought from outside of the region. Normally, the cheapest care home would be the one suggested by the CCG but this might not have been the one suggested by the local CCG where Dr Glover's father had been resident.

53. 2014/15 Second Quarter Financial, Performance & Equalities Monitoring Report-Health & Wellbeing

Members received a report which analysed the latest performance for 2014/15 and forecasted the financial outturn position, by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care, and Public Health Services falling under the responsibility of the Director of Public Health.

Clarification was sought as to why the Vale of York CCG had a lower GP participation rate on health checks for people with Learning Disabilities. It was noted although these were not mandatory, and therefore the data given had not come from all GP practices in the Vale of York area, Officers could write to those who had not yet contributed information.

In regards to an overspend in the Elderly Persons Homes (EPH) budget, Officers explained to Members that some parts of the budget were located in different departments of the Council which made it harder to see an overall picture of the costs and they admitted that some maintenance issues in EPH's still remained.

Regarding the topic of the budget set for Deprivation of Liberty Safeguards (DOLS), in light of a recent court judgment, Officers informed the Committee that they would review the budget and reduce it if necessary. They added that if the judgment remained in place there would be a significant backlog of applications to be processed.

Resolved: That the report be noted.

Reason: To update the committee on the latest financial and performance position for 2014/15.

54. Feasibility Report into Proposed Scrutiny Report of NHS Funding in York

Members received a feasibility report into a proposed scrutiny review of NHS Funding in York.

Councillor Fraser introduced his proposed scrutiny topic and joined tributes that had already been paid by others to NHS staff in York despite the challenging work they undertook. He outlined his reasons for why he felt the Committee should undertake a review on the topic namely that;

- There was a disparity of funding allocations despite ongoing difficulties with funding of York and North Yorkshire Primary Care Trust.
- There was further unfairness in allocation of emergency funding in Northern regions compared with other regions.
- There was a need to look at the whole system and make the best use of resources.
- There was a need to highlight pressures and financial constraints on the population.
- There was a need to examine what measures might alleviate pressures and what strategies could be developed for complimentary care.

Discussion took place between Members on the proposed topic. The following points were raised;

- There was a limited time to conduct the review before purdah began at the end of March.
- Although the funding arrangements did need to be reviewed, this was currently being examined in Parliament.
- The Better Care Fund could be used to help Older People live at home, and this was where most financial pressures had shown themselves to have been occurring.
- That the major pressures the Hospital faced were too politically charged and so it would be sensible not to carry out a review at this point in time.

The Chairman of York Hospital was in attendance at the meeting. He felt that although the topic was worthy of investigation there were a number of other current major concerns that would mean that Hospital would be unlikely to respond to a review.

Factors such as the pressures on Accident and Emergency and an upcoming Care Quality Commission Inspection in March contributed to this.

Resolved: That the report be noted and that the Committee agree to not carry out a scrutiny review of local health services in York, at this moment in time.

Reason: To ensure compliance with scrutiny procedures and protocols.

55. The Care Quality Commission's Presentation on New Approach to the Inspection of Care Homes

Members received a report which informed them of the principles that guided how the Care Quality Commission (CQC) inspected and regulated care services in the future. Jo Bell, the Lead Inspection Manager for the North from the CQC was in attendance to present the report and to answer Members questions.

Members were informed that;

- The main focus was on better engagement and to put the individual at the centre of everything that the CQC did, as a result CQC reports now included personal comments from individuals.
- Between the middle of January and the end of March CQC would inspect 20 residential, nursing and homecare services in the York area.
- That inspection teams tended to be larger and included specialists in certain areas, such as dementia.
- They could now take enforcement action such as issuing a Fixed Penalty Notice if a Care Home did employ a Registered Manager.
- Inspections were unannounced.

Members asked if the CQC would suggest a topic for the Committee to review. In response, themed inspections were mentioned. It was also noted that time had been spent recruiting people with experience with patient groups like Age UK and Mencap to CQC Inspections Teams.

Resolved: That the report be noted.

Reason: To update the Committee on the CQC's new approach to regulating and inspecting services.

56. Chair's Report- Health and Wellbeing Board

Members received a report from the Chair of the Health and Wellbeing Board on the work of the Board. Members were informed by Officers that recommendations from Healthwatch were monitored through an action plan which was taken back to the Board for consideration.

Resolved: That the report be noted and that the Chair be thanked for her report.

Reason: To ensure compliance with scrutiny procedures and protocols.

57. Update Report on Re-procurement of Musculoskeletal (MSK) Services

Members received a report which informed them of the plans that the Vale of York CCG were undertaking in the re-procurement of the current Musculoskeletal Service (MSK) due to the expiry of the current contract.

Members were informed about an upcoming public consultation event where it was hoped to gain views from members of the public to inform the re-procurement. However, if the event did not take place, those who had expressed an interest in attending would be contacted to obtain their views.

Resolved: That the report be noted.

Reason: So that Members are kept informed of the plans of the re-procurement of this service for York residents.

58. Work Plan

Members considered the Committee's work plan for the rest of the 2014/15 municipal year.

The Chairman of York Hospital who was in attendance at the meeting suggested that the Committee might wish to add in the Care Quality Commission's (CQC) Inspection Report on York Hospital on to their work plan.

It was also noted that Yorkshire Ambulance Service (YAS) had an upcoming CQC inspection and suggested this could also be added.

A general topic for suggested for investigation at a later date was that the Committee might wish to look at how the Public Health Grant had been spent over the last year.

Resolved: That the work plan include the following;

- The CQC Inspection Report on Leeds and York Partnership NHS Foundation Trust be added to the Committee's agenda for the February meeting.
- The CQC Inspection Report on York Hospital be added to the Committee's agenda for June.
- The CQC Inspection Report on Yorkshire Ambulance Trust be added on to a future agenda.
- That an item on how the Public Health Grant had been spent over the past municipal year be added on for consideration at a future meeting.

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

59. Urgent Business

59a) Urgent Business-Accident and Emergency

Mike Proctor, the Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust was in attendance to give Members an update into the current situation in regards to increasing pressures that were

being faced in the Accident and Emergency (A&E) Department and were being reported in the media.

It was outlined that;

- At the peak time over Christmas there was an 11.5% increase in admissions to A&E and a 9% increase in presentation at A&E by ambulance.
- The percentage of patients that attended A&E with pneumonia and respiratory conditions was up to 80%.
- Attendance rates in Scarborough had been worse than in York, and outpatient and elective work, some of which were urgent elective operations, had to be cancelled as a result.
- The hard work of staff had been keeping patients safe.
- The hospitals were limited by capacity and faced difficulties recruiting staff and were having to recruit from overseas.
- The main focus was to look after older patients and to keep patients safe.
- The situation showed that it was not just a case of putting in more beds but actively seeking out new models of care in order to address problems faced.

The Chair paid tribute to the dedication of the staff at the Hospital. The Director of Adult Social Care also paid tribute to staff in Health and Social Care who had dealt with similar pressures encountered by the hospital with only a smaller numbers of staff in the community.

A full discussion took place during which the following issues were discussed;

- Whether the increase of calls to the NHS 111 Service was a root cause to admissions in A&E.
- The current availability of Residential Care Home places for elderly patients to be discharged from hospital onto.
- Changing people's behaviour to inform them as to what a doctor can do for them and what a nurse can do (i.e. they do not just have to be seen by a doctor).
- Population growth and the effect on hospital services (particularly maternity).

The Chair, on behalf of the Committee, thanked the Deputy Chief Executive for attending the meeting, updating Members on the current situation and answering their questions.

Councillor Doughty, Chair

[The meeting started at 5.32 pm and finished at 7.45 pm].

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Health Overview and Scrutiny Committee**18 February 2015**

Report of the Chair of the Health and Wellbeing Board

Chair's Report – Health and Wellbeing Board**Summary**

1. It was agreed as part of the working protocol between Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board (HWB) that the Chair of the HWB would bring regular updates on the work of the HWB. Members are asked to note the contents of this report.

Background

2. The joint working protocol between the Health and Wellbeing Board and Health Overview and Scrutiny Committee was agreed at the Health and Wellbeing Board meeting held on 16 July 2014. As part of the protocol, it was agreed that the Chair of the Health and Wellbeing Board would attend Health Overview and Scrutiny Committee on a regular basis to inform the committee of the work of Board.
3. At the bi-annual meeting between the Chairs held on 10 October 2014, it was agreed that the Chair of the Health and Wellbeing Board's report would focus on the areas currently most relevant to the HOSC work plan.

Consultation

4. Not applicable to this report.

Options

5. Not applicable to this report.

Analysis

6. The following topics that were discussed on 21st January 2014 may be particularly relevant to Health Overview and Scrutiny Committee:

Public Health England - Presentation on Sugar

7. Alison Patey from Public Health England presented on sugar reduction. A copy of the presentation is attached to the minutes from the January Health and Wellbeing Board meeting. The Board discussed levels of sugar intake and the consequences of excessive sugar intake.
8. Through the National Child Measurement Programme in the region we know that 1 in 5 children in Reception are either overweight or obese and this is levelling off (or broadly stable for this age group). Of the same cohort of children by year 6 this has risen to 1 in 3. We therefore know that something is happening between Reception and Year 6 and this is directly correlated to sugar consumption at ages 5 and above
9. In addition to this we know that tooth decay in the Yorkshire and Humber region is the fourth worst in England.
10. Members discussed the presentation and asked what else they could do to support the agenda at a local level. They were presented with a number of potential interventions (detailed in the presentation) and additional ideas put forward were around the potential for collaboration with Nestlé and for the Public Health Team to consider taking some of this work forward.

Annual Report of the Collaborative Transformation Board

11. Sub-Boards of the Health and Wellbeing Board are required to produce an annual report to present to the Board. The Chair of the Collaborative Transformation Board presented the report highlighting the work that had taken place around the Better Care Fund, Shared Care Records and the Adult Social Care Transformation Programme.

Better Care Fund Update

12. The Better Care Fund (BCF) submission for York has now been approved with support from NHS England.

The Better Care Fund includes schemes including those around urgent care practitioners, care hubs, hospice at home and mental health street triage. There was also an ongoing joint assessment of community based services currently commissioned by NHS Vale of York Clinical Commissioning Group and City of York Council. The review will lead to a jointly commissioned CYC/CCG resource reporting to the Collaborative Transformation Board through the Joint Delivery Group. The governance structure for this is currently under review and is likely to change in 2015 when a more formal Joint Commissioning Executive between the CCG and CYC is formed. The findings of this review will be reported back to the Health and Wellbeing Board.

Other issues

13. The Board also received updates on the Joint Strategic Needs Assessment, specifically in relation to the mechanism that would need to be in place to prioritise emerging recommendations.
14. NHS Vale of York Clinical Commissioning Group confirmed that they were currently refreshing their five year strategic plan. The focus would continue to be around the Better Care Fund, health and social care integration and new models of care. There would be an additional priority added to the plan around tackling health inequalities jointly with Public Health.

Council Plan

15. This Report relates to the “Protect Vulnerable People” element of the Council Plan. It also relates to delivering against the priorities set out within the Joint Health and Wellbeing Strategy 2013-2016.

Implications

16. There are no known implications attached to this report. Implications arising out of any of the reports referred to can be found in the original papers of the Health and Wellbeing Board’s meeting on 21 January – see the link in “Background Papers” below.

Risk Management

17. There are no known risks attached to this report.

Recommendations

18. 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:

Cllr Linsay Cunningham
Chair, Health and Wellbeing
Board
City of York Council

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

All

For further information please contact the author of the report

Background Papers:

The Health and Wellbeing Board meeting papers for the 21 January 2015 are available here:

[http://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8339
&Ver=4](http://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8339&Ver=4)



Health Overview & Scrutiny Committee

18 February 2015

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

2014/15 THIRD QUARTER FINANCIAL, PERFORMANCE & EQUALITIES MONITORING REPORT – HEALTH & WELLBEING

Summary

- 1 This report analyses the latest performance for 2014/15 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 Public Health services falling under the responsibility of the Director of Public Health.

Financial Analysis

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

Table 1 – Health & Wellbeing Financial Projections Summary 2014/15 – Quarter 3 - December

	2014/15 Latest Approved Budget			Projected Outturn Variation	
	Gross Spend £000	Income £000	Net Spend £000	£000	%
Adult Assessment & Safeguarding	40,353	13,802	26,552	+124	+0.5%
Adult Commissioning, Provision & Modernisation	28,503	5,067	23,436	+390	+1.7%
Directorate of Adult Social Care - General	418	-	418	+14	+3.3%
Public Health Services	7,862	466	7,397	+187	+2.5%
Public Health Grant	-	7,305	-7,305	-	-
Total Health & Wellbeing	77,136	26,640	50,497	+715	+1.4%

- 3 Table 1 shows that Health & Wellbeing budgets are reporting overall net financial pressures of £715k. This is an improvement of £480k compared to the £1,195k overspend reported at quarter 2 (£965k more favourable than the position reported at quarter 1).

Two major items contribute to this:

- A reduction in the projected overspend on Deprivation of Liberty (DOLS) of £246k due to delays in recruiting the extra staff needed to process the increased number of cases. There is now a significant backlog so there is likely to be a short term impact of this in 2015/16 until things settle down into a more regular pattern.
- An additional £300k of funding for the reablement service has been secured from the Clinical Commissioning Group (CCG).

Adult Assessment & Safeguarding (+£124k / 0.5%)

- 4 In common with councils across the country, there is a significant budget pressure in respect of meeting increased demographic demand for adult social care and the increasing complexity, and therefore cost, of care packages for the ageing population. The recently published Office for National Statistics (ONS) Population Projections show that the 65-69 year old population of the City of York expanded by 18.9% (1,738 people) between 2011-2013, while the over 90 year old population expanded by 14.3% (337 people) in the same 2 years. The on-going implications of the significant overspends in 2013/14 and the estimated increase in numbers for 2014/15 result in projected pressures across a number of budgets that are £274k in excess of the amount of growth and contingency funding that the council was able to allocate to the service over the two financial years.
- 5 Staffing costs are currently projected to overspend by £98k due mainly to additional safeguarding staff hours required in the first half of the year to deal with a backlog of cases, and additional management capacity over and above the amount provided for in the budget.
- 6 An additional pressure, that was not evident at the time the budget was set, is in relation to DOLS (Deprivation of Liberty Safeguards). All councils with adults responsibilities have been impacted by a recent court ruling that is dramatically increasing the number of formal applications that must be processed. This increase could not have been foreseen at the time that the 2014/15 budget was set. At quarter 1 Cabinet agreed to allocate one-off contingency funding to cover the estimated net additional costs in 2014/15. As set out at paragraph 3, the position in 2014/15 is now £246k more favourable than expected.

Adult Commissioning, Provision & Modernisation (+£390k / 1.7%)

- 7 There is a significant projected overspend of £918k within the Elderly Persons Homes (EPH) budgets. The vast majority of this is due to overspends and pressures that were identified during 2013/14 but were not covered by the additional growth funding allocated to Adult Services as part of the 2014/15 budget process:

- Utilities, cleaning, catering and R&M. This is the largest projected variance for this area and reflects the actual increase in costs to 2013/14 for essential services at the residential homes, which continues into 2014/15. (+£353k)
 - Increased staffing ratios. The budgeted staffing ratios do not fully take into account either the impact of the move to the household model of provision in the two dementia care homes, nor the changing client mix within the remaining five homes. Both of these changes have increased the ratio of staff to residents and result in a continuing overspend in 2014/15. (+£180k)
 - Temporary staffing costs. The nature of the service provision has meant that the use of temporary staff has increased in recent years, for which there is no specific budget provision. (+£282k)
 - Undelivered 2013/14 budget saving following changes to the EPH re-provision project. (+£165k)
 - Net additional income. The residential homes receive income from beds commissioned by health partners and from charges to residents who do not have their care fully funded by the council. Based on current patterns, there is a projected surplus for 2014/15. (-£62k)
- 8 Additional income to support the reablement service of £300k has been negotiated and received from the CCG.
- 9 Other variations within Small Day Services, Contracted Services, Sheltered Housing with Extra Care (SHEC) s, Home Care Nights Service and staffing budgets contribute to a net projected underspend of £228k.

Directorate of Adult Social Care General (+£14k / 3.3%)

- 10 The projected variation is due to a small overspend on the directorate redundancy and early retirement budget, and a number of other minor pressures.

Public Health (+£187k / 2.5%)

- 11 The former Primary Care Trust budget for genitourinary activity was allocated on a population basis (25% to York and 75% to North Yorkshire County Council). However in practice the actual activity has been closer to 50:50, leading to a significant overspend on this budget in 2013/14 which is projected to continue into 2014/15 (+£667k). In addition there is a one-off backdated payment of £125k outstanding for 2013/14. For 2014/15 a one-off budget virement of £488k has been made from other Public Health budgets to help offset the pressure and work is well underway to retender this contract from July 2015 with the aim of delivering a new service within the available budget.
- 12 More minor savings and variations within a number of other contracts contribute to a net projected underspend of £117k across all other Public Health budgets.

Performance Analysis

Adult Social Care

- 13 The total number of **delayed transfers of care** from hospital remains a concern at a national level, although the York position remained stable during December rather than experiencing the increases in delays seen elsewhere. These delays are largely related to the availability of nursing home beds and home care packages, rather than delays in assessment by social care staff. The Council is continuing to work closely with the CCG and hospital on this issue.
- 14 The latest national stocktake on our preparations for **Care Act** readiness has been completed, and we have received positive feedback, with the formal notification of results expected in March. CYC has hosted events on Care Act awareness for the Safeguarding Adults Board, and for partners and voluntary sector members across the city in order to ensure that the new responsibilities and opportunities are better understood.
- 15 The contract for providing **mental health services** across the city has just been published, with expressions of interest due by early March 2015, for services to commence in October 2015. CYC officers are involved in the commissioning processes.

