

**Notice of a public meeting of  
Executive**

**To:** Councillors Carr (Chair), Aspden (Vice-Chair), Ayre, Gillies, Rawlings, Runciman, Steward and Waller

**Date:** Thursday, 24 November 2016

**Time:** 5.30 pm

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

**A G E N D A**

**Notice to Members – Post Decision Calling In:**

Members are reminded that, should they wish to call in any item\* on this agenda, notice must be given to Democracy Support Group by **4:00 pm on Monday 28 November 2016**.

\*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent which are not subject to the call-in provisions. Any called in items will be considered by the Corporate and Scrutiny Management Policy and Scrutiny Committee.

**1. Declarations of Interest**

At this point, 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. **Exclusion of Press and Public**

To consider the exclusion of the press and public from the meeting during consideration of the following item:

Annexes 2 and 3 to Agenda Item 10 (York Central – Third Party Acquisitions) on the grounds that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information). This information is classed as exempt under paragraph 3 of Schedule 12A to Section 100A of the Local Government Act 1972 (as revised by The Local Government (Access to Information) (Variation) Order 2006).

## 3. **Minutes**

(Pages 1 - 14)

To approve and sign the minutes of the last Executive meeting held on 13 October 2016.

## 4. **Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. The deadline for registering is **5.00pm on Wednesday 23 November 2016**. Members of the public can speak on agenda items or matters within the remit of the committee.

To register to speak please contact the Democracy Officer for the meeting, on the details at the foot of the agenda.

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

*“Please note this meeting will be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at <http://www.york.gov.uk/webcasts>.*

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

*The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at*

[http://www.york.gov.uk/download/downloads/id/11406/protocol\\_for\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_20160809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf)

**5. Forward Plan** (Pages 15 - 22)

To receive details of those items that are listed on the Forward Plan for the next two Executive meetings.

**6. Bootham Park Hospital Scrutiny Review Final Report**  
(Pages 23 - 180)

This cover report presents the final report from the Bootham Park Hospital Scrutiny Review and asks the Executive to approve the recommendations arising from the review.

Councillor Doughty as Task Group Chair will attend the meeting to present the review recommendations.

**7. Protection of Grass Verges Scrutiny Review Final Report**  
(Pages 181 - 208)

This cover report presents the final report from the Protection of Grass Verges Scrutiny Review and asks the Executive to approve the recommendations arising from the review.

Councillor Fenton as Task Group Chair will attend the meeting to present the review recommendations.

**8. Funding Major Transport Projects – West Yorkshire Transport Fund** (Pages 209 - 220)

This report sets out a proposal to formally join the West Yorkshire Transport Fund to enable Capital Funds to be released to undertake delivery of York's two primary strategic major Transport Projects namely roundabout improvements on York Outer Ring Road and York Central Access Road and Station Gateway.

**9. York Central - Consultation on Access Options** (Pages 221 - 236)

This report sets out a proposal to fund the access route for York Central an area of land adjacent to the railway station using the West Yorkshire Transport Fund and to undertake further consultation on the route of the proposed new access.

- 10. York Central - Third Party Acquisitions** (Pages 237 - 256)  
This report provides details of ongoing work to acquire third party properties on the York Central site in order to assemble all the strategically important parts of the site under the ownership of the York Central Partners and sets out proposals to purchase the Unipart site to the rear of the railway station.
- 11. Update on Land Assets on Piccadilly** (Pages 257 - 282)  
This report considers a proposal to grant Spark:York a three year tenancy to provide a meanwhile development on the former Reynard's Garage site.
- 12. The Next Phase of the Older Persons' Accommodation Programme: Deciding the future of Willow House Older Persons' Home** (Pages 283 - 318)  
This report provides Members with the results of the consultation undertaken with the residents, relatives and staff of Willow House residential care home to explore the option to close the home with current residents moving to alternative accommodation.
- 13. Capital Programme - Monitor 2 2016/17** (Pages 319 - 336)  
This report sets out the projected outturn position for 2016/17 including any under/over spends and adjustments, along with requests to re-profile budgets to/from current and future years.
- 14. 2016/17 Finance and Performance Monitor 2** (Pages 337 - 366)  
This report presents details of the overall finance and performance position for the period covering 1 April 2016 to 30 September 2016, together with an overview of any emerging issues.
- 15. Treasury Management Mid Year Review and Prudential Indicators 2016/17** (Pages 367 - 380)  
This report provides Members with a mid year update on treasury management activities as required through legislation together with an update on activity for the period 1 April 2016 to 30 September 2016.
- 16. Urgent Business**  
Any other business which the Chair considers urgent under the Local Government Act 1972.



Democracy Officer:

Name: Jill Pickering

Contact details:

- Telephone – (01904) 552061
- E-mail – jill.pickering@york.gov.uk

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

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)

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City of York Council

Committee Minutes

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Meeting	Executive
Date	13 October 2016
Present	Councillors Carr (Chair), Ayre, Gillies, Rawlings, Runciman, Steward and Waller
Other Members participating in the meeting	Councillors Craghill and Looker
In attendance	Councillor Kramm
Apologies	Councillor Aspden

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## **Part A - Matters Dealt With Under Delegated Powers**

### **52. Declarations of Interest**

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

Councillor Steward declared a personal interest in relation to agenda item 11 (Minerals and Waste Joint Plan- Publication Draft – minute 62 refers) as he had previously owned shares in Sirius Minerals and may hold shares in the future.

### **53. Exclusion of Press and Public**

Resolved: That the press and public be excluded from the meeting during consideration of Annexes 1 to 3 to agenda item 7 (Proposals for the disposal of the freehold of Stonebow House and further options for changes to the commercial portfolio) on the grounds that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information). This information is classed as exempt under paragraph 3 of Schedule 12A to Section 100A of the Local Government Act 1972 (as revised by the Local

Government (Access to Information) (Variation)  
Order 2006.

**54. Minutes**

Resolved: That the minutes of the last Executive meeting held on 29 September 2016 be approved and then signed by the Chair as a correct record.

**55. Public Participation**

It was reported that there had been two registrations to speak at the meeting under the Council's Public Participation Scheme and that one Member of Council had also requested to speak. The registrations were in respect of the following items:

Result of Park and Ride Service Operator Procurement

Dave Merrett expressed support for the comments of the York Bus Forum in relation to the future of the Park and Ride services, copies of which had been circulated to the Executive. He highlighted the importance of the service to residents and visitors both for access to the city centre and to enable linked journeys out of the city. The Forum believed that there was now an opportunity for the Council to examine the integration of Park and Ride and local bus services, particularly Sunday and evening services and the provision of intermediate bus stops.

Minerals and Waste Joint Plan – Publication Draft

Kit Bennett spoke as Chair of Frack Free York confirming support for the improvements already made to the Joint Plan. He highlighted areas which they felt still required strengthening in particular, increasing the size of buffer zones and the need for climate change and habitat regulations to be considered as part of planning applications for oil and gas. He also expressed his concern that environmental safeguards for waste water disposal were insufficient.

Councillor Kramm spoke to raise awareness of air pollution which could arise from hydro carbon drilling and he submitted a further petition, signed by 362 residents, requesting a requirement for buffer zones around drilling sites for inclusion in

the Minerals and Waste Joint Plan. He also highlighted studies already undertaken in relation to separation distances for different types of buffer zones and requested that further consideration should be given to their inclusion.

**56. Forward Plan**

Members received and noted details of the items that were on the Forward Plan for the next two Executive meetings, at the time the agenda had been published.

**57. Actual Cost of Care - Residential & Nursing Care Fee Rates**

Consideration was given to a report which advised Members of the outcome of negotiations with the Independent Care Group to establish an agreed Actual Cost of Care for Residential and Nursing Care Homes for 2016-19. It was noted that the agreement related to fees paid by the Council for placements in private homes across the City and included an inflationary award.

Officers confirmed the lengthy negotiations undertaken which had resulted in the proposed fee offer detailed at paragraph 14 of the report, which they felt was fair and reflective of care across the city. In answer to Member comments Officers confirmed that the rate had been set for a three year period in order to provide stability for all in relation to fee levels and provision.

Members confirmed their support for the proposals which would provide certainty for the care commissioned. They also thanked Officers for the negotiations undertaken and noted the shortfall in funding and the need to allocate additional funding from the corporate contingency budget.

Resolved: That the Executive agree to:

- (i) The outcome of the Actual Cost of Care Exercise in agreeing fee rates for Residential and Nursing Care placements made by the City of York Council for 2016-19, as set out in the report.
- (ii) An in-year allocation of £444k from the corporate contingency budget in 2016/17, with additional recurring funding of £720k in

2017/18 and £165k in 2018/19 to be provided for in future year budget processes.<sup>1</sup>

Reason: To set fee rates for Residential and Nursing Care in agreement with the Independent Care Group to support provision of care and support to older people in York.

Action Required

1. Implement fee increase and budget amendments as set out in the report.

GB

**58. Proposals for the disposal of the freehold of Stonebow House and further options for changes to the commercial portfolio**

*[See also Part B minutes]*

Members considered a report which set out proposals to dispose of the Council's freehold interest in two low income generating assets at Stonebow House and 10/11 Redeness Street. The report also considered whether to use the capital receipts from the disposals to reinvest in the purchase of the head leasehold interests in two industrial sites at Hospital Fields Road in order to increase revenue income.

Officers outlined the background to and negotiations undertaken with the Oakgate Group relating to the disposal of Stonebow House. They also confirmed the Group's recent receipt of planning approval to improve the building. Officers also reported on the offer by Maple Grove Developments for the freehold of the Redeness Street sites for student housing and on commercially confidential negotiations for the Hospital Fields Road sites which could provide the Council with development opportunities at a later date.

In answer to Members' questions, Officers confirmed their recent contact with Edible York regarding proposals for the land in front of the former Heron Foods property and suggestions for alternative sites.

Members welcomed the proposed disposals and reinvestment of funds in order to increase revenue income and reinvigorate the Stonebow area.

Consideration was given to the following options:

Option 1 – Approve the disposal of the freehold of Stonebow House and 10 and 11 Redeness Street and use the proceeds to purchase the leasehold of sites 36 and 23 Hospital Fields Road.

Option 2 – Approve the disposal of the freehold of Stonebow House and 10 and 11 Redeness Street and use the proceeds to repay council debt.

Resolved: That Executive agree to:

- (i) Dispose of the freehold interest of Stonebow House and grant a long leasehold to Oakgate PLC on the small area of land identified in Annex 1 for a total price of £750,000;
- (ii) Dispose of the freehold interest of 10 and 11 Redeness Street to Maple Grove Developments for £256,500;
- (iii) The purchase of the leasehold of sites 36 and 23 Hospital Fields Road for sums set out in the Confidential Annex 1, with delegated authority to the Director of Place to make the final purchase decision based on the outcome of surveys.<sup>1</sup>

- Reason:
- (i) To allow the redevelopment of Stonebow House to proceed, bringing back in to use and renovating a vacant run down building whilst achieving a significant capital receipt from a poorly performing commercial asset.
  - (ii) To dispose of a poorly performing asset.
  - (iii) To increase the revenue income of the commercial portfolio and create potential future development opportunities.

Action Required

1. Proceed with disposal and purchase of properties on the terms stated.

AK, NC

**59. Council Housing – New Operating Model Options Stock Option Appraisal**

The Executive considered a report which outlined a review of the operating model for the Council's housing landlord service to be undertaken in light of the wider changes to the local government sector and in order to improve service delivery, reduce costs and transfer future risk away from the Council.

Officers reported on the present high level of tenant satisfaction, delivery of the housing landlord service and expenditure and of the need to ensure the best solution for tenants in terms of quality and sustainability of the service. Officers recommended the undertaking of a full housing stock options appraisal whilst also developing tenant and staff panels and an ad-hoc cross party member scrutiny panel to consider the long term sustainability of the service and assess organisational governance models to support the final decision making process.

Members noted the recent national changes that could affect the financial viability of the Council's Housing Revenue Business Plan, including the reduction in social housing rents, the extension of the Right to Buy to Housing Associations together with the impact of further welfare reforms.

Resolved: That Executive agree:

- (i) Option One, to appoint an independent body to undertake a full housing stock options appraisal, establish a project budget, agree the project governance structure as outlined in paragraph 31 of the report to recommend back to Executive a preferred option for the future management of the Housing Revenue Account (HRA) housing stock, including building services and where appropriate recommendations for management and operational delivery of any other service that should be aligned to the housing and building service.
- (ii) To note the financial implications set out in paragraph 49 of the report and to approve an



allocation of £100,000 from the General Fund Contingency towards the stock options report.  
1.

Reason: (i) To ensure that the council, as part of the review of its corporate operating model, is able to make an evidenced based decision for the future management and ownership options for the HRA housing stock.

(ii) To ensure that the review can be funded from council resources.

Action Required

1. Undertake appraisal as outlined and report back to Executive with preferred option.

TB

**60. Coppergate - Representations made to the Traffic Regulation Order**

Consideration was given to a report which set out details of the representations received in respect of the statutory consultation on the proposed Traffic Regulation Order (TRO) to provide bus priority in Coppergate which could be enforced using automatic number plate recognition equipment.

Members noted that eleven representations had been received, including comments from the emergency services who had requested a slight modification to the TRO.

Officers confirmed details of the proposed signing and enforcement arrangements including a period of grace, in order to achieve greater compliance.

The Executive Member confirmed his support for the TRO to include the minor modification requested by the emergency services. He also confirmed that work was in progress in relation to traffic issues in the surrounding area which would be reported in due course.

Consideration was then given to the following options:

Option 1 – Proceed with the proposal as advertised to implement without making the requested modification. This was not the recommended option as it did not take account of the requests made by the emergency services that would allow

them to provide a more comprehensive service to the community.

Option 2 – Make the requested modification to remove the words “in an emergency” and proceed to make the modified TRO. This was the recommended option as it achieved the bus priority aims and allowed effective ongoing enforcement to take place.

Option 3 – Decide not to make the TRO and instead approve a re-investigation of the proposal with a view to re advertising a more severe restriction (either time or class of vehicle or both). This was not the recommended option as the current proposal was considered sufficient to achieve the aims of improving bus priority during the peak hours and maintain deliveries during the rest of the day.

Resolved: That Executive agree to:

- (i) Approve Option 2 , set out at paragraph 12 of the report and the making of the new Traffic Regulation Order as planned (with the minor modification to take account of the Emergency Services representations);
- (ii) The enhanced street name signing shown in Annex D of the report;
- (iii) The pre-implementation temporary advance information signing shown in Annex E;
- (iv) The post-implementation temporary advance information signing shown in Annex E;
- (v) The permanent advance information signs shown in Annex F;
- (vi) The regulatory signs at the start of the restriction shown in Annex G and road markings show in Annex H;
- (vii) The grace periods of; 2 weeks for the initial period where all drivers are sent warning letters, followed by a six month period where drivers receive a first offence letter;
- (viii) The monitoring and reporting on enforcement action taken in Coppergate set out in paragraph 29 of the report. With the precise details of what and how the

information should be presented to be delegated to officers.<sup>1</sup>

Reason: (i) Because it achieves the bus priority aims and allows effective ongoing enforcement of the regulations to take place;

(ii) To provide better awareness of where Coppergate is;

(iii)&(iv) To raise greater awareness of the commencement date for the new bus priority restriction;

(v) To ensure there is ongoing information available to drivers before they reach the point of the restriction so that they are better prepared to make a driving decision;

(vi) The signs are designed in accordance with the signing regulations and are required to accurately convey the meaning of the TRO. The road markings are aimed at giving additional emphasis to the start of the restriction;

(vii) In order to achieve greater compliance without creating a feeling of being unfairly penalised;

(viii) To keep residents and others who are interested in this issue better informed with accurate information.

#### Action Required

1. Make the TRO, with the minor modification, and implement the signage and grace periods as AB, TC agreed.

### **61. Result of Park & Ride Service Operator Procurement**

Consideration was given to a report which provided details of the competitive tendering process recently undertaken for the Park and Ride Service, currently let as a single contract operated by 'First York', which was due to expire on 31 January 2017.

Members noted that whilst there had been strong interest in the contract, no responses, which met the Council's financial expectations had been received and in light of this Officers had

negotiated an extension with First York to operate from 1 February 2017.

Officers referred to an earlier speaker's comments confirming that whilst an integrated transport service could provide an attractive option, consideration needed to be given to the local bus market.

The Executive Member expressed his appreciation to Officers for their negotiated extension with First.

Consideration was then given to the following options:

Option 1 - Terminate the current procurement process and enter in to a short period of dialogue with potential Park & Ride bidders to inform a number of different specification options. Proposals for an amended specification would then be presented to members at the meeting of the December Executive prior to issuance of a revised Invitation to Tender. Award a contract extension to First York to continue to operate the Park & Ride for twelve months thereafter the new contract would commence.

Option 2 - Terminate the current procurement process, officers enter in to dialogue with potential Park & Ride bidders and officers to issue a revised, reduced, specification that balances cost and service quality to increase the likelihood of receipt of compliant bids with a view to awarding and commencing the new contract upon expiry of the contract extension with First York.

Resolved: That Executive agree to:

- (i) A 12 month extension of the current Park & Ride contract with First York. The price for this extension option is only open to the Council until 14<sup>th</sup> October 2016; and
- (ii) Authorise Council officers to close the current procurement and to enter dialogue with potential bidders to shape a new Invitation to Tender which would be brought before the December meeting of the Executive for approval.
- (iii) A release from contingency of £100k to fund the shortfall in income in 2016/17.

- (iv) Note the additional future years costs (£600k) will be incorporated as growth within the budget that council will consider in February 2017. <sup>1</sup>.

Reason: To ensure continued operation of the York Park & Ride service and to ensure delivery of the most economically advantageous Park & Ride contract moving forwards.

Action Required

1. Extend the P&R contract for 12 months and enter into further discussion to devise a new Invitation to Tender to report back in December.

AB, TC

**62. Minerals and Waste Joint Plan - Publication Draft**

Consideration was given to a report which provided progress on the preparation of a Minerals and Waste Joint Plan, jointly prepared with the North Yorkshire County Council and the North Yorkshire Moors National Park Authority. Consultation had been undertaken during 2014 and a Preferred Options consultation in 2015/16, details of which had been reported to the Local Plan Working Group (LPWG) meeting held on 10 October 2016.

Members were informed that approval was now sought to publish the Joint Plan, at Annex A of the report, to provide a further opportunity for representations to be made, with any comments being brought back to the LPWG and Executive in March 2017.

Copies of the draft minutes from the LPWG meeting held on 10 October, together with an addendum report from the Director of City and Environmental Services, republished with the Executive agenda, were circulated at the meeting. The addendum set out a list of revised recommendations and proposed additions and amendments at Table 1 to forward to the Executive Members at North Yorkshire County Council for consideration at their meeting on 18 October and North Yorkshire Moors National Park Authority on 20 October to seek their agreement for inclusion.

The LPWG Chair, thanked Officers for their work on the update report, following the LPWG meeting, and he highlighted the proposed amendments and confirmed that Officers would examine the strengthening of the wording in a number of areas.

The Executive Member for the Environment also expressed his appreciation for the work of Officers but disappointment that carbon capture was not part of the plan and he requested involvement in the final drafting of the Joint Plan.

In answer to Members and earlier speakers' comments and concerns Officers confirmed the need to strike a balance between government guidance and amenity and environmental concerns. They confirmed that they had tried to incorporate the issues raised, as far as possible, and had listed each in the table providing comments where necessary.

Following further discussion

Resolved: That Executive agree:

- (i) That the draft Minerals and Waste Joint Plan for York, North Yorkshire and North York Moors National Park (at Annex A) be approved for the purposes of publication in accordance with the requirements of Regulation 19 of the Town and Country Planning (Local Planning) (England) Regulations 2012;
- (ii) That the Executive Member (Transport and Planning) be authorised to make non-substantive editorial changes to the main document (Annex A) and other supporting documents (Annexes B to I) proposed to be published alongside the Plan prior to publication;
- (iii) That the Director of City and Environmental Services (CES) in consultation with the Executive Member for Transport and Planning be authorised to make changes to the main document (Annex A) and other supporting documents (Annexes B to I) arising from the equivalent Executive meetings at North Yorkshire County Council and North York Moors National Park Authority provided that they are non-substantive in terms of their impact on the City of York area;
- (iv) That the Director of City and Environmental Services (CES) in consultation with the

Executive Member for Transport and Planning be authorised to approve any such changes to the Minerals and Waste Joint Plan document as necessary to implement the principles agreed by Members. <sup>1</sup>.

- (v) That Officers and the Executive Member for Transport and Planning agree arrangements for consultation with the Executive Member for the Environment in respect of changes to the Plan. <sup>2</sup>.

Reason: (i) & (ii) So that an NPPF compliant Joint Waste and Minerals Plan can be progressed;

- (iii) So that the three authorities can make changes specific to their authority areas where they will not impact on the other Joint areas;

- (iv) So that detailed wording of the policies can be agreed between officers at the Joint authorities once approval in principle has been received by all Joint authorities' Members.

Action Required

- 1. Agree details of Plan publication with NYCC/National Park Authority/Executive Member. RM
- 2. Arrange consultation with the Executive Member for the Environment. RM

**Part B - Matters Dealt With By Council**

**63. Proposals for the disposal of the freehold of Stonebow House and further options for changes to the Commercial Portfolio**

*[See also Part A minutes]*

Members considered a report which set out proposals to dispose of the Council's freehold interest in two low income generating assets at Stonebow House and 10/11 Redeness Street. The report also considered whether to use the capital receipts from the disposals to reinvest in the purchase of the head leasehold interests in two industrial sites at Hospital Fields Road in order to increase revenue income.

Officers highlighted the financial implications of the options of disposing of the properties and reinvesting the sale receipts or disposing of the properties and repaying the debt from the receipts, as set out at paragraph 24 of the report. Members noted the implications and risk of each and expressed their support for the proposals.

Recommended: That Council create a capital budget of £1.145m to secure these new assets and for this to be funded from the capital receipts from Stonebow House and Redeness Street (£1.006m) with the remaining £138,500 being funded from borrowing, with the associated interest and repayment of the debt being met from the additional revenue income generated by the new acquisitions. <sup>1</sup>.

Reason: To reinvest capital from the commercial portfolio in order to increase the revenue income from that portfolio, and to unlock the development potential of the sites in the future.