Public Health Indicators.

- 16 There was a **15%** increase in the number of **GP Health Checks** completed in York in quarter 3 compared with quarter 2. The national figures are still awaited, but the local improvement is welcomed as York has been behind the national average for the rate of checks achieved. Recent GP mergers may have helped the situation i.e. practices not delivering health checks joining with those who do.
- 17 Up to the end of November 2014, Vale of York CCG had higher **flu vaccination** rates compared with regional and national averages for 65+ and pregnant patients but lower vaccination rates for under 65 'at risk' patients. Rates to the end of December are awaited.
- 18 New data shows which causes of death contribute to the **gap in life expectancy** between the most and least deprived residents in York. The gap is currently 5.9 years for women and 7.2 years for men. The main causes of death contributing to the gap are Chronic Obstructive Pulmonary Disease (COPD), lung cancer and other cancers (for women) and coronary heart disease, external causes and lung cancer (for men). As an example, if mortality rates for Coronary Heart Disease were the same for men in the most deprived group as they are for men in the least deprived group then an average of 1.3 life expectancy years would be gained for the most deprived men in York.

The information can be used to identify where targeted interventions would bring the greatest benefit e.g. smoking cessation services and health checks. A forthcoming public health / CCG pilot project will aim to work with a GP practice to find ways to target interventions at the most deprived patients.

- 19 Estimates for **smoking rates in Young People** were released recently. These estimates are based on factors known to predict smoking in young people e.g. the socio-demographic profile of the area. York was predicted to have slightly higher rates e.g. 9.6% of 15 years olds were estimated to be regular smokers compared with 8.7% nationally. Using local data from the 2014 Wellbeing Survey, however, the percentage of Year 10 children in York who said they had smoked in the previous week was similar to the national average. (74 out of 738 Year 10 pupils in York, i.e. 10% said they had smoked in the last week which is similar to the average national survey responses for 14/15 year olds of 10.5%).
- 20 Data on confirmed cases of **Hepatitis C** has been provided in a recent report for Yorkshire and the Humber. The rate of confirmed cases in York in 2013 was 13 per 100,000 of population which is half the regional rate of 27 per 100,000.

Equalities Update

- 21 The council recently achieved excellent status under the Local Government Association's Equalities Framework for Local Government. The inspectors found that the council has a clear and strong vision for equality in the city and that the drive for equality was embedded in work across services. This process provided a very useful stock-take of where we have made progress, but also areas where we can further strengthen our processes. This included the use of Community Impact Assessments, ensuring these are consistently used to inform the development of proposals.

Council Plan

- 22 The information included in this report is linked to the Protect Vulnerable People and Build Strong Communities elements of the Council Plan 2011-15.

Implications

- 23 The financial and equalities implications are covered within the main body of the report. There are no significant human resources, legal, information technology, property or crime & disorder implications arising from this report.

Risk Management

- 24 Adult Social Services budgets are under significant pressure. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year.

It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2014/15 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

- 25 Looking ahead for 2015/16 and beyond, due to the increasing demand and increasing complexity of people requiring care and support, the implications of the Care Act, the Better Care Fund and general reductions in central government funding, further transformation will be required to address the challenging budget position.

Recommendations

- 26 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 2014/15.

Contact Details

Authors:

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Adults, Children & Education
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Will Boardman
Strategy and Policy Group
Manager
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Chief Officers Responsible for the report:

Guy van Dichele
Director of Adult Social Care

Julie Hotchkiss
Director of Public Health

Report
Approved

Date 10 February 2015

Specialist Implications Officer(s) None

Wards Affected: List wards or tick box to indicate all

All

For further information please contact the author of the report

Background Papers

Third finance and performance monitor for 2014/15, Cabinet 10 February 2015



**Personal Medical Services (PMS)
REVIEW
VALE OF YORK**

PMS REVIEW
VALE OF YORK

Prepared by Geoff Day
Head of Co-Commissioning
NHS ENGLAND Yorkshire & the Humber

Introduction

The purpose of this paper is to provide committee members with a briefing on the Personal Medical Services (PMS) contracts review that is currently being undertaken by NHS England in conjunction with the local CCG's. To set out the rationale for the review and raise awareness of potential issues that may arise as the negotiations reach a conclusion.

Background

There are 3 types of contract available to commission General Practice services:

1. General Medical Services (GMS)
2. Personal Medical Services (PMS)
3. Alternate Provider Medical Services (APMS)

GMS contracts are negotiated nationally on an annual basis whereas PMS contracts are locally negotiated, but in the main reflect the national picture in relation to services delivered. APMS contracts are commissioned following an open tender process and as such individually negotiated based around an agreed specification.

The difference between the two main contract types GMS and PMS has eroded over the years following the introduction of the new GMS contract in 2004 and PMS contract holders have had access to the same range of additional and enhanced services as GMS practices.

NHS England is committed to ensuring equitable funding across all contract types and undertook a national analysis of PMS contracts last year which suggested that PMS contracts cost more than GMS contracts with no demonstrable difference in the range of services being delivered. This resulted in the opinion that a premium was being paid to PMS practices. As a result of this exercise Yorkshire & the Humber were instructed to undertake a review of PMS contracts. The aims of the review are to determine the level of premium, if any, being paid to practices and take action to release the premium back into the system. Yorkshire & The Humber are required to agree the timeframe for the removal of the premium, fully understand the implications of such actions and ensure that any premium released is invested back in general practice services by the CCG. The reinvestment of the premium can be across all GP practice contracts and whilst ring fenced to general medical services in the CCG area it is not solely for investment back into PMS contracts. Its re-investment will be monitored by the Yorkshire & Humber and the Local Medical Committee (LMC)

Process to Date:

Following a desktop review of PMS contracts we have met with all of our PMS practices and their local LMC representatives along with commissioning colleagues from the CCG. The aims of the meetings were to ensure practices had the opportunity to understand the financial calculations and comment on them. Provide an opportunity for practices to set out what services the practice believed they were providing over and above the GMS definition of essential services and finally to understand the impact on individual practices if the premium was removed without any services being re-commissioned.

This information has been collated and shared with the CCG's to feed into their commissioning plans. There are some general themes emerging around services being delivered and CCGs will now start to consider if they wish to commission the additional services moving forward.

As part of the review Yorkshire & the Humber was keen to lessen the impact of changes at practice level and provide some certainty around planning that would soften the transition towards the convergence of GMS and PMS funding, per weighted patient at 1st April 2020/21. Based on best estimates nationally we envisage that this will be in the region of £79.15 per weighted patient.

The financial year 2020/21 is the point at which the on-going removal of Minimum Practice Income Guarantee (MPIG) from GMS contract holders, where applicable, will have completed and changes to seniority payments will have been re-invested into core funding. We have therefore agreed to fund PMS practices at a level of £79.15 per weighted patient from the 1st April 2015 and should the GMS figure exceed that rate within the time period the new GMS figure will be used. This guarantees that PMS practices will not receive less than GMS practices at a patient level.

The national guidance suggested a 4 year pace of change agreement for the removal of the premium commencing 1st April 2014. We have therefore agreed that there will be no changes to funding up to 31st March 2015, however, 100% of the premium will be removed from the contract baseline from the 1st April 2015. The pace of change process will see 75% of the premium paid back in the financial year 2015/16, 50% in 2016/17 and 25% in 2017/18. CCGs will therefore not have the full amount of resource to re-invest until the financial year commencing 1st April 2018.

Local Impact

The following table sets out the impact locally and is based on discussions to date:-

OSC Area	No. of GMS Practices	No. of PMS Practices	No. of APMS Practices	Total No. of Practices	Amount identified in PMS Review & Re-invested in GP Services (as at 15.1.15)
Vale of York	24	5	0	29	312,928

Next Steps:

We are currently meeting with CCGs feeding back our findings and setting out funding flows through the system. We are keen to flag at this stage with Overview Scrutiny Committee that there could be an impact on services currently being delivered by practices, that is not to say that services will be stopped, which is unlikely, but they may be commissioned and delivered in a different way. At this stage we cannot identify specific issues, however moving forward as CCG's firm up their commissioning approach the committee will be kept updated appropriately.

It is worth noting that the pace of change sees 25% of funding released this year the majority will remain within practice contracts.

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Report to the City of York Council's Overview and Scrutiny Committee

Merger via acquisition of Gale Farm Surgery by Haxby Group on Wednesday 1st April 2015

Report produced by Gale Farm Surgery on 1st December 2014

1. Business Case

1.1 Background Information

Proposal

Gale Farm Surgery is proposing to merge with Haxby Group on 1st April 2015. Both surgeries will remain open and patients will still be able to make an appointment to see their usual GP at either 109 – 119 Front Street in Acomb or The Old Forge Surgery in Upper Poppleton or access services at the Haxby Group surgeries if preferred.

Why do the surgeries want to merge? Reasons and Benefits

There are four main reasons why the partners at Gale Farm Surgery want to merge with Haxby Group.

- ✓ **Patient Care** *the Practice believes that patients will benefit from being able to access services across a highly skilled clinical team. The larger clinical team will support greater resilience across the practice going forward. The merger will bring together 30 experienced GPs, it will also ensure that the new Practice will continue to attract and retain high calibre GPs in Acomb and Upper Poppleton.*
- ✓ **Extending Services** *The combined skills and calibre of the doctors, nurses and staff will be able to support the development of the range and quality of services that are currently offered to all the patients. For example, the merger will provide access to vasectomy procedures.*
- ✓ **Improving Quality** *The sharing of skills and knowledge across the two practice teams we believe we will be better placed to continue to improve the quality of services that are offered to all patients in the future.*
- ✓ **Training Excellence** *Gale Farm Surgery and Haxby Group are both centres of excellence for training new doctors.*

- ✓ *Both Practices currently provide non-clinical apprenticeship opportunities within our local communities. Haxby Group is also an Advanced Training Practice for nurses. This means that the training skills of our GPs and nurses can help to encourage and develop the next generation of nurses.*

1.2 Results of Communication and Consultation Strategy

A communication and consultation strategy was designed in August 2014 and duly implemented to ascertain whether staff, patients and key stakeholders would support this business development plan.

Section 3 of this report describes the steps involved in that communication and consultation strategy and the results.

2. Surgery Information

2.1. Contact Details

Gale Farm Surgery
Partnership
109 – 119 Front Street

Acomb
YO24 3BU

Tel. 01904 798329

www.galefarm-oldforgeriesurgery.nhs.uk
www.haxbygroup.co.uk

Partners:
Dr Claire Anderton
Dr Joanne Simpson
Dr Nicholas French
Dr Daniel Kimberling
Dr Domini James
Dr Nicki Law
Dr Lorna Cawkwell

Haxby Group

Haxby and Wigginton
Centre
The Village
Wigginton
YO24 4AB

Tel. 01904 724600

Partners:
Dr David Hayward
Dr Sheila Young
Dr Bill Laughey
Dr Gill Towler
Dr Michael Holmes
Dr Nicola Jackson
Dr Kevin Anderson
Dr Andrew Gilmore
John McEvoy

Dr Fiona Scott
 Dr James Read
 Dr Sarah Blades
 Dr Mark Pickard
 Dr Masood Balouch

Practice Manager:

Managing Partner:

Heather Mapplebeck

John McEvoy

Number of York sites:
 sites:
 02

Number of York
 sites:
 04

2.2 Patient List Size

Patient List	Gale Farm Surgery	Haxby Group
	13,000	20,000

Please note that references to Gale Farm Surgery include statistics for Old Forge Surgery as well.

2.3 Number of Employees

Number of Employees	Gale Farm & Old Forge Surgeries	Haxby Group
Salaried GPs	2	6
Staff and Apprentices	33	63

2.4 Locality Information

There are a number of practices within the immediate locality of the Gale Farm and Haxby Group surgeries. If any patients are unhappy with the merger and wish to leave the Practice; they can register with any of the practices within the locality. The table includes details for the practices and surgeries within the area and also shows the surgeries operated by the new practice.

Practice	Code	Address
Gale Farm/Haxby	B82055	Front Street Acomb
Gale Farm/Haxby	B82055	Upper Poppleton
Petergate Surgery	B82003	St Giles Rd Skelton
Priory Medical Group	B82005	Cornlands Road
Priory Medical Group	B82005	Lavender Road Boroughbridge Rd
Priory Medical Group	B82005	Clementhorpe Health Ctre , Cherry Street
Beech Grove	B82095	1 Beech Grove
York Medical Group	B82083	Acomb Road
Front Street	B82100	14 Front Street Acomb
Dalton Terrace	B82021	Dalton Terrace
York Medical Group	B82083	Moorcroft Road

3. Communication and Consultation Strategy

3.1 Introduction

The initial strategy was developed to ascertain the views of staff, patients and local stakeholders about the proposed merger.

A variety of communication methods were utilised to maximise opportunities for all patients and stakeholders to hear about the proposed merger and to be able to provide early feedback to both practices.

3.2 Staff Consultation

On 27th August 2014 staff at Haxby Group were notified about the proposal via their managers, and a full staff meeting was held at Gale Farm Surgery on the 28th August 2014 to outline the proposals to staff there. This gave staff an early opportunity to provide feedback and raise any concerns that they had.

Staff at Gale Farm Surgery were also notified that TUPE regulations would apply to them and the election of employee representatives was subsequently carried out. A management consultant who was brought in to assist Gale Farm with their TUPE obligations met with these staff representatives in October and will meet with them again in December.

Staff at both practices continued to be kept informed of progress throughout the consultation. Cross practice staff working groups were arranged to give staff from both practices an early opportunity to meet their counterparts. These meetings were well-attended and have been followed by various site visits between practice staff.

Staff at Gale Farm Surgery have also had group meetings with the management consultant, and regular e-bulletins have been sent to all staff to help keep them informed of developments. Two further meetings have been arranged in January to provide pre-merger induction for all staff.

By the end of December, all Gale Farm Surgery staff will also have had an individual meeting with senior staff and managers from Haxby so that their specific role can be discussed.

3.3 Patient Consultation (Gale Farm Surgery)

The consultation with Gale Farm Surgery patients lasted for a period of three months from 1st September 2014 until 28th November 2014.

3.3.1. On Site

Posters were displayed at Gale Farm Surgery and the Old Forge Surgery from 1st September 2014. This information was also available in hard copy formats for patients visiting the practice together with a Patient Information Sheet (see Appendix A1).

Although there was no obligation to consult with patients at Haxby Group, information about the proposals was also shared with patients via their quarterly newsletter and using social media. They were also invited to use their existing suggestion form to provide any feedback.

Further posters will be displayed at Gale Farm Surgery and Old Forge Surgery in December providing an update for patients on the outcome of the consultation and what will happen next.

3.3.2. Letter to Gale Farm Surgery Patient Households

A letter was sent to all households of patients of Gale Farm Surgery on 29th August 2014 for delivery on 1st September 2014 (see Appendix A2). Doctors at Gale Farm Surgery felt strongly that it was important to invest in writing to all of their patients to let them know why they were proposing to merge with Haxby Group and how patients could provide feedback. The letter also explained that the proposals included both Gale Farm Surgery and the Old Forge Surgery remaining open as branch sites of Haxby Group.

3.3.3 *This is My View* Form and dedicated Email Address

A Patient View Form was also made available so that patients could easily provide feedback on whether they supported the proposal or not and their reasons for this (see Appendix A3). A dedicated email address was also set up and monitored daily.

3.3.4 Website

The poster and Patient Information Sheet provided at Gale Farm Surgery on 1st September 2014 were also included on the home page of the Gale Farm Surgery website at the same time. The Patient View Form and details of the dedicated email address were also provided.

Details of the outcome of the consultation and what will happen next will be included on the home page of the Gale Farm Surgery website in December.

3.3.5 Patient Representative Group (PRG)

On 1st September 2014, both practices contacted the chairs of their respective patient representative groups to discuss the proposal and future plans of Gale Farm Surgery and Haxby Group. Haxby Group also met with their group on 10th September 2014. Both practices reported a positive and supportive response from their respective PRG.

3.3.6 Patient Open Morning

On Saturday 11th October 2014 doctors from both practices and a selection of their staff hosted a Patient Open Morning for Gale Farm Surgery patients at 109 – 111 Front Street in Acomb.

Over 100 patients attended and had the opportunity to listen to a presentation by Dr Daniel Kimberling, meet doctors and staff from both practices and ask any questions that they had. Due to demand, the above presentation format was repeated at the Old Forge Surgery on 23rd October 2014.

A Patient Open Morning was held for Haxby patients to discuss the proposals on Saturday 29th November 2014.

3.4 Stakeholder Consultation

On 1st September 2014, emails and letters were sent out by Gale Farm Surgery to over 75 local and regional stakeholders that both practices thought should know about the proposal (see Appendix A4). This group included local statutory and voluntary organisations, chemists, other local surgeries and local councillors. A dedicated email address was set up for stakeholders to send their feedback to and this was monitored daily.

3.3 Local Press

On 30th August 2014, a press release for the York Press was published to ensure that information about the proposal was given wide coverage within the public domain. (See Appendix A5.)

4. Results of Communication and Consultation Strategy

4.1 Staff

Staff at both practices have been actively engaged in shaping the combined organisational structure for Haxby Group from 1st April 2015 and work in this area remains on-going.

4.2 Patients

4.2.1 Summary

- Despite a long consultation period and extensive canvassing of patient views, only 185 feedback forms were completed and returned to Gale Farm Surgery. Of these, 16 patients did not tick either the agree or disagree option so their forms could not be included in the overall count.

However, their comments still provided very useful feedback for the practices and have been included here for completeness.

- Of those who returned a usable feedback form, the majority showed support for this proposal (87%).
- Only two stakeholders responded.
- All comments received have been included in the appendix.

4.2.2 Analysis of Patient View Forms

For the purposes of analysis, the Patient View Forms were categorised as follows:

Group 1: Those who agreed.

Group 2: Those who disagreed.

Group 3: Those who did not tick either of the 'I agree' or 'I disagree' boxes.

Group	Number of Responses	Percentage of Total Usable Responses
<u>Group 1</u>		
Agreed	107	
Agreed and provided a comment	40	
Total number of patients who agreed	147	87%
<u>Group 2</u>		
Disagreed	11	
Disagreed and provided a comment	11	
Total number of patients who disagreed	22	13%
Total Usable Responses Received	169	-
<u>Group 3</u>		
Total Unusable Responses	16	-
Total Responses Overall	185	-

Important Note Although the original forms are not included in the appendices to this report, all Feedback Forms and emails are available for inspection on request.

4.3 Stakeholders

Despite over 75 emails / letters being sent out to local and regional stakeholders, as at 1st December 2014 only two comments had been received. This was very disappointing to both practices but apparently not an unusual response rate from stakeholders being asked their view about a merger.

5. Appendices

- A1. Patient Information Sheet
- A2. Gale Farm Surgery Patient Letter
- A3. This is My View Form
- A4. Gale Farm Surgery Stakeholder Letter
- A5. Press Release (28th August 2014)
- A6. Patient View Forms: Comments
- A7. Map
- A8. GF Patient Poster

Patient Information Sheet

Proposed merger between Gale Farm Surgery and Haxby Group

Proposal

Gale Farm Surgery is proposing to merge with Haxby Group on 1st April 2015. Both our surgeries will remain open and you will still be able to make an appointment to see your usual GP at either 109 – 119 Front Street in Acomb or The Old Forge Surgery in Upper Poppleton.

This Patient Information Sheet tells you why we want to do this, how it will affect you and how you can let us know what you think.

Why do the surgeries want to merge?

There are four main reasons why the partners at Gale Farm Surgery want to merge with Haxby Group.

- ✓ **Patient Care** We believe that our patients will benefit from being able to see a large, high quality and stable team of doctors. This merger would enable us to achieve this ambition for our patients. Not only would this merger bring together 30 experienced GPs with over 290 years of experience between them but it would also ensure that we could continue to attract and retain high calibre GPs in Acomb and Upper Poppleton. We also think it would give us greater scope to take advantage of new opportunities.
- ✓ **Extending Services** By combining the skills of high calibre doctors, nurses and staff and resources at both practices, we will be able to increase the range and quality of services that we can offer to all our patients. For example, by merging with Haxby Group we could provide access to vasectomy procedures at our site in Acomb - something we are not currently able to do.
- ✓ **Improving Quality** By sharing the skills and knowledge across the two practice teams we believe we will be better placed to continue to improve the quality of services that we can offer to all our patients in the future.
- ✓ **Training Excellence** Gale Farm Surgery and Haxby Group are both centres of excellence for training new doctors. We both provide non-clinical apprenticeship opportunities within our local communities too. Haxby Group is also an Advanced Training Practice for nurses. This means that we can use the training skills of our GPs and nurses to help encourage and develop the next generation of nurses.

When are the practices proposing to merge?

Wednesday 1st April 2015.

What does this mean for me and what options will I have?

We hope that you will want to stay with us. If you do, then you do not have to do anything because you are already registered with Gale Farm Surgery or The Old Forge Surgery.

However, we understand that some patients may decide to move to another practice. If so, simply contact the practice you want to move to and ask them to register you as a patient. They will ask you to fill in a simple form and they will then ask us to send your patient records to them and we will do this promptly.

If you need any help or advice on what to do then please contact the Vale of York Patient Relations Team. You can ring them on 0800 068 8000, email them at VOYCCG.PatientRelations@nhs.net or write to them at Vale of York CCG Patient Relations, Unit 1, Triune Court, Monks Cross North, York, YO31 9GZ.

Need more help deciding what to do? Come along to our Patient Open Morning!

On Saturday 11th October 2014 there will be an Open Morning at Gale Farm Surgery in Acomb. This is an opportunity for you to come and find out more, meet staff and GPs from Haxby Group and ask any questions that you might have.

Patient Open Morning**SATURDAY 11th October 2014****09.00am until 11.00am****Gale Farm Surgery, 109 – 119 Front Street, Acomb, York, YO24 3BU****You don't need to make an appointment, just simply turn up!**

What do you think?

The views of our patients are very important to us and we will wait to hear what you think before any final decision is made. Next time you are in the surgery, please use one of the This is My View Forms available to let us know what you think. You can also get the form from our website at www.galefarm-oldforgeriesurgery.nhs.uk or you can email us at thisismyview@icloud.com. (Please include your surname and year of birth if you email so we can check that you are one of our patients.) We will also be asking local stakeholders what they think too (like the hospitals, local charities and care homes). **Please let us know what you think by 5pm on Friday 28th November 2014.**

When will a final decision be made?

After Friday 28th November 2014 we will know whether there is support for our proposal. We will let you know the outcome of this consultation process via posters in the surgeries and also information on our website and in the local press.

Please take time to tell us what you think. Your views are genuinely important to us.

Drs Bell-Syer, Anderton, Simpson, French, Kimberling, James, Law and Cawkwell.

Gale Farm Surgery and The Old Forge Surgery.

**Please let us know what you think
by 5pm on Friday 28th November 2014.**

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<Address line 1>
<Address line 2>
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20th August 2014

Dear Household

Proposed merger between Gale Farm Surgery and Haxby Group

Proposal

Gale Farm Surgery is proposing to merge with Haxby Group on 1st April 2015. Both our surgeries will remain open and you will still be able to make an appointment to see your usual GP at either 109 – 119 Front Street in Acomb or The Old Forge Surgery in Upper Poppleton. This letter tells you why we want to do this, how it will affect you and how you can let us know what you think.

Why do the surgeries want to merge? There are four main reasons why the partners at Gale Farm Surgery want to merge with Haxby Group.

- ✓ **Patient Care** We believe that our patients will benefit from being able to see a large, high quality and stable team of doctors. This merger would enable us to achieve this ambition for our patients. Not only would this merger bring together 30 experienced GPs with over 290 years of experience between them but it would also ensure that we could continue to attract and retain high calibre GPs in Acomb and Upper Poppleton. We also think it would give us greater scope to take advantage of new opportunities.
- ✓ **Extending Services** By combining the skills of high calibre doctors, nurses and staff and resources at both practices, we will be able to increase the range and quality of services that we can offer to all our patients. For example, by merging with Haxby Group we could provide access to vasectomy procedures at our site in Acomb - something we are not currently able to do.
- ✓ **Improving Quality** By sharing the skills and knowledge across the two practice teams we believe we will be better placed to continue to improve the quality of services that we can offer to all our patients in the future.
- ✓ **Training Excellence** Gale Farm Surgery and Haxby Group are both centres of excellence for training new doctors. We both provide non-clinical apprenticeship opportunities within our local communities too. Haxby Group is also an Advanced Training Practice for nurses. This means that we can use the training skills of our GPs and nurses to help encourage and develop the next generation of nurses.

When are the practices proposing to merge? Wednesday 1st April 2015.

What does this mean for me and what options will I have? We hope that you will want to stay with us. If you do, then you do not have to do anything because you are already registered with Gale Farm Surgery or The Old Forge Surgery. However, we understand that some patients may decide to move to another practice. If so, simply contact the practice you want to move to and ask them to register you as a patient. They will ask you to fill in a simple form and they will then ask us to send your patient records to them and we will do this promptly.

If you need any help or advice on what to do then please contact the Vale of York Patient Relations Team. You can ring them on 0800 068 8000, email them at VOYCCG.PatientRelations@nhs.net or write to them at Vale of York CCG Patient Relations, Unit 1, Triune Court, Monks Cross North, York, YO31 9GZ.

Need more help deciding what to do? Come along to our Patient Open Morning! On Saturday 11th October 2014 there will be an Open Morning at Gale Farm Surgery in Acomb. This is an opportunity for you to come and find out more, meet staff and GPs from Haxby Group and ask any questions that you might have.

Patient Open Morning

SATURDAY 11th October 2014

9am until 11am

Gale Farm Surgery, 109 – 119 Front Street, Acomb, York, YO24 3BU

You don't need to make an appointment, just simply turn up!

What do you think? The views of our patients are very important to us and we will wait to hear what you think before any final decision is made. Next time you are in the surgery, please use one of the This is My View Forms available in the surgery to let us know what you think. You can also get the form from our website at www.galefarm-oldforgeriesurgery.nhs.uk or you can email us at thisismyview@icloud.com. (Please include your surname and year of birth if you email so we can check that you are one of our patients.) We will also be asking local stakeholders what they think too (like the hospitals, local charities and care homes). **Please let us know what you think by 5pm on Friday 28th November 2014.**

When will a final decision be made? After Friday 28th November 2014 we will know whether there is support for our proposal. We will let you know the outcome of this consultation process via posters in the surgeries and also information on our website and in the local press.

Please take time to tell us what you think. Your views are genuinely important to us.

Drs Bell-Syer, Anderton, Simpson, French, Kimberling, James, Law and Cawkwell.
Gale Farm Surgery and The Old Forge Surgery.

This is My View

We wrote to every patient household around August 28th 2014 to let you know that we are thinking of merging with Haxby Group on 1st April 2015.

The letter explained in detail why we want to do this but, simply put, the reasons are:

- ✓ **Patient Care** We believe that our patients will benefit from being able to see a large, high quality and stable team of doctors. This merger would bring together 30 experienced GPs with over 290 years of experience between them.
- ✓ **Extending Services** By combining the skills of high calibre doctors, nurses and staff and resources at both practices, we will be able to increase the range and quality of services that we can offer to all our patients e.g. we could provide access to vasectomy procedures at our site in Acomb - something we are not currently able to do.
- ✓ **Improving Quality** By sharing the skills and knowledge across the two practice teams we believe we will be better placed to continue to improve the quality of services that we can offer.
- ✓ **Training Excellence** Gale Farm Surgery and Haxby Group are both centres of excellence for training new doctors. We both provide non-clinical apprenticeship opportunities within our local communities too. Haxby Group is also an Advanced Training Practice for nurses. This means that we can use the training skills of our GPs and nurses to help encourage and develop the next generation of nurses.

If you would like another copy of the letter that we sent you then please speak to our Reception Team or visit our website at www.galefarm-oldforgeriesurgery.co.uk

Before we make any final decision we want to hear from as many of our patients as possible. Please use this form to let us know what you think or you can email us at thisismyview@icloud.com. (Please make sure that you include your surname and year of birth in you email so we can verify that you are one of our patients.)

Please take time to tell us what you think. Your views are genuinely important to us.

Drs Bell-Syer, Anderton, Simpson, French, Kimberling, James, Law and Cawkwell.

Surname		Year of Birth	
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Please tick one box:

- I agree with the proposals

- I **disagree** with the proposals

If there is anything else that you want to tell us then please use the space below. If you need more space then please use the back of this form.

Your view is important to us.
Please let us know what you think by 5pm on 28th November 2014.

IMPORTANT INFORMATION FOR STAKEHOLDERS

Dear Sir/Madam

Proposed merger of Gale Farm Surgery with Haxby Group on 1st April 2015

Gale Farm Surgery is proposing to merge with Haxby Group on 1st April 2015. Both of our surgeries at 109 – 119 Front Street in Acomb and The Old Forge Surgery in Upper Poppleton will remain open.

Why do the surgeries want to merge?

There are four main reasons why we want to merge with Haxby Group.

- ✓ **Patient Care** We believe that our patients will benefit from being able to see a large, high quality and stable team of doctors. This merger would enable us to achieve this ambition for our patients. Not only would this merger bring together 30 experienced GPs with over 290 years of experience between them but it would also ensure that we could continue to attract and retain high calibre GPs in Acomb and Upper Poppleton. We also think it would give us greater scope to take advantage of new opportunities.
- ✓ **Extending Services** By combining the skills of high calibre doctors, nurses and staff and the resources at both practices, we will be able to increase the range and quality of services that we can offer to all our patients. For example, by merging with Haxby Group we could provide access to vasectomy procedures at our site in Acomb - something we are not currently able to do.
- ✓ **Improving Quality** By sharing the skills and knowledge across the two practice teams we believe we will be better placed to continue to improve the quality of services that we can offer to all our patients in the future.
- ✓ **Training Excellence** Gale Farm Surgery and Haxby Group are both centres of excellence for training new doctors. We both provide non-clinical apprenticeship opportunities within our local communities too. Haxby Group is also an Advanced Training Practice for nurses. This means that we can use the training skills of our GPs and nurses to help encourage and develop the next generation of nurses.

When are the practices proposing to merge?

Wednesday 1st April 2015.

Impact on Patients

We are not expecting any major changes and patients would still be able to consult with the GP or nurse that they usually see.

Patient Choice

We are of course ensuring patients have a choice. We have written to all our patients and informed them in detail of the support available if they want to register with another practice if our merger plans are approved. Please see the attached Patient Information Sheet written for Gale Farm Surgery patients that provides more detail about the reasons for this proposal and how our patients can let us know what they think. It also gives details of a Patient Open Morning that we will be having on Saturday 11th October 2014 when Gale Farm Surgery patients will have an opportunity to meet staff and GPs from both practices and ask any questions that they might have. Haxby Group patients are also being given the opportunity to say what they think too.

Consultation

The views of our patients are very important to us and we will not make any final decision until we have heard what they think. As a local stakeholder your views are also important. If you would like to comment on our proposal, please email us at thisismyview@icloud.com by 5pm on Friday 28th November 2014. We genuinely look forward to hearing from you.

Yours faithfully

Drs Bell-Syer, Anderton, Simpson, French, Kimberling, James, Law and Cawkwell
of Gale Farm Surgery and The Old Forge Surgery



GP surgeries to merge

From York Press Saturday 30 August 2014.

Two GP surgeries in York with a total of 48,000 patients have announced plans to merge in a move they say will improve services.

The Haxby Group, which runs GPs surgeries in Haxby, Huntington, New Earswick and Stockton-on-the-Forest and four GP surgeries in Hull, wants to merge with Gale Farm, which has surgeries in Acomb and Upper Poppleton. All of the surgeries will remain open.

It is the latest merger of GP surgeries in York - which have so far included the merger of York Medical Group and Minster Health and Gillygate Surgery and Jorvik Medical Practice as surgeries across the country have merged to save money and improve buying power.

Dr Daniel Kimberling, partner at Gale Farm Surgery and The Old Forge Surgery, said: "This is a very exciting time for all the patients and staff. We welcome this proposed partnership with Haxby Group and the chance to work more closely with their excellent team, combining the expertise of the talented doctors and staff at both practices so we can achieve better patient care in the future. "The views of our patients are very important to us and we very much want to hear what they think before any final decision is made.

"We want to reassure our patients that we will continue to provide continuity of care and high clinical standards."

Patients and staff at Gale Farm's two surgeries are being asked to give their views on the proposed changes as part of a three month consultation.

A patient open morning is to be held on Saturday, October 11 between 9am and 11am at Gale Farm Surgery in Acomb when people can come down and meet some of the staff and managers of both practices.

Haxby Group has said the move will create a larger, stable team of doctors and improve and extend the kind of services it offers - for example, by merging with Haxby Group, Gale Farm could provide access to vasectomy procedures at its Acomb surgery. Both have strong records in training staff.

Once feedback has been received and analysed, a final decision will be made at the end of this year.

Patient and Stakeholder Comments

Patients provided their name and date of birth when completing the feedback form.

Comments from Group 1

Ac denotes that the comment was included on a feedback form and Ae that it was sent by email.

Ac1	Weekend access to one of these surgeries – only if there are longer opening hours to avoid going to A & E with a cut finger.
Ac2	The theory of it sounds beneficial – but when the people of Haxby know how good our doctors are the possibility of getting a quick appointment will be lessened. It's often two weeks before a date can be made now. Perhaps it will make a difference if more doctors are available if one is poorly at weekends & Bank Holidays.
Ac3	<p>As a former professional accountant I am aware that an important facet of any merger proposal is that it should be cost effective (ie improves income/profitability), and at the same time offers improved services to the client (ie patient).</p> <p>I am not certain how relevant your example of extended services relating to the provision of vasectomy services is in reality. Think about it... Obviously this service does not apply to your female patients, and considering the age profiles of your remaining male patients, I wonder what effect this suggestion will have on income or profitability. However, I am sure you will have done your sums...</p> <p>I wonder too who took the lead in proposing this merger – was it the partner in the Poppleton practice, or those in the Haxby practice?</p> <p>Inevitably, merger will result in change, which we may be forced to accept in these changing times. (In short, I doubt whether my comments are likely to have any effect on the final decision you will make.)</p> <p>This is my view... Have the partners asked the staff their views? And what did they say?</p> <p>My interest exists largely because the result of your proposals will no doubt affect not only me but many others in the community.</p>
Ac4	Will we still be able to get appointments as easily without a long wait? My parents go to Haxby/Wigginton practice and often have a long wait for available appointments. A bit concerned if that will happen here.