Action Required

1. Refer to Council.

JP



**Forward Plan: Executive Meeting: 24 November 2016**

**Table 1: Items scheduled on the Forward Plan for the Executive Meeting on 7 December 2016**

Title and Description	Author	Portfolio Holder
<p><b>Burnholme Health &amp; Wellbeing Campus: Key Decisions to Further Progress this Development</b></p> <p>Purpose of Report: To seek Member agreement to key decisions which will allow further progression of the development of the Burnholme Health &amp; Wellbeing Campus, including the appointment of a Care Home provider as well as the management of and investment in community, library and health facilities on the site.</p> <p>Members are asked to agree the appointment of a Care Home provider as well as the management of and investment in community, library and health facilities, in order to progress the scheme.</p>	Roy Wallington	Executive Member for Adult Social Care and Health
<p><b>Haxby Hall: Option Appraisal and Business Case to Secure the Long-Term Delivery of Older Persons' Care on this Site.</b></p> <p>Purpose of Report: To provide Members with an examination of options for the long term future of Haxby Hall, including seeking a partner to operate and redevelop as an alternative to consultation on closure, and to present for approval a business case which will secure the long-term delivery of older persons' care on this site.</p> <p>Members are asked to consider the options and agree plans for the future of Haxby Hall.</p>	Roy Wallington	Executive Member for Adult Social Care and Health

<p><b>Review of Fees &amp; Charges</b>  Purpose of Report: To propose increase in Fees &amp; Charges from 1st January 2017.</p> <p>Members are asked to approve the recommended increase in fees and charges.</p>	<p>Jayne Close</p>	<p>Executive Member for Finance &amp; Performance</p>
<p><b>Lowfield Redevelopment: Business Case to Deliver a Care Home, Health Facilities and Housing</b>  Purpose of Report: To provide Members with feedback on the public engagement relating to the proposals for the Lowfield site and to seek agreement to the business case for the delivery of a care home, health facilities and housing on this site.</p> <p>Members are asked to approve the business case for the delivery of a care home, health facilities and housing on the Lowfield site.</p>	<p>Roy Wallington</p>	<p>Executive Member for Adult Social Care and Health</p>
<p><b>York Local Plan</b>  Purpose of Report: To provide information on the progression of York's Local Plan and the next steps.</p> <p>Members are asked to consider the information on the progress and next steps of the York Local Plan.</p>	<p>Martin Grainger</p>	<p>Executive Leader (incorporating Housing and Safer Neighbourhoods)</p> <p>Executive Member for Economic Development and Community Engagement (Deputy Leader)</p>

<p><b>York Arts Education Service</b> Purpose of Report: This report concerns the future of the York Arts Education Service.</p> <p>Executive are asked to agree to a new delivery model for York Arts Education Service subject to presentation of an appropriate business plan.</p>	Charlie Croft	Executive Member for Education, Children and Young People
<p><b>Annual Discretionary Rate Relief Decision Paper</b> Purpose of Report: To approve any new awards of discretionary rate relief for the period 2017-2019.</p> <p>Members are asked to consider any new applications against budget available and approve any new awards.</p>	David Walker	Executive Member for Finance & Performance
<p><b>Park and Ride Specification</b> Purpose of Report: This report will present Members with a number of options for items to be included, excluded or varied in the Park &amp; Ride contract specification. The report will then inform the content of an Invitation to Tender which will be issued to potential Park &amp; Ride suppliers shortly thereafter.</p> <p>Members will be asked to ratify any material changes to the Park &amp; Ride contract specification previously issued, prior to a competitive tendering exercise taking place.</p>	Andrew Bradley	Executive Member for Transport and Planning
<p><b>Community Stadium Update Report</b> Purpose of Report: To present an update on the Community Stadium project.</p> <p>Members are asked to note the update.</p>	Mark Wilson	Executive Member for Culture, Leisure & Tourism

<p><b>City of York Safeguarding Adults Board – Annual Report</b></p> <p>Purpose of Report: The report details the achievements of the Safeguarding Adults Board during 2015/16 and the priorities and challenges for 2016/17.</p> <p>Members are asked to note the report.</p>	<p>Kevin McAleese</p>	<p>Executive Member for Adult Social Care &amp; Health</p>
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**Table 2: Items scheduled on the Forward Plan for the Executive Meeting on 26 January 2017**

Title and Description	Author	Portfolio Holder
<p><b>Oakhaven Extra Care facility: Appointment of Preferred Bidder</b></p> <p>Purpose of Report: To seek Member agreement to appointment the preferred bidder for the provision of an Extra Care facility at Oakhaven in Acomb.</p>	Roy Wallington	Executive Member for Adult Social Care and Health
<p><b>Options for the Disposal of 29 Castlegate</b></p> <p>Purpose of Report: To present to Executive options for the disposal of 29 Castlegate following the decision to relocate and reconfigure services currently operating from the building.</p> <p>Members are asked to consider and make a decision on the options for the disposal of 29 Castlegate.</p>	Tracey Carter	Executive Member for Finance & Performance
<p><b>Proposed Long Term Leases - West Bank Park, Glen Gardens, Scarcroft Green and Clarence Gardens</b></p> <p>Purpose of Report: The report seeks an Executive decision on granting long term leases to the following clubs/associations using the bowling/croquet facilities at:</p> <ul style="list-style-type: none"> <li>a. West Bank Park</li> <li>b. Glen Gardens Bowling Green</li> <li>c. Clarence Gardens</li> <li>d. Scarcroft Green</li> </ul>	Tim Bradley	Executive Member for Culture, Leisure & Tourism

<p><b>Provision of School Places from ‘Basic Need’ Capital - Spending Priorities and Schemes from September 2017</b></p> <p>Purpose of Report: This report seeks Executive approval for spending of ‘Basic Need’ capital for the provision of school places in order to accommodate rising pupil numbers for the start of the school year in September 2017 and beyond. ‘Basic Need’ funding is provided directly to Local Authorities for the purposes of ensuring a sufficient supply of school places, and together with forecast pupil numbers in planning areas across the city, informs the priorities for where additional provision is required.</p> <p>Members are asked to approve the proposed budgets and spending allocations for a small number of schemes – including ensuring that the temporary accommodation required at Acomb Primary School for bulge classes admitted in September 2016 is in place for September 2017.</p>	Tom Chamberlain	Executive Member for Education, Children and Young People
<p><b>Annual Report of the Financial Inclusion Steering Group 2015/16</b></p> <p>Purpose of Report: To update progress on financial inclusion activities, as supported throughout the year by the Financial Inclusion Steering Group (FISG), including FISG funded projects, Council Tax Support, York Financial Assistance Scheme (YFAS) etc.</p> <p>Members are asked to receive the report for information as per Executive decision 30 July 2015 (Annual report of the Financial Inclusion Steering Group 2014/15).</p>	John Madden	<p>Executive Member for Finance &amp; Performance</p> <p>Executive Member for Adult Social Care and Health</p>

<p><b>Taxi Licensing Policy</b></p> <p>Purpose of Report: To seek final approval of the Taxi Licensing Policy and conditions.</p> <p>Members are asked to give final approval of a Taxi Licensing Policy and conditions relating to hackney carriage vehicles and drivers, and private hire vehicles, driver and operators. The Policy was considered by Gambling, Licensing and Regulatory Committee on 25 April 2016 and agreed.</p>	<p>Lesley Cooke</p>	<p>Executive Member for Transport and Planning</p>
<p><b>Council's Response to the Independent Flood Inquiry Report and Investment for Floods in the City's Infrastructure</b></p> <p>Purpose of Report: Members will receive the Independent Flood Inquiry report and the proposals on how we will respond. The proposals will highlight the improvements and the engagement process with the public and the Environment Agency on the appropriate governance structure around the programme of work that will enable the city to steer and shape the decisions on investment and projects.</p>	<p>Steve Wragg</p>	<p>Executive Member for Environment</p>

**Table 3: Items slipped on the Forward Plan**

Title & Description	Author	Portfolio Holder	Original Date	Revised Date	Reason for Slippage
<p><b>York Arts Education Service</b></p> <p>Purpose of Report: This report concerns the future of the York Arts Education Service.</p> <p>Executive are asked to agree to a new delivery model for York Arts Education Service subject to presentation of an appropriate business plan.</p>	<p>Charlie Croft</p>	<p>Executive Member for Education, Children and Young People</p>	<p>24 Nov 16</p>	<p>7 Dec 16</p>	<p>To allow more time to deliver the business plan</p>
<p><b>Options for the Disposal of 29 Castlegate</b></p> <p>Purpose of Report: To present to Executive options for the disposal of 29 Castlegate following the decision to relocate and reconfigure services currently operating from the building.</p> <p>Members are asked to consider and make a decision on the options for the disposal of 29 Castlegate.</p>	<p>Tracey Carter</p>	<p>Executive Member for Finance &amp; Performance</p>	<p>24 Nov 16</p>	<p>26 Jan 17</p>	<p>Officers are still awaiting the final external valuation of this building before opening negotiations for the sale</p>





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**Executive****24 November 2016**

Report of the Health & Adult Social Care Policy & Scrutiny Committee  
Portfolio of the Executive Member for Adult Social Care and Health

**Bootham Park Hospital Scrutiny Review Final Report – Cover Report****Summary**

1. This report presents the Executive with the final report of the Bootham Park Hospital Scrutiny Review (Appendix 1) and information around actions taken to restore full mental health services to York.

**Background**

2. Bootham Park Hospital (BPH) was closed following an unannounced inspection of the psychiatric inpatient services by the Care Quality Commission (CQC) in September 2015. The CQC reaffirmed that the service being provided to patients from Bootham Park Hospital at this time was not fit for purpose and that all clinical services had to be relocated from 30 September 2015.
3. On 20 October 2015 the Health & Adult Social Care Policy & Scrutiny Committee met to consider the circumstances leading to the closure of Bootham Park Hospital and heard evidence from NHS Property Services; Leeds and York Partnership Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; the Care Quality Commission and the Vale of York Clinical Commissioning Group (VoY CCG).
4. As a consequence the Committee agreed to write to the Secretary of State for Health supporting a call for an inquiry / urgent investigation into the hospital's closure.
5. At a meeting on 24 November 2015 the Committee agreed to carry out its own review of the Bootham Park Hospital closure utilising the support of an Independent Expert Adviser, John Ransford, who provided his services on a pro bono basis, and NHS England who were carrying out their own lessons learned review (See Annex 1 to Appendix 1).

6. The Committee also agreed that delegated authority be given to the Chair and (now former) Vice-Chair to set the parameters of the review and they agreed the remit: *“To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, particularly for in-patients and their families, and identify any appropriate actions for relevant partners.”* A Task Group was later established to help carry out this work on behalf of the Committee.

### **Consultation**

7. The Task Group, Independent Adviser and Scrutiny Officer have consulted extensively with NHS England who have in turn been involved in detailed consultation with the partner organisations. The Committee has also been able to question all health partners about the circumstances leading to the closure of BPH. Furthermore, Healthwatch York carried out a major piece of work on behalf of the Committee to gauge the impact of the BPH closure on people who use mental health services in the city, their families, carers and staff (See Annex 2 to Appendix 1).

### **Analysis**

8. Over a series of meetings involving NHS England and all health partners the Task Group and Independent Expert gathered information in support of the scrutiny review. The final report at Appendix 1 and its associated annexes contain a full analysis of the information gathered, including the action plans of the health organisations involved (See Annex 3 to Appendix 1), conclusions and the Task Group recommendations, which were endorsed by the Health & Adult Social Care Policy & Scrutiny Committee at their meeting in late September 2016. At this meeting the Committee agreed to amend Recommendation (iii) in paragraph 70 from “A detailed memorandum of understanding to avoid the sudden closure of facilities on the grounds of serious quality or safety concerns should be shared with the Committee within a month” to “Commissioning agents sign up to an understanding that they are more proactive in engaging with people to avoid the sudden closure of health facilities.”

### **Review Recommendations**

9. Having considered the evidence gathered in support of the Bootham Park Hospital Scrutiny Review the Health and Adult Social Care Policy & Scrutiny Committee endorsed the following Task Group recommendations.

10. NHS England should ensure that:

- i. The NHS nominates a named person to be responsible for the overall programme of sustained improvements to mental health services in York. That person to provide regular progress reports to the Council and meet this Committee when requested to review progress;
- ii. Specific details are provided of all mental health services currently provided or planned in the City of York area, with timescales for provision or replacement where appropriate;
- iii. Commissioning agents sign up to an understanding that they are more proactive in engaging with people to avoid the sudden closure of health facilities.

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

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

12. The Care Quality Commission:

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

### **Committee Recommendations**

vi. In addition, at their meeting in late September the Health & Adult Social Care Policy & Scrutiny Committee also agreed that:

- i. The Final Report and its recommendations be referred to the Executive and the Health & Wellbeing Board for endorsement and consideration as appropriate, prior to forwarding them to NHS England.
- ii. Copies of the final report be sent to all the organisations mentioned in the recommendations in paragraphs 10 to 12, above.
- iii. Ask those organisations mentioned in the recommendations to respond to the Health & Adult Social Care Policy & Scrutiny Committee within three months.

## Council Plan

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

## Risks and Implications

- viii. There are no risks or implications associated with this report. The risks and implications associated with the review recommendations are detailed in paragraphs 75 and 76 of the final report at Appendix 1.

## Recommendation

- ix. The Executive is asked to endorse the recommendations made in the final report.

Reason: So Members are aware of the work undertaken by the Health & Adult Social Care Policy & Scrutiny Committee in relation to the closure of Bootham Park Hospital and the measures taken to re-establish services in York.

## Contact Details

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### Chief Officer Responsible for the report:

Andrew Docherty

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Tel: 01904 551004

Report Approved  Date 07/11/2016

Wards Affected:

All

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

Appendix – Appendix 1, Bootham Park Hospital Final Report



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

Report of the Bootham Park Hospital Task Group

**Bootham Park Hospital Draft Final Report****Summary**

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

**Background**

2. Bootham Park Hospital is an 18<sup>th</sup> century Grade 1 listed building. The building is owned by NHS Property Services but English Heritage also has a say in work carried out. Services are commissioned by the Vale of York Clinical Commissioning Group and up until 30 September 2015, these were provided by Leeds and York Partnership NHS Foundation Trust (LYPFT).
3. The hospital was closed following an unannounced inspection of the psychiatric inpatient services by the Care Quality Commission (CQC) in September 2015. The CQC reaffirmed that the service being provided to patients from Bootham Park Hospital at this time was not fit for purpose and that all clinical services had to be relocated from 30 Sept 2015.
4. From 1 October 2015 responsibility for mental health and learning disability services in the Vale of York transferred from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).
5. Problems at Bootham Park were highlighted in a CQC inspection in December 2013 which found that action was needed to improve the safety of the building and the management of risks in delivering the service. Some improvements were made, including the removal of

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

6. CQC found that, despite some improvement work having been done, the design and layout of the premises was still unsuitable and unsafe for patients and there were considerable problems with staffing levels. A Quality Summit in January 2015 reinforced the work that needed to be done at Bootham Park, but progress to implement this during 2015 was very slow.
7. In May 2015 the CCG announced TEWV as the preferred provider to deliver mental health and learning disability services in the Vale of York. However the decision was challenged by LYPFT. Therefore registration of locations with the CQC could not take place until a final decision had been made which was in July prior to the meeting with the CQC, LYPFT and TEWV on 31st July 2015 to understand which properties needed to be registered.
8. On 23 July 2015 the CQC met with TEWV to discuss the transfer of mental health services in York and issues of registration of Bootham Park Hospital. The CQC acknowledged the restrictions and limitations of the existing building but were unable to confirm whether BPH would be compliant with the requirements for registration until a further inspection had been undertaken.
9. CQC carried out an unannounced inspection of the psychiatric inpatient services within Bootham Park Hospital on 9 and 10 September 2015. Inspectors had previously had concerns with the delay in Leeds and York Partnership Foundation Trust implementing CQC's recommendations from an earlier inspection.
10. CQC inspectors were concerned about a number of issues relating to the safety of patients including the fact that not all potential ligature points within the building had been either removed or made safe. Some rooms that still had fixtures and fittings that could be potential ligature points were found to be unlocked.
11. Elsewhere, CQC's inspectors again found in September 2015 that nursing staff were unable to observe all parts of the wards due to the layout of the building and inspectors found a lack of call alarms for patients, insufficient staffing numbers, and poor hygiene and infection control in two of the hospital's wards.
12. In reply to LYPFT's application to vary conditions of registration, the CQC, on 24 September 2015, confirmed LYPFT's application to remove

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

13. Some of the inpatients were transferred to alternative units with acute mental health services and others were discharged to home treatment. With no provision for acute mental health care in York, patients had to be taken out of the area for inpatient treatment.
14. On 2 October 2015 the CQC received a request from Tees, Esk and Wear Valleys NHS Foundation Trust to register non-inpatient mental health care services (outpatient services, electroconvulsive therapy, and Section 136 Place of Safety) at Bootham Park Hospital. The Chief Inspector of Hospitals asked the registration and mental health teams within CQC to consider this as quickly as possible.
15. The Section 136 Place of Safety was reopened at Bootham in December 2015. Outpatient services including Improving Access to Psychological Therapy (IAPT) and psychology appointments returned to Bootham in February 2016.
16. The future of Bootham Park Hospital and the provision of mental health services in York has long been an issue for this Committee and the previous Health Overview & Scrutiny Committee and Members have considered a number of update reports, including plans for interim alternative premises, and received numerous assurances.
17. On 20 October 2015 the Committee met to consider the circumstances leading to the closure of Bootham Park Hospital and heard evidence from NHS Property Services; Leeds and York Partnership Foundation Trust; Tees, Esk and Wear Valleys NHS Foundation Trust; the Care Quality Commission and the Vale of York Clinical Commissioning Group (VoY CCG).
18. As a consequence the Committee agreed to write to the Secretary of State for Health supporting a call for an inquiry / urgent investigation into the hospital's closure.
19. At a meeting on 24 November 2015 the Committee agreed to carry out its own review of the Bootham Park Hospital closure utilising the support of an Independent Expert Adviser, John Ransford, who was prepared to provide his services on a pro bono basis, and NHS England who were carrying out their own lessons learned review – Annex 1.

20. The Committee also agreed that delegated authority be given to the Chair and (now former) Vice-Chair to set the parameters of the review and they agreed the remit: *“To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, particularly for in-patients and their families, and identify any appropriate actions for relevant partners.”*
21. In December 2015 the Committee met representatives from Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York CCG, who presented an update on the Bootham situation outlining the work to address the closure of wards and associated services at Bootham Park Hospital and the plans to return services to York as soon as is reasonably practicable.
22. The Committee also asked Healthwatch York to co-ordinate and collate the views and concerns of patients and carers and other interested parties. These were published in the Healthwatch York report Bootham Park Hospital: What next for mental health in York? (Annex 2)
23. In January 2016 the Scrutiny Officer gave a verbal update on progress and the Committee agreed that Cllr Cannon should join the Chair and (now former) Vice-Chair to form a cross-party Task Group to take the Committee’s work forward. It was subsequently agreed that Cllr Craghill should also join the Task Group.
24. The Task Group met with the Independent Adviser and the NHS England Director of Nursing – Programmes in late January 2016 to discuss the Bootham situation and Members agreed part of the reason was the fragmentation of the NHS. There was confusion about the clarity of roles of the organisations involved and this resulted in an outcome nobody wanted.
25. In early February 2016 the Independent Adviser and Scrutiny Officer attended a meeting in Leeds chaired by NHS England and attended by the CQC, NHS Property Services, Leeds & York Partnership FT, Vale of York CCG, Tees, Esk & Wear Valleys FT and the Partnership Commissioning Unit to discuss a confidential draft of the NHS England Reflections, Learning and Assurance Report on the transfer of services between Leeds & York Partnership FT and Tees, Esk & Wear FT.
26. And, in late February 2016 the Task Group met NHS England Chief Nursing Officer and Director of Nursing – Programmes to discuss an updated draft report prior to be going to the NHS England Senior Management Team. It was agreed that the final report be published



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

27. This meeting was held in April 2016 and was attended by representatives from NHS England, the CQC, TEWV, the Vale of York CCG, LYPFT, NHS Property Services, Healthwatch York, the Partnership Commissioning Unit and the Committee's Expert Adviser. Members were able to question all those involved on specific issues related to the closure of BPH.
28. At this meeting Members were told that BPH was in breach of regulations in the run up to its closure and the responsibility to make the hospital safe rested with LYPFT, not the CQC. The CQC felt they could not add a hospital to the registration of a new provider (TEWV) to deliver services from a building they knew to be unsafe.
29. The Task Group met again on 13 May 2016 and agreed to wait until they seen the action plans – Annex3 – from all partner organisations – as requested by NHS England and agreed at the full committee meeting in April 2016 – before making their draft recommendations. These were due to have been completed by 25 May 2016 but were not finalised until early July 2016.
30. The Task Group met to discuss these action plans on 21 July 2016 and Members were disappointed to note that they did not address issues around responsibility and accountability. In addition, they were not satisfied by some of the defensive positions adopted by these organisations.

### **Report of the Independent Adviser**

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

### **Terms of Reference**

32. To work with NHS England in providing a review of lessons learnt.
33. Accepting that most of what occurred was commissioned through the NHS, where appropriate and correct NHS England should take the lead.

34. City of York Council has a broad scrutiny role across Health and Social Care and while scrutiny committee members have formally expressed concerns by requesting an independent review, it is recognised it is likely to be both more timely and pertinent to work with NHS England.
35. On that basis the scrutiny committee sought to have someone to act as an agent, arguably someone who is both independent but also has the experience and capacity required, to:
- To work with NHS England to support them in developing their report.
  - To use this as the main basis of engaging in a broader system to represent the scrutiny committee in meetings as appropriate in developing NHS England's report.
  - To work in liaison with the scrutiny officer and report back to the scrutiny committee via the scrutiny officer, the Chair and Vice-Chair.
  - To provide a report back to the scrutiny committee in a timely manner, e.g. by the end of March 2016, to provide a local authority perspective on the lessons learnt and address issues raised by scrutiny committee members.
  - To engage with Healthwatch to consider the concerns of the people of York.

### **Method**

36. In forming his independent view, John Ransford met on several occasions with the Committee's scrutiny support officer, the NHS England lead reviewer, Ruth Holt and attended a meeting of the main NHS bodies involved, chaired by Margaret Kitching (Chief Nursing Officer, North) who has overseen the review on behalf of NHS England.
37. Numerous background papers have been referred to but the main source has been NHS England's report: *'Transfer of Services between Leeds York Partnership NHS FT and Tees, Esk and Wear Valleys NHS FT: Reflections, Learning and Assurance Report and Timeline'*
38. The NHS England report is a comprehensive and detailed record, which was prepared in full consultation with the participating organisations. This report was presented in a professional and methodical way so it was not necessary to carry out separate, original research.