Ac5	I hope this does not involve another change of computer systems.
Ac6	This is a good move if it will enable the Doctors to spend less time on management & admin tasks.
Ac7	Seems to be a sensible measure which will allow Gale Farm's patients to get good personal contact with GPs & other surgery medical staff with minor treatment specialisations necessary for world class primary health care. Also pleased to hear we will benefit from contact with the next generation of NHS staff.
Ac8	Excellent meeting last Saturday 11 th .
Ac9	Please ensure it remains a local surgery! I would not like to have to go to Haxby for routine appointments, I am very happy with the service we get at the moment and hopefully those standards will be upheld after the merger.
Ac10	Thank you for thorough presentation.
Ac11	Thank you for a clear account of the situation.
Ac12	Lots of suggestions after Open Mornings – from patients. Will email Dr Daniel.
Ac13	I have great respect for Gale Farm Surgery. I have always had excellent treatment for many years.
Ac14	Although I agree in principle I do hope that things won't change as I am very happy with the treatment I get from the practice.
Ac15	Hope it will not make it more difficult to get an appointment.
Ac16	With reference to the standard letter sent to patients following blood tests, etc at the hospital, the wording can be quite alarming especially when received on a Saturday or when the surgery is closed. Weekends are spent in a state of anxiety which often is unnecessary.
Ac17	Provided Old Forge Surgery is not compromised.
Ac18	I think it would be a good idea for the Poppleton Surgery to be open Thursday afternoons for patients to be able to see a Doctor/Practice Nurse & to be able to make an appointment & collect prescriptions. I have always received very good care over the years for which I am thankful & hope that following the merger it will continue.
Ac19	I have some concern that if travel is required to visit other surgeries, it could be difficult for older patients to visit.
Ac20	The surgery at Gale Farm is looking rather tired and scruffy. A full refurbishment is needed.
Ac21	I hope the merger does not change anything at the Old Forge. Small is often better than big. I have always been happy with every aspect of our doctors surgery so far.
Ac22	In 2014 I have been disappointed that I have been unable to make not urgent appointment within one week.
Ac23	I was initially in favour of keeping our 2 practices as they are, but Dr

	Kimberley's presentation was very compelling & I suppose large practices are the way forward. So, somewhat reluctantly, I agree.
Ac24	PS. With the proviso, that long standing relationships between existing GPs and patients isn't endangered.
Ac25	Now there are so many patients, it seems a good idea to have more staff.
Ac26	Merging would be a positive move and people who left Acomb could still use same GP at Haxby Rd.
Ac27	<ol style="list-style-type: none"> 1. There are always online appointments in plenty for Gale Farm but not Poppleton. Could more slots be available? 2. Would it be possible to have a Saturday morning service at Poppleton instead of always at Acomb? Alternate Saturdays perhaps? 3. Is there any plans to have appointments on Thursday pm when the merger takes place?
Ac28	It is more important to me to a) have continuity of care from 1 Dr and b) be able to get an apt. urgently. The demise of Monkgate is tragic meaning patients queueing in A & E for ages feeling very unwell.
Ac29	My only concern is that all my appointments would always stay at Gale Farm (Acomb) and even in an emergency I would not have to get over to Haxby, otherwise the merger of both practices can only be a good thing.
Ac30	*Special thanks to Dr Kimberley for the excellent and informative meeting open to all patients last Saturday 11 th October. Clearly Gale Farm doctors and staff can be trusted to make the right decisions re the future of this outstanding Practice.
Ac31	I agree particularly so, as it may lead to more specialization.
Ac32	During my years with the practice I have received excellent care and the friendly staff have always been helpful. If this is good for the future of the practice then I am happy to support the merger.
Ac33	I was very impressed with the presentation given by Dr Daniel Kimberling. For me this dealt very fully with all of the issues. Thank you.
Ac34	<ol style="list-style-type: none"> 1) More appointments available at Old Forge Surgery needed. When you go to book on the internet there are always appointments available at Gale Farm but only a long time ahead at Poppleton. 2) It would be good if there was a surgery Thursday afternoons at Poppleton. 3) Saturday morning surgeries – please could some be at Poppleton.
Ac35	Would like to see a doctor NOT a TEAM OF DOCTORS
Ac36	It is very important that the first point of contact is maintained i.e the very good reception / telephone system which has always been in place at Gale Farm Surgery.
Ac37	Your practice and staff are already excellent so merging to improve it further is wonderful. My GP Lorna Cawkwell is excellent, she gives 100%.

Ac38	Thank you for holding the Open Morning on 11 th October.
Ae1	<p>The quoted reasons for the proposed linking of the practices are noted and, whilst some sound generalised in nature, it is difficult to find any reason for contrary argument. In the final analysis the key requirements for all patients are, surely:</p> <ul style="list-style-type: none"> a) Convenient physical access to surgery premises and facilities b) Ready availability of a doctor/nurse consultations within a “reasonable” timescale. c) Every possible opportunity for such consultations to be with the practitioner of choice – continuity being so valued. <p>Proposed mergers of any organisation can sometimes result in a lessening of quality of service, from the “Customer’s” point of view. This can be frustrating enough in other fields of activity but when health is at issue, the vulnerability of the customer becomes critical. So long as the perceived, and actual, experience of patients “tick those boxes”, I see no reasonable argument for disagreeing with the proposals – though I would say that the present service at Poppleton has served us well for 40+ years.</p>
Ae2	<p>I agree with your proposals. I can see the benefits but I am against funding an expensive glossy magazine like the Haxby depot have.</p> <p>The talk by Dr Kimberley was excellent. The majority of moans and worries came from elderly ladies from the Poppleton area. They could use a bus when travelling to the Acomb branch.</p> <p>The numbers at the two presentations obviously over whelmed you and there was no chance of tea, coffee and biscuits for most people, but hardly a killing matter!</p> <p>I hope you will keep us informed as to how the merger is progressing, I hope you achieve your aims. My wife, xxxxx, is very keen not to lose access to her doctor.</p>

Comments from Group 2

Dc denotes that the comment was included on a feedback form and De that it was sent by email.

Dc1	From experience Bigger is very rarely better, especially from a patients point of view. To see the <u>same</u> Doctor who knows the patient’s problems is ideal. This practice has 8 doctors already. Do we need more. No
Dc2	I think we have a nice surgery as it is, <u>as small is better</u> than Big and we do not know any from Haxby also it will be difficult to make an appointment.
Dc3	Having confidence and safe experience with the present arrangement, I

	believe the feeling of well-being and personal assurance in care would be lost in a much larger, sterile and detached situation due to the pure size of the proposed changes.
Dc4	Why change something that works well. There is no such thing as a merger – one organisation swallows up the other. You have opened Pandora’s Box!
Dc5	What patients require is the opportunity of seeing a doctor sooner. What is needed are longer opening hours and more doctors available locally – not in Haxby or Hull. The proposals do not go anyway to solving these problems.
Dc6	We already receive first class service from the professionals and staff in Poppleton. Keep it small.
Dc7	We have a good set up as it is. There may be underlying benefits for people other than the patients, which are not explained.
Dc8	<p>I can see the proposals are broadly “where things are going” in healthcare, but am not convinced it’s right for Poppleton at this stage. A few additional points over page:-</p> <ul style="list-style-type: none"> • Access to appointments <ul style="list-style-type: none"> - Needs to be equal opportunity for all 24 hr email access vs less than 12 hrs telephone access (and the insult to say avoid 8 – 10 am) - The issue of missed appointments – I strongly suggest that this is made worse by the “easier access” to appointments via electronic media – the demographic mostly using this are less aware of the need of timeliness. - No mention of wasted patient time. I have had experience of my time being wasted by appointments running late (minor issues but needs to be recognised) • Expanding corporate nature of “new grouping” <ul style="list-style-type: none"> - Big & corporate is not necessarily better – yet it will give wider possibilities, but small & local is sometimes better - Risk of future expansion can mean that smaller outliers (like Popp) drop off the end.
Dc9	I have nothing but praise for the many years I have been a patient at the Old Forge Surgery, under the care of Dr Claire Anderton, with her peerless professionalism and kindness, the nurses too, and the receptionists always doing their best with cheerfulness in an extremely difficult job. I cannot think that anything for the patient will be improved with this merger – quite the contrary. Nimby perhaps, but please don’t change.
De1	I strongly disagree with this proposal. I have several friends and colleagues who are with this group of practices at different surgeries. They all have the same problems. Not being able to get an appointment, never being able to see the same doctors and not a very good service, not one of them has good things to say about the group. I feel that Old Forge and Gale Farm

	<p>Surgeries at present are very friendly, you can get an appointment when you need one and you do not feel like a number. Nothing is too much trouble and you are not made to feel a bother whatever the problem, be it large or small. The service has always been excellent since it was setup years ago and benefits from its size.</p> <p>I feel these proposals are a giant step in the wrong direction.</p>
De2	<p>I feel the merger will take away the personal aspect we enjoy at the Old Forge surgery. It takes time to get to know the doctor's.</p> <p>Patient Care Why do we need 30 experienced doctors when the ones we have are perfectly adequate?</p> <p>Extending Services How many people will need access to vasectomy procedures at Acomb!</p> <p>Improving Quality We have excellent quality of doctors already</p> <p>Training Excellence Cant they go on courses anyway? The old saying – if it ain't broke don't fix it, may well be worth considering</p>

Comments from Group 3

N1	<p>The letter outlining the proposed merger of the practice set out four main reasons, which are couched in aspirational rather than concrete terms. In this regard, there is nothing in them with which any patient could disagree. The prime interest of any patient, however, is to ask "How will these proposals affect me in routine contact with my local practice & GP panel in terms of access, appointments, etc?" There is no specific reference to this fundamental aspect in the letter, although one assumes a panel of "GPs" remain at Acomb/Poppleton and current arrangements will continue. The existing partner of both practices must have identified potential economies of scale from the merger, but, other than a wider core of knowledge among GPs, these are not identified.</p> <p>The NHS is perpetually short of funds so one wonders if this merger will produce savings which can be applied elsewhere, eg will the merged practices have just one practice manager? If there are savings to be made, or new sources of funds becoming accessible, it may be interesting to know what they are and where they may be applied other than in making vasectomies available.</p> <p>Hence, it is difficult to express agreement or disagreement with the proposals set out in the letter. This response is not intended to be negative; there is not enough fact on which to base a judgment.</p>
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N2	<p>I could hardly disagree with the case you put for merger, given the advantages you list. However, there is no info about any possible direct impact on me as a patient, viz: change in surgery hours, waiting times, availability of doctor of my choice...</p> <p>If I thought the Saturday meeting would give me the info I would need to decide, I would change my plans in order to attend, but, sadly experience has made me disillusioned! I am sorry that I am unable to contribute to your consultation exercise.</p>
N3	<p>Thanks for the letter about the potential merger with the Haxby Group. My chief concern is about access. Being an Old Forge patient is pretty frustrating when we are limited to the opening hours of the Old Forge surgery – especially when Thursday afternoon is my only regular time off work, and guess what, that’s when Old Forge is closed...</p> <p>Will any merger mean that we have access to a range of surgeries across the city at times that suit us? I hope so.</p>
N4a & 4b	<p>In response to your recent circular, we would like to make the following points and comments:</p> <p>We think your present arrangements for booking appointments and for ordering repeat prescriptions are very satisfactory. We have heard stories about other practices in the area which tell of far less satisfaction particularly where booking appointments are concerned. Our worry about your proposal is that in time your arrangements may deteriorate.</p> <p>Our questions about the proposal are as follows:</p> <ol style="list-style-type: none"> 1. Given the six of the Haxby Group, is this not a takeover rather than a merger? 2. What would be the name of the merged group? 3. What would be the structure and level of involvement of Gale Farm partners in the management of the group, and therefore the level of Gale Farm influence in setting the group strategies? Essentially, who will decide how Gale Farm is run? 4. What is the motivation for Gale Farm to join in this group arrangement? 5. If Gale Farm decided against this arrangement how would this affect the surgery in a detrimental way? 6. How will this arrangement improve the services provided to Gale Farm patients? 7. The care you take in deciding the doctors, nurses and other staff for the surgery, not just in terms of calibre and professionalism but also in attitude and approachability is clear to all. How can we be sure that this will apply in a greatly enlarged organisation?

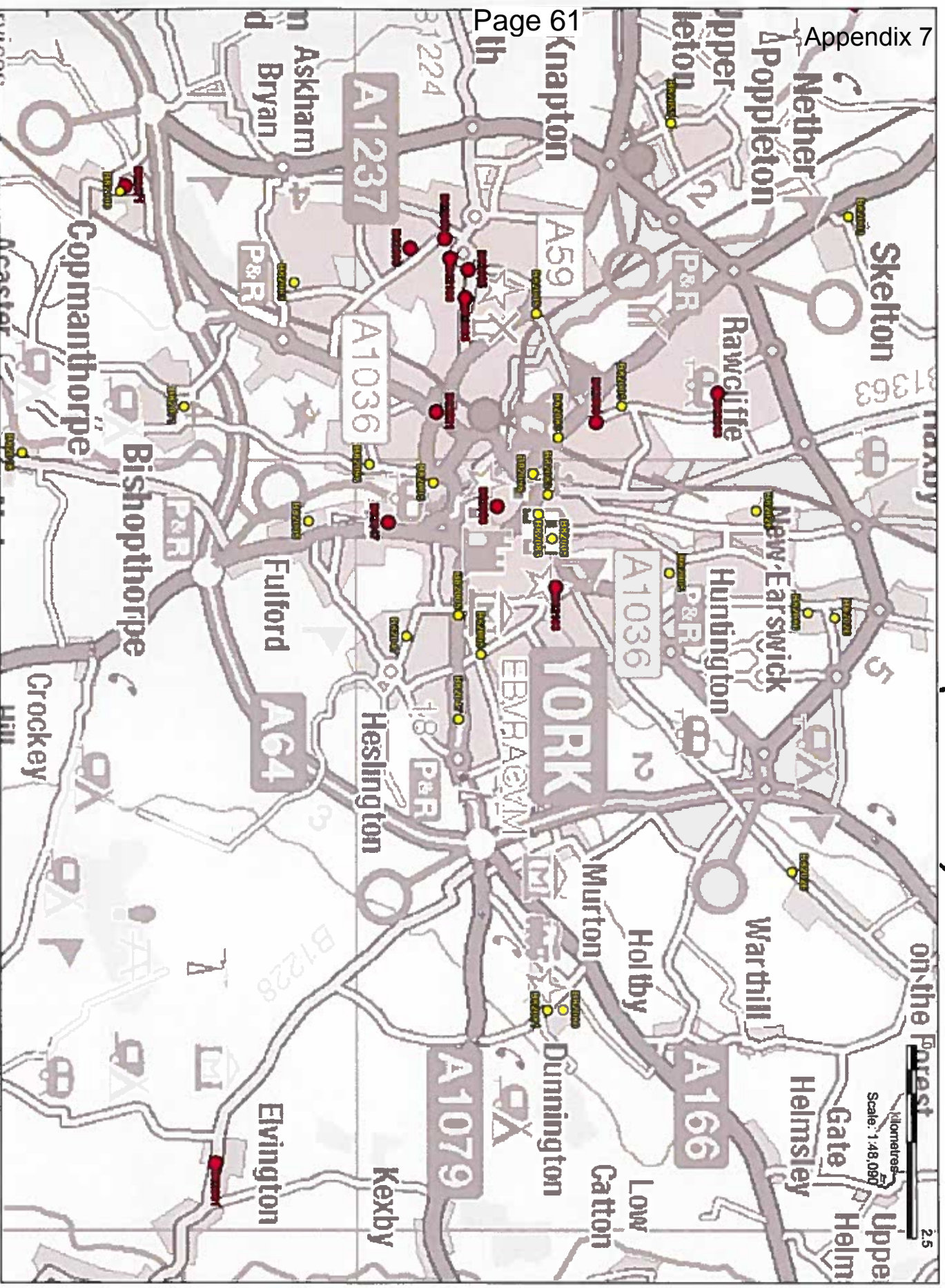
	We hope that the points raised above will assist in your deliberations and make you aware of at least two person's concerns on this whole matter.
N5	Undecided as from industrial management experience not always "LARGER IS BETTER". Unfortunately need to be in Scotland on Saturday 11/10/14 ref meeting. I have already thro 'PATIENT CARE' queried Haxby advising patients to go private to a clinic in which they had a financial interest. An email was read to me explaining mistakes made but a complex situation poorly reported by the media! The above points in "MY VIEW" seem excellent: Would a merger give more influence over YORK HOSPITAL? Presumably there are financial gains for practice partners/doctors in a merged entity?
N6	Having been with this practice since 1964 I do not agree or disagree, until I have a promise our surgery will stay where it is (rumour says not) and we retain our doctors who know us & we know them. We need a lot more information before we can make a decision. Hopefully it will be forthcoming.
N7	So far nor persuaded – see below. What are cost & practical staffing/rota implications? Patient care – can only see 1 dr at a time & will only access to existing team. Services – need more info. Vasectomy not best example. Quality/training – how exactly
N8	Not sure how in practice this would work at the moment it is difficult to have flexibility between Gale Farm & Poppleton Surgeries. If the merger results in <u>shorter</u> lead times to see a doctor then I am in favour. If not from a patients view I cannot see the advantage. Also can the number of no shows be addressed (I know this has nothing to do with the merger but is a waste when people cannot be bothered to cancel.)
N9	I neither agree nor disagree, but when and however we make appointments, please could you make it clear at <u>which</u> surgery the appointment is! Thanks.
N10	On the basis of the above information we agree more than disagree with the proposals, however it is difficult to fully agree without practical experience of the new arrangements.
N11	Undecided.
N12	We wouldn't see the Doctor we want to see. Why not open all day like other doctors? Set up someone to pick the phone up. When we ring over half an hour ringing to get someone to pick the phone up. Job Center would let you have someone to pick the phone up.
N13	1) Need for direct contact telephone system to the Surgery, as at present, NOT via a centralized switchboard or via Haxby. 2) Availability of present team of doctors / nurses based at Gale Farm NOT a huge team over the whole area.