39. The report took a considerable time to complete, but given the difficult circumstances, it was important that all parties involved in this situation were in agreement to the final report.
40. However, as this is primarily an internal NHS process, a separate and independent view of the conclusions and recommendations are contained in the report.
41. At the NHS England meeting in early February 2016, Margaret Kitching was impressive in the way she held the various organisations to account in a constructive manner.
42. The comprehensive report prepared by Healthwatch York: *Bootham Park Hospital: What next for mental health in York?* on the impact felt by people who use mental health services – inpatients, outpatients, current or former patients, their families and carers, staff involved in treatment and the public in general, also formed part of the review considerations.

### **Observations**

43. From the information available the following issues have been drawn out as the basis for discussion with Members of the Committee. They must be considered in conjunction with the summary of events, issues raised and recommendations in the NHS England report.
  - i. An action plan to identify and manage the important issues was devised and followed, but no one person or agency ‘took charge’ in order to ensure that it was delivered in an effective manner. There was a lack of strategic leadership, which contrasts with the role taken by Margaret Kitching after the event. There is insufficient evidence of rigorous project planning and management, the integration of roles performed by the various parties involved and a full risk analysis.
  - ii. The current organisation of the NHS is a factor in the difficulties which developed in this situation. Relationships between the various groupings are both complex and fragmented, which makes patient centred care difficult to achieve in an integrated manner.
  - iii. A re-tendering for the service provider took place at a critical phase. The previous contract was time limited, but there was a huge risk in changing provider in the face of all the challenges

being faced.

- iv. All of the organisations involved contributed in some way to the unintended consequence of the sudden closure of hospital facilities:
  - a. The **Vale of York Clinical Commissioning Group** is responsible for commissioning the service. The lack of strategic leadership must rest primarily with it. The CCG was also responsible for retendering the service at a critical stage. Therefore, it did not lead effectively as a commissioner of services or allow sufficiently for the complexities of re-procuring and contracting the service at a critical phase for delivering the required and agreed improvements.
  - b. The **Leeds & York Partnership NHS Foundation Trust** did not take responsibility for the building at the commencement of its contract and lost control of it to NHS Property Services Limited. It lost focus on safe service provision during the process and outcome of re-contracting.
  - c. The **Tees, Esk & Wear Valleys NHS Foundation Trust** did not achieve sufficient due diligence before taking on this contract. Their fault in this is limited, as they only had access to information publicly available and received from the CCG and there was reliance on experience in other situations. Nevertheless, given the known complexity and warnings here, too many assumptions were made.
  - d. **NHS Property Limited** significantly underestimated the logistic and practical challenges of upgrading a Grade 1 listed building where shortcomings had been identified over many years. Crucial works were not carried out on time according to the agreed programme. The other bodies involved were not informed sufficiently of problems and delays.
  - e. The **Care Quality Commission** gave insufficient attention to the particular issues raised by formal deregistration and registration of facilities, triggered by the transfer of services between agencies. This is particularly significant as they had determined that Bootham Park Hospital was unfit for purpose.

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

### **Analysis**

44. A key critical issue is around how the deregistration was managed, particularly as the service in question was not ceasing.
45. Despite working together, all the agencies involved failed to ensure the improvements required were progressed within an agreed timescale. No agency took the lead role. There is a need for individual organisations to be clear about their roles and accountability.
46. There is no question that the service being provided was not fit for purpose at the time of closure, but it may have been possible to continue providing services in the building into the future if agreed plans had been implemented on time.
47. The CQC confirmed there is no difference in registration standards for existing or new services and that had the service not been deregistered it is likely a longer period of notice would have been provided.
48. There is a question mark over how patient focussed the CQC was by giving just four working days notice of cessation and did this include a risk / impact analysis? If the CQC had concerns over the likely impact of deregistration, was consideration given to alternative options, such as LYPFT maintaining registration for a short time to allow an ordered closure?
49. There was a need to balance the risk to patient safety of continuing, in the short term, to use services provided at an unsafe building against moving them, at short notice, out of the hospital and, in most cases, out of the city.
50. The Vale of York CCG, as commissioners, should not have allowed LYPFT to continue providing services from an unsafe building, but should have ensured that agreed improvements happened on time.

51. NHS Property Services did not manage contractors to robust timeframes. Assurances were given that refurbishment work at BPH would be delivered to timeframes but this was not the case.
52. Leeds & York Partnership FT should not have continued to deliver services from an unsafe building. They should have taken action to ensure that basic maintenance work was done, the planned programme of works was implemented on time and staffing levels were appropriate for working in the building environment and enabling proper processes and procedures to be followed.
53. There is little argument that Bootham Park should have closed and this should have occurred earlier. Therefore the main issue is in how the deregistration process was poorly managed. Giving only 5 days notice of closure was high risk and not necessary.
54. However, it was clear from representations made to the Committee by BPH service users and their families that staff at the hospital provided excellent care in challenging circumstances and their efforts were appreciated by patients.

### **Conclusions**

55. It is considered that a lack of strategic grip is the key problem here. An overall view was not taken as to how patients and the community could be best served given the challenging factors which were well known to all concerned. It was assumed these were being addressed satisfactorily, but there was insufficient rigour in checking this was in fact the case. All the agencies involved focussed on their particular role without sufficient attention to the big picture.
56. It is now evident that some services were re-provisioned at Bootham Park within three months of the enforced closure and TEWV has a resourced plan in place to provide inpatient facilities in York during 2016. Why was this re-provisioning not put in place to avoid services being significantly disrupted and inpatients having to move at short notice, many as far as Middlesbrough?
57. If all organisations had worked together in partnership to deliver a plan based on the needs of patients and local people, more suitable solutions would still have been difficult, but surely not impossible to achieve.

## Looking Forward

58. In addition to examining the circumstances around the closure of BPH the Health & Adult Social Care Policy & Scrutiny Committee has also been looking at the provision of a new mental health hospital proposed to be opened in 2019.
59. In early March 2016 Members took part in an organised visit to the TEWV Roseberry Park facility in Middlesbrough, which provides adult mental health services; mental health services for older people; children's learning disability short break / respite services; secure accommodation and electroconvulsive therapy. Inpatient services are supported by physiotherapy, occupational therapy and psychology teams.
60. Roseberry Park is made up of a number of self contained ward units, clustered around closed landscaped courtyards. It has more than 300 inpatient beds and all the single, en-suite bedrooms are on the ground floor. The facilities are complemented by various activity and recreational areas with ready access to safe and secure courtyards and gardens.
61. To put the services offered at a modern mental health facility into context, Members also took part in an organised visit to Bootham Park Hospital to see for themselves the challenges of providing services in a listed building.
62. In late May 2016 Committee Members took part in a TEWV-organised engagement session on the development of a new mental health hospital in York. At the meeting it was revealed that 12 sites are being considered for the new hospital, including BPH itself, The Retreat site off Heslington Road and land near Clifton Park Hospital in Rawcliffe.
63. Members also learned that the initial suggestion is for a 60 bed hospital, although it was stressed that this figure was a starting point and all comments from five consultation sessions would be considered. The new hospital will also house therapy suites, day rooms, crisis team accommodation, the Section 136 suite and outdoor space.
64. And in July 2016 TEWV's chief operating officer gave the full Committee an update on engagement to date and the next steps around the new hospital plans, including plans to reduce the current number of inpatient beds within the locality by enhancing the community services

65. TEWV are working towards a 5,500 square metre facility which is expected to cost £29 million to complete. It is anticipated the formal consultation process will begin in autumn (September) 2016 and will last for 12 weeks. The consultation feedback will inform the next steps around the new hospital plans. In addition the option appraisal will take into consideration time factors, cost, achievability, site investigations and design review. The outcome of consultation and the preferred option will be reported back in the New Year.
66. TEWV also emphasised to the Committee that since it took over services in the Vale of York on 1 October 2015 it has been working to minimise the impact of the closure of BPH on service users, their families and staff.
67. Currently inpatient assessment and treatment services for older people are provided at Meadowfields in York, Worsley Court in Selby, and Cherry Tree House in York. TEWV have also refurbished Peppermill Court in York for use as a 24-bed adult inpatient assessment and treatment unit from late summer 2016.
68. In late August 2016 Members visited the newly refurbished Peppermill Court prior to it reopening. During the visit it was stressed that Peppermill Court was an interim solution to bridge the gap until the new hospital is opened in 2019. As a consequence compromises had been made – such as no en suite bathrooms.
69. However, the effect of the refurbishment has enabled inpatient services to be reinstated in York and has led to patients being returned to the city from other TEWV facilities. Peppermill Court now also houses a purpose designed Section 136 place of safety suite and is the base for the 24-hour crisis team.

### **Review Recommendations**

70. Having identified the circumstances leading to the closure of Bootham Park Hospital, and the measures taken to re-establish services in York, particularly for in-patients and their families, the Task Group recommends NHS England should ensure that:
  - i. The NHS nominates a named person to be responsible for the overall programme of sustained improvements to mental health services in York. That person to provide regular progress reports to the Council and meet this Committee when requested to review progress;



- ii. Specific details are provided of all mental health services currently provided or planned in the City of York area, with timescales for provision or replacement where appropriate;
  - iii. Commissioning agents sign up to an understanding that they are more proactive in engaging with people to avoid the sudden closure of health facilities.
71. Tees, Esk and Wear Valleys NHS Foundation Trust and the Vale of York Clinical Commissioning Group:
- iv. Carry out a full and robust consultation process ahead of the procurement of a new mental health unit in York and that details are shared with this Committee.
72. The Care Quality Commission:
- v. Should consider varying its internal processes so that there is a procedure for service transfers between providers, rather than treating them as a full deregistration and re-registration procedure.

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

### **Consultation**

73. The Task Group, Independent Adviser and Scrutiny Officer have consulted extensively with NHS England who in turn have been involved in detailed consultation with the partner organisations mentioned above. The Committee has also been able to question all health partners about the circumstances leading to the closure of BPH. In addition, Healthwatch York carried out a major piece of work on behalf of the Committee to gauge the impact of the BPH closure on people who use mental health services in the city, their families, carers and staff.

### **Council Plan**

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

### **Implications**

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

recommendations recognise the impact of their actions on patients.

### Risk Management

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

### Recommendations

77. Having considered the draft final report and the draft recommendations Members are asked to:
- i. Endorse the draft recommendations as set out in paragraphs 70-72 of this report and sign off the review as having been completed;
  - ii. Refer this report and its final recommendations to the Executive and Health & Wellbeing Board for endorsement and consideration as appropriate, prior to forwarding them to NHS England for consideration;
  - iii. Agree that copies of the report be sent to all the organisations mentioned in the recommendations in paragraphs 70-72, above;
  - iv. Ask those organisations mentioned in the recommendations to respond to this Committee within three months.

Reason: To conclude the work on this review.

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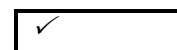
Report  
Approved



Date 31/08/2016

Wards Affected:

All



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

## **Annexes**

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

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

**Annex 3** – Action Plans

## **Abbreviations**

BPH – Bootham Park Hospital

CCG – Clinical Commissioning group

CQC – Care Quality Commission

FT – Foundation Trust

IAPT – Improving Access to Psychological Therapy

LYPFT – Leeds and York Partnership NHS Foundation trust

NHS – National Health Service

TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust

VoY CCG – Vale of York Clinical Commissioning Group

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

31st March 2016

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## 1.0 Executive Summary

### Background

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

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

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

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

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

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

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

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

#### **Action taken by NHS England**

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

#### **Key findings:**

1.10 Lessons learnt fell under 3 headings:

##### Managing safe services in an unsuitable environment

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



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

#### The safe transfer of services between organisations

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

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

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

## **Learning for individual organisations**

### **1.11 Vale of York CCG**

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

### **1.12 Leeds York Partnership FT**

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

### **1.13 NHS Property Services**

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

#### 1.14 CQC

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

## 2.0 Terms of reference

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

2.2 The review is intended to answer the following:

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

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

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

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

### 3.0 Organisations involved in the review

Organisation	Role of organisation
<b>NHS Vale of York Clinical Commissioning Group (VoYCCG or CCG)</b>	<p>The statutory body responsible for commissioning health care services for patients across the Vale of York – an area of approximately 857 square miles and covering 30 GP practices. CCG commissioning responsibilities can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• “planning services, based on assessing the needs of your local population;</li> <li>• securing services that meet those needs</li> <li>• Monitoring the quality of care provided.”</li> </ul> <p>(Commissioning fact sheet, for clinical commissioning groups, July 2012, NHS Commissioning Board)</p>
<b>Leeds and York Partnership Foundation NHS Trust (LYPFT)</b>	LYPFT provides a range of specialist mental health and learning disability services to Leeds and across the Yorkshire and Humber region. In respect of BPH they were the provider up until 30 <sup>th</sup> September 2015 when responsibility for mental health care provision at BPH transferred to TEWV.
<b>Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)</b>	TEWV provides a range of mental health, learning disability and eating disorders services to 2 million people living in and around County Durham, the Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton, Richmondshire and the Vale of York. Responsibility for the provision of mental health services at BPH transferred from LYPFT to TEWV on 1 <sup>st</sup> October 2105.
<b>NHS Property Services Ltd (NHSPS)</b>	NHS Property Services Ltd was set up by the Department of Health in April 2013 to manage all the ex-Primary Care Trust estate not transferred to providers. Two main types of services are provided:

	<ul style="list-style-type: none"> <li>• Strategic estate and asset management – strategic planning of the estate, acting as a landlord, modernising facilities, buying new facilities and selling facilities that NHS commissioners decide they no longer need</li> <li>• Dedicated provider of support and facilities services, such as health and safety, maintenance, electrical, cleaning and catering</li> </ul>
<b>Care Quality Commission (CQC)</b>	The CQC is the independent regulator of health and social care in England. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.
<b>NHS England - North</b>	NHS England leads the National Health Service (NHS) in England by setting the priorities and direction of the NHS. NHS England supports local health services that are led by Clinical Commissioning Groups
<b>York Health and Social Care Policy and Scrutiny Committee, City of York Council,</b>	<p>The Committee’s responsibilities include monitoring the performance of service areas including commissioning, partnerships and mental health. In addition the Committee is responsible for reviewing and scrutinising the impact of the services and policies of key partners on the health of the city’s population.</p> <p>In respect of BPH the Committee has the remit: “To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, particularly for in-patients and their families, and identify any appropriate actions for relevant partners.” Representatives of the committee have provided oversight of this report.</p>

#### 4.0 Background

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

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

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

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

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

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

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

## 5.0 Summary of events

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

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

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

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

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

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

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

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

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

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

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

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

5.11 Key actions from the Quality Summit were:

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **6.0 Issues raised in the investigation**

6.1 The investigation raises three specific issues:

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

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

### **Managing Safe Services in an Unsuitable Environment**

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

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

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

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

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

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

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

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

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

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

#### Programme Mandate

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

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

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

#### **Extract from Mental Health Strategy Group terms of reference:**

##### 4.2 Objectives – Bootham Specifically

- 4.2.1 The overall objectives of the Mental Health Strategy Group are to ensure that the CCG delivers the planned programme of transformational and continuous improvement work within the allocated timescales, financial projections and to maintain a focus on quality through the delivery.
- 4.2.2 Where deemed necessary, the Group shall escalate matters of concern to the Quality and Finance Committee or Governing Body.
- 4.2.3 The Group will oversee that the short term interim solution and the longer term re-provision of Bootham Park Hospital.

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

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

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

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

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

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

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

#### 6.13 Recommendations

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



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

### **The safe transfer of services between organisations**

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

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

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

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

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

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

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

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

#### 6.21 Recommendations

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

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

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

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

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

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

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

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

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

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

### Recommendations

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

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

### **7.0 Conclusion and next steps**

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

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

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

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

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

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

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

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

- Gillian Anderson, Senior Litigation Lawyer, NHS England Legal Team
- Martin Barkley, Chief Executive, Tees, Esk and Wear Valleys NHS FT
- Ian Butterworth, Regional Programme Manager, NHS Property Services Ltd
- Michelle Carrington, Chief Nurse, Vale of York CCG
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- Anthony Deery, Chief Nurse, Leeds York Partnerships FT
- Julia Denham, Head of Registration, Operations Directorate, Care Quality Commission
- Dawn Hanwell, Director of Finance, Leeds York Partnerships FT
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- Elizabeth Moody, Director of Nursing and Governance, Tees Esk and Wear Valleys NHS FT
- Sarah Penkethman, Registration Manager Operations, Adult Social Care Directorate, Care Quality Commission
- Janet Probert, Director of Partnership Commissioning, Partnership Commissioning Unit
- Jenny Wilkes, Head of Inspection, Mental Health North East Region, Care Quality Commission

Oversight of this report has been provided by:

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

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

**Ruth Holt**

**Director of Nursing – Programmes, NHS England (North)**

**31<sup>st</sup> March 2016**

## Appendix 1

### Timeline

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

Date	Event	Description of Activity
<b>December 2011 – March 2012</b>		An initial survey was undertaken by LYPFT (at their cost) which informed the requirement for the Primary Care Trust to conduct a more in-depth survey (concluding in March 2012) which included both anti ligature and back log maintenance surveys. The more in-depth survey was in accordance with the NHS Estates Code and was carried out by Capita Symonds on behalf of NHS North Yorkshire and York (the PCT).
<b>February 2012</b>		LYPFT commences its contract for mental health and learning disability services in the local area. Through 2012/13 LYPFT (as tenant) and the PCT (as landlord) negotiated a programme of maintenance (including anti ligature) across the PCT mental health estate portfolio but concentrating on BPH.
<b>2012</b>		Anti-ligature assessment at Bootham Park Hospital identifies: <ul style="list-style-type: none"> <li>▪ “Little or no attempt to alleviate ligature points that were found in most rooms’;</li> <li>▪ Ligatures omitted from ward and LYPFT risk registers.</li> </ul>
<b>1 April 2013</b>	NHS Vale of York Clinical Commissioning Group becomes	The CCG takes up responsibility for the monitoring of commissioned healthcare in the Vale of York and the planning and design of many health services. NHS Property Services takes PCTs landlord responsibilities under statutory transfer scheme. The



	the commissioner of local healthcare services	commissioner/landlord functions of the scheme previously held by the PCT are split.
<b>December 2013 – January 2014</b>	CQC inspection	<p>Full inspection of Bootham Park Hospital. This was a responsive visit that identified non-compliance with:</p> <ol style="list-style-type: none"> <li>1. Safety and suitability of premises;</li> <li>2. Assessment and monitoring of the quality of service provision;</li> <li>3. Records - including medical records should be accurate and kept safe and confidential.</li> </ol> <ul style="list-style-type: none"> <li>▪ Lift inaccessible to wheelchairs.</li> <li>▪ Ligature risks found in lift.</li> <li>▪ No effective systems in place to risk assess and monitor service quality. This included</li> <li>▪ No audit of records</li> <li>▪ Little evidence of risk assessment actions carried out.</li> <li>▪ Ligature risks omitted from ward risk registers.</li> <li>▪ Care plans not reviewed, monitored or audited.</li> <li>▪ Inaccurate records and not fit for purpose which meant patients not protected from risk.</li> </ul> <p>Section 17 (granting short term leave) not managed properly.</p>
<b>3 February 2014</b>	Place of safety (section 136) facility opens at Bootham Park Hospital	<p>Good news story for York.</p> <p>CCG invests £400,000 to provide safe and dignified mental health assessments for vulnerable adults detained under Section 136 of the Mental Health Act.</p>
<b>7 February 2014</b>	Quality and performance meeting with LYPFT hosted and	CCG noted that estates strategy meeting to be organised. LYPFT noted potential concerns by CQC at BPH though magnitude not appreciated.

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

	Board to board meeting took place to consider the estates strategy.	including an interim solution for exit from Bootham.
<b>9 April 2014</b>	BPH Programme Board (chaired by VoYCCG) inaugural meeting.	<p>Terms of reference circulated; agreed that Peppermill Court preferred option for BPH decant.</p> <p>Programme Board to report to the Mental Health Strategy Board and accountable for:</p> <ul style="list-style-type: none"> <li>▪ Programme delivery, benefits and outcome realisation, completion</li> <li>▪ Risk and issue escalation</li> <li>▪ Programme resource allocation</li> <li>▪ Consultation, engagement and communication of the BPH interim solution programme for all stakeholders</li> </ul> <p>assurance to all partners</p>
<b>14 April 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>LYPFT updated on proposals submitted to CCG and LYPFT's boards; focus on interim Peppermill solution. Indicative timeline for proposals (Cherry Tree plus Peppermill) to vacate BPH was 18 months (Sept. 2015 completion) subject to agreement with NHSPS.</p>
<b>16 April 2014</b>	Monthly CMB CCG & LYPFT	LYPFT updated on BPH developments and the notable duplication between the Quality Group and CMB was discussed. Note that relevant LYPFT director lead only attends CMB.
<b>28th April 2014</b>	Launch of the DISCOVER engagement programme to support and	DISCOVER was created to generate immediate feedback to the CCG about what matters to patients, carers and the families. It helped to identify what patients felt was good about mental health services and asked how wanted they wanted to see more of.

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

		organised by the CCG and held on the 21 <sup>st</sup> July.
<b>9 July 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services updated the board on the issue of tenders for improvement works for Cherry Tree House to be completed allowing for the transfer of patients from Ward 6 by 15 December 2014.</p> <p>NHS Property Services confirmed the process for the sign off of a business case for the work.</p> <p>Peppermill, the principle solution, discussed.</p>
<b>14 July 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits to Bootham Park Hospital to manage the service contract and the CQC's action plan.</p> <p>No material update on estates issues at this meeting</p>
<b>16 July 2014</b>	Monthly CMB CCG and LYPFT	<p>CCG advised of summit date (now 28<sup>th</sup> July) and that LYPFT representatives had been invited</p> <p>CCG requested time line on anti-ligature work: LYPFT confirmed report done and would be forwarded</p> <p>LYPFT expressed concerns over time scales to resolve issues once a risk was identified; noted that LYPFT had (against process) been expending its own resources to resolve issues quickly. CCG requested that issues (with NHS PS) be brought to CMB so that the CCG is informed.</p>
<b>28 July 2014</b>	Mental Health Summit	<p>Summit meeting arranged and hosted by the CCG. This was a meeting of partners from City of York Council, English Heritage, NHS England, NHS Property Services and LYPFT.</p> <p>All present at the meeting agreed to:</p> <ul style="list-style-type: none"> <li>▪ Move patients from Ward 6 to Cherry Tree House</li> <li>▪ Improve and refurbish Ward 6 to accommodate the male patients from Ward 2</li> <li>▪ Improve and refurbish Ward 1 and extend into the Chantry Suite to accommodate female patients</li> <li>▪ To close Ward 2.</li> <li>▪ The Section 136 Place of Safety and the Mental Health Crisis Team and ECT to remain at Bootham Park</li> </ul>

Hospital.