Stakeholder Comments

S1	<p>... very interesting reading; as it is not in my SRCGG area I do not have any comments other than to say I think it will be good use of resources for the two surgeries to merge and they continue to keep both surgeries open...</p> <p>Govenor, York Foundation Trust</p>
S2	<p>I would like to take the opportunity to support the proposed merger of Gale Farm Surgery with Haxby Group Practice and do so from a personal perspective, I'm a patient of Haxby Group Practice, and professionally, as a senior officer of York Foundation Trust.</p> <p>Our organization supports the broader amalgamation of practices into larger more influential groups who we look forward to working with in the future to the benefit of the local health economy.</p> <p>Mike Proctor, Deputy Chief Executive, York Foundation Trust</p>

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Main & Branch Surgery Distribution within the Region of NHS Vale of York CCG - York Zoomed (Nov 2014)



- North Yorkshire & Humber Area Team (C50)
- CCG Boundaries
- Branch Surgeries
- Main Surgeries



Approved by Local Governance, Administration and Finance at 17th Local Executive, North Yorkshire and Humber at 17th Local Executive Meeting, 17th April 2014. Contracted Survey Services number 100003366 © Contracted Survey Services number 100003366 © Crown copyright and database right 2014. Contains Royal Mail data © Royal Mail copyright and database right 2014

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Results of Patient Consultation

87% of patients who filled in a Feedback Form support our proposal for a merger with Haxby Group

Dear Patients

We consulted with our patients about our proposal to merge with Haxby Group for a period of three months between 1st September 2014 and 28th November 2014. This consultation included:

- ✓ Alerting patients about our proposal via the press and local posters,
- ✓ Consulting with our Patient Participation Group,
- ✓ Writing to all patient households,
- ✓ Making information and feedback forms available to our patients at the surgery and on our website,
- ✓ Setting up a dedicated email address for patients to respond to,
- ✓ Holding a Patient Open Morning at Gale Farm Surgery in Acomb on 11th October 2014 and also at a Patient Open Afternoon at the Old Forge Surgery on 23rd October 2014. Staff and GPs from Haxby Group were at both these events.
- ✓ Writing to key stakeholders about our proposal

We are delighted to tell you that 169 usable responses were received and of these 87% of patients agreed with our proposals and 13% disagreed.

These results have now been sent to NHS England together with all the comments that we received from patients.

As we get nearer to the proposed merger date of 1st April 2015 we will be producing a guide for patients to let you know what plans we are putting in place to make sure this move is as smooth as possible for everyone involved. In the meantime, please be assured that our doctors, nurses and staff will be staying with us and our opening times will be staying the same.

Once again, thank you to everyone who took time to contact us. We would like to also take this opportunity to wish all our patients season's greetings and a happy New Year.

Yours faithfully

Drs Anderton, Simpson, French, Kimberling, James, Law and Cawkwell.

Gale Farm Surgery and The Old Forge Surgery.

17th December 2015

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Health Overview & Scrutiny Committee**18 February 2015**

Report of the Assistant Director Governance & ICT

**Cover Report to the Health Education Yorkshire & the Humber
presentation on nurse recruitment and workforce planning****Summary**

1. This report introduces a presentation by Health Education Yorkshire & the Humber on their skills and development strategy relating to nurse recruitment and workforce planning.

Background

2. At a meeting of the Health Overview & Scrutiny Committee on 26 November 2014 Mike Proctor, the Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust, told Members that York Hospital, in common with many hospitals in the country, was suffering a shortage of skilled nurses.
3. Members shared his concerns and the Committee asked for a report from the Nurse Training School around workforce planning and recruitment, including those returning to nursing and mature entrants. While the Nurse Training School at the University of York delivers the training programmes these are commissioned by Health Education Yorkshire & the Humber and coordinated by a strategic partnership.
4. As a consequence Amanda Fisher, Educations Commissioning Lead for Health Education Yorkshire & the Humber and local director Mike Curtis agreed to make a presentation to the Committee.

Consultation

6. The information provided in Annex A has been provided by Health Education Yorkshire & the Humber and representatives will be attending the meeting to answer any questions.

Analysis

7. This report is provided for information only.

Council Plan

8. The information provided in Annex A is linked to the Protect Vulnerable People element of the Council Plan 2011-15.

Implications and Risks

9. There are no Financial, HR, Equalities, Legal, Crime and Disorder, IT, Property or other implications and there are no risks associated with this report.

Recommendations

10. Members are asked to note the content of this report and its annex and make whatever comments they feel necessary.

Reason: To ensure compliance with scrutiny procedures and protocols.

Contact Details

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Chief Officer Responsible for the report:

Andrew Docherty

Assistant Director Governance and ICT

Tel: 01904 551004

Report Approved Date 11/2/2015

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

All

For further information please contact the author of the report

Annexes

Annex A – Powerpoint Presentation- Health Education Yorkshire and the Humber skills and development strategy

Abbreviations

A&E – Accident and Emergency

HEE- Health Education England

HR – Human Resources

IT – Information Technology

LETB – Local Education Training Board

NHS – National Health Service



Health Education
Yorkshire and the Humber

Health Education Yorkshire and the Humber

yh.hee.nhs.uk

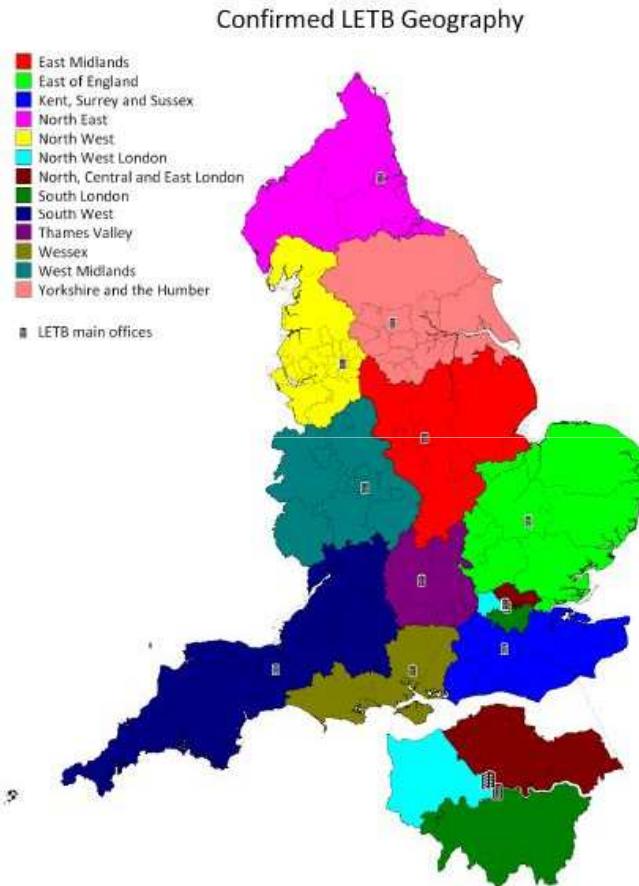
HEE's purpose...

HEE exists for one reason: to improve the quality of care delivered to patients. Through our Local Education and Training Boards (LETBs), we ensure that our workforce has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.

See video on our web site

LETB = local education & training board

Health Education
Yorkshire and the Humber

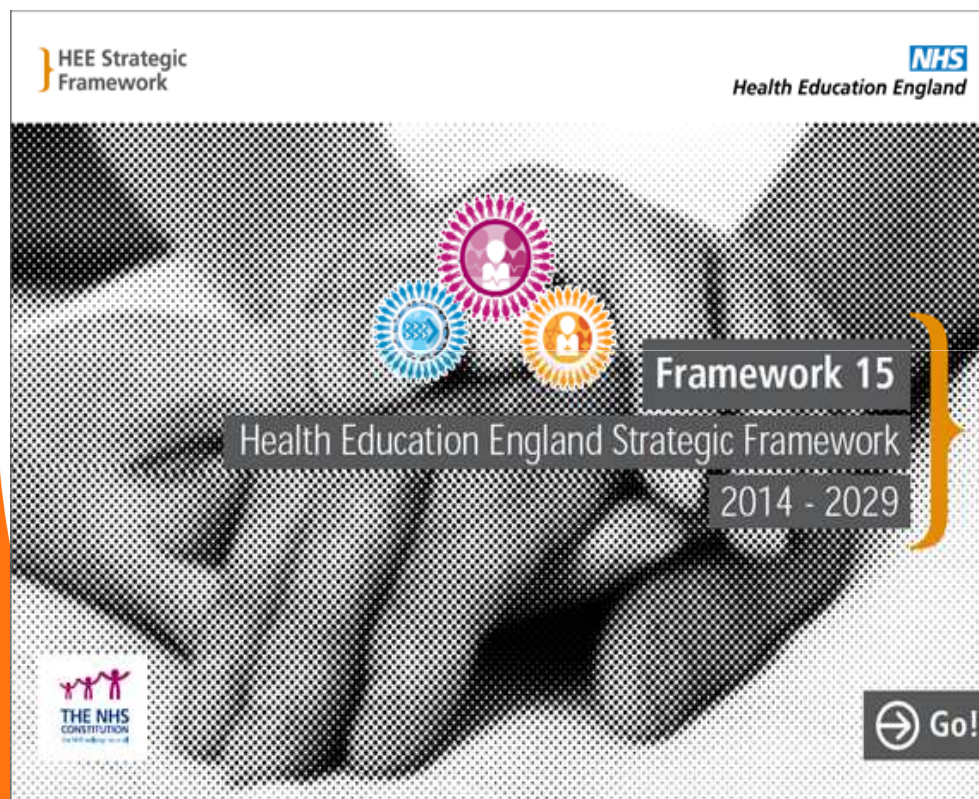


- Total of 13 LETBs
- Committees of HEE
- Not Statutory Bodies
- Provider led with Stakeholder representation

Our Strategic Direction



Health Education
Yorkshire and the Humber



yh.hee.nhs.uk

Workforce planning

Implications of getting it wrong:

Under supply :

- Service delivery affected
- Excess cost of agency & locums
- Pressure on remaining staff

Over supply

- Wasted investment – circa £50,000 to train a nurse; £500,000 per doctor

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14 January 2014 Last updated at 09:14 670 Share

Sharp rise in spending on A&E locum doctors

By Nick Triggle
Health correspondent, BBC News



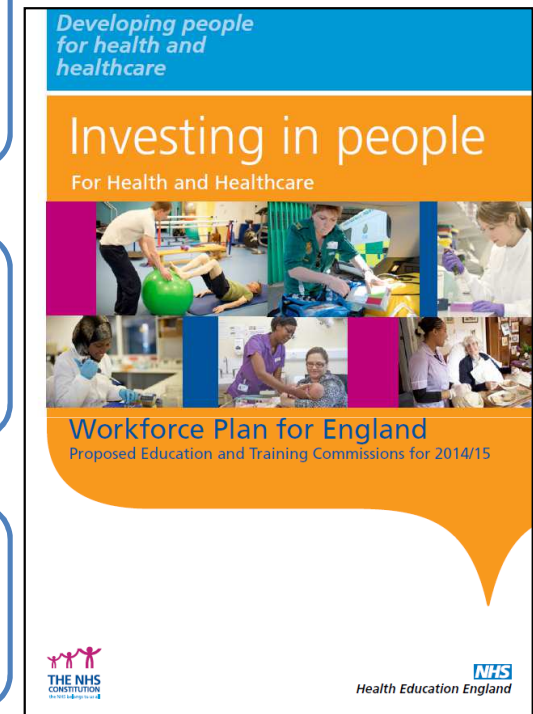
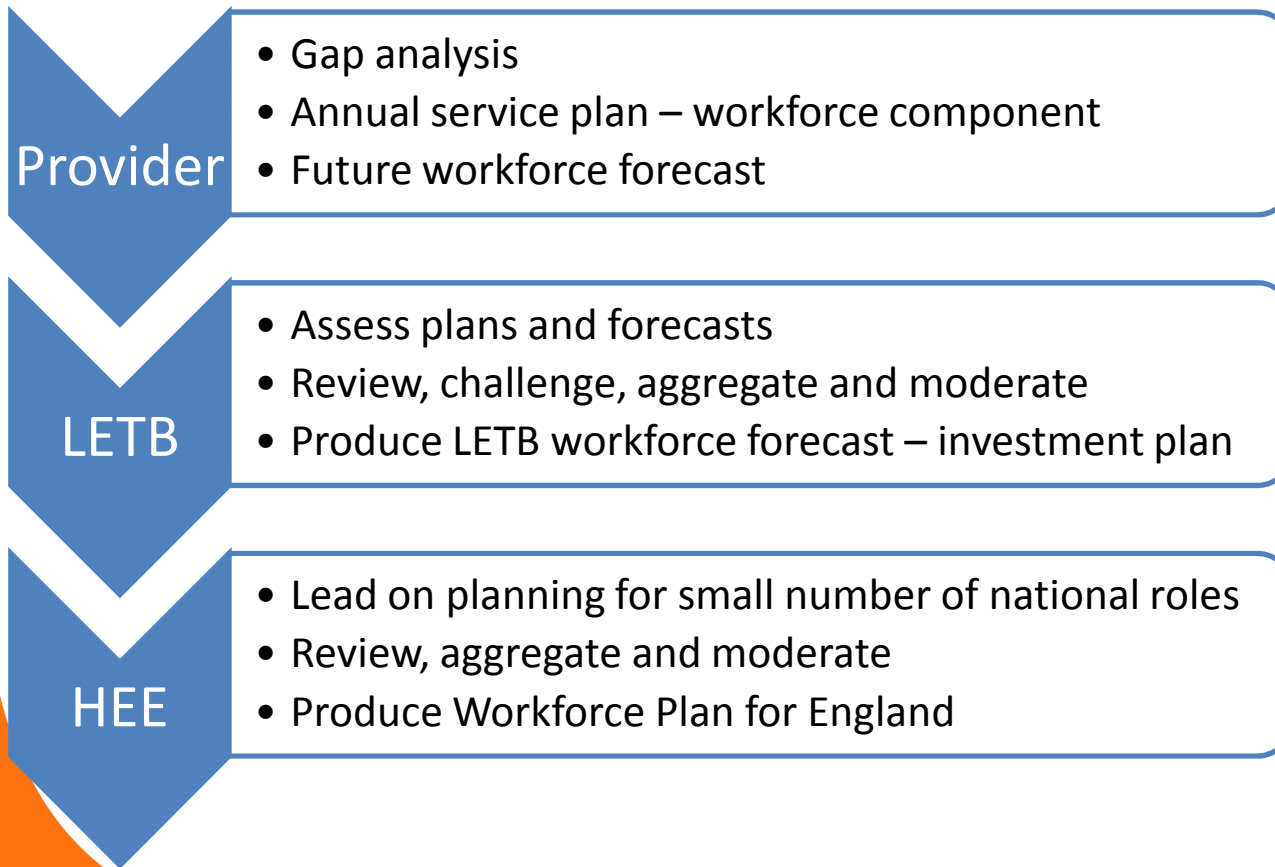
Spending on locum doctors to plug the gaps in A&E units in England has risen by 60% in three years, figures show.

The data obtained by Labour under the Freedom of Information Act showed £83.3m was spent last year, up from £52m in 2009-10.

Employing locum doctors can cost £1,500 a shift, four times as much as filling a shift with permanent staff.

A government spokeswoman said retaining A&E doctors was a long-standing problem in the NHS.

Workforce planning: Process



Workforce planning: nursing shortages in 2014

Employers forecast demand:

Plans are based on workforce information from employers - hospitals, nursing homes

Time-lag:

Time from commissioning decision to a nurse graduating is 4 years (commissioning period + 3 years training)

Looking back to 2010:

employers were holding vacancies and forecasting reduced demand for newly qualified nursing and workforce budgets were advised to plan for reduced funding. Financial uncertainty.

Since 2010 :

increased focus on quality and patient safety risks arising from staffing reductions

Nursing shortages in 2014: mitigating actions

- Increased commissions
- Reducing attrition
- Retention of current staff
- Develop new roles
- Return to Practice
- Supporting international recruits - orientation into the NHS providers

Strategic Direction: Challenge *and response*

1. **Staff able to function in primary and community care settings**
 - *Increasing investment in Primary Care education and Training*
2. **New roles recognised alongside more familiar roles**
 - *Over 200 new advanced practitioners and more future investment*
3. **More integrated and team training with patient experience focus**
 - *New ways of learning in new places*
4. **Full usage of flexible training routes so can be more responsive**
 - *Focusing investment on priorities*
5. **Build confidence and competence to work within high tech service delivery alongside patients as experts in their own care**
 - *Core element of all training and education*

We are investing in:



Health Education
Yorkshire and the Humber

Increasing current output of qualified nurses

Increasing supply of Advanced Clinical Practitioners & pilot Physicians Associates and extended role of pharmacists

Providing sufficient high quality clinical placements for current and future students

Increasing training in primary and community care settings - GP, nursing and other roles

We are investing in:



Health Education
Yorkshire and the Humber

Continuing transition to a standard national placement tariff

Increasing the quality and capability of support staff in order to ensure minimum standards met and to take on assistant roles.

Supporting team development; good management and leadership;

Specialist post registration skills development e.g. dementia and other mental health issues, older people,

Training the workforce in the use of technology

Promoting new ways of learning

- The use of simulation
- Our region has invested over £20 million in clinical skills and simulation since 2008.
- This investment includes simulation centres, equipment, and the creation of a specific project team who work to deliver the LETB Clinical Skills and Simulation Strategy for Yorkshire and the Humber.
- A regional network and executive committee advise the LETB on key priority areas in clinical simulation in order to direct work more effectively.
- A refreshed strategy for this work is currently being finalised, and will ensure that our region remain at the forefront of this important and innovative area of work

For further information

Visit: www.hee.nhs.uk and
www.yh.hee.nhs.uk

Email: hee.enquiries@nhs.net and
contactus@yh.hee.nhs.uk

Twitter: @NHS_HealthEdEng and
@YHLETB

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Leeds and York Partnerships NHS Foundation Trust Care Quality Commission inspection reports

Briefing pack: For stakeholders

Please note: this information is to brief you in advance of the publication of the Trust's CQC reports on Friday 16 January 2015. The reports are embargoed until this time.