**CCG statement following the Summit meeting**

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

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

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

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

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

**LYPFT statement following the Summit meeting**

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

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

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

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

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

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



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

		Noted issues with outdoor space at BPH having deteriorated.
<b>3 Dec. 2014</b>	Bootham Park Hospital Programme Board (CCG led meeting)	LYPFT said: <ul style="list-style-type: none"> <li>▪ Their concerns remain around the treatment of impairment costs and liability over an unusually short period;</li> <li>▪ That these would have significant implications during times of austerity.</li> </ul> The Board agreed to seek clarification from NHS England.
<b>4 Dec. 2014</b>	Feedback to Bootham Park Hospital Programme Board	The CCG confirmed that issues for clarification by NHS England had been resolved and that final approval would be sought.
<b>8 Dec. 2014</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan. BPH discussed but only in the context of a service visit
<b>17 Dec 2014</b>	Monthly CMB CCG & LYPFT	LYPFT confirmed that estates processes had benefitted from weekly project meetings and anticipated that three main service moves could be accomplished by July 2015. CCG noted that following earlier meeting with NHSPS that there were concerns over effectiveness of NHSPS's contractor and that this had created a three week delay with knock on effects to other projects.
<b>Jan 2015</b>	Weekly (Friday) conference calls – CCG, NHSPS, LYPFT	Regular meetings intended to keep the three critical parties apprised of developments – not minuted.
<b>7 Jan. 2015</b>	CQC LYPFT Quality summit	Much of the Quality Summit was dedicated to BPH. All parties made it clear, and CQC challenged this, that the work would ensure sustainable change. CQC reinforced what steps it may take if this were not the case.

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

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

& LYPFT		
<b>6 May 2015</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services had confirmed delays on plans due to thefts on site and drainage issues. The Board noted that the accounting for impairment costs required a balance between what happens locally and the national precedent for how these are treated.</p> <p>The Board held detailed conversations on:</p> <ul style="list-style-type: none"> <li>▪ The reversibility of proposed interim solution works with English Heritage</li> <li>▪ The City of York Council’s Conservation Architect indicated “red light” items which would hold up plans, especially with the requirement to add in the Chancery Suite.</li> </ul> <p>NHS Property Services updated the Board that it held lengthy conversations with the manufacturers of windows which would meet the requirements of a facility for mentally ill service users.</p>
<b>11 May 2015</b>	Mental health and learning disability services preferred provider announced	The CCG announced Tees, Esk and Wear Valleys NHS Foundation Trust as the preferred provider to deliver mental health and learning disability services in the Vale of York. However the decision was challenged by LYPFT. Therefore registration of locations with the CQC could not take place until a final decision had been made which was in July prior to the meeting with the CQC, LYPFT and TEWV on 31 <sup>st</sup> July 2015 to understand which properties needed to be registered.
<b>11 May 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	<p>Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC’s action plan.</p> <p>LYPFT updated on CQC action plan and noted that estates targets were tight</p>
<b>3 June 2015</b>	Bootham Park Hospital Programme Board (CCG led meeting)	<p>NHS Property Services updated the Board that:</p> <ul style="list-style-type: none"> <li>▪ There would be further delays and revised the completion date of improvement works due to issues with windows.</li> <li>▪ It assumed that York Teaching Hospital NHS Foundation Trust Estates Department had adequate schematic plans of Ward 6. This was not the case.</li> </ul>

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

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

<b>31 July 2015</b>	Meeting at BPH to discuss CQC registration arrangements between TEWV, LYPFT and CQC	The meeting was to establish which locations were to be registered by TEWV from LYPFT. A further meeting was proposed to include LYPFT, TEWV, CQC, CCG and NHSPS to discuss slippage in the action plan following CQC inspection and the way forward.
<b>5 August 2015</b>	Mental Health Estates Programme Board (CCG led meeting)	NHS Property Services expressed concerns relating to the standard of the contractors work at Cherry Tree House and told the Board it would not sign off the work until the contractor had taken remedial action. The CCG requested NHS Property Services to provide a new programme with timelines (revised date provided as February 2016).
<b>7 August 2015</b>	Application to vary registration by TEWV	First application to vary TEWV's registration with CQC submitted to add eight locations to their registration in the Vale of York including Bootham Park Hospital. The applications were returned twice for amendment to the registration forms and each time was immediately returned to the CQC with amendments.
<b>10 August 2015</b>	Quality and performance meetings with LYPFT hosted and arranged by the CCG	Monthly quality and performance meetings with LYPFT and ward visits by the PCU on behalf of the CCG to Bootham Park Hospital to manage the service contract and the CQC's action plan.
<b>13 August 2015</b>	LYPFT submitted risk register via quality meeting	Extreme risks identified as: <ul style="list-style-type: none"> <li>▪ Ligature points</li> <li>▪ Staff vacancies (nursing and admin staff)</li> </ul>
<b>18 August 2015</b>	Directors of nursing for TEWV	Letter written to CQC to raise that due to outstanding actions in the CQC action plan in respect of environmental issues that the service would remain non-compliant at the point services were to be de-registered with LYPFT and



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

	slippage CQC needed a date when the building would be safe... so that CQC could make a decision about whether to tolerate the ongoing issues. The letter CQC received [from TEWV and LYPT DoNs in August 2015] showed that not a lot of progress had been made and Bootham Park remained unsafe. Further discussions took place regarding whether the CQC was minded to look at a Notice of Proposal (NOP) to LYPFT. Following the notice there would be a period of three months to continue to keep people at BPH and the NOP would transfer to TEWV when the services transferred.	
<b>28 Aug 2015</b>		TEWVs action plan submitted to CQC regarding environmental and operational issues at Bootham Park
<b>2 Sept 2015</b>	Planned walk around Bootham Park Hospital takes place (organised by the CQC)	CQC Inspection Managers and Registration Manager, LYPFT and Tees, Esk and Wear Valleys Trust in attendance.
<b>10 Sept 2015</b>	Unannounced CQC visit to Bootham due to clinical concerns raised by the CQC and Chief Nurses at LYPFT and Tees, Esk and Wear Valleys Trust.	<p><b>Ward 6</b></p> <ul style="list-style-type: none"> <li>▪ Patients had access to hot water (54 degrees) and were at risk of legionella</li> <li>▪ Doors that should have been locked were unlocked</li> <li>▪ Staffing was inadequate</li> <li>▪ Issues with record keeping</li> <li>▪ Roof to the entrance to the ward appeared worn and cracked. CQC could not be certain that the ceiling was safe or not (This was confirmed to be caused by water penetration from gutters and later identified as sound).</li> </ul> <p><b>Ceilings</b></p> <p>During the unannounced inspection, a small patch of plaster approx. 1m square fell from the ceiling. This took place at the far end of the main corridor of the building whilst work in the area took place. It did not fall onto the inspectors during their visit, as reported in the media and was not in a ward area.</p> <p>The author has been told that the ceiling was in the process of being repaired by staff from YTHFT when the plaster came down and the area was closed to access while this work was underway. Assurance was provided that no other</p>

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

*Summary by author: update on CQC inspection, concerns about delays in building works and responsibility for this, lack of reliability of the contractor, LYPFT and TEWV to work together on final building work.*

<b>15 Sept 2015</b>	Leeds and York Partnership Foundation Trust receives findings of the unannounced inspection from the CQC	<p>The main concerns were:</p> <ul style="list-style-type: none"> <li>▪ We have significant concerns regarding Ward 6. Some of these are not new concerns, for example the ligature concerns were identified at the last inspection, and however there appeared to be no mitigation of these risks since our announced inspection.</li> <li>▪ At the time of our unannounced inspection we identified staffing concerns. There were less than the agreed numbers of staff on duty and it appeared that it was difficult to find staff (bank or agency) to work on the ward. We noted there were a number of vacancies for band 5 nurses and one vacancy at band 6.</li> <li>▪ Some patients required enhanced observations. Some patients required additional staff to mobilise safely. The staffing levels on the ward at the time of our visit could not meet the patient's needs.</li> <li>▪ Risk assessments were generic and did not carry over into care plans. None of the risk assessments related to the environment that the person was to be nursed in. Ligature risks remained in place in some unlocked areas of the ward including toilets.</li> <li>▪ Nurse call points were not easily accessible for some patients. No nurse pull cords in toilets. Lines of sight remain very poor in the ward.</li> <li>▪ The lounge was unsupervised. The kitchen was off the lounge and accessible to patients. Water temperatures exceeded safe temperature limits.</li> <li>▪ We also identified that water temperatures were excessive on Wards 1 and 2. There appears to be no regulation of the water temperature.</li> <li>▪ Ward 1 smelled of urine. There remain several blind spots that had not been mitigated since our announced inspection. [LYPFT dispute this as there were no incontinent patients at the time and the reported smell was that</li> </ul>
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		<p>which came from the drainage system at BPH which they describe as a long standing issue].</p> <ul style="list-style-type: none"> <li>▪ The general maintenance of the wards is of concern. We saw maintenance logs which showed wards have to wait some considerable time for repairs to be completed. In one of the bedrooms we saw a missing window pane which had been boarded up since June.</li> </ul>
<b>16 Sept 2015</b>	<p>The CQC urgently requested further information from LYPFT (in the next column) for it to be satisfied that the extreme risk on Ward 6 would be alleviated.</p> <p>Action plans on all findings and mitigation for these were submitted on time by 18 September 2015.</p>	<ul style="list-style-type: none"> <li>▪ Provide the proposed transfer date to Cherry Trees of the 12 patients currently on ward 6.</li> <li>▪ Provide notification when patients are discharged from Ward 6.</li> <li>▪ What is the timeframe for the updated risk assessments be reviewed and audited by the ward manager and a report provided and followed up with the registered nurses?</li> <li>▪ What is the timeframe to put in place short term contracts with the agency to ensure semi-permanent staff are in place?</li> <li>▪ Confirmation that ligature risks have been mitigated/managed with details of how this is provided for in local protocols and communicated effectively to staff.</li> <li>▪ What is the timescale for repair of the leak below the sink in the patient beverage area to be repaired?</li> <li>▪ Confirmation of the completion date of the works to remedy the high temperature water and possible legionella risk.</li> </ul> <p>Confirmation of the progress of risk assessments and surveys of the public areas.</p>
<b>22 Sept 2015</b>	<p>No decision made by the CQC regarding registration of BPH</p>	<p>The CQC were not in a position, at this point, to agree the variation to registration of TEWV to add BPH given the safety concerns identified in the unannounced inspection of the 10<sup>th</sup> September. The CQC would not reach a decision until 30 October 2015 but had a planned meeting to discuss on 5 October 2015.</p> <p>The amended application for registration was received only on 25 August 2015 and therefore could not be determined for the original timeline which the Trusts were working towards of 30 September, particularly given issues in respect</p>

of Bootham Park Hospital. Hence a more realistic timescale of 30 October 2015 was suggested. .

The timeline for registration applications to be determined is 10 weeks. However, given that there had been previous delays in submitting applications a suggestion had been made to TEWV to allow a longer timescale for submission. A timescale of between 10 to 20 weeks was suggested to encourage early application, where changes of this nature are planned.

The transfer of contract from LYPFT to Tees, Esk and Wear Valleys Trust was due to take place in eight days.

Serious implications to extension of contract to current provider which would require contract extensions with LYPFT and would have implications around contract mobilisation including TUPE arrangements etc.

NHS England escalated to the CQC for a decision of condition to not provide in patient care at Bootham Park Hospital if registration decision was not reached in time for the transfer of the contract. No decision was reached at this time whilst CQC sought legal advice.

Daily conference calls set up between the CCG, the Partnership Commissioning Unit, LYPFT and Tees, Esk and Wear Valleys Trust to work through implications and scenarios.

**24 Sept  
2015**

CQC reply to LYPFT's application to vary condition of registration.

**CQC confirms:**

LYPFT's application to remove regulated activities indicated intent to cease provision in line with TEWV taking over. Given the concerns that existed regarding the safety of care at Bootham Park Hospital, LYPFT were asked by CQC to cease providing regulated activities by midnight on 30 September.

**CQC requests:**

LYPFT's intentions as of midnight of 30 September 2015 in respect of carrying on the regulated activities.

Provision of the following information:

- Confirmation that all patients from ward 6 have been moved to Cherry Trees House.
- Where all patients currently accommodated at the location Bootham Park hospital will be relocated to.
- Where health based place of safety patients will be admitted to.

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

## Appendix 2

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

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





# **Bootham Park Hospital: What next for mental health in York?**



**March 2016**

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## Acknowledgements

Healthwatch York were asked to produce a report on the impact of the closure of Bootham Park Hospital felt by people who use mental health services – inpatients, outpatients, current or former patients – their families and carers, the staff involved in treatment and the public in general.

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

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

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

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

### Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **What we did to find out more**

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







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

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

## Evidence from the public in more detail

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

### York needs a good quality acute mental health hospital

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

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

*“‘Fit for purpose’? ‘Outdated’? But far better than Middlesbrough, or other facilities far away from the support of friends and family!”*

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

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

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

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

### **The speed of the closure was a shock and caused anxiety**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*“I’m terrified to hear that mental health care in York is being ignored.”*

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

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

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

*“York desperately needs Bootham Park. Haven’t mental health services been cut enough?”*

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

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

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

### **Concern over the apparent lack of co-operation between agencies**

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

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



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

*“Do not let our Government wriggle out of its responsibility to the health of its citizens.”*

### **Most respondents were happy with staff and the quality of care**

*“The nurses at Bootham were amazing.”*

*“It would have been more appropriate for the CQC to have acted to shut down the Trust as being ‘unfit for purpose’ rather than blame the building and its dedicated staff.”*

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

### **Many found the building and gardens therapeutic**

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

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

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

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

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

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

*“Being admitted to Bootham Park at the age of 18 was not a good experience”*

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

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

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

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

### **Some sympathy for TEWV who are seen as inheriting a ‘mess’**

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

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

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

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

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

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

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



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

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

## Other concerns

**Importance of timely information** following the closure which needs to be made more widely available especially for those not online

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

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

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

## Key Messages from local organisations

### Cloverleaf Advocacy

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

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

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

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

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

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

### **York Mental Health Carers' Group and Rethink – York Group**

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

We have the following comments:

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

2. Our members suggest that before forming a view on the requirements for inpatient care in the long term, people should visit a modern state-of-the-art hospital to see the facilities which are provided. We suggest that members of the Scrutiny Committee would find such a visit useful. (This happened on 4<sup>th</sup> March 2016, when the Health and Adult Social Care Policy and Scrutiny Committee visited the TEWV-operated Roseberry Park Hospital in Middlesbrough)
3. We note that the number of beds in the new hospital has yet to be decided. We also note that developments in treating mental illness might lead to the need for fewer inpatient beds in the future. Some members have suggested that, in designing the new hospital, thought should be given to how additional beds could be provided should this become necessary at some time in the future. We suggest that the options appraisal should explain how the proposed number of beds for the new hospital has been determined.
4. The options appraisal will clearly be a key document in the decision-making process. We imagine that the appraisal will set out the advantages and disadvantages of the various options and other factors that need to be considered; publishing a detailed appraisal will allow an informed discussion to take place during the public consultation. Because of the importance of the appraisal, we suggest that some consultation with interested stakeholders on its scope and methodology (but not of course the content) would be useful before it is completed.
5. Bearing in mind the advantages of the Bootham site (e.g. easy access for patients/carers and its proximity to York Hospital etc) our members believe that the options appraisal should examine the possibility of building a new hospital on the Bootham site.
6. One of our members is an architect. He has done some detailed work on the possibility of building a new unit on the Bootham site and has consulted many of the interested parties; he is keen to share this work.

### **The Mental Health Accommodation Panel**

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

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

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

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

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

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

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

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

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

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



## Questions for consideration

Raised by the public with Healthwatch York

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



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

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

## Ways to get involved

*Tees Esk and Wear Valleys NHS Foundation Trust*

### Service User Network

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

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

### Become a member

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

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

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

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

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

## Conclusion

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

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

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

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

## Recommendations

Recommendation	Recommended to
<p>Provide interested parties with an e-bulletin (at least monthly) giving brief information about</p> <ul style="list-style-type: none"> <li>○ Current situation</li> <li>○ Any changes to service provision</li> <li>○ Notice of any engagement opportunities</li> </ul> <p>This action has been both explicitly and implicitly raised through individual accounts. This should be printable so local groups can display this for those not on the internet. It should also be displayed at Bootham Park.</p>	<p>Tees Esk and Wear Valleys NHS Trust, working with the support of all partners involved in the Bootham work</p>
<p>Develop a briefing paper explaining the thinking behind the approach being taken towards determining the number of beds required for the new hospital as part of the pre-options work. Hold discussions on any concerns or questions within engagement events.</p>	<p>TEWV / VoYCCG</p>
<p>A protocol should be developed in case of any future emergency situation in health and care, highlighting how local organisations can work together to help disseminate essential information. This should include identifying mechanisms for including the voluntary and community sector and independent providers.</p>	<p>Health &amp; Wellbeing Board member organisations</p>
<p>Hold public engagement events that provide face-to-face opportunities for people to hear what is happening</p>	<p>TEWV VoYCCG</p>
<p>Provide details of the expected building timeline and linked engagement opportunities</p>	<p>VoYCCG / TEWV / NHS Property</p>
<p>Begin to address the questions for consideration as Frequently Asked Questions. This information, once collated, could be shared with all relevant bodies to improve public access to information</p>	<p>TEWV / VoYCCG / CYC</p>
<p>Enable local people to be confident about the future of the historic building at Bootham by separating out and clearly outlining the responsibility of Historic England, York Civic Trust, City of York Council, NHS Property Services, Vale of York CCG, York Hospital and TEWV regarding the ongoing maintenance of the building to</p>	<p>All named parties</p>

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

## Appendices

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

#### Statement from Alyson Scott, Chief Executive of York Mind:

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

York Mind are being kept informed by all statutory services of the ongoing developments and we are committed to offering practical support to patients and service users whenever possible.

Any service users, family members or carers with concerns about services at Bootham Park Hospital are asked to contact the Trust's Patient Advice and Liaison Service on 0800 052 5790. Alternatively, please continue to check the website for updated information at [www.leedsandyorkpft.nhs.uk](http://www.leedsandyorkpft.nhs.uk)

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

## Appendix 2 – Healthwatch York Press Release asking for feedback



Press Release - For immediate release

25.01.16

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

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

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

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

Our commitment to you:

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

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

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

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

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

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

ENDS

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

[http://www.yorkpress.co.uk/news/14230950.Bootham\\_Park\\_Have\\_your\\_say/?action=success#comment\\_15326858](http://www.yorkpress.co.uk/news/14230950.Bootham_Park_Have_your_say/?action=success#comment_15326858)

Article as it appeared in the York Press.



### Appendix 3 – Full record of comments received

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

- Person who was an inpatient in October 2015 feels that the physical problems of the building were exaggerated. 'The building is old fashioned but it's ok'. 'It was just an excuse so that the building could be sold off.'
- Person with bipolar had been admitted to Bootham Park hospital. Although very ill, I was able to appreciate the beautiful entrance hall with its stained glass, lovely tiled floor and staircase leading to ward 3. I think it is important to have local mental health services, for patients and their families alike as conditions such as mine need urgent attention. If this can be achieved by preserving the best of this lovely building then it would be an advantage to all.
- Person who experienced depression due to financial problems stayed twice in Bootham, 3 years apart. Initially admitted to Bootham hospital on a voluntary basis for a 10 week stay, accessed anti-depressants, managed to build up some sleep and allocated a social worker. Found the stay beneficial and helped work way back to normal living. Second admission was for a 6 weeks stay with the same process. Currently still seeing the social worker but that is due to end.

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

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

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

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

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

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

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

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

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

She says she's not been signposted to any support whilst she is sitting on the waiting list. Her social worker is apparently as frustrated as she is with the lack of support.

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

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

- Young woman, 17, sectioned recently. No beds in York, so taken to Cheadle Royal in Manchester. Has been an inpatient there for 3 weeks.

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

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

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

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

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

- Both myself and a member of my family have been inpatients at Bootham Park during the past few years. The closure of Bootham makes you feel really vulnerable – where would you go if you were taken ill now? The nurses at Bootham were amazing. It felt a very safe place. It was good to have the gardens and grounds to walk in – it helps you get better. Bootham felt very homely – it looked like someone's home with fireplaces etc. I was admitted as an inpatient in Scarborough when there were no beds at Bootham. In Scarborough the hospital is more modern and it's a bit too clinical. Most doctors at York Hospital don't understand mental health. They get a psychiatrist to come and see you if you go to A and E but that can take hours.
- Person speaking on behalf of a relative who has had mental health problems for 30 years. They have been a frequent user of Bootham, although they have not been an inpatient for three years, and they have been a frequent visitor and did want to say that the staff were exceptional. The problems at Bootham should have been noticed earlier as it is now a disgrace that York currently has no appropriate facilities which is leading to great concern. It is a difficult situation for older carers who might now have to make long journeys to in-patients sent away from York. There is also no respite care available due to Acomb Garth closing. There are so many facilities for people with physical problems, far less so for those with mental health problems.
- Caller not surprised by the closure of Bootham. Stated that the building was entirely unsuitable for patients with mental health problems. Far more concerned about the Trust management and is delighted it has changed. Has had ongoing challenges to address his complaint since 2010 when under NHS North Yorkshire and York. During all of this experience he feels he has been lied to and ignored. He feels no-one listened to him and there has been no apology about what happened to his wife.  
The caller realises he is unlikely to resolve the situation regarding the past treatment of his wife. What he wants to stress is that the mental

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

- Local NHS owns the land that used to house the nurses accommodation right next door to Bootham yet maintains that it has it earmarked for something else, senior staff car park? If the planners had the foresight to install deep enough foundations in the multi-story car park so they could go up one/ two levels parking problem solved. It is arrogant stupidity to ignore this parcel of land and build elsewhere.
- A relative of an adult who had 4 admissions to mental health care between 2007 and 2014 told us “I am convinced it is essential to retain a large in-patient facility in York. As an in-patient, my relative received excellent care and became well very quickly, but when agitated is totally uncontrollable and terribly frightened. In-patient care has ensured that they can be given powerful sedatives, with all the devoted supervision they needs. They have now accepted their diagnosis and take their medication, so may never be ill again. On the two occasions when they had to be sectioned, there was no place available in York so they spent their worst nights in Middlesbrough or Leeds. The care received there was excellent, but visiting was very time-consuming. Family support is often a big factor in recovery from mental ill-health, so it is important to make it as easy as possible. The Middlesbrough and Leeds mental health hospitals are both much more modern than York. Roseberry Park in Middlesbrough has a serene, comforting, optimistic atmosphere, but the Becklin centre in Leeds is very depressing, and feels like being in a submarine. Bootham Park, by contrast, was light and airy, relaxed and calm. "My son feels safe there," confided a friend, at her wits' end when her son was suddenly released to home when Bootham Park closed so suddenly. The original Bootham Park was built by public subscription. Might that be the solution to providing an up-to-date facility? I'm sure Shepherds builders would be delighted to co-ordinate such a project.