Contents

1. Core statement (press release, internal statement, website etc)
2. Service ratings in more detail
3. Some examples of good practice highlighted in the CQC reports
4. Actions the Trust must do and should do to improve
5. What the inspectors said about our services; at a glance .

1. Core statement

Leeds and York Trust staff praised as “caring” in Care Quality Commission reports

Staff at Leeds and York Partnership NHS Foundation Trust treat service users with “kindness, dignity and respect” according to latest reports released by the Care Quality Commission (CQC).

The Trust, which provides specialist mental health and learning disability services across Leeds, York and parts of North Yorkshire, was inspected between 29 September and 5 October 2014 as part of the CQC’s comprehensive inspection programme. The inspection team looked at the Trust as a whole and in more detail at 11 core services including inpatient mental health wards and community-based mental health, crisis response and learning disability services.

The CQC inspectors assess services against five key questions, asking if services are:

- Safe?
- Effective?
- Caring?
- Responsive to people’s needs? and
- Well-led?

They then rate both NHS Trusts as a whole and their individual service areas to help people understand where care is outstanding, good, requires improvement or inadequate. Leeds and York Partnership NHS Foundation Trust has been given an overall rating of “requires improvement” (see summary table below).

Five key questions	Overall rating for Leeds and York Partnership NHS Foundation Trust
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well led?	Requires improvement
Overall	Requires Improvement

The inspectors found many areas of good practice and received many positive comments about care from service users and carers. This included care for women with personality disorders at Clifton House in York, the “meaningful and extensive” activities for patients at the Newsome Centre in Leeds and the crisis assessment service at the Becklin centre in Leeds.

There were a smaller number of areas where the inspectors found some issues with services including the quality of the environment where care was being delivered, the level of staffing available at all times to meet the needs of patients and the level of training that staff had received.

Chris Butler, Chief Executive of the Trust, said: “We welcome the reports from the CQC. I am a registered mental health nurse and I’ve been a carer in my personal life so I know what it feels like to both work in and receive services from the NHS. I am therefore of the view that no NHS organisation can be perfect and we must always seek out opportunities to learn, reflect and make things better.

“I am very proud of the staff who have received glowing assessments from both the inspection team and our service users who said they were treated with kindness, dignity and respect. Our staff are our greatest asset and they have demonstrated they provide a first class service which is well regarded.

“The inspectors also found many areas of good and outstanding practice. In fact, 70 per cent of the areas they looked at were rated as good in their report.”

“There are some areas of concern that have been highlighted in the report and a small number of those are significant. We have already been taking action to address some of those and we are working on a firm plan of action to tackle the rest.”

Services in York and North Yorkshire

The majority of the concerns raised by the CQC relate to services in York and North Yorkshire, particularly older people’s inpatient care which was rated inadequate.

Commenting on this, Chris Butler said: “We realise this report tells a tale of two cities. Services in Leeds have mostly been rated as good whilst there are a number of concerns raised about services in York.

“The report highlights the historical underdevelopment and underinvestment in mental health and learning disability services in York.

This is something I am pleased to say that we, and the Vale of York Clinical Commissioning Group, have been addressing together over the last three years and there are many examples of new and improved services we have put in place together.

“We take the issues raised about the suitability of Bootham Park Hospital in York very seriously. We have been working hard with our partners to take immediate action to address them. This includes a £2.7 million scheme to refurbish the three inpatient wards which will be completed later this year. However a longer term solution is needed for inpatient mental health care in York and we are fully committed to working with local partners to see this through.”

Action plans

The Trust has been given five “compliance actions” by the CQC across the organisation which means these are areas that require immediate attention to address essential standards of quality and safety. These include:

- Safety and suitability of premises
- Systems for identifying, handling and responding to complaints
- Ensuring staff receive appropriate training, supervision and appraisals
- Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet patients’ needs
- Eliminating mixed sex accommodation

The Trust has already taken action to address some of these concerns. This includes:

- Moving inpatient children’s mental health services in York into newly refurbished accommodation at Mill Lodge in Huntington
- Working with staff at the Worsley Court elderly care unit in Selby to improve the quality of nursing care – this unit has recently reopened following a temporary closure
- Addressing mixed sex accommodation issues by designating Worsley Court as a male-only facility and making the Meadowfields elderly inpatient unit in York a female-only unit.

The CQC has set the Trust 19 “must do” actions and 23 “should do” actions across its clinical services. The Trust will now agree an action plan which

addresses the key concerns highlighted in the report as its Trust Board meeting on 29 January 2015.

Chris added: “We will revise our existing action plan to take account of the findings in the CQC’s reports. These will be agreed with our partners across Leeds and York along with the timetable for completion.”

You can read all the reports from the CQC on their website here:

www.cqc.org.uk/directory/RGD

2. Service ratings in more detail

The CQC rated 11 mental health and learning disability services provided by the Trust against the five key domains of safe, effective, caring, responsive and well-led. The table below gives an overview of how they were rated.

Service area	Safe	Effective	Caring	Responsive	Well-led	Overall rating
Acute wards for adults aged 18-65	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Long stay / rehab for 18-65 year olds	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Forensic inpatient / secure wards	Good	Requires Improvement	Good	Good	Good	Good
Child and Adolescent mental health service (CAMHS) wards	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Older People's wards	Inadequate	Inadequate	Good	Requires Improvement	Inadequate	Inadequate
People with learning disability / autism wards	Good	Requires Improvement	Good	Good	Good	Good
Community mental health services	Good	Good	Good	Good	Good	Good

Crisis services and Health-based place of safety	Requires Improvement	Good	Good	Good	Good	Good
Community CAMHS	Good	Good	Good	Good	Good	Good
Supported living services (ASC)	Good	Good	Good	Good	Requires Improvement	Good
Community LD/Autism	Good	Good	Good	Good	Good	Good
Overall Trust rating	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

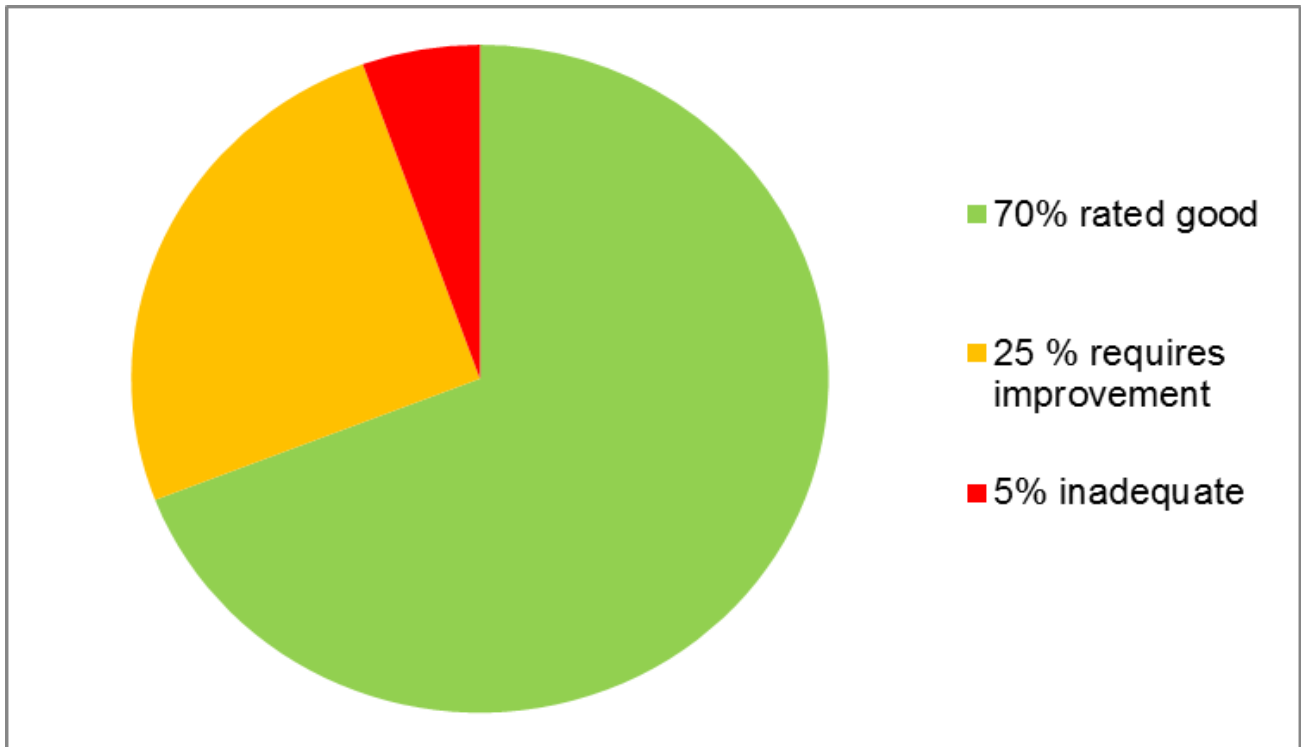
Why did the Trust get an overall rating of “requires improvement”?

The CQC inspection team give ratings to service areas and use this alongside a range of other information to calculate an overall rating for the Trust. Any serious issues or breaches of required standards would automatically give a rating of requires improvement or inadequate.

Two or more ratings below good (e.g. requires improvement or inadequate) would generally lead to an overall score indicating requires improvement or inadequate.

The chart below is a representation of the CQC’s findings across the Trust, showing that 70% of our services were rated good, 25% require improvement and 5% were classified as inadequate.

Proportionality of ratings across services



More information about how the CQC calculate ratings can be found in [How the CQC regulates Specialist Mental Health Services Provider Handbook](#).

3. Some examples of good practice highlighted in the CQC reports

In York

- The child and adolescent inpatient ward in York provided mobile phones to young people. These phones did not have a camera facility on them, but allowed young people to put their own SIM cards in them. This meant young people were able to keep contact with friends and family whilst ensuring the privacy of others on the ward was being protected.
- The individualised tailored processes for admission for women with personality disorder onto Rose ward at Clifton House effectively supported patients safely during change and transition.
- The extent of meaningful patient involvement for women with personality disorder on Rose ward at Clifton House to participate in their individual care as partners and to be involved in the running of the ward.
- The Community Mental Health Team has developed excellent partnership working with York St John University through the 'Converge' organisation. Converge provides support and access to courses specifically designed for people who use mental health services.

In Leeds

- Inspectors were impressed with the range and scope of meaningful and extensive patient activities on Ward 2 (female patients) at the Newsome Centre at Seacroft.

- The Learning disability inpatients service at Woodland Square provided an excellent short term care service and we were impressed with their dedication and skill. The learning disability inpatients service at Parkside Lodge had been innovative in developing their patient daily activity plans.
- The crisis assessment service in the Becklin Centre, Leeds operated a pilot scheme called the Street Triage Team (STT) which had reduced admissions into the Place of Safety (Section 136 suite) by 28% since its introduction in April 2014.
- The rehabilitation wards in Leeds had a “you said, we did” feedback system for patients. If patients had raised a point within their weekly community meetings, the “you said, we did” provided them with communication on what action had been taken. This was displayed on notice boards within the wards and communicated at subsequent community meetings.

4. Actions to improve

The CQC has set the Trust 19 “must do” actions and 23 “should do” actions across its clinical services. The Trust will now agree an action plan which addresses the key concerns highlighted in the report as its Trust Board meeting on 29 January 2015.

Must do actions

- The trust must ensure that their facilities and premises are appropriate for the services being delivered at Bootham Park Hospital and the Yorkshire centre for psychological medicine (Ward 40, Leeds General Infirmary).
- At Peppermill Court, Worsley Court, Meadowfields and ward 6 at Bootham Park hospital the provider must ensure there are sufficient skilled staff at all times to meet the treatment and care needs of patients.
- The provider must ensure it adheres to the guidelines for mixed sex wards under the MHA Code of Practice at Meadowfields, Worsley Court, ward 6 at Bootham Park hospital and Acomb Gables.
- At Worsley Court the trust must ensure that there no delays to the administration of patients medication.
- The provider must ensure that there is sufficient nursing cover and sufficiently trained and supported staff at Field View whilst this location continues to care and treat detained and restricted patients and be registered for regulated activity ‘Assessment and Treatment under the Mental Health Act’, including ensuring staff have access to up-to date trust information and policies.
- The provider must ensure that comments and complaints are handled appropriately.
- The provider must ensure that the seating is appropriate at the health based place of safety at the Becklin Centre, Leeds, as this could potentially be used to cause injury.

- The provider must ensure that the ligature points (sink taps and door handles) in the bathroom at the health based place of safety at the Becklin Centre, Leeds are removed.
- The provider must ensure that the patient group directions (PGD) medication at the crisis assessment service – Becklin Centre, Leeds is reviewed and brought in line with the trust policy and legal requirements.
- The provider must ensure consent to care and treatment is obtained in line with legislation and guidance including the Mental Capacity Act 2005.
- The provider must take action to ensure rehabilitation wards are both adequately and safely maintained.
- The provider must ensure care records, at Acomb Gables, are kept up to date.
- The provider must ensure that Ward 5 Newsam Centre undertakes an environmental risk assessment, and acts upon any identified risks, particularly in relation to aspects of the environment which could potentially be used to self-harm.
- The provider must take action to ensure children and young people who require inpatient care are cared for in an appropriate environment
- The provider must take action to ensure that all staff receive their mandatory training
- The provider must take steps to ensure all appropriate staff receive training in relation to the Mental Capacity Act and Mental Health Act
- The provider must take action to ensure that all medication charts, observation records and records of Gillick competency and mental capacity assessments are always fully documented.
- The provider must ensure that adequate medical cover is available, both within and out of working hours that meets the needs of the patients across the trust.

- The provider must ensure that the supported living service reports all safeguarding incidents to the national reporting and learning system (NRLS).

Should do actions

- The provider should ensure care plans for patients subject to Community Treatment Orders (CTO's) provide sufficient details about the conditions relating to the CTO and ensure consent to treatment forms are regularly reviewed and reflect current medication prescribed to patients in CMHTs.
- At Peppermill Court, Meadowfields, Worsley Court, The Mount and Bootham Park Hospital ward 6 the provider should ensure the environment is reviewed to ensure staff have clear lines of sight throughout the wards to ensure patients safety.
- At Peppermill Court the trust should ensure that there are clear arrangements in place to provide patients with the appropriate physical health monitoring and treatment.
- At Peppermill Court, and Worsley Court staff should follow the trust policy in regards to the recording of restraint.
- At Peppermill Court, Meadowfields, Worsley Court, the trust should ensure they continue to implement the 'Quality improvement plan for the community unit elderly services (CUES)' and provide CQC with a monthly update of the progress.
- The provider should continue to address staff vacancy rates and sickness levels and improve the monitoring of its impact on patient care in low secure services by measuring care and treatment which has been cancelled or curtailed (leave of absence, one to one nursing sessions, activities, access to fresh air).
- The provider should address identified environmental issues including within the seclusion rooms and ensure that patients on Riverfields ward are afforded further dignity by improved screening into the bedrooms which overlook the staff and visitor car park.

- The provider should ensure that patients in low secure services have access to timely physical healthcare by ensuring patients are registered with a GP and, for patients at the Newsam Centre ensure that timely medical care is available.
- The provider should ensure that clinicians and staff within low secure services adhere to the MHA and MHA Code of Practice to ensure that:
 - staff are aware patient mail can only be withheld in very limited circumstances;
 - there is improved recording of consent and capacity to consent decisions for treatment for mental disorder;
- The provider should review the processes for checking emergency equipment at the crisis and access service – Bootham Park Hospital, York and the rehabilitation wards across the trust.
- The provider should review the provision of dedicated medical input into the services of the crisis and access service – Bootham Park Hospital, York.
- The provider should review the systems for informing people how to raise concerns and complaints at the crisis assessment service at the Becklin Centre, Leeds.
- The provider should ensure all unit staff are aware of where all resuscitation equipment and accessories are located on Lime Trees
- The provider should carry out a risk assessment in relation to the free standing wardrobes within young people's bedrooms on Lime Trees.
- The provider should take steps to ensure that independent scrutiny of Mental Health Act documentation takes places in a timely manner at Lime Trees
- The provider should take action to mitigate the blind spots on the stairwell within ward 5 at Newsam Centre. This stairwell is used for patients to access the garden area.

- The provider should take action to ensure Millside and Acomb Gables have a system in place to support the physical health needs of patients and incorporate the information within the care planning. Evidence of physical health assessments on admission and continuous monitoring need to be recorded within the care file
- The provider should ensure that a robust system is in place for the monitoring of safety of food items in fridges across the trust.
- The provider should review systems at trust level for recording and monitoring training uptake.
- The provider should make information available to patients and families regarding the complaints policy and procedure. This information should be displayed on notice boards throughout the wards and in public areas.
- The provider should review the information technology requirements of the National Deaf Child and Adolescent Mental Health Service (NDCAMH); this is because whilst the service was making good use of the technology they had been provided with, staff using the equipment said the systems could be slow and were not always cost effective for communicating using sign language.
- The provider should ensure effective monitoring arrangements are in place at Hawthorne ICST for people accessing the building.
- The provider should ensure that staff at Hawthorne ICST are using the personal alarm system provided.

5. What the inspectors said about our services

At a glance . . .