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

- I have been a patient Bootham Park several times before TEWV took over the running of our mental health services. I have also been a patient at Roseberry Park in Middlesbrough. Bootham Park closing meant that when I became unwell and had to be sectioned under the Mental Health Act I was taken miles away from anything I knew my family were torn apart, the care I received was of an appalling level and I was discharged after only 24 hours whilst still suicidal. When I have been in Bootham Park I have never been discharged so quickly and the staff have always listened to my thoughts and views and took every step possible to protect me. Because of Bootham closing the most vulnerable have being put at even more risk than ever. I would rather die than be admitted to Roseberry Park or any out of area hospital. People are going to suffer and cost lives because of the closure. Bootham is nothing like the reports say. I always felt very safe and secure and the ward I was on was always very clean and well kept up with. Whilst I was a patient there was a leak from the above bathroom and the repairs team attended very soon after this was reported. My room was cleaned daily and the staff were always so much help. Our services need to be re-instated asap before it costs dearly.
- Avoid too many organisations getting involved who do not/will not work together for the good of the people requiring care (I believe this contributed to the debacle regarding Bootham Park) the effects of which are still reverberating through everyone. Base provision on all age groups and give equal importance to these categories. Early Intervention works well but there are many people who did not have the benefit of this due to their age and they are largely forgotten almost as if they are an embarrassment. This is simply not good enough and at worst, is inhumane. Some Councils apparently file mental health under miscellaneous (refer to Rethink Campaigns). If York is one of these councils then this policy must be changed immediately. Mental health is a massive issue and must be given parity with physical health if we are ever to make the changes and improvements that are required. It is

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

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

Go with the advice of medical professionals first and foremost.

A new hospital or facilities suitable for and able to cope with the volume of demand will take considerable time to create.

In the meantime I strongly urge that Bootham Park should be rendered safe structurally for use as (a) fit to receive outpatients; and then (b) fit to house inpatients, including safe quarters for those referred on by police. It might well be that, sadly for such an historic building with an important place in the early history of asylums in England, Bootham Park will not be suitable in future for modern treatment in mental health and new premises will be required. Bootham Park should, however, be



made safe for use on a temporary (i.e. next handful years) basis. If new premises are provided some years ahead, careful thought needs to be given about linking mental health with other aspects of medical care and not divorcing mental health facilities from the rest of the NHS.

There needs to be strong medical co-operation between mental health and other facilities. Medical professionals (psychiatrists, psychologists, general doctors, nurses, community workers, etc.) should be the main advisers in what is required, not mostly administrators. Thought needs to be given to what might be required twenty and many more years ahead, not just the near future.

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

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

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

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

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

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

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

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

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

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

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

- Inpatient at Bootham Park Hospital for 10 weeks in Autumn 2008 told us they were not impressed by the facilities - shared bedrooms on Ward 2; no separation between men and women on the high security ward where I spent most of my time. I think when patients are acutely ill they shouldn't be on a mixed ward given their frequently increased and often inappropriate sexual appetite.  
I think the new hospital should be a purpose built, well designed group of buildings which have secure and protected outdoor space, where in-patients can spend time outdoors by themselves and not under supervision. I welcome TEWV taking an interest in what locals think about the plans for Bootham. I hope they are engaging with patients past and present too.
- As someone who has suffered bouts of severe mental illness for over three decades the closure of Bootham Park last year came as a shock. Although many years separated each bout I always knew that Bootham was there as a safe haven in times of trouble. The closure of Bootham Park appears to be due to too many different bodies having a say in the running of the hospital, everybody losing sight of the real purpose of Bootham Park, which is to care for patients.
- I have nothing but praise for the staff, who always treated me fairly. Bootham Park is an old building, but the grandeur of the place was something that helped me recover. I would walk down the main corridor and out through the front door and feel at ease. In fact being in the grounds and the wide open space was one of the main reasons I always got better. A new shiny replacement could be built, and maybe some patients would prefer that, but that will take time and money. I would suggest putting money into Bootham Park itself, I personally found no fault with the ward or the facilities.

- Bootham Park is vital for the people of York and surrounding area's who are in need of help. I also noticed that the mental health counsellor that I saw at my local GP surgery seems to have been taken away. Chatting with \*name removed\* at \*name removed\* Surgery has helped me a lot, to the point now where I am managing to do a bit of volunteering work, doing courses and attending Kyra for more support. All in all I think the mental health services in York have gone downhill and the closure of Bootham Park makes it a whole lot worse. I am hoping Bootham Park is sorted out and reopened and I am also hoping that this government starts putting more money into mental health services or people will suffer.
- Carers for a family member who was first hospitalised for a suicide attempt aged 13 and has made other attempts since, the most recent 6 months ago, now in their mid-thirties, has chronic mental health problems and is an outpatient of Bootham Park hospital contacted us.

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

- Befriender has been to visit an individual in Cherry Tree Lodge. Very concerned by what they found there. Individual, possibly due to treatment, appeared to be sedated, was slumped sideways in their wheelchair, and seemed "really out of it", unable to recognise or respond to their friend, or stay awake. Visitors are not allowed in the bedrooms there, or in the lounge, making friendships more challenging to maintain. Patients are brought to small, bare waiting rooms so there is nothing to stimulate conversation or make it feel like an ordinary home visit to a friend. Took about 5 minutes, along with another couple, to gain entrance, as the bell was broken and no staff members who saw them waiting opened the door. All doors and windows have notices explaining what visitors cannot do, which does not make for a warm, welcoming environment.
- Has been waiting for a referral to the memory service. Got a call from someone inviting him to a short notice appointment due to a cancellation. Couldn't make it, tried to call to get hold of someone to find out where and when should be coming in. \*Name of doctor\* also seems to be peripatetic at the moment. Not very helpful if you are already struggling with your short term memory. Asked for email to confirm appointment, seemed reluctant but eventually agreed.
- Son has cerebral palsy and epilepsy and a behavioural problem. His family are trying to get support. Does not have learning difficulties. Mental health services will not have him as they say he has a mental problem not a mental illness. He is having attacks, where his lips turn blue, he seems to be in a disassociated state, and he gets very volatile.

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

- Mental health inpatient care being provided at Middlesbrough following closure of Bootham. Family member raised concern about the impact on them. Stated that while travel costs are being reimbursed some families are struggling to visit due to childcare and other caring duties - there is no help with this. Also what training and support is in place for staff leaving Bootham to work in the community? How have they been supported in the transition e.g. around medicine management, and working in a non-hospital environment?
- Concern regarding the closure of Bootham & care in the home which is not always as good or as available as it should be. Also, due to a number of illnesses, very upset about the battle to get PIPS, etc.
- My mother is currently at Cherry Tree House, having previously spent time in Bootham. I do not like the visiting arrangements at Cherry Tree, and do not believe it is a suitable environment for my mother. The

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

- I am happy Bootham Park Hospital has closed. It was designed as a lunatic asylum and is not fit for purpose. Modern treatment is not about sitting in a bed in hospital being given drugs.
- My voice echoes those of very many others I know. It is totally reprehensible to close one, and the only, facility for a particular service, and a special group of needy people, before an alternative is available. I'm led to fear that a similar move might happen for the residents of the Graves home for frail elderly people, near me – and I fear for their welfare.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

- I find it insane (irony?) that in a city like York, the last mental health facility is to have been closed off. There is zero confidence in City of York Council and this is frankly another in a long line of terrible decisions. This needs to be kept open, and a significant improvement made in facilities for mental health in York
- Bootham Park being closed due to condition of building. York desperately needs Bootham Park. Haven't mental health services been cut enough? These cut backs are wrong. It's not fair. The NHS cannot lose another hospital in York.
- It has been the policy of the government to steadily cut down the Psychiatric Service for acute and chronically ill psychiatric patients in our midst? We in 1990 knew that 250 inpatients were adequately looked after by 6 consultant psychiatrists and a full complement of Mental Nurses. There was a famous Neuropsychiatric and Epilepsy centre with inpatient care which no longer exists. There is no facility for

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

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

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

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

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



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

Comment relating to above: Regarding the multi storey car park, the first set of plans were rejected because: 'Monolithic' design out of character with area, says council. Plans to ease long-running parking pressures at York Hospital are set to be rejected.

However, York Council planners are recommended the scheme is rejected because the "monolithic" building would harm its setting on Wigginton Road, one of the main routes into York city centre. Read more: <http://www.yorkshirepost.co.uk/news/hospital-car-park-plans-rejected-1-2392790#ixzz3ySIEGvYH>

- They say it was closed because it was unsafe with plaster coming down. What happened to the hospital maintenance team, the hospital had its own works at one time. The building needs keeping even if it means building onto the old building. It's a place of safety for so many who use it, It's quite central with good access to the hospital / Get people to check out the building for safety the reopen it. So many mental health places have, or are, earmarked to close.
- Don't worry about the patients, never mind. Some of us weren't even consulted or told until Christmas time! Well actually don't think they give a toss about mental health here in York for the next few years. The quicker the new hospital is built the better, quite happy for it to be turned into flats, sold and reinvested into modern services and pay off all that debt. Oh and they tried to close it in 1870s as a lunatic asylum, still we have some 17<sup>th</sup> century building. Are we a) trying to save a building or b) trying to have a mental health service? At present we have neither.
- It seems extraordinary that such a vital resource could be neglected in this way. However, from reports in the papers, it would seem that, although run down, none of the problems cited for its instant closure were of such a magnitude that a firm of builders couldn't have sorted

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

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

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

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

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

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

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

- It might pay to spend on Bootham now rather than wait for a new hospital. But hospital should be the last resort, it should only be for when you need it. I worry about the pressure on staff to get people out into the community because there are insufficient inpatient beds. I also worry about waiting lists for therapy and other services to stop people needing hospital. We need to drive these down. There are not enough hospital places, community beds, mental health nurses, counselling. We're just displacing people. I would welcome more information on the clinical decision making around who can be supported in the community.
- Staff were compassionate, caring & skilled - Prior to the merger with Leeds, I found BPH staff were in my experience highly skilled, compassionate, caring. The ward I was on (Ward2) had an ethos of the 3R's. For its age the building was well maintained, it needed repairs just like any other and I found the buildings heritage and grandeur added to the recovery experience. The park setting is wonderful for quiet strolls, the adjacent YTH meant easy access for medical care (after all there's no health without mental health). BPH ran efficiently with the clinicians being O/P & I/P. However big corporate mergers have ruined services, there is now a culture of bullying within the service created by Leeds and it has not only ruined the quality of services but it drove highly skilled staff from what was once a service of excellence.

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

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

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

#### **Other mental health issues not directly related to Bootham**

- Woman discharged with insufficient medication, and not what had been agreed. CPN trying to sort packs of medication on the floor and had misplaced some which added to the mix up. CPN was trying to make arrangements for more to arrive before the woman would run out the following week. Woman picked up on this and became very emotional. Friend had to calm her down and assure her it wasn't her fault and would be sorted out.
- I'm terrified to hear that mental health care in York is being ignored. My mother was severely bi-polar and unfortunately I am following suit. Hopefully without sounding like a bolshy teen "I didn't ask for this" etc.... After a suicide attempt last week, I was given a telephone number and nothing more, I'm sick and tired of being, as my ex describes me (and used to describe my mum when she was alive) as a "crazy". My GP will not take it seriously, because I have too much insight into bi-polar disorder. Having lived with my mum, yes I do have insight. There is a just a mental door slamming in your face now, when asking for help.
- Issues following discharge from mental health setting that cheque book had run out and there was a two week wait for a new one to be issued. Meant she was unable to pay for shopping. Suggestion that issues like

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

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

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

### Signposting Enquiries

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



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

*“During eight years contact with Bootham Park, I found the atmosphere always serene and optimistic. The mental health care we have received was second to none. We must fight to retain it.”*

The Press letters 29/09/16

Nurse speaking in The Press 30/09/15

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

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

The Press 30/9/15 p.15

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

The Press letters 30/09/15

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

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

The Press letters 3/10/15

*“I was very disappointed that Bootham Park Hospital had to close. I have visited people in Bootham and it was clean and the staff were very good. A lot of the patients sat outside in the sunshine and talked to us. It’s such a shame. Some of them called it their home.”*

The Press letters 8/10/15

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

Article in The Press 14/10/15

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

The Press letters 29/01/16



News stories

About the inspection and decision to close the hospital

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

[http://www.yorkpress.co.uk/news/13785542.Bootham Park Hospital to shut after damning inspection and ceiling collapse/](http://www.yorkpress.co.uk/news/13785542.Bootham_Park_Hospital_to_shut_after_damning_inspection_and_ceiling_collapse/)

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

<http://www.yorkmix.com/news/arrested-sectioned-and-sent-50-miles-from-home-one-womans-nightmare-after-bootham-hospital-was-closed/>

<http://www.yorkshirepost.co.uk/news/opinion/michael-hickling-a-family-s-torment-over-closure-of-bootham-park-hospital-1-7496385>

Questions over the future of the building and levels of investment to bring it up to standard

[http://www.yorkpress.co.uk/features/readersletters/14155674.LETTERS Why won t we spend a few quid to make Bootham Park Hospital fit for its purpose /](http://www.yorkpress.co.uk/features/readersletters/14155674.LETTERS_Why_won_t_we_spend_a_few_quid_to_make_Bootham_Park_Hospital_fit_for_its_purpose/)

Campaigns to keep the hospital open including the request for a judicial review of the decision

[http://www.yorkpress.co.uk/news/14164022.Councillors urged to back Bootham Park Hospital reopening campaign/](http://www.yorkpress.co.uk/news/14164022.Councillors_urged_to_back_Bootham_Park_Hospital_reopening_campaign/)

[http://www.yorkpress.co.uk/news/14173048.Campaign to reopen Bootham Park Hospital boosted by supermarket petition/?ref=twtr](http://www.yorkpress.co.uk/news/14173048.Campaign_to_reopen_Bootham_Park_Hospital_boosted_by_supermarket_petition/?ref=twtr)

[http://m.yorkpress.co.uk/news/14189272.Bootham Park Hospital closure taken to the High Court/](http://m.yorkpress.co.uk/news/14189272.Bootham_Park_Hospital_closure_taken_to_the_High_Court/)

Temporary work to provide in-patient facilities in York at Peppermill Court, and impact on other services

[http://www.yorkpress.co.uk/news/14144748.Temporarily hospital to open in York in the summer/](http://www.yorkpress.co.uk/news/14144748.Temporarily_hospital_to_open_in_York_in_the_summer/)

[http://www.yorkpress.co.uk/news/14156786.York man 73 forced to leave his lifeline amid NHS crisis/](http://www.yorkpress.co.uk/news/14156786.York_man_73_forced_to_leave_his_lifeline_amid_NHS_crisis/)

[http://www.yorkpress.co.uk/news/14243134.Vulnerable York man who was moved when Bootham Park closed is moved again to a unit 50 miles away/](http://www.yorkpress.co.uk/news/14243134.Vulnerable_York_man_who_was_moved_when_Bootham_Park_closed_is_moved_again_to_a_unit_50_miles_away/)

[http://www.yorkpress.co.uk/news/14168270.Counselling service inundated after Bootham Park closure/](http://www.yorkpress.co.uk/news/14168270.Counselling_service_inundated_after_Bootham_Park_closure/)

Wider concerns about mental health services in York

[http://www.yorkpress.co.uk/news/14194523.Three jailed for ripping off NHS to tune of 3 5m/?ref=rss](http://www.yorkpress.co.uk/news/14194523.Three_jailed_for_ripping_off_NHS_to_tune_of_3_5m/?ref=rss)

<http://www.hsj.co.uk/hsj-local/mental-health-trusts/leeds-and-york-partnership-nhs-foundation-trust/monitor-refuses-to-investigate-tender-process-despite-concerns/5089585.article?blocktitle=Leeds-and-York-Partnership-NHS-Foundation-Trust&contentID=5191>

<http://www.itv.com/news/calendar/2016-01-27/calls-for-york-mother-and-baby-unit-to-re-open/>

## **Petitions**

Stop the closure of Bootham Park Hospital and fund an immediate refurbishment (8,232 supporters at 18 Feb 2016)

<https://www.change.org/p/jeremy-hunt-mp-york-nhs-trust-re-open-bootham-park-hospital-and-fund-an-immediate-refurbishment>

Mental Health Services in York Should Remain on the Existing Bootham Park Site (54 signatures at 19 Feb 2016)

<https://www.change.org/p/nhs-vale-of-york-clinical-commissioning-group-dr-mark-hayes-mental-health-services-in-york-should-remain-on-the-existing-bootham-park-site>

## Appendix 5 - Key organisations involved

Some of these organisations will be better known to local people than others. We have provided the fullest explanations of those we believe to be the least well known.

*The Care Quality Commission* is the independent regulator of health and social care in England. In their words:

‘We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

We take action to protect people who use services.’

*NHS Vale of York Clinical Commissioning Group (VoYCCG)* is the organisation responsible for purchasing health services in our area. They manage the contract with Tees Esk and Wear Valleys NHS Foundation Trust, and previously managed the contract with Leeds & York Partnership NHS Foundation Trust.

*Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)* is the current provider of mental health services across the Vale of York area. TEWV also provide mental health services across the North East and North Yorkshire. In their words:

‘Tees, Esk and Wear Valleys NHS Trust was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust.

As a foundation trust we are accountable to local people through our Council of Governors and are regulated by Monitor, the health sector regulator. On 1 October 2015 we took over the contract to provide mental health and learning disability services in the Vale of York.

In May 2015 our services were rated as ‘GOOD’ by the Care Quality Commission (CQC) following the Trust-wide inspection of our services in January 2015.

With over 6,500 staff and an annual operating income of over £300 million we deliver our services by working in partnership with local authorities and clinical commissioning groups, a wide range of other providers including voluntary organisations and the private sector, as well as service users, their carers and the public.’

*York Teaching Hospital NHS Foundation Trust* runs a number of health facilities and services, including York and Scarborough Hospital. They also maintained the Bootham Park Site on behalf of NHSPS until November 2015.

*NHS Property Services* manage the Bootham site

In their own words:

‘The quality of the healthcare environment has a direct impact on how the NHS delivers care, and our patients’ experience of it. The work environment is also important for staff: the better it is the more efficient they can be.

NHS Property Services manages, maintains and improves NHS properties and facilities, working in partnership with NHS organisations to create safe, efficient, sustainable and modern healthcare and working environments.

We are a national company, with a local structure, focusing our strategic and operational property management skills on supporting better health outcomes and experience for patients.

NHS Property Services has two main roles:

1. Strategic estates management – acting as a landlord, modernising facilities, buying new facilities and selling facilities the NHS no longer needs.
2. Dedicated provider of support services such as cleaning and catering.  
We have responsibility for around 3,500 buildings – worth over £3 billion – which were previously owned, leased or managed by primary care trusts and strategic health authorities.

This accounts for some 10 per cent of the NHS estate in England. Most of these buildings are used to provide patient care, such as GP surgeries and community hospitals. We do not have responsibility for hospital estates run by NHS Trusts and NHS Foundation Trusts.

NHS Property Services has a clear mandate to provide a quality service to its tenants and minimise the cost of the NHS estate to those organisations using it. We are passing the savings we make back to the NHS.'

*Historic England (Previously English Heritage)* is the public body that looks after England's historic environment. In their words:

'We champion historic places  
We identify and protect our heritage  
We support change  
We understand historic places  
We deliver national expertise at a local level'

*City of York Council* is the local council or local authority for York. Local councils are made up of elected local councillors and paid staff. Councils provide a wide range of services, either directly, or by buying the services the local population needs. They also have responsibility for the economic, social and environmental 'wellbeing' of their area.

*Partnership Commissioning Unit* is hosted by NHS Scarborough & Ryedale Clinical Commissioning Group. They were formerly known as the Vulnerable Adults and Children's Commissioning Unit. They support the four Clinical Commissioning Groups (CCGs) across North Yorkshire with specialist commissioning. Current work includes the Mental Health Crisis Care Concordat and the Future in Mind Transformation Plan for children and young people's mental health services.

## Appendix 6 - Recent history – who provides local NHS Mental Health Services?

In July 2000, the Government's NHS Plan promised investment, reform and a shift in power towards principal healthcare professionals and patients. Old health authorities were disbanded and replaced by 28 Strategic Health Authorities.

Part of this reform was the setting up of Primary Care Trusts (PCTs). PCTs were local organisations responsible for managing health services in the community. They included;

- GPs
- Community nurses
- Local community hospitals (but not acute hospitals like York Teaching Hospital)
- Mental health services
- NHS Direct
- NHS Walk-in Centres
- Patient transport (including ambulances)
- Screening and health promotion programmes
- Dentists
- Pharmacists
- Opticians

Our local Primary Care Trust was North Yorkshire and York PCT.

In 2002, Alan Milburn (the Secretary of State for Health) announced the idea of NHS Foundation Trusts. The first 10 hospitals became NHS Foundation Trusts in 2004. They are semi-autonomous organisational units within the National Health Service in England. They have a degree of independence from the Department of Health and from their local strategic health authority until the latter were abolished in 2013. As of February 2016 there were 152 NHS Foundation Trusts.<sup>x</sup> The York Hospital NHS Foundation Trust was established on 1 April 2007, and renamed York Teaching Hospital NHS Foundation Trust in 2010, following its links with Hull York Medical

School (HYMS).<sup>xi</sup> Leeds Partnerships NHS Foundation Trust, a provider of mental health services in Leeds, became an NHS Foundation Trust in August 2007.<sup>xii</sup>

From 2008 onwards, through a programme known as Transforming Community Services, Primary Care Trusts were encouraged to focus on buying services, rather than providing them. As a result, staff were transferred from within the PCT to provider organisations.<sup>xiii</sup> Locally, this meant for example that most community services staff were transferred to York Teaching Hospital. Mental health services and the staff working within them were transferred under contract to Leeds Partnership NHS Foundation Trust in 2012, when they won the tender. In recognition of this, they changed their name to Leeds & York Partnership NHS Foundation Trust (LYPFT).

The Health and Social Care Act 2012 provided the framework for an extensive further reorganisation of the NHS in England. PCTs and Strategic Health Authorities were abolished. Instead, CCGs were set up. They inherited the contracts PCTs held with provider organisations. Locally, this meant that the newly created NHS Vale of York Clinical Commissioning Group held contracts with organisations including York Teaching Hospital and LYPFT.

At the same time, local provider organisations had to decide whether to take responsibility for their estate. LYPFT made the decision to put NHS Vale of York's mental health estate into the hands of the newly formed NHS Property Services. The Health and Social Care Act also removed the overall responsibility for the health of citizens from the Secretary of State for Health, which had been in place since the creation of the NHS in 1948.



## Appendix 7 – Engagement activity undertaken by TEWV to date

1. TEWV attended a Carers Meeting on 14 October 2015, giving a verbal update on Bootham Park Hospital and the interim arrangements in place.
2. They provided a briefing to an officers' meeting at the City of York Council on 19 October. Attendees included social care representatives and the Director of Social Services.
3. They provided an update on the tender and hospital plans to the Child and Adolescent Mental Health Service (CAMHS) Executive Meeting on 20 October 2015.
4. They attended City of York Council Health Overview and Scrutiny Committee on 20 October 2015. They made a detailed presentation about the Trust's plans and the preferred option around Peppermill Court to bring adult beds back to York.
5. The presentation made at the Overview and Scrutiny Committee was repeated at the Health and Well Being Board on 21 October 2015.
6. TEWV attended a public meeting which was arranged by Rachael Maskell MP on 6 November 2015.
7. The Trust gave a verbal update and answered questions at a TEWV patient and carer meeting on 9 November 2015. The patients and carers were given an update on Bootham Park Hospital. They were also asked for their input on the plans for the redevelopment of Peppermill Court.
8. A similar presentation was made at a York Dementia Action Alliance event on 10 November 2015.
9. A further presentation was made at the carers group meeting on 11 November 2015.
10. They attended a Converge meeting (Recovery College) on 25 November 2015 and gave a presentation about service delivery including an update on Bootham, interim plans and proposed plans for the reinstatement of adult beds at Peppermill.
11. The Trust attended the CAMHS Conference on 25 November 2015 at a lunchtime networking session and updated the meeting on specific



questions raised during the session about what was happening at Bootham Park Hospital.

12. The Trust attended a Safeguarding Meeting on 27 November 2015. This was a meeting with North Yorkshire County Council and Selby District Council and representatives from the Police to discuss general interface issues. However, specific input was provided regarding Bootham Park Hospital and the Trust's plans was given.
13. The Trust attended a Health and Well Being Board on 2 December 2015 and updated the Board as regards the Trust's plans to reinstate the Section 136 suite at Bootham Park Hospital.
14. On 11 December 2015 the Trust provided a verbal update to the North Yorkshire County Council Overview and Scrutiny Committee regarding the Trust's interim arrangements and plans.
15. On 22 December 2015 the Trust attended a City of York Council Overview Scrutiny Committee Meeting and provided a further update on its plans.
16. On 6 January 2016 the Trust attended the Voluntary & Community Sector (VCS) Learning Disability Forum to update and gain feedback from representatives (service users, carers and VCS representatives) on service issues following the closure of Bootham Park Hospital and to update on our tender plans.
17. On 11 January 2016 there was a service user visit to Peppermill Court to update service users and to seek input regarding the specific form of service provision.
18. Further meetings are scheduled with the service user group in order for the service users to provide input into the Trust's plans for Peppermill Court and a visit to Peppermill Court took place on 11 January 2016.
19. A further YDAA meeting held on 18 January 2016 gave a further update on arrangements.
20. 22 February 2016 Martin Barkley (CEO) participated in a BBC Radio York phone in to respond to mental health issues, a significant proportion of the phone in covered issues relating to the closure of Bootham Park Hospital and its associated impact.
21. A number of service visits have been undertaken (or are planned) for representatives to visit alternative mental health facilities within TEWV.

This has included visits from the Carers group/ Overview and Scrutiny (OSC). OSC and York Civic Trust are also planning to visit the BPH site (8<sup>th</sup> March and 14<sup>th</sup> March respectively) to review the building issues and understand the heritage elements.

22. We will try to attend any meeting which is requested by any group to discuss the impact of Bootham, or any associated issues.

## Appendix 8 – Glossary of Abbreviations

BPH	Bootham Park Hospital
CQC	The Care Quality Commission
HWBB	Health and Wellbeing Boards
HWY	Healthwatch York
LYPFT	Leeds and York Partnership NHS Foundation Trust
NHSPS	NHS Property Services
PCU	Partnership Commissioning Unit
TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
VoYCCG	NHS Vale of York Clinical Commissioning Group
YTH	York Teaching Hospital

## References

<sup>i</sup> [https://en.wikipedia.org/wiki/Bootham\\_Park\\_Hospital](https://en.wikipedia.org/wiki/Bootham_Park_Hospital)

<sup>ii</sup> <http://www.cqc.org.uk/content/leeds-and-york-partnership-nhs-foundation-trust-rated-requires-improvement-overall-chief>

<sup>iii</sup> <http://publicsectortenders.net/index.php?name=News&file=article&sid=30484&theme=PublicSectorTenders>

<sup>iv</sup> [http://www.yorkpress.co.uk/news/13329311.Trust\\_loses\\_appeal\\_to\\_keep\\_190\\_million\\_mental\\_health\\_contract/](http://www.yorkpress.co.uk/news/13329311.Trust_loses_appeal_to_keep_190_million_mental_health_contract/)

<sup>v</sup> <http://www.cqc.org.uk/content/statement-bootham-park-hospital>

<sup>vi</sup> <http://www.cqc.org.uk/content/update-bootham-park-hospital-york>

<sup>vii</sup> <http://www.cqc.org.uk/content/bootham-park-hospital-update>

<sup>viii</sup> <https://hansard.digiminster.com/Commons/2016-02-03/debates/16020361000002/BoothamParkMentalHealthHospital>

<sup>ix</sup> (for example York Mind's website; <http://www.yorkmind.org.uk/healthwatch-york-have-your-say-about-the-closure-of-bootham-park-hospital-and-the-future-of-mental-health-services-in-york/>)

<sup>x</sup> [https://en.wikipedia.org/wiki/NHS\\_foundation\\_trust](https://en.wikipedia.org/wiki/NHS_foundation_trust)

<sup>xi</sup> [https://en.wikipedia.org/wiki/York\\_Teaching\\_Hospital\\_NHS\\_Foundation\\_Trust](https://en.wikipedia.org/wiki/York_Teaching_Hospital_NHS_Foundation_Trust)

<sup>xii</sup> [https://en.wikipedia.org/wiki/Leeds\\_and\\_York\\_Partnership\\_NHS\\_Foundation\\_Trust](https://en.wikipedia.org/wiki/Leeds_and_York_Partnership_NHS_Foundation_Trust)

<sup>xiii</sup> <http://www.grace-care.co.uk/helpful-information/care-directory/nhs.php>

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## York CVS

Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York.

York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

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## This report

This report is available to download from the Healthwatch York website:  
[www.healthwatchyork.co.uk](http://www.healthwatchyork.co.uk)

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

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

**Action Plan**

Recommendation	Organisation	Objective	Action	How will this be evidenced	Lead	Timeframe
<b>Managing safe services in an unsuitable environment</b>						
a) Governance arrangements for the management of action plans such as the Bootham Park Hospital action plan following the CQC review need to include clear reporting arrangements with organisations with responsibility for actions being held to account.	Vale of York CCG	Effective governance arrangements. Completion to time of action plans and resulting outcomes achieved.	The CCG has undertaken an independent external review of the Partnership commissioning Unit (PCU) who are responsible on our behalf, for the assurance of the mental health contract during its lifetime, in order to see if joint commissioning arrangements and the model over 4 CCGs is effective – report awaited. All contracting arrangements now have CCG representation. All new contracts have levers to incentivise quality improvement such as CQUIN. In addition we have undertaken a deep dive into estates provision and have a Strategic Estates Plan agreed with partners following stakeholder engagement	Minutes from contract management meetings. Completion of action plans	Chief Nurse	In line with timeframes on any action plans
b) The regulatory remit and expertise of the CQC do not currently allow the CQC to take part in programme boards where safety issues have been identified and the environment is considered to be potentially unsuitable for care. The CQC should consider whether this should be part of their remit adding to the expert advice that a programme board seeks and utilises. The commissioner, provider and NHSPS should ensure that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards. The CQC may want to consider providing additional assurance to this process.	NHS Property Services Ltd	NHSPS ensures that they have access to the appropriate expertise to ensure that building work meets CQC minimum standards.	Ensure that all consultants appointed are competent in healthcare design and fully aware of CQC compliance issue for relevant premises.	Request details of experience and confirmation that each consultant is competent as part of tender return included in all tender specification	Head of Construction Programme Management	By September 2016
	CQC	Consideration of whether CQC should take part in programme boards as part of its regulatory remit, and whether CQC should provide additional assurance to the process of ensuring that building work meets CQC standards.	No further action is required from CQC. As part of our ongoing relationship management between the provider and CQC we may attend programme boards or oversight group meetings as an observer to assess progress and to encourage improvement. However, we would not consider the CQC relationship owner to be part of formal governance, or to be there to sign off plans or to provide internal assurance. It is essential that CQC remains independent, and is able to make independent regulatory judgements in which both the provider and the public can have confidence. To do otherwise could blur the accountabilities for quality at a local level.	N/A	N/A	N/A
c) Delays in the critical path for the redevelopment of the buildings (Bootham Park and Cherry Tree House) were caused, in part, by contractor delays. These were identified to the BPH						

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<p>Programme Board. Where building programmes are significantly delayed alternative provision should be considered with a view to maintaining safety.</p>						
<p>d) Contingency or business continuity plans should be written to cover the loss of estate and re-provision of services. LYPFT enacted their business continuity plans following notification by the CQC that all regulated activity must cease at BPH.</p>	<p>NHS Property Services Ltd</p>	<p>NHS PS to support providers when the provider develops their Business continuity plans and provide potential options for other sites and landlord information</p>	<p>Information supporting business continuity planning is provided on request</p>	<p>Guidance issued to NHSPS FM and H&amp;S staff to assist with information and advice</p>	<p>Head of Facilities Management and Head of Safety</p>	<p>By 31 July 2016</p>
	<p>York of Vale CCG</p>	<p>Effective and robust business continuity planning</p>	<p>Robust contracting arrangements must include the provider having effective contingency and business continuity plans and to invoke those plans should the need arise. The CCG will ensure the requirement for effective plans are in the service specification for contracts and are part of the contract going forward to hold providers to account. The CCG will ensure it has business continuity plans which cover the failure of provider business continuity plans preferably over a larger geographical area where appropriate.</p>	<p>Evidence in contracts. Minutes from contract management meetings. Escalation procedures.  Business continuity plans.</p>	<p>Chief Finance Officer  Chief Operating Officer</p>	<p>On-going as contracts arise  January 2017</p>
<p>e) The CQC should consider sharing reports of specialist advisors where the content of those reports may impact on the safety of patients or the public and where this is permitted by the relevant information governance, legislation and codes of practice.</p>	<p>CQC</p>	<p>Consideration of whether CQC should share reports of specialist advisors.</p>	<p>No further action is required from CQC. We do not routinely release individual inputs or pieces of evidence gathered at inspection, as such documentation in isolation would be only a partial representation of the full inspection, and could be misleading. Our policies and internal guidance do allow for the sharing of information (such as specific reports) in certain circumstances where it is considered necessary and proportionate to do so to protect the safety and welfare of patients and the public. Our internal guidance already supports our staff in doing this within the constraints of relevant legislation and best practice.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>f) Closing premises and relocating patients can be concerning in its own right – the risks of continuing in premises which are not fit for purpose and closure need to be carefully considered, by all parties, commissioner, provider and the CQC, before a decision to close is made.</p>	<p>NHS Property Services Ltd</p>	<p>NHSPS support active review and clear strategic plans for poor quality premises with health commissioners</p>	<p>NHSPS FM team collates results of 3 facet surveys and highlights to strategy team.  NHSPS strategy team highlights properties falling into D or DX<sup>1</sup> in our portfolio.  <sup>1</sup> 6 facet survey rating of property, or other similar system of evaluating the quality and suitability of healthcare premises which is in operation from</p>	<p>List of D &amp; DX properties supplied to Strategy Team  NHSPS identify all D and DX properties in strategic estates planning process with CCG and include in SEP documents</p>	<p>Head of Facilities Management  Head of Property Strategy</p>	<p>On rolling basis as survey work completed 2016/17  As SEPs are revised 2016/17</p>

			<i>time to time.</i>			
	CQC	Ensure that CQC fully considers the risks of continuing in unsafe premises against the risks associated with closure.	<p>No further action is required from CQC.</p> <p>It is essential that the balance of risks is taken into account when considering any enforcement action and our published enforcement policy sets out our approach. When CQC takes urgent action to suspend, vary or cancel a registration we make a balanced decision that takes into consideration the vulnerability of the people using the service, the seriousness of the shortcomings and the severity of the risks posed to service users against the risks and benefits that arise as a result of taking urgent enforcement action. We also consider how long it would take the provider to put right the serious risks we have identified, whether they are able to put it right, and whether commissioners are involved in supporting the service.</p> <p>CQC is working with NHS England and others on a shared protocol on unplanned or rapid closures, intended to be used by the relevant statutory bodies in partnership with providers to help them support people using care services when care provision fails or closes unexpectedly. It includes a checklist of actions that each organisation should take in closure situations. The remit for this work is initially for care homes. We will work with partners to ensure that an equivalent protocol is developed for full and partial closures in the hospitals sector, including mental health.</p>	We will publish the protocol on our website when it is complete.	Mike Richards	CQC will work to make this available by the end of the year, subject to agreement with partners

The safe transfer of services between organisations						
g) The time frames for the transfer of services between organisations should be appropriate to the action which needs to be taken to ensure a safe transfer. This is a recommendation which applies equally to the organisations transferring services and the CCG with responsibility for these services.	York of Vale CCG	Appropriate and robust procurement and mobilisation processes to allow for safe transfer of services.	The CCG abided by procurement guidance by allowing 4-6 months for mobilisation after contract awarded. However given the complexity of the situation the CCG will allow for longer, more flexible timeframes in future procurement as required.	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement and mobilisation	Chief Finance Officer	On-going as contracts arise
h) Commissioning and procurement processes should recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.	NHS Property Services Ltd	Recognise the timeframes required for adequate due diligence requirements to be completed around premises and identify any risks around this to mobilisation and delivery.	Develop a standard set of due diligence questions for procurement processes on estates and property issues	Estates Readiness Checklist developed and made available to CCGs	Director of Asset Management	30 November 2016
	York of Vale CCG	Appropriate and robust procurement and due diligence processes to allow identification of risk.	A full look back exercise on the procurement will occur within 6 months by the project team in order to ensure full learning for future is captured	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement, mobilisation and delivery	Chief Finance Officer	November 2016
i) As the organisation receiving services it is essential that the new provider ensures that premises are suitable before the services are accepted. Where this is not possible a plan should be enacted to mitigate risk.	Tees, Esk and Wear Valleys NHS Foundation Trust	Tees, Esk and Wear Valleys NHS Foundation Trust have no specific actions to address from this report but will be taking into consideration this recommendations any future work streams.				
j) A clear plan needs to be developed to ensure that services are safely maintained in the period leading up to the transfer of services.						
k) The balance of risk to patient safety should be considered when deciding to close services. Time frames should be proportionate to this risk.	CQC	Ensure that CQC fully considers the risk to patient safety when deciding to close services, and works to ensure that time frames are proportionate.	We agree that the balance of risk to patient safety should be considered, and that time-frames should be proportionate to that risk. The closure of an NHS service is a rare occurrence, and the evidential threshold to show that the risk of harm to people necessitates such enforcement action is very high. As noted above, CQC's enforcement policy sets out the considerations we take in coming to a decision on appropriate action. We will work with partners to ensure that a protocol is developed for full and partial closures in the hospitals sector, including mental health.	We will publish the protocol on our website when it is complete	Mike Richards	CQC will work to make this available by the end of the year, subject to agreement with partners



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l) The roles of both the inspection and registration teams in this process needs to be understood by commissioner and provider organisations.	York of Vale CCG	Good understanding of inspection and registration processes and appropriate actions relating to this.	The CCG had a lack of organisational history and experience of awarding contracts where deregistration and reregistration was involved. The CCG will ensure the registration process is well understood by commissioners and procurements managers.	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement, mobilisation and delivery. Evidence in contract management minutes to demonstrate appropriate application of guidance where appropriate by provider and commissioners including any clinical visits	Chief Officers	November 2016
	CQC	Facilitate commissioner and provider understanding of the regulatory environment.	We agree that it is essential that commissioners and providers understand the regulatory environment in which they operate. An open and honest dialogue between lead inspectors and providers operating in local areas is important in facilitating this understanding. Where we find unsafe care we will use local relationship management to support providers to improve, using our registration, inspection and if necessary enforcement processes. We are working to improve the robustness, efficiency and effectiveness of registration, as set out in our August 2015 publication A fresh start for registration. This includes what providers can expect from the registration process, how we will make the experience as user-friendly and efficient as possible and what our expectations are of them when they are registered. We are committed to working with our partners to develop further information resources to improve understanding of CQC's role and processes.	Data from post registration provider survey	Sally Warren, DCI National Functions	Improvements will be made on an ongoing basis, as detailed in our publication, A fresh start for registration.
) Clear escalation between organisations around dispute resolution between commissioner and provider (mental health and property services) when dispute resolution is required. Initially this should utilise the contractual mechanisms available to commissioners and providers – in this case the lease or contract for services.	York of Vale CCG	Robust contract management and dispute resolution / escalation processes	Escalation to be built in to terms of reference for programme boards	Evidence in terms of reference	Chief Finance Officer	September 2016
n) A lead body should be nominated at the outset to take charge of the process of closure (this would normally be the commissioner). The process of varying the registration of the outgoing and incoming trust with the Care Quality						

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Commission where services are transferring						
o) Where concerns regarding safety standards are identified by the CQC the Trust and commissioner must seek the appropriate expertise and professional advice urgently to ensure that premises are refurbished to the required standard.	York of Vale CCG	Appropriate use of expertise to ensure safe service provision	The CCG will ensure, as part of its contracting and procurement arrangements going forward (and Strategic Estates Plan), that processes for seeking expertise are described within. The CCG has since recruited an estates advisor in order to coordinate the estates strategy and liaise with experts to inform the implementation of the Strategic Estates Plan	Evidence in contracts. Minutes from contract management meetings. Escalation procedures.	Chief Finance Officer Chief Nurse	On-going as contracts arise
p) Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.	York of Vale CCG	Good understanding of registration and deregistration processes and appropriate actions relating to this.	The CCG had a lack of organisational history and experience of awarding contracts where deregistration and reregistration was involved. The CCG will ensure the registration process is well understood by commissioners and procurements managers	Procurement and mobilisation documentation. Reduction in adverse incidents aligned to procurement, mobilisation and delivery.	Chief Officers	November 2016
	CQC	Facilitate commissioner and provider understanding of the timeframes involved in registration applications.	We agree that commissioners and providers should have a clear understanding of the time frames for registration processes. Currently providers are asked to submit their registration applications 10 weeks ahead of service commencement. This information is contained in the application forms available on our website. We are working to improve the information for providers on our website. The actions we have outlined in our response to recommendation (l) above, will help commissioners and providers to be clear about the processes involved, and to factor the likely time frames into their programme plans for service transfers.	Data from post registration provider survey	Sally Warren, DCI National Functions	Improvements will be made on an ongoing basis, as detailed in our publication, A fresh start for registration
p) Commissioners and providers need a clear understanding of the time frames for registration and deregistration. These must be considered as part of the plans for the transfer of services between provider organisations.	Tees, Esk and Wear Valleys NHS Foundation Trust	Tees, Esk and Wear Valleys NHS Foundation Trust have no specific actions to address from this report but will be taking into consideration this recommendation any future work streams.				
q) The CQC should be involved at the earliest possible opportunity when services are being transferred between provider organisations.	CQC	CQC support for this recommendation	We support this recommendation. It is good practice for providers to inform CQC when they are planning transfers or changes in their regulated activities. CQC deals regularly with changes in ownership of services between providers across the health and social care sector, and it is useful for us to be aware as early as possible of any plans. This enables us to ensure that providers have the information on the likely registration processes and timetables,	N/A	N/A	N/A

			and are aware of the link between our registration processes and our monitoring, inspection and rating of services. We have the right to refuse applications for registration, including adding an additional location, where providers are unable to satisfy us that the regulations will be met.			
r) Where the CQC have significant concerns about the safety of services delivered by provider organisations these should be raised with the commissioning organisation and, if necessary, NHS England.	CQC	Ensure that significant concerns are raised with commissioners and NHS England where appropriate.	CQC already does raise significant concerns about the safety of services with the commissioning organisations. CQC is required to notify a number of third parties of a Notice of Proposal, Notice of Decision, warning notices and urgent procedures for suspension, variation etc. This includes the commissioning organisation and NHS England in some circumstances. We may also inform any other organisations that we consider appropriate, where this assists in protecting people who use services. Following all comprehensive inspections of NHS Trusts we hold a Quality Summit, to develop a high level plan of action and recommendations based on the inspection team's findings. Attendees would normally include representatives from the CCG, NHS England Area Team, and NHS Improvement. Similarly, focussed inspections which raise concerns can trigger a Risk Summit as required. Risk Summits may be convened at any time outside of the inspection programme by any statutory organisation that has concerns about the quality or safety of care being provided. Immediately following all our inspections of Trusts we write to the provider to set out any concerns we may have. In future we will copy the commissioning organisation local to the provider into these letters where appropriate.	Our template letter will be amended, and the change will be communicated to inspection teams.	Mike Richards	October 2016
<b>Learning for individual organisations</b>						
<b>1.11 Vale of York CCG</b> Commissioning from unsafe buildings – the provision of services from BPH should have ceased when concerns were first raised by the CQC (if not before)  Management of actions plans and holding to account on time frames specifically for LYPFT and NHSPS should have been more robust.	Vale of York CCG	Robust contracting arrangements to ensure arrangements for alternative provision, should serious or significant concerns arise	The CCG sought an alternative to provision once the CQC concerns were known – any suitable alternatives could not occur within a short time frame. The CCG will ensure the requirement for seeking alternative provision, should serious or significant concerns arise, are in the service specification for contracts and are part of the contract going forward to hold providers to	Evidence in contracts	Chief Finance Officer Chief Nurse	On-going as contracts arise

			account			
	Vale of York CCG	Robust contract management arrangements and escalation processes in place	Robust contracting arrangements must include the provider having effective contingency and business continuity plans and to invoke those plans should the need arise. The CCG will ensure the requirement for effective plans are in the service specification for contracts and are part of the contract going forward to hold providers to account. In this instance the CCG accepts it could have escalated issues to CEO NHSPS and NHSE when the position was deteriorating and will ensure escalation processes describe this effectively. The CCG accepts that it could have taken independent specialist advice with regards to grade 1 listed buildings, and will ensure processes are built in to any further procurements. The CCG has since recruited an estates advisor in order to coordinate the Strategic Estates Plan and liaise with experts to inform the implementation of the estates strategy	Evidence in contracts. Minutes from contract management meetings. Escalation procedures.	Chief Finance Officer Chief Nurse	On-going as contracts arise
<b>1.12 Leeds York Partnership FT</b> Should not have delivered services from unsafe premises – concerns were raised but action should have been taken to move out sooner	Leeds York Partnership FT	To maintain safe and suitable premises at all times.	CQC Fundamental Standards Group – tracking of all CQC compliance issues Clinical Environments Operational Group Escalation procedure in place for all staff Developing reciprocal decant options with partners organisations as part of our Business Continuity Plan.	<ul style="list-style-type: none"> <li>• CQC action plan and tracker</li> <li>• Minutes and action log from CEOG.</li> <li>• Escalation procedure available in all services and via the trust intranet.</li> <li>• Revised Business Continuity plan</li> </ul>	Director of Nursing, Professions and Quality  Chief Financial Officer	30 June 2016  30 September 2016
<b>1.12 Leeds York Partnership FT</b> LYPFT should have been more forceful in taking action in line with their accountabilities as a provider.	Leeds York Partnership FT	To ensure that where patient safety risks are present and their resolution subject to third party decisions, serious risks and concerns are escalated at the earliest opportunity to all relevant parties including commissioners	<ul style="list-style-type: none"> <li>• Reviewed and clarified the governance arrangements with third party organisations</li> <li>• Ensure any quality actions, including proposals to close or relocate a service are addressed to commissioners through the Quality Review process.</li> </ul>	<ul style="list-style-type: none"> <li>• Revised SLA with NHS Property Services and PFI providers</li> <li>• Minutes and actions from Quality Review meetings</li> </ul>	Chief Financial Officer  Director of Nursing, Professions and Quality	30 June 2016  30 June 2016
<b>1.13 NHS Property Services</b> Robust management of contractors to agreed timeframes. Assurance was given that refurbishments would be delivered to timeframes when this was not the case.	NHS Property Services Ltd	Review of all programmes submitted for work via contractors and evaluation of potential risks including design. Ensure adequate	Standard process for programme and risk review on all schemes including float allowance and review and sign off via principal project manager.	Sign off matrix on all schemes at each stage and prior to issue of programmes to tenants and commissioners	Head of Construction Programme Management	31 Sept 2016