1. Child and adolescent mental health services (CAMHS) – Community based services
2. Specialist Eating Disorder Services *
3. Long stay, forensic and secure services
4. Community mental health services for people with learning disabilities or autism
5. St Mary's Hospital (Specialised Supported Living Service)
6. Services for people with learning disabilities or autism
7. Services for older people
8. Child and adolescent mental health services (CAMHS)
9. Rehabilitation services
10. Crisis Teams and Health Based Places of Safety
11. Community-based mental health services for adults of working age
12. Acute admission wards and psychiatric intensive care units

* Following the inspection the CQC informed us of a change to the status of the report into the Eating Disorder service. Specialist Eating Disorders is no longer considered a “core service” by the CQC (a decision taken after a draft report and ratings had been shared with the Trust) and therefore ratings have not been included in the final publication.

1. Child and adolescent mental health services (CAMHS) – Community based services

Name of service	Address
CAMHS Community Team	Limetrees, York, YO30 5RE
National Deaf Child and Adolescent Mental Health Service (NDCAMH Service)	Limetrees, York, YO30 5RE

Overall rating: Good

A summary of the inspectors' findings:

We found the service to be safe:

Systems were in place which ensured risk assessments were carried out in relation to children and young people who had been referred. Prioritisation of referrals took place by clinical staff. Appropriate lone working arrangements were in place within the NDCAMH service but we found concerns in relation to the lone worker policy and process not being consistently followed within the mainstream CAMHS service. We found incident reporting systems were in place and were being followed.

We found the service to be effective:

Care plans which adopted a focus on recovery were in place. There was evidence that the physical health of children and young people was being considered by the service. We found the service had an understanding of best practice guidance and demonstrated a commitment to evidence based practice. Staff received supervision and annual appraisals. We found evidence of positive working relationships with a range of external agencies. We found concern in relation to the absence of training for staff in relation to the Mental Capacity Act and Mental Health Act.

We found the service to be caring:

Staff working in the service had a caring and compassionate attitude towards children and young people. Staff were able to demonstrate examples of how they engaged with children, young people and their parents/carers to ensure they were able to be fully involved in their care.

Overall, the service was responsive to the needs of children, young people and their families:

The NDCAMH service had carried out much work in order to effectively engage and communicate with people who are deaf. Complaints procedures were in place. Whilst outpatient facilities were clean, both working space and therapy space were of short supply.

The service was well led: staff worked in a way which was consistent with the values and strategic direction of the trust. Managers had an awareness of where improvements were needed in their services. Staff reported to us a general sense of being supported by their managers.

2. Specialist Eating Disorder Services

Name of Service	Address
Ward 6 Yorkshire Centre for Eating Disorders	The Newsam Centre Leeds, LS14 6WB

Overall rating:

*** Following the inspection the CQC informed us of a change to the status of the report into the Eating Disorder service. Specialist Eating Disorders is no longer considered a “core service” by the CQC (a decision taken after a draft report and ratings had been shared with the Trust) and therefore the ratings have not been included in the final publication. However; it is important to recognise that the service was rated “good” in all domains and “outstanding” in one in the draft report.**

A summary of the inspectors’ findings:

Overall, people received a good service from the YCED. The service had a clear vision and staff were positive about working towards this. The quality of the service delivered was also monitored on an on-going basis. The service has developed research based practice and made improvement through engagement with patients and carers. Staff were supported in their roles and supervised regularly and had a specialised knowledge of eating disorders.

We found that this service was safe

The trust had systems in place which identified potential risks to the service and had processes to ensure that these were avoided where possible. Incidents were reported and there were governance systems in place to make sure learning from incidents took place, both in the service and across the trust.

The service used a number of specialist outcome measures to make sure that its effectiveness was assessed

The clinical governance structure in the service was strong and used learning from incidents, complaints, internal audits and research to improve the service offered. Staff had a good understanding of best practice and were aware of the evidence base of their work.

Staff were caring and compassionate.

There were some particular areas of outstanding practice in the service. Staff were allocated lead roles in specialty areas in order to support patients appropriately. There were well established working practices and good links with community team and outpatient services.

The service met the needs of the patients who used it.

Patients told us they were treated with kindness and empathy by staff, who were well-trained and aware of their needs. Patients told us staff treated them with respect and consideration, and the staff were experienced in understanding and treating eating disorders. Patients praised the community and outpatients services and the links between inpatients and community services.

Staff we spoke with felt that the service was locally well-led

They were able to deliver a good service and felt that they were supported by local managers to understand the aims and values of the trust.

3. Long stay, forensic and secure services

Name of service	Address
Westerdale ward, Riverfields ward, Rose ward, Bluebell ward	Clifton House, York YO30 5RA
Ward 2 – male, Ward 2 - female Ward 3	The Newsam Centre, Leeds, LS14 6WB
Field View	Field View, York YO30 5RQ
Community Forensic Team (York) Community Forensic Team (Leeds)	Clifton House York YO30 5RA The Newsam Centre, Leeds, LS14 6WB

Overall Rating: Good

A summary of the inspectors' findings

The low secure services were safe;

Effective systems were in place to assess and manage risks to individuals. The newer women's wards at Clifton House provided a safe environment. There continued to be some environmental safety and ligature risks especially at the Newsam Centre but the risks were mitigated.

Whilst there were examples of good practice, we found that the low secure services were not always as effective as they could be.

Many patients commented that activities, leave and access to fresh air was cancelled or curtailed due to the high levels of vacancies and sickness levels. We found good Mental Health Act adherence but there were issues with capacity to consent and seclusion recording; as well as one incident of mail being withheld inappropriately. Staff at Field View were not fully supported to provide effective care.

Overall the trust was providing a caring service for patients across the low secure wards.

Throughout the inspection we saw examples of staff treating patients with kindness, dignity and compassion.

The service had outstanding examples of how it involved patients in their care and engaged in how services were designed.

The service was responsive to patients' needs.

Restrictions were usually kept to a minimum. Patients' individualised needs were met.

We found that the service was well led:

There was effective management of the service through regular audit and a commitment to provide high quality care and continuous improvement. We found a breach of regulations relating to staffing levels. We have issued a compliance action. This was because nursing staffing levels at one location, Field View which provided four beds for patients to step-down to lesser restrictions, were not maintained at expected levels at all times and therefore detained patients were not safeguarded. We were given assurances after the inspection promising improvements.

4. Community mental health services for people with learning disabilities and autism

Name of service	Address of service
West North West Community Learning Disability Services	Leeds, LS12 3QE
York Community Learning Disabilities services	York, YO30 4XT

Overall rating: Good

A summary of the inspectors' findings:

Is the service safe?

There was evidence of the safeguarding process being used within the team. Staff were aware of the trust's policy and how to implement it. Prevention and management of violence and aggression breakaway (PMVA) training records that we viewed showed compliance of 100% for both teams.

Staff were aware of the incident reporting process and of the whistleblowing policy and the process they would follow and also how they could escalate issues. We saw that there was a good care planning process in place. There was good evidence of effective multi-disciplinary team working within the service.

Staff attitudes towards patients were caring and they spoke about them courteously and with respect. We observed good use of easy read signage or information displayed in the team bases and easy read literature on the Trust's internet page.

There were copies of easy read complaint leaflets available in the community teams. Staff members were fully aware of the complaints process and knew about the patient advice and liaison (PALS) service and how they could direct patients and carers to the department. Fact finding investigations take place post incident to enhance future practice.

Is the service well led?

The community teams learning disability direct management team were motivated toward providing the best practice and high quality care. The community teams had clear lines of accountability and management structures.

The community team staff told us they felt supported in their roles and had excellent support from the managers of the service. There appeared to be a robust monitoring system used within the services which captured training, supervision and incident monitoring, this was corroborated by the high level of compliance to mandatory training figures and high supervision uptake.

5. St Mary's Hospital (Specialised Supported Living Service)

St Mary's Hospital, 1 Woodland Square, Leeds LS12 3QE

Overall rating: Good

A summary of the inspectors' findings:

Is the service safe?

People who use the service told us they felt safe in their houses. People told us the staff were "Okay" and they "Felt safe with their carers." They told us about their experiences within the service and that they were involved in developing their own care plans.

Is the service responsive to people's needs?

Staff understood people's support needs, were enabling and encouraging and treated people with kindness and respect. People who used the service have an individual weekly plan. We saw the staffing levels were adequate to meet people's needs. The properties had been adapted by the landlord to allow people who used wheelchairs and requiring the use of hoists to help them move around to continue to live there.

Is the service caring?

People told us that staff were caring.

Is the service effective?

People who used the service told us the staff supported them with the daily living and personal care tasks that helped them to live as good a life as possible. We saw evidence that staff received training that enabled them to provide appropriate support to people.

We saw that staff had an annual appraisal and this allowed them to identify and plan for their future training needs. We observed positive interactions with people who used the service and staff.

We saw evidence that CQC had not been notified of incidents that had happened in the service. However they had notified the local authority as required. This was a breach of Regulation 18 of the Health and Social Care Act 2009 (Registration) Regulations 2009.

Is the service well led?

Staff told us that there was an open and transparent, culture that encouraged good practice. Staff told us they attended regular team meetings. Staff told us the meetings were useful, and they included discussion about values, diversity, health and safety, training, incidents and activities, and allowed sharing of good practice.

6. Services for people with learning disabilities or autism

Name	Address
Acomb Learning Disability Units	Acomb learning disability units, Acomb, York, YO24 4LJ
Parkside Lodge	Parkside Lodge, Leeds LS12 2HE
White Horse View	White Horse View, York YO61 3QN
St Marys Hospital	2 & 3 Woodland Square, Leeds, LS12 3QE

Overall rating: GOOD**A summary of the inspectors' findings:****Safe?**

We found the learning disability services had safe staffing levels. They assessed and managed risk to patients and staff and staff were aware of the incident reporting system. They assessed the needs of people and planned care and followed best practice in treatment and delivery of care.

We found skilled staff and multi-disciplinary team working was evident. There was adherence to the MHA and the MHA Code of Practice. Medication was stored, handled, administered and disposed of correctly. All wards were able to describe the complaints policy and how these were dealt with.

Responsive?

We found that all patients had a physical health check on admissions and there were specialised care pathways developed for some patients. There was evidence of occupation and engagement.

Caring?

The 10 patients we spoke to across the five wards reported that they were treated well, patients said they were happy and that there were "good staff here" "they care and help me, they know me". We observed informally staff engaging with other patients in a respectful and caring manner. Patients were involved with their treatment which was individualised and took account of their disabilities. All wards had access to Advocacy services.

Effective?

Staff training attendance was variable. Whilst some figures were low, there were plans to increase compliance with mandatory training.

We found that the learning disability teams and involved people in the care they received and treated them with kindness, dignity, respect and support. We saw a number of ways that this was done.

Well-led?

Generally the learning disability services had good governance procedures in place and staff were aware of the Trust's vision and values. Strong leadership was evident within the learning disability services. All wards were able to describe the complaints policy and how these were dealt with at local level.

7. Services for older people

Name of service	Address of service
Peppermill Court Community Unit for the Elderly	Ramsey Close, York YO31 8SS
Meadowfields Community Unit	1a Nelsons Lane, York, North Yorkshire YO24 1HD
Worsley Court Community Unit for the Elderly	Doncaster Road, Selby , North Yorkshire YO8 9BX
Bootham Park Hospital Ward 6	York, YO30 7BY
The Mount Ward 1, Ward 2, Ward 3, Ward 4.	The Mount, 44 Hyde Terrace, Leeds LS2 9LN

Overall rating: Inadequate

A summary of the inspectors' findings:

The wards were clean. Where the environment posed a risk to the patients, staff had monitored the risks and taken action to mitigate the risks. Within the wards for older people with mental health problems, we found significant differences between the Leeds and York services.

The wards at the Mount had sufficient staff to meet the care and treatment needs of the patient's. Safety was a priority at all levels. Patients received care, treatment and support that achieved good outcomes, promoted a good quality of life, and was based on the best available evidence. Patients had access to occupational therapy. Discharge was planned for from admission. Feedback from patients, and those who were close to them was positive about the way staff treated patients.

At the York services, we found patients had not had the same experience. Many staff in York described low morale caused by insufficient staff and a lack of engagement with Trust headquarters.

The trust had recognised that Peppermill Court, Worsley Court and Meadowfields had insufficient medical staff and had plans to increase them. Meadowfields, Worsley Court and ward 6 Bootham Park hospitals were breaching same sex accommodation guidance as specified in the Mental Health Act (1983) Code of Practice.

The trust had recognised prior to our inspection that improvements needed to be made in York and had started to look at ways of improving the wards.

The Trust provided CQC with a copy of an improvement plan for Peppermill Court, Meadowfields and Worsley Court and a specific improvements plan for Worsley Court. We found managers had started to make changes but had not completed the work at the time of the inspection.

8 Child and adolescent mental health services (CAMHs)

Lime Trees Child, Adolescent and Family Unit,

Lime Trees York YO30 5RE

Overall rating: Requires improvement

A summary of the inspectors' findings:

Is the service safe? Whilst quality monitoring was carried out to ensure care was delivered in a safe manner, we found it was not sufficiently robust. We had concern in relation to the number of ward staff who were out of date with some of their mandatory training. The training of staff in the Mental Capacity Act 2005 (MCA) and the Mental Health Act 1983 (MHA) was not mandatory.

The ward provided care to both males and females and bedrooms were located on the same corridor. The unit did not have a formally documented local risk management process for this. Following our inspection, the trust provided one.

To manage the risks of potential ligature points on windows, window latches had been removed and the windows sealed shut, as a temporary measure until the ward was re-located to a new building in December 2014. The service had put a ventilation system in place and made fans available.

We also found aspects of good and appropriate practice. The Trust had been working proactively with a range of stakeholders to ensure the children/young people in their inpatient care were looked after in more appropriate premises. This work had led to the development of a plan to move to a new location in December 2014.

Access to the unit was controlled and monitored by staff. At the time of our inspection, staffing levels were sufficient. A range of risk assessments were carried out. Safeguarding policies and processes were in place. Staff were able to describe their role and responsibilities on safeguarding matters.

Medicines were securely stored and regular checks were carried out. An incident reporting process was in place and followed by staff. Records showed appropriate actions had been taken in response to incidents which occurred.

Care was provided to children/young people by a range of professional disciplines. We observed staff working with children/young people in a caring manner. Children/young people were involved in the writing of their care plans and were aware of their rights to give comments and make, if necessary, complaints. We observed care being delivered in a compassionate manner.

A line management structure was in place and staff were aware of what was expected of them. Supervision and appraisals were provided. Staff felt supported by colleagues and managers should any significant incidents occur.

9. Rehabilitation services

Name of service	Address of service
Millside	Millside, Leeds, LS6 4EP
Asket House	Asket House, Leeds, LS14 1PP
Towngate House	Towngate House, Guiseley, Leeds LS20 9PQ
Ward 5, Newsam Centre	Newsam Centre, Leeds, LS14 6WB
Acomb Garth	York, YO24 4LZ

Overall rating: Requires Improvement

A summary of the inspectors' findings:

The trust had a clear vision for the rehabilitation and recovery services for Leeds. Throughout our visit we observed good interactions between staff and patients.

In the Leeds wards we saw evidence of well documented care plans which described how individual needs were met at each stage of their care.

In York, the ward had paper care records. We saw evidence of out of date documentation and in some cases the “my recovery pathway” and “recovery star” were not completed.

We received feedback from patients across the wards confirming they felt involved in decisions about their care. The wards proactively sought feedback from the patients via ward weekly community meetings. Patients were included in their care programme approach review meetings. The links with the community services were disconnected in Leeds.

All wards had access to occupational therapy, psychology and other specialist input. Staff worked with patients to promote independent living skills and social inclusion.

The wards in Leeds had strong governance arrangements in place to monitor the quality of service delivery. They had regular meetings for management staff to consider issues of quality, safety and standards. This included oversight of risk areas in the service such as incidents.

In York, the governance arrangements had recently been implemented. Locally the ward manager monitored quality, safety and standards and highlighted concerns on the risk register as appropriate.

Staff told us that they had sufficient numbers of staff on duty to meet the needs of the patients but acknowledged that they also had reduced numbers of admissions in some areas due to the transition of services. Staff had access to mandatory training and some specialty training. We saw evidence staff supervision and appraisals were routinely undertaken and this was confirmed by staff when we spoke with them.

10 Crisis Teams and Health Based Places of Safety

Name	Address
Crisis and Assessment Service	Leeds, LS15 8ZB
Crisis and Access Service	Leeds, LS15 8ZB
Section 136 Suite, Becklin Centre	Leeds, LS9 7BE
Section 136 Suite, Bootham Park Hospital	York, YO30 7BY

Overall rating: Requires Improvement

A summary of the inspectors' findings:**Are services safe?**

We found that the crisis teams and health based places of safety had safe staffing levels, assessed and managed risk to patients and staff and reported incidents and learned from when things go wrong. However the environment at the section 136 suite was unsafe due to inappropriate furniture, ligature points and medication management systems.

We found that the crisis teams and health based places of safety assessed the needs of people and planned care and followed best practice in treatment and delivery of care. There were skilled staff and multi-disciplinary and inter-agency team working in place. There was adherence to the MHA and the MHA Code of Practice. We found a lack of medical input and effective clinical audit.in some teams.

Are services caring?

We found that the crisis teams and health based places of safety involved people in the care they received and treated them with kindness, dignity, respect and support.

Are services effective?

We found that the crisis teams and health based places of safety managed access, discharge and bed management effectively.

Are services responsive?

We found the needs of people who use the service were met responsively. We found that listening to and learning from concerns and complaints was not always in place.

Are services well-led?

Overall the crisis teams and health based places of safety were committed to quality improvement and innovation. Effective leadership, morale and staff engagement were in place. Good governance systems were in place. There were issues around monitoring staff training and the management of quality and performance data.