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		float programme and suitable levels L&D				
Due diligence is essential before taking the ownership of properties to ensure an understanding of the issues associated with the building.	NHS Property Services Ltd	NHSPS document the due diligence process required prior to acquisition of new sites and agree this with Department of Health	A standard process is in place for due diligence and handover of property where all parties understand associated risks and liabilities.	Due Diligence process agreed	Director of Asset Management	By March 2017
In order to ensure that the lessons are learnt and mistakes are not repeated it is recommended that NHS England take the lead in developing a memorandum of understanding for the sudden closure of hospital facilities on the grounds of serious quality or safety concerns.	NHS England	Safe closure of hospital facilities following serious concerns about quality or safety	MOU to be written by multi-organisational working group (to be established). Membership, governance and reporting arrangements to be confirmed	Memorandum of understanding written and agreed by all stakeholders including patient representatives	Ruth Holt, Director of Nursing - NHS England, North	30th September 2016

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**Executive****24 November 2016**

Report of the Economic Development & Transport Policy & Scrutiny Committee  
Portfolio of the Executive Member for Transport and Planning

**Protection of Grass Verges Scrutiny Review Final Report – Cover Report****Summary**

1. This report presents the Executive with the final report of the Scrutiny Task Group looking at the Protection of Grass Verges (Appendix 1), incorporating their recommendations as endorsed by the Economic Development & Transport Policy & Scrutiny Committee (EDAT).

**Background**

2. At an EDAT meeting in March 2016, Members received a scrutiny topic proposal around concerns about damage being done by motor vehicles to grass verges across the city. After considering a briefing paper the Committee agreed that damage to grass verges was a widespread issue widespread in the city and that a Task Group be appointed to carry out a scrutiny review.
3. The Task Group, comprising of Cllrs Fenton, Kramm, D Myers and Warters, met for the first time in late March 2016 and agreed the following remit:

**Aim**

How City of York Council can work in partnership with residents to improve and protect the condition of grass verges from damage caused by motor vehicles.

## Objectives

- i. Understand the Council's current policies and procedures in relation to the management of grass verges and to what extent they are enforced.
- ii. Look at schemes that have been successfully used elsewhere and examine whether they can be introduced in York.
- iii. To better understand the reasons why people park on grass verges. (To hear from people who do park on grass verges and not just those who complain.)
- iv. To understand what consideration is given to car parking when planning applications are agreed, to include new built, extensions and conversions.
- v. To examine whether parking provision in the Local Plan is still effective and appropriate.
- vi. Assess what can be legally done in the most practical and cost-effective way to protect grass verges from the damage caused by motor vehicles.

## **Analysis**

4. Over a series of meetings the Task Group gathered the necessary information to support the objectives in the remit for the scrutiny review. The Final Report at Appendix 1 and its annex include a full analysis of the information gathered and the Task Group's conclusions. The review recommendations were endorsed by EDAT in early September 2016.

## **Review Recommendations**

5. EDAT and the Task Group recommends that the Council:
  - i. Continues to carry out its current policy to repair grass verges when reported as and when it deems it appropriate.
  - ii. Sets up a system to acknowledge and record complaints with a view to taking action against individuals and organisations where this is possible and practical.
  - iii. Ensures off-street parking provision is a consideration in the revised Local Plan



6. In an effort to encourage drivers not to park on or drive over grass verges and reduce the amount of damage to verges across the city, EDAT and the Task Group recommend:

iv. That the Director of City and Environmental Services:

- Promotes via My Account the need for a verge crossover where front gardens have been made into hard standing areas and offers residents the facility to construct a vehicle access crossing point, at their own cost.
- Offers reduced rates where a number of residents decide to proceed with construction of vehicle access crossing points or when other significant highways construction work is taking place in their neighbourhood.
- Arranges for an informative to be included in planning application documentation to reduce the risk of damage being caused to verges by contractor's vehicles during building work and if damage is caused during the course of any work it should be repaired on completion of the work and the verges reinstated to their original condition.

v. The Communications Team produces a pro forma letter to further promote community and neighbourhood pride and advise that it costs council tax payers £35 per square metre to repair damaged verges, which can:

- Be made available to ward councillors for distribution to drivers and residents when a particular problem is identified or reported;
- Be circulated to residents online or by text message via the new My Account system;
- Form the basis of a poster to be displayed in local libraries, community centres, other public buildings and included in relevant council publications.

7. Furthermore, the Task Group recommends that the Director of City and Environmental Services:

- vi. reviews, and where appropriate amends, the existing Council policy with regard to damage to grass verges and assesses staff resources required.
- vii. produces a menu of options to be made available to ward councillors, ward committees and parish councils so that they:
  - have an idea of the cost of various interventions that could be funded through ward budgets, such as installation of parking bays or repairs to damaged verges;
  - can focus on areas of greatest need dependent on a consensus of support from the local community and partner agencies.

### **Consultation**

8. The Task Group consulted with various CYC Officers responsible for planning and development control, highways and public realm. They also considered the views of interested residents and these are included in Annex A of the Final Report at Appendix 1.

### **Council Plan**

9. The scrutiny review addresses an ongoing issue for residents in a number of wards and attempts to identify a solution for those local communities. The review therefore supports the 'a council that listens to residents' priority of the Council Plan.

### **Risks and Implications**

10. There are no risks or implications associated with this cover report. Risks and implications associated with the review recommendations are detailed in paragraphs 86 and 87 of the Final Report at Appendix 1.

### **Recommendation**

11. The Executive is asked to endorse the recommendations made in the Protection of Grass Verges Scrutiny Review Final Report at Appendix 1.

Reason: So the Council can help address ongoing issues for a number of residents in various wards in the city.

**Contact Details**

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Report Approved  Date 7/11/2016

Wards Affected:

All

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**Annexes**

Appendix 1 – Protection of Grass Verges Scrutiny Review Final Report

(Annex A: Public comments – **online only** (*copy available on request*))

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## **Economic Development & Transport Policy & Scrutiny Committee      7 September 2016**

Report of Protection of Grass Verges Task Group

### **Protection of Grass Verges Scrutiny Review Final Report**

#### **Purpose of Report**

1. This report presents all the information gathered in support of the Protection of Grass Verges Scrutiny Review together with the review conclusions and draft recommendations.

#### **Background to Review**

2. At an EDAT meeting in March 2016, Members received a scrutiny topic proposal submitted by Cllr Fenton around concerns about damage being done by motor vehicles to grass verges across the city.
3. The Committee received a briefing paper on this issue and noted that verge parking can cause a number of problems, such as obstruction to the highway and damage to the verge. The issue is enforced by a variety of different bodies including the Council (e.g. Highway Maintenance, Network Management) and the Police. It was also noted that additional funding and resources would need to be identified against other Council priorities if a significant reduction in verge parking is required to be made.
4. Members agreed that the damage to grass verges is an issue which is widespread in the city and that it would be useful to carry out a scrutiny review. The Committee appointed a Task Group comprising Cllrs Warters, D Myers, Fenton and Kramm to carry out this work on their behalf.
5. The Task Group met for the first time in late March 2016 and agreed the following draft remit:

## Aim

How City of York Council can work in partnership with residents to improve and protect the condition of grass verges from damage caused by motor vehicles.

## Objectives

- i. Understand the Council's current policies and procedures in relation to the management of grass verges and to what extent they are enforced.
- ii. Look at schemes that have been successfully used elsewhere and examine whether they can be introduced in York.
- iii. To better understand the reasons why people park on grass verges. (To hear from people who do park on grass verges and not just those who complain.)
- iv. To understand what consideration is given to car parking when planning applications are agreed, to include new built, extensions and conversions.
- v. To examine whether parking provision in the Local Plan is still effective and appropriate.
- vi. Assess what can be legally done in the most practical and cost-effective way to protect grass verges from the damage caused by motor vehicles.

## **Information gathered**

### Current Position

6. Roadside verges lie between the carriageway and the footway (or carriageway and highway boundary where no footway is provided) and are intended primarily for amenity purposes.
7. In respect of Objective (i) the following information was provided in the briefing paper to Members.
  - i. Obstruction of the highway can only be enforced by the police unless parking restrictions are in place when the Council may be able to enforce. The police have full discretion as to how they would chose to deal with any allegation. However, enforcement may not be

a high priority for police, unless an actual or obvious real danger is being caused, at the time, to the travelling public.

- ii. Verge parking may be considered dangerous or obstructive or cause damage and may constitute a criminal offence under one or other of the following statutory provisions:
  - Section 28 Town Police Clauses Act 1847 – wilfully causing an obstruction to any public footpath or public thoroughfare.
  - Regulation 103 Road Vehicles regulation 1986 – vehicle causing unnecessary obstruction of the road (including verge)
  - Section 22 Road Traffic Act 1988 - leaving vehicles in a dangerous position on the road (including verge).
  - Section 137 Highways Act 1980 – wilful obstruction of the free passage along a highway.
  - Section 72 Highways Act 1835 – driving on any footpath or causeway by the side of any road made or set apart for the use or accommodation of foot passengers.
- iii. Damage to verges can be recharged to the owner of a particular vehicle but only if it can be proved that the vehicle caused the particular area of damage. This can be difficult to confirm. The Council has an enforcement process in place using the highway inspectors but success has been limited in the past. Where parking has caused road safety or traffic capacity concerns or impacts on bus services, capital funding may be used to resolve the issue at isolated locations.

#### Current Council Process

8. When an inspector visits a site following a complaint or a routine inspection determines that damage to the grass verge is being caused by parked vehicles, a letter is sent to the occupier of the property adjacent to the verge. The letter brings to their attention the damage and states it is against the law to do so and the Council may claim cost associated with repairing the verge.
9. If the damage persists and on a second visit the inspector identifies a vehicle parked on the verge, their registration number is recorded and a

request is made to the Driver and Vehicle Licensing Agency (DVLA) to discover the owner of the vehicle. The council have the rights to ask the DVLA for details of vehicle owners that damage the highway and to make a claim for repair against them. If the records show that the owner of the vehicle is indeed the property owner the same letter is sent in person directly to emphasise the issue.

10. If there is no action on the third visit then a second letter is sent indicating that a prosecution will be considered and that an approved vehicular crossing where appropriate should be considered and that action may be considered under the Highways Act to construct a crossing on their behalf and charge for the works. This letter is very rarely sent and needs evidence of persistent damage occurring.

#### Police Position

11. While there is no blanket prohibition on parking on verges, allegations concerning any of the possible offences detailed in paragraph 6 (ii) would be a matter for the police to investigate and enforce, rather than the highways authority.
12. However, all these offences are subjective and would be particularly difficult to prove in a 30mph street lit area, would require action / statements from the Local Traffic Authority (to prove the damage, nuisance, etc), the driver / registered keeper to be traced and interviewed and a file submitted to Crown Prosecution Service who would have to weigh up whether it would be in the public's interest to proceed to court. It may be viewed that this is top heavy and a questionable use of resources. It would also not be a priority for North Yorkshire Police.

#### Yellow Line Restrictions

13. Where there are double or single yellow lines on a carriageway (no waiting at any time and no waiting during the times specified on the signs respectively) the prohibition of waiting extends from the centre of the carriageway to the highway boundary. Hence, this would include any verge or footway that forms part of the highway. These restrictions are most commonly found in built up areas.
14. For "no waiting at any time" restrictions only double yellow lines are required on the carriageway, signs are not needed because the lines mean the same everywhere. For single yellow lines, signs are required to



spell out the times and days of operation. The signs have to be within 15m of the start and end of the restriction and then every 60m.

### Sign Only Restrictions

15. There are some circumstances where it is required to prohibit waiting on the verge or footway but not the main carriageway (most likely on rural roads). In this instance there are no road markings but there has to be a sign at either end of the restricted area plus a repeater sign every 30m.

### Traffic Regulation Order (TRO) Process

16. Both yellow line and sign only restrictions must only be used to indicate the effect of a Traffic Regulation Order (TRO).
17. To progress a TRO for a single item costs in the region of £1,500 for the necessary press advertising. There are also costs for officer and elected member time considering and approving the proposal and then considering any formal objections made. Implementations of any proposal that get through the legal process also have a cost implication, which obviously varies depending on the scale of the scheme. Considering these issues typically takes 6 to 9 months from start to finish.
18. Each subsequent item for advertising after the initial item at £1,500 would add around £200 to the cost. Hence, by considering similar item together in batches considerable cost savings can be achieved due to reduced advertising costs. For this reason most requests for restrictions made throughout the year are tackled in an annual review. The downside of this is that for some items the timescale for considering a request and taking it through to completion can take 12 months or more.
19. However, it is not possible to do a blanket TRO for a small area or covering the whole City and then just implement sections as and when problems occur.

### Bollards

20. There is no requirement for a legal process or consultation to take place before implementing a scheme of bollards to prevent the verge or footway areas being used for parking on. However, there are drawbacks to using bollards, for example:

- There is no budget set aside for installing bollards
- Each bollard costs in the region of £150 to £200 to purchase and install
- The bollards themselves become an additional maintenance burden
- Bollards increase the time taken to maintain the verge
- It can require many bollards to secure an area from being used by small vehicles
- They are considered an unacceptable visual intrusion by some
- On the footway bollards are a permanent inconvenience to the blind, partially sighted and those with mobility scooters / wheelchairs
- Could result in skips being placed in the carriageway (obstructing vehicles) instead of on a verge
- Can end up being used for attaching other items potentially causing an obstruction to drivers / pedestrians.

#### Objective (ii)

21. The problem of damage to grass verges is one faced by council's throughout the country. To better understand potential solutions the Task Group agreed to examine scheme that have been used elsewhere and whether they can be successfully introduced in York. However, scrutiny of these policies did not reveal any new approaches that could be easily adopted here.
22. A range of preventative measures have been considered by various councils, including:
  - Bollards
  - Timber posts
  - Tree planting

- Bylaws
  - Traffic Regulation Orders
  - Converting grass verges to a hard surface
  - Providing additional parking spaces
  - Allow verge parking and strengthen verges
  - Allow verge parking and undertake periodic repairs
23. Various councils noted that it is not an offence in law to park a motor vehicle, other than a Heavy Goods Vehicle (exceeding 7.5 tonnes), on a grass verge unless it causes an obstruction or a Traffic Regulation Order or bylaw is in force prohibiting it.
24. The Task Group was made aware that a highway authority can ban parking in a specific area by way of a Traffic Regulation Order made under Parts I and IV of the Road Traffic Regulation Act 1984, as amended.
25. Section 2 of the 1984 Act sets out what TROs may be used for and it includes almost anything prohibiting, restricting or regulating the use of a road by traffic or pedestrians, including parking.
26. There are three types of TRO: permanent, experimental and temporary. While permanent TROs require a lengthy consultation process, experimental orders, as precursors to permanent orders, can be implemented more easily and quickly.
27. Recently there have been campaigns to introduce a complete civil ban on pavement parking, including grass verges, enforceable by local authorities. Pavement parking causes an obstruction to pedestrians and particular difficulties for blind and partially-sighted people, wheelchair and mobility scooter users and those with pushchairs and prams.
28. This has led to a number of Private Members' Bills being introduced in Parliament to provide to some degree wider control over pavement parking. The most recent of these was Simon Hoare's Pavement Parking (Protection of Vulnerable Pedestrians) Bill 2015-16, which was debated in the House of Commons in December 2015. The Bill provided a framework for local authorities to consult on and subsequently ban pavement parking across wide areas.

29. However, at the end of the debate Mr Hoare withdrew his Bill, having secured from the Minister a commitment to convene a round table in 2016 to discuss footway parking issues, and to undertake some work to “examine more closely the legal and financial implications of an alternative regime, and the likely impacts on local authorities”.
30. Some residents may take their own measures to prevent parking on verges (often plant-pot shaped concrete blocks or painted rocks). Although these can be aesthetically pleasing, it is an offence to place unlawful items on the public highway. If seen or reported, the highways authority has the right to request that the items are removed. Failing this, they can have the items removed and recover the cost of removal from the owner.
31. If someone is injured or damages their vehicle on these rocks or blocks then legal action can be taken.
32. The Task Group noted that some Parish Councils in York had placed planters on verges to prevent cars parking on them. However, such preventative measures should be licensed and carried out by a body which accepts responsibility for them and their maintenance. It is not an option available to individuals.
33. In London, parking on the footway or verge is unlawful unless authorised by a resolution of the local authority under section 15(4) of the Greater London Council (General Powers) Act 1974 and indicated by the appropriate signs and markings. Elsewhere, Traffic Regulation Orders are required to prohibit verge and footway parking.
34. There has been a recent national press report suggesting that Ministers / Department for Transport are considering extending the London ban on pavement parking to the rest of the country.

#### Objective (iii)

35. At the Task Group in March 2016 Cllr Fenton reported that after an article in the York Press on the review of damage to grass verges, which included his council email address, he had to date received 65 emails from residents.
36. It was agreed that Cllr Fenton collect and collate emails and other responses from residents to form a fuller picture of the extent of the problem (Annex A). This was to include the views of people who do park on grass verges and not just those who complain.

37. It was stressed that the review is not a witch hunt against residents who park on the grass verges in front of their own homes if they considered this was their only option because of a lack of parking provision in their neighbourhood.
38. At a Task Group meeting on 12 May 2016 Members were provided with information by the Head of Highways and Waste, the Traffic Manager and the Head of Parking Services.
39. Members noted that comments from residents fell into three general categories:
  - Damage caused by parking on verges – there were a number of causes for this including narrow streets, concerns about damage to cars parked on the road, multi-car households with insufficient off-road parking and where motorists simply choose to park on, and damage, the verge even where more appropriate parking was available.
  - Damage caused by motorists accessing expanded off-road parking on their property by driving across the verge
  - Damage caused by large vehicles (including council vehicles) mounting verges or cutting corners
40. The Task Group was told that while the Council has a damaged grass verge policy approved in 2000, enforcement action is rarely taken. The biggest problem was one of proof and resources needed to gather evidence. Drivers have to be physically observed driving onto and damaging a verge. The city has two highways inspectors when it used to have six and they are responsible for the whole of the carriageway including verges and pathways. Inspectors go out to complaints about damage to grass verges and report any problems they find. Where deep ruts in verges are observed by the highways inspectors, these are reported to the Public Realm team.
41. The Council takes advantage of community payback teams to help repair damaged verges one day per week. These are people who have been given a community sentence after having been convicted of a crime by a court. It costs £35 per square metre to repair a verge, including material and labour costs, and by using community payback teams the Council is able to reduce costs.

42. No general repairs to verges are undertaken between October and March unless the damage presents a danger when the verge will be repaired with light rubble and top soil.
43. It was noted that where a household expands the off-road parking in front of a property, they are required to request, and pay for, the installation of a verge crossover. It is likely that many households are unaware of this. There are a large number of instances where this requirement has not been adhered to. The Task Group was informed that when footway reconstruction work is being done in an area, there is an opportunity for residents to request (and pay for) verge crossovers to be installed, provided that they are made aware of this opportunity.
44. It was suggested that ward councillors could request a 'menu' of options which would give them an idea of the cost of various interventions that could be funded through ward budgets, where there is local agreement that such work is a priority, such as:
  - Reactive verge reinstatement work
  - Proactive work to protect corners prone to damage, such as inserting plastic cells into the ground or more radical options such as green tarmac or painted tarmac
  - Construction of parking lay-bys, potentially in conjunction with Estate Improvement Grant funds where appropriate, or other local sources of funding that may exist
45. There was a discussion about strategies for raising awareness with residents, for example with those residents unaware of the requirement to install a verge crossover where expanded off-street parking has been created.
46. The Task Group recognised that the nature of the problem, and the potential solutions, will differ from street to street and that many people who park on grass verges are not being malicious. They are not seeking to destroy verges but have got used to parking on them because of the narrowness of many streets and fear of damage to their vehicles through being hit by a passing vehicle.