11. Community-based mental health services for adults of working age

North East Community Mental Health Team
Liaison Psychiatry Service for Older People

York YO30 7BY
Leeds LS9 7TF

Overall rating: Good

A summary of the inspectors' findings:

Overall, we found the service had effective systems in place to keep people safe. However, at Hawthorne ICS we found a lack of monitoring with regards to access to the building which could place staff or others at risk. Overall, we found that patients risk assessments were comprehensive and holistic.

The teams completed comprehensive assessments of patients' needs which included their social, occupational, cultural, physical and psychological needs and preferences. We found good examples of how teams ensured the physical health care needs of patients were being met.

All the teams worked in line with the principles of the recovery model. There was good evidence of effective multi-disciplinary team (MDT) team working across the service and with external partner organisations. The teams provided a range of activities and therapeutic interventions to patients to support their recovery.

Staff were clear about the direction and vision of the team they worked in. The trust had implemented a range of initiatives to improve engagement with these teams to address this issue. The teams were committed and motivated to improve their service through the process of clinical governance. They had established team, formulation and supervision meetings to support them with this process.

Teams proactively sought feedback from patients, stakeholders and carers through the use of audit and used this information to improve services provided. Patients and carers reported they were happy with the service they received and staff treated them with respect and kindness. The teams involved patients and carers in all aspects of their care. Staff were sensitive and respectful of patient's wishes and were committed to providing personalised care based upon the needs of patients.

The York services did not have intensive community service's (ICS) or liaison psychiatry service for older people. This could result in patients' staying in hospital for longer than was necessary.

There were inconsistencies across teams regarding the completion of mandatory training and appraisals which was particularly low in some teams. This had been escalated onto the trust's risk register and there was an action plan in place to address this.

Most staff had not accessed training in the Mental Capacity Act 2005 although the trust had plans in place to ensure staff received this training.

12 Acute admission wards and psychiatric intensive care units

Name of service	Address
Becklin Centre Ward 1, Ward 3, Ward 4 & Ward 5,	Leeds, LS9 7BE
Ward 4 and PICU Newsam Centre	Leeds, LS14 6WB
Yorkshire Centre for Psychological Medicine	Ward 40, Brotherton Wing, Leeds General Infirmary.LS1 3EX
Ward 1 and Ward 2	Bootham Park Hospital, York YO30 7BY

Overall rating: Requires improvement

A summary of the inspectors' findings:

We found the design and layout of premises at Bootham Park hospital and ward 40 at the Yorkshire centre for psychological medicine was unsuitable and unsafe for patients. The trust was working with commissioners to relocate these wards. Completion of mandatory training was below the 85% target set by the Trust and plans were in place to address this.

There were clear systems in place for reporting safeguarding concerns and staff understood how to escalate a safeguarding concern.

We found ligature risks within some of the ward environments we inspected some of which had not been identified by the service. We reviewed care and treatment of patients detained under the Mental Health Act. We found the service did not always adhere to the Mental Health Act Code of Practice. We found a lack of consistency in how patient capacity to consent was assessed under the MHA, at Bootham Park Hospital ward 2 and Becklin centre ward 4 and 5.

We found physical health checks had been completed for patients and use of National Institute for Health and Care Excellence (NICE) guidance to inform care and treatment. We saw some examples of good collaborative working.

Patients were supported to make decisions and choices about their care and treatment. The trust completed audits and had implemented changes to

improve effectiveness and outcomes.

Staff treated patients with respect and were kind, caring and responsive to patients. Patients were mainly positive about the staff. The trust provided interpretation services.

Staff were aware of their roles and responsibilities and reported that they felt well supported by their managers. Most were aware of the vision of the Trust and felt that the executive and senior management of the trust were accessible. Discharge and transition planning was undertaken.

At Bootham Park there were some delays in coordinating and facilitating discharge and transition because of access to suitable housing and accommodation to meet the needs of patients being discharged to the York area.

Mental Health Act reviewer reports were not always reviewed and acted upon to ensure improvements were made.

Patients told us they would know how to make a complaint and that they felt involved in their care and treatment. Staff told us they tried to resolve concerns with patients before they became a formal complaint.

Lessons from complaints, incidents, audits and quality improvement projects were discussed at clinical governance meetings. Procedures were in place for the reporting of incidents and that incidents were reviewed and investigated. Learning from these incidents was disseminated to staff.



Health Overview and Scrutiny Committee**18 February 2015**

Report of the Assistant Director Assessment and Safeguarding

Safeguarding Vulnerable Adults Update on Assurance**Summary**

1. This is an update to the third annual report to Health Overview and Scrutiny. This update report outlines the actions taken to further improve the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep vulnerable adults within the City protected from violence and abuse, whilst maintaining their independence and well-being. Health Overview and Scrutiny are asked to consider whether the Council can be assured that these further improvements to our arrangements are satisfactory and effective
2. Safeguarding Adults responsibilities have been defined in 'No Secrets' (Department of Health 2002) and 'Safeguarding Adults' (Department of Health 2005). In 2005 the Association of Directors of Adults Social Services (ADASS) produced guidance and standards for the delivery of Safeguarding responses.
3. These guidance documents will be superseded in April 2015 when the Care Act is implemented. This report covers activity in preparation for Care Act implementation and information requested by the July 2015 HOSC.
4. The Care Act requires that each local authority must:
 - Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom
 - Set up a Safeguarding Adults Board

- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
- Co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

5. Safeguarding duties under the Care Act apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

6 The Six key principles contained within the care act which underpin all safeguarding work are:

- Empowerment – “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”
- Prevention – “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”
- Proportionality – “I am sure that the professionals will work for my best interest, as I see them and will only get involved as much as needed”
- Protection – “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”

- Partnership – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”
- Accountability – “I understand the role of everyone involved in my life”

Analysis

7. The updated assurance action plan shows that in, CYC has made good progress in improving its performance and towards implementation of care act.
8. The Board has the necessary statutory membership including Healthwatch and a written constitution and memorandum. Links with other boards particularly Children’s Safeguarding continue to be strengthened. All members have satisfactorily completed assurance framework which has been accepted by the board. Work on Serious Case Review protocol has been completed.
9. Veritau are auditing CYC progress and are due to complete their audit in February.
10. Work is ongoing to develop our procedures and training to ensure they comply with care act
11. Issues in relation to our understanding of the performance data in relation to the high number of ‘no further action’ cases have been understood and systems put in place which give a better representation of the activity undertaken and out comes achieved.
12. A specific project to better understand the support needs of people who may lack mental capacity has been put in place. Reporting systems are developed to track progress made and this will be available at the end of March 2015.

Council Plan

13. The proposals within this report relate to the Council Plan priority to ensure those who are most vulnerable are protected.

Implications

Financial

14. There are no financial implications to this report. Safeguarding activity is undertaken within agreed budgets.

Human Resources (HR)

15. There are no HR implications.

Equalities

16. Safeguarding activity is important to all protected communities of interest. The performance report indicates a relatively high number of referrals in respect of people with a learning disability.

Legal

17. There are no legal implications.

Crime and Disorder

18. All of the issues and actions relating to Safeguarding Vulnerable Adults contribute to the Safer Communities agenda. Specifically Safeguarding has strong links with the Domestic Violence agenda and to Hate Crime.

Information Technology (IT)

19. There are no IT issues relating to this report.

Property

20. There are no property issues relating to this report.

Risk Management

21. The recommendations within this report do not present any risks which need to be monitored.

Recommendations

22. **Recommendation 1** Health Overview and Scrutiny Committee note the report and the improvements made set out in Annex A.
23. **Recommendation 2** Health Overview and Scrutiny Committee are assured about the preparations being made for the implementation of the Care Act
24. **Recommendation 3** HOSC to consider whether it requires further update reports.

Reasons: To keep the Committee assured of the arrangements for Adult safeguarding within the borough.

Contact Details:

Author:

Michael Melvin
Interim Assistant Director,
Adult Social Care

Date 6 February 2015

Annexes:

Annex A- Safeguarding Assurance Action Plan Update February 2015

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Safeguarding Adults Assurance Report**Annex A****Safeguarding Assurance Action Plan Update February 2015**

This paper summarises the action taken in relation to assurance questions and improvement planning set out in previous reports to Health Overview and Scrutiny Committee in July 2014

Board Terms of Reference to be reviewed in the light of the Care Bill	<p>In line with Care Act 2014 guidance the Safeguarding Adults Board (SAB) has a new written constitution and memorandum of understanding between board members which has been agreed at the December 2014 Board.</p> <p>An assurance framework from all board members has been agreed and completed.</p> <p>An audit of our safeguarding adults' arrangements has been commissioned from Veritau. This is nearing completion. Early feedback is that this will report positively on the progress made.</p> <p>Veritau intend to report by the end of February</p>
Healthwatch representation on Board to be explored	Regular attendance by Healthwatch has been secured throughout the period.
Maintain the links with other strategic boards	Assistant Director is attending the Childrens Safeguarding Board, leading to development of working in areas such as Family Focus (troubled families) and Deprivation of Liberty Safeguards.

Updating Multi Agency Procedures	Procedures are being updated in line with care act requirements as part of City of York Council (CYC) care act implementation plan. CYC have a dedicated Care Act implementation Officer who is working with the safeguarding team to ensure this.
Sign up to Making Safeguarding Personal (MSP) at Bronze Level	Building on the previous successful MSP project, CYC have again signed up to the Local Government Association programme and are reporting to the March Board on a project which ensure that people who lack the capacity to make decisions about safeguarding are as included as possible in the decision making.
Review finance model for multi agency training	A decision has been taken not to charge for partners for the basic safeguarding training it offers. The Board agreed the proposal to assure diversity, quality and reduction in cost to CYC by enabling the providers we commission to organise their own safeguarding training that meets the same standard as CYC. Clauses to this effect are included in our contracts.
Ensure Progress of Winterbourne	<p>The Winterbourne review work has progressed well. A cohort of 17 people has been identified as needing to return to live in York.</p> <p>New accommodation options including supported housing are being developed designed to meet needs of people with learning disability including autism and complex and challenging behaviours over the next 5 years.</p>

Appropriate Support to the Safeguarding Board	Proposals have been made to ensure that the Safeguarding Board has appropriate support going forward which are currently under consideration.
Multi Agency strategy, policy and procedures and strategic plan	The three year strategy for 2014 and plan are still in place. These are requirement in the Care Act regulations. The plan is a standing item at each board and is reviewed and managed through the board.
Serious Case Review Protocol in place	A Board task and finish subgroup has written a new protocol for serious case review and lessons learned based on national guidance and best practice. This has been agreed by the December Board
Consultation Arrangements with service users on policy and procedures	<p>Healthwatch are an active partner on the board with relation to the development of policy and procedure.</p> <p>CYC Making Safeguarding Personal is ensuring an approach to hear the voice of the most vulnerable. This will report to the March board</p>
Active Promotion of Safeguarding within the community and links to crime prevention and Multi Agency Public Protection Arrangements (MAPPA)	CYC review of its adult social care web information including the safeguarding adults information is underway as part of the CYC digital inclusion project. This is intended to be implemented April 2015
Clear Management arrangements in place to respond to safeguarding concerns.	The streamlining of process and management action was completed prior to September.

	<p>This has improved workflow and decision making particularly where statutory partner agencies are managing concerns. Further development is underway in preparation for the introduction of Care Act and the Designated Safeguarding Manager Role. This work is due for completion April 2015</p>
<p>Criminal Record Bureau and Protection of Vulnerable Adult Checks are undertaken on relevant volunteers, professional registration monitored and staff code of conduct setting standards of expected behaviour.</p>	<p>Social Work re-registration has successfully taken place for all relevant staff.</p> <p>New rigorous Disclosure and Barring Service re-checking for existing staff is agreed and being implemented as a rolling programme.</p>
<p>Workforce development and training strategy in place and staff undertaking required training.</p>	<p>The current robust workforce training remains in place and this is being adapted in relation to the care act. This will include the making safeguarding personal approach, shared with partners, from April 2015</p> <p>The first tranche of care act safeguarding training is has been confirmed for 1st week in March, building on a successful provider engagement event and board workshop day.</p>

<p>Support and advice available to customers using direct payments</p>	<p>York has completed its part of national research into the relationship between personal budgets and direct payments. CYC continues to offer payment to undertake necessary checks and access to support through the Independent Living scheme.</p>
<p>Understanding and addressing the reasons for the high number of 'No further action under safeguarding' in cases where allegations have been substantiated</p>	<p>Work has been undertaken by the safeguarding service manager and management information colleagues to audit such cases.</p> <p>'No further action under safeguarding' was being used as a shorthand outcome by some practitioners to indicate that a particular piece of work was finished even if ongoing protection was in place.</p> <p>Further guidance has been issued and system and practice changes made.</p> <p>This shows significantly different performance outcomes from end Oct 2014</p> <p>Nov 14 1 case – no further action to protect the vulnerable adult. 13 cases where the risk was reduced or removed.</p> <p>December 14 1 case no further action to protect the vulnerable adult. 16 cases where the risk was reduced or removed.</p>

<p>Reducing the number of 'not known' whether individual have capacity to make choices in respect of the safeguarding processes</p>	<p>Reasons for the high number of people reported as 'not known' to have the mental capacity to make choices in respect of the safeguarding process have been examined.</p> <p>The reason for the high number is that reporting has been drawn from when the question is initially asked at the start of the process when the answer may not be clear.</p> <p>The question is now asked at the end of the process. A report will be available at end of quarter 4 where the impact of work done to support people to make choices will be apparent.</p> <p>The Making Safeguarding Personal Project from November 2014 is focussing on a cohort of 30 customers who were thought at the start of the process to lack capacity.</p>
<p>Agree shared understanding of thresholds for adult safeguarding investigations</p>	<p>A whole day workshop event was held with attendance from all board partners with a focus on the impact of the care act on safeguarding adult thresholds.</p> <p>Since the event further guidance on when a safeguarding enquiry is needed has been issued from the department of health. This has been shared with all board partners and will inform guidance to be issued through the care act implementation group in advance of April 2015.</p>

Health Overview & Scrutiny Committee Work Plan 2014-2015

Meeting Date	Work Programme
28 May 2014	<p>Themed approach</p> <ol style="list-style-type: none"> 1. Presentation by City of York Council Head of Transformation about her work around Adult Social Care 2. Be Independent report about the development of this new Community Interest Company and how it provides community equipment loan and telecare service <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 3. Men's Health Scrutiny Review 4. Possible Topics for Scrutiny Review during the Municipal Year <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update
2 July 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Attendance of Cabinet Member for Health and Community Engagement 2. Year End Finance & Performance Monitoring report 3. Annual Report on Carer's Strategy. 4. Update reports on proposals for mental health services in York including: <ul style="list-style-type: none"> • Proposals for improving inpatient child and adolescent mental health services in York (LYPFT) • The future vision of mental health services across York and the interim solutions for Bootham Hospital to date (CCG) 5. CCG report on five-year strategy for integrated health care in York. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 6. Safeguarding Vulnerable Adults Annual Assurance Report

	<p>Managing the Business</p> <p>7. Work Plan Update</p>
10 September 2014	<ol style="list-style-type: none"> 1. Update reports on interim plans for Bootham Park Hospital: <ul style="list-style-type: none"> • Vale of York Clinical Commissioning Group. • Leeds & York Partnership Foundation Trust 2. Update of implementation of recommendations arising from Personalisation Scrutiny Review 3. Annual report from the Chief Executive of Yorkshire Ambulance Service 4. Annual report from the Chief Executive at York Teaching Hospital NHS Foundation Trust. 5. Update of Refresh of Equalities Scheme inc. introduction to relevant focus areas 6. 1st Quarter Finance and Performance Monitoring Report 7. Healthwatch Discrimination Against Disabled People Report. <p>Managing the Business</p> <p>8. Work Plan Update</p>
15 October 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Annual report to the Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust. 2. Merger between York Medical Group and 32 Clifton practices (Chris Clark, NHS England. 3. Update on implications of Deprivation of Liberties Safeguards. 4. Update Report on lunchtime meal arrangements for sheltered housing residents 5. Verbal Update report on Supporting Older People Scrutiny Review. <p>Managing the Business</p> <p>6. Work Plan Update</p>

26 November 2014	<p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 1. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Closure of Monitor Investigation into York Teaching Hospital 3. Health & Wellbeing Board Update Report 4. Report on the merger of the Gillygate and Jorvik practices 5. Update report on Castlegate Centre 6. Update report on Task Group Membership <p>Managing the Business</p> <ol style="list-style-type: none"> 7. Work Plan Update
17 December 2014	<p>Cancelled</p>
14 January 2015	<ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report. 2. CQC presentation on new inspection process 3. Health & Wellbeing Board Update Report 4. Update report on re-procurement of Musculoskeletal Service. 5. Feasibility Report on proposed scrutiny review of NHS funding in York <p>Urgent Business</p> <ol style="list-style-type: none"> 6. Recent challenges faced by York Hospital <p>Managing the Business</p> <ol style="list-style-type: none"> 7. Work Plan Update

18 February 2015	<p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 1. Health & Wellbeing Board Update Report 2. 3rd Quarter Finance and Performance Monitoring Report 3. Personal Medical Services Review – NHS England 4. Update report on merger of Haxby and Gale Farm practices 5. Presentation by Health Education Yorkshire and the Humber on nurse training and workforce planning. 6. Report on outcome of LYPFT CQC inspection 7. Safeguarding Adults Assurance Update Report. <p>Managing the Business</p> <ol style="list-style-type: none"> 8. Work Plan Update
25 March 2015	<p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 1. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Health & Wellbeing Board Update Report. <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update 4. Draft Work Plan for 2015-2016

June 2015 – CQC inspection report into York Hospital

July 2015 – Annual Report on Carers’ Strategy.

2015 – CQC inspection report into Yorkshire Ambulance Service

How public health grant has been spent over past municipal year.