Objective (iv) and (v)

47. In early June 2016 the Task Group met planning officers to discuss what consideration is given to car parking when planning applications are agreed.
48. Members noted that the Council has a list of parking standards for assessing planning applications for developments within the city. The criteria for car parking standards are flexible but the standards stated are the maximum. Each development proposal is assessed downwards according to site conditions, using the maximum standard as a starting point. This allows for variations, depending on the individual characteristics of each site.
49. The criteria for assessment includes:
  - the built environment
  - on street parking capacity
  - access and amenity implications for other residents
  - road width
  - traffic levels
  - type of development proposed
  - accessibility to York City Centre by foot or bicycle
  - level of public transport provision
50. The parking standards apply to both new build and change of use applications. In some cases where change of use is sought, the appropriate standard will be physically impossible. In these cases the individual application will be considered in accordance with the criteria outlined above to determine whether provision below the stated standard is acceptable.
51. The number of designated spaces that should be provided are:

Dwelling houses – car parking – within the cartilage of each dwelling or within communal parking courts

Zone	Type of dwelling	Car parking standard
York city centre foot streets	All types	0
Rest of York city, district centres and rest of district	1 or two bedrooms	1 per dwelling (can include garage)
	3 or more bedrooms	2 per dwelling (can include garage)

- In addition, outside the foot streets and York city centre, a visitor parking standard equal to 1 space per 4 dwellings will be required. This can be provided on the street.

#### Residential – special categories

Type of dwelling	Zone	Car parking standard
Multiple occupation/ bed sits	York city centre foot streets	None
	Rest of York city centre and district centres	1 per 3 units
	Rest of district	1 per 2 units
Student accommodation	York city centre foot streets	None
	Rest of York city centre and district centres	1 per 5 units + 2 spaces if resident warden

52. The Task Group was concerned that damage to verges was also caused by contractors' vehicles when they were doing conversion or extension work at properties. They suggested that an informative be included in planning application documentation stating that damage done to grass verges in the course of any work should be repaired on completion of the work and that the verges are re-instated to their original condition. This



could be proved by taking a photograph of the verge before any work is started.

53. An interim report was considered by EDAT on 20 July 2016 when Members were asked what further work was required to complete the review. The Task Group was asked to give further consideration as to how best attitudes could be changed to address the issue.
54. The Task Group met for a final time in early August 2016 and agreed that a pro forma letter could be designed to further promote community pride and advising that it costs £35 per square metre of council tax payers' money to repair damaged verges. These can be made available to ward councillors to circulate when a particular problem is identified and can also be circulated to residents alongside relevant Council communications. This will best be achieved once the new My Account system is up and running when customers can be contacted electronically or via text messages at no cost to the Council.
55. The Task Group also agreed a series of draft review recommendations as detailed in paragraphs 83-85 below.

### **Analysis**

56. The growth in car ownership has led to more vehicles being parked than many streets can safely accommodate. One of the symptoms of this is the increase in grass verge parking. The 'green' concept on which many residential areas have been designed is gradually being eroded due to indiscriminate and often irresponsible parking with many verges left devoid of grass. The grass verges and other ornamental grassed areas provide a valuable and attractive soft landscaped public amenity for everybody to enjoy.
57. The Council, as Highways Authority, is responsible for maintaining grass verges adjacent to highways. The Highways Act 1980 places a duty on the Highway Authority to maintain the public highway network in a condition that is safe for users. The public highway network includes all roads, footpaths and verges which the highways authority has responsibility for. In order to keep the highway in a safe condition CYC regularly inspect the network in accordance with the current Code of Practice for Highway Maintenance.
58. Unlike roads, grass verges are not designed to take the weight of vehicles and parking on them can cause damage to the pavement and kerb as well as the grass and also to underground utilities.

59. As traffic levels and car ownership have increased, so have issues relating to the repair and maintenance of verges in residential areas caused by vehicles being driven and parked on the verges.
60. This continuous rise in levels of car ownership has led to a situation where parking in a number of neighbourhoods in the city is very difficult. Housing estates that were planned many years ago were not designed to cope with the current number of parked cars. Today, households with more than one car is commonplace and it is not uncommon for some properties to accommodate the drivers of three or more vehicles, all of which they expect to park in close proximity to their home.
61. The effect of this is that, in areas where there is little parking provision, both occupants and visitors park on grass verges. This often results in significant damage being caused to verges, particularly during periods of wet weather when, at best, verges can become unsightly and, at worst, completely destroyed. Even in dry weather verges which are parked on regularly become little more than hard standing parking areas with little sign of the former grass cover.
62. Drivers parking on a grass verge can prevent grass cutting from taking place both underneath the vehicle and around it. Although verge protection methods such as posts can prevent a driven lawn mower from cutting the verge, strimmers can be used instead. However, strimmers are a more time consuming and costly way of grass cutting.
63. It is important to note that a vehicle can only be illegally parked if there are parking restrictions operating in the area. To enforce a Traffic Regulation Order would require yellow lines and traffic signs, adding to the street clutter in some areas of York.
64. While it is not currently illegal to park a vehicle on a grass verge (unless there are parking restrictions on the associated road), as most verges are owned by the council they are expected to repair any damage with local council tax payers covering the cost.
65. It should be stressed that enforcement action can only be taken when damage is actually witnessed at the time it is being caused.
66. As part of the examination of the work of other councils in relation to parking on grass verges the Task Group were made aware of treatment options considered by Hampshire County Council. Their options to address the problem, including the advantages, disadvantages and potential risks, may be applied to York.

### Provide additional parking spaces

#### Advantages

- Satisfies public demand for secure, convenient parking.
- Controls the location and manner of parking.
- Reduces environmental damage.

#### Disadvantages

- Reduces the 'green' environment.
- Reduces 'non-vehicular' public space.
- Increases run-off of surface water.
- Works are very expensive (costly to undertake if done properly; costly to maintain if not done properly).
- Does not promote policy of reducing dependency on motor vehicles.

#### Risks

- May increase demand for parking space, which then is never satisfied.
- May require extensive diversion of buried utility services.
- May discourage residents from providing off-street parking.
- May overload existing drainage system.
- May be difficult to justify selection of limited number of high priority sites for treatment.

### Prohibit verge parking

#### Advantages

- Controls the location and manner of parking.
- Reduces environmental damage.
- Encourages residents to provide off-street parking where possible.

#### Disadvantages

- Requires bye-law or TRO to be made and enforced.

- Requires traffic signs and yellow lines.
- Does not satisfy demand for parking.

#### Risks

- May not be enforceable.
- May displace parking problem to other locations.
- May lead to obstruction of the carriageway or footways
- May restrict access to local services (e.g. letter/telephone box, cash machine or convenience store).

#### Exclude verge parking

##### Advantages

- Controls the location and manner of parking.
- Reduces environmental damage.
- Encourages residents to provide off-street parking where possible.

##### Disadvantages

- Requires extensive use of posts, railings or planting.
- Causes difficulties for verge maintenance operations.
- Does not satisfy demand for parking.

#### Risks

- May displace parking problem to other locations.
- May lead to obstruction of the carriageway or footways.
- May restrict access to local services (eg letter/telephone box, cash machine or convenience store).

#### Allow verge parking and strengthen verges

##### Advantages

- Reduces environmental damage.

##### Disadvantages

- Works are moderately expensive.

- Does not control the location and manner of parking.
- Does not promote policy of reducing dependency on motor vehicles.

#### Risks

- May require diversion of buried utility services.
- May discourage residents from providing off-street parking.

#### Allow verge parking and undertake periodic repairs

#### Advantages

- Inexpensive.
- Easy to manage.

#### Disadvantages

- Does not reduce environmental damage.
- Does not control the location and manner of parking.
- Does not promote policy of reducing dependency on motor vehicles.

#### Risks

- May discourage residents from providing off-street parking.
- May lead to further abuse of highway land.
- May appear to suggest a lack of care.

### **Consultation**

67. The task Group has consulted with relevant council officers and considered the views of interested residents. These views are included in Annex A.

### **Conclusions**

68. There does not appear to be an easy solution to the problem without considerable additional resources being applied to enforcement, the provision of alternative parking spaces or installation of physical prevention measures. Any additional funding and resources would need to be identified against other Council priorities.

69. The parking of vehicles on grass verges, footpaths and pavements is increasingly widespread and creates significant problems in many areas for residents, highway users and for the Council itself. The circumstances of each case vary widely and thus it is extremely difficult to identify a single solution that can be applied universally.
70. Unregulated, haphazard parking is often unsightly and untidy and can produce a rundown appearance for a neighbourhood.
71. The local environment would be greatly improved by regulating the parking of vehicles and removing unsightly damage to grassed areas. This should improve pride in the neighbourhood and community spirit.
72. There is a need to strike a balance between parking provision and maintaining a pleasant environment, while also ensuring that any solution implemented is that which is most appropriate to local needs.
73. Grass verges are not designed to take the weight of vehicles parking on, or heavy vehicles driving over them. Damage can be caused to the pavement, kerb or verge and also to underground utilities.
74. Drivers parking on grass verges can prevent routine maintenance such as grass cutting from taking place both underneath the vehicle and around it, further damaging the street environment.
75. It could be possible to convert the grass to a hard surface. This option must be balanced against the increased risk of flooding due to surface water run-off, the high costs of installation, potential road safety concerns and the visual impact on the street scene.
76. While verge protection measures can reduce environmental damage it may divert the parking problem to other locations if there is inadequate alternative parking available nearby. Any potential solution must demonstrate that there will not be a worse problem caused elsewhere by parking displacement.
77. Many of the problems arise from a lack of adequate parking provision, but not all as some people are not prepared to park anywhere other than in front of their homes even when provision is available.
78. It must also be remembered that CYC is committed to reducing dependency on motor vehicles and to improving travel choices for residents and visitors to the city.
79. In some areas vehicles parked on verges cause serious problems for pedestrians, particularly blind, disabled and older people which may

result in them having to step off the footway onto the road, thus putting themselves in danger.

80. Bollards and posts can be effective in preventing verge parking but there is no budget set aside for installing them. The bollards themselves become an additional maintenance burden; they increase the time taken to maintain the verge and they are considered an unacceptable visual intrusion by some.
81. Various interventions, such as placing planters on verges in problem areas, could be looked at by Parish Councils or could be funded through ward budgets

### **Review recommendations**

82. The Task Group recommends that the Council:
- i. Continues to carry out its current policy to repair grass verges when reported as and when it deems it appropriate.
  - ii. Sets up a system to acknowledge and record complaints with a view to taking action against individuals and organisations where this is possible and practical.
  - iii. Ensures off-street parking provision is a consideration in the revised Local Plan
83. In an effort to encourage drivers not to park on or drive over grass verges and reduce the amount of damage to verges across the city, the Task Group recommends:
- iv. That the Director of City and Environmental Services:
    - Promotes via My Account the need for a verge crossover where front gardens have been made into hard standing areas and offers residents the facility to construct a vehicle access crossing point, at their own cost.
    - Offers reduced rates where a number of residents decide to proceed with construction of vehicle access crossing points or when other significant highways construction work is taking place in their neighbourhood.

- Arranges for an informative to be included in planning application documentation to reduce the risk of damage being caused to verges by contractor's vehicles during building work and if damage is caused during the course of any work it should be repaired on completion of the work and the verges reinstated to their original condition.
- v. The Communications Team produces a pro forma letter to further promote community and neighbourhood pride and advise that it costs council tax payers £35 per square metre to repair damaged verges, which can:
- Be made available to ward councillors for distribution to drivers and residents when a particular problem is identified or reported;
  - Be circulated to residents online or by text message via the new My Account system;
  - Form the basis of a poster to be displayed in local libraries, community centres, other public buildings and included in relevant council publications.

84. Furthermore, the Task Group recommends that the Director of City and Environmental Services:

- vi. Reviews, and where appropriate amends, the existing Council policy with regard to damage to grass verges and assesses staff resources required.
- vii. Produces a menu of options to be made available to ward councillors, ward committees and parish councils so that they:
  - Have an idea of the cost of various interventions that could be funded through ward budgets, such as installation of parking bays or repairs to damaged verges;
  - Can focus on areas of greatest need dependent on a consensus of support from the local community and partner agencies.

Reason: To conclude the work of this review in line with scrutiny procedures and protocols.



## Council Plan 2015-19

85. This scrutiny review addresses an ongoing issue for residents in a number of wards and attempts to identify a solution for those local communities. The review therefore supports the 'a council that listens to residents' priority of the Council Plan.

### Implications

86. The following implications have been identified:
- **Financial** – Funding will need to be identified for the printing and distribution of pro forma letters and posters.
  - **Human Resources (HR)** – No HR implications have been identified.
  - **Equalities** – Pavement and verge parking can cause an obstruction, particularly for blind and partially sighted people, wheelchair and mobility scooter users and those with pushchairs and prams.
  - **Legal** – No legal implications have been identified
  - **Crime and Disorder:** Regulating the parking of vehicles on grassed areas would reduce the number of neighbourly disputes caused by residents complaining about parking of multiple vehicles outside their properties.
  - **Information Technology (IT)** – There are no IT implications.
  - **Property** – There are no property implications.
  - **Other** – No other implications have been identified.

### Risks

87. There are no risks associated with the recommendations of this report. Risks associated with dealing with the problem of damage to grass verges are detailed in paragraph 66 of this report.

## Contact Details

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Report Approved  Date 17/08/2016

Wards Affected:

All

For further information please contact the author of the report

## Annexes

Annex A: Public comments – **online only** (*copy available on request*)

## Abbreviations

CYC – City of York Council

DVLA – Driver and Vehicle Licensing Agency

EDAT – Economic Development & Transport Policy & Scrutiny Committee

TRO – Traffic Regulation Order



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**Executive**

**24 November 2016**

**Report of the Director of Economy and Place and Deputy Chief Executive / Director of Customer and Corporate Services**

**Portfolio of the Executive Member for Finance and Performance and Executive Member for Planning & Transport**

**Funding Major Transport Projects – West Yorkshire Transport Fund**

### **Summary**

1. The report sets out a proposal to formally join the West Yorkshire Transport Fund to enable Capital Funds to be released to undertake delivery of York's two primary strategic major Transport Projects namely roundabout improvements on York Outer Ring Road and York Central Access Road and Station Gateway.
2. This report identifies the risks of joining the fund but also sets out a number of mitigations that have been proposed. It also sets out the need to set funds aside to fund the levy that will support the cost of the investment.

### **Recommendations**

3. Executive is asked to recommend to Council:
  - To agree to formally join the West Yorkshire Transport Fund.

Reason:- To ensure the delivery of the York Outer Ring Road improvements and York Central Access Road and Station Gateway schemes.

- To accept the financial liability that arises from joining the fund and to note that future increases in the levy would represent as unavoidable additional cost in future budgets. The precise figures cannot be determined at this stage but will be within the parameters identified in this report which estimates an increase from the budgeted contribution of £500k per annum to £1m to £1.5m per annum in 2025.

Reason :- To ensure proper financial planning within the authority

- To delegate to the Deputy Chief Executive/Director of Customer and Corporate Services the finalisation of the legal agreement in consultation with the Leader of the Council, the Deputy Leader of the Council and the Finance Portfolio holder

Reason:- To ensure that York's position is fully protected in line with the principles set out in this report.

### Background

4. The West Yorkshire Transport Fund (WYTF) dates back to 2012 when a Leeds City Deal was announced with Government in July 2012. At that time there was a commitment to create a £1billion fund to invest in 33 major transport projects across the region over a ten year period.
5. As part of that programme a set of schemes relating to York was agreed as being the following.

Scheme	Cost £m *	Description
York Central Access	27.0	New access road to development site and rear of station (inc. Bridge over rail lines), Queen Street bridge demolished and improved transport interchange at front of station.
A19 Bus Lane and access to Designer Outlet P&R	1.9	A19 Bus Lane and improved access to and egress from existing Designer Outlet P&R
Clifton Moor P&R and Corridor Improvements	9.8	New Clifton Moor P&R site and bus priority and general corridor improvements
Passenger Transport Improvements – City Centre Infrastructure	7.2	City Centre Bus priority infrastructure and traffic management measures
Northern Outer Ring Road Improvements	37.6	7 No Roundabout upgrades similar to recent A59/A1237 changes
Total	83.5	

\* includes optimism bias

6. At this time the funding was going to be a combination of Local Authority Contributions (Levy), Local Transport Plan (LTP) top slice and Department for Transport (DfT) major scheme funding. For York the levy was assumed to increase from £452k up to a maximum of £4,070k in 2022/23.
7. Cabinet (7<sup>th</sup> May 2013) agreed to support in principle the establishment of the fund and York's involvement however this was subject to satisfactory progress on City Deal negotiations with the Government.
8. Since Members made this decision there have been a number of developments which have changed the current position of the fund :
  - Significant reductions in Local Authority funding coupled with The Local Audit and Accountability Act 2014 which limited the amount of money that Local Authorities can raise through Council Tax
  - The 2014 Local Growth Deal
  - The creation of West Yorkshire Combined Authority
9. The introduction of the Local Audit and Accountability Act 2014 meant that West Yorkshire Districts were no longer able to fund proposed Local Authority contributions through a Transport Levy as this would count towards the council tax cap.
10. The subsequent Leeds City Region growth deal however provided significant additional government funding towards the fund, reducing the need for Local Authority contributions.

	£m	%
Local Growth Fund 2015/16 to 2020/21	180	18
Local Growth Fund 2021/22 to 2034/35*	420	42
Devolved DfT Major Scheme Funding	183	18
Local Authority Borrowing	217+	22
	<b>1,000</b>	100

\* Subject to satisfactory delivery.

11. The current “deal” therefore is that of a £1billion fund, Local Authorities are only funding approximately 22% of the overall contributions. It should be noted however that any costs over £1billion are required to be funded by the Local Authorities.
12. The total costs of the schemes considered within the overall programme range from £1,020m to £1,478m depending on assumptions relating to

inflation and optimism bias. At the highest cost the borrowing levels would total up to £700million for the Local Authorities.

13. The creation of the West Yorkshire Combined Authority (WYCA) with the five West Yorkshire Districts constituent members (Bradford, Calderdale, Kirklees, Leeds and Wakefield) is such that they are not required to formally “join” the fund as WYCA levy them on an annual basis. This levy covers all functions that are now provided by WYCA including concessionary fares, bus subsidies as well as the Transport Fund schemes.
14. York is formally recognised as a non constituent member of the West Yorkshire Combined Authority within the statutory instrument that established that authority. By virtue of a decision made by the Authority, York has voting rights at meetings of the Authority. York also has representation and voting rights on several of the Authority’s committees including the West Yorkshire and York Investment Committee which advises the Authority on matters relating to economic and transport led regeneration. The Combined Authority assumed the powers of the former Integrated Transport Authority and is therefore responsible for concessionary fares and bus schemes for the West Yorkshire districts while the City of York Council retains those powers in this area.

### **Latest Position on York’s Schemes**

15. Initial preparatory work has progressed on the schemes included in the West Yorkshire Fund as detailed in the Table below.

WYCA programme management methodology

- Gateway 1 – Project Initiation
- Gateway 2 – Outline Business Case
- Gateway 3 – Funding Approval
- Gateway 4 – Delivery

Scheme	Current Status
York Central Access	Gateway 1 approved by WYCA subject to York formally joining fund. Further development of the project will be progressed using funding allocated to the York Central Scheme
A19 Bus Lane and access to Designer Outlet Park & Ride (P&R)	Completed using A19 Pinch Point Funding

Clifton Moor P&R and Corridor Improvements	On hold
Passenger Transport Improvements – City Centre Infrastructure	On hold
Northern Outer Ring Road Improvements	Gateway 1 approved by WYCA subject to York formally joining fund. Next steps would be public consultation and land acquisition negotiation.

16. At each Gateway stage, as more detail is determined, the scope and cost estimates for the schemes are reviewed. In addition, as the timetable for delivery becomes clearer, an allowance for inflation can be included to provide estimated outturn costs. The table below shows the costs in the original programme along with the current assumed costs at 2016/17 prices and at outturn prices.

Scheme	Original WYTF Cost £m *	Current WYTF Cost £m	Outturn Cost £m
<b>Priority Schemes</b>			
York Central Access and Station Gateway	27.0	33.6	37.4
Northern Outer Ring Road Improvements	37.6	31.0	34.2
<b>Total Priority Schemes</b>	<b>54.6</b>	<b>64.6</b>	<b>71.6</b>
<b>Lower Priority Schemes</b>			
A19 Bus Lane and access to Designer Outlet P&R	1.9	-	-
Clifton Moor P&R and Corridor Improvements	9.8	8.5	10.8
Passenger Transport Improvements – City Centre Infrastructure	7.2	7.9	9.7

Total Lower Priority Schemes	18.9	16.4	20.5
<b>Total</b>	<b>83.5</b>	<b>81.1</b>	<b>92.2</b>

\* includes optimism bias

17. The table above show that the council's priority schemes are currently assumed to cost £64.6m at latest (2016/17) prices and £71.6m at assumed outturn prices including future years inflationary increases. The lower priority schemes are still considered within the overall fund however are not currently being actively progressed.

### **Costs of the Fund and York's Ask**

18. The West Yorkshire Transport Fund is the most affordable way of funding the major investment of York Outer Ring Road and York Central as the borrowing costs will be much lower than if the council was to fund themself. Whilst it is likely that York's element of the Major Scheme could be redirected to York it is unlikely that any Local Growth Fund monies would be available to York outside of the fund.

19. The indicative costing for CYC are that the Levy payments from CYC to WYCA will increase from £500k to £1m in 2024/25. This level will be dependent on total borrowing incurred as well as interest rates and borrowing costs. The level of York's proportion of the levy is based on its proportion of the regions population (currently 8.2%). Ultimately the borrowing costs of £217m could equate to a cost to CYC of c£1.5m per annum although in the short term this figure could be higher prior to Local Growth Fund monies being received. This however needs to be compared to approximate borrowing costs of approximately £4.0m per annum if CYC self funded the capital.

20. The key risks surrounding the council's payments into the fund relate to

- a) Not receiving funding for the priority schemes
- b) Any costs over £1bn can only be funded by additional borrowing at direct cost to the partners
- c) Receiving the second phase of Local Growth Fund which is dependent on satisfactory scheme delivery progress

21. Looking at these risks in turn

- a) Not receiving funding for the priority schemes

As the West Yorkshire programme is being managed as a whole regardless of where schemes are located it is possible (although unlikely) that York's schemes would not pass Gateway reviews



and funding to deliver the key infrastructure would not be released.

b) Any costs over £1bn can only be funded by additional borrowing at direct cost to the partners

There are scenarios where the fund could increase significantly beyond £1bn if all schemes within the fund are to be delivered. This puts a significant risk on the overall affordability of the fund as costs above £1bn are fully funded by Local Authority levies.

c) Receiving the second phase of Local Growth Fund which is dependent on satisfactory scheme delivery progress

There is a risk that delivery of the fund is not acceptable to Government at the time of review in 2020/21 and phase 2 Local Growth Funding will not be provided. That will have a significant impact to either the deliverability of the programme or the affordability of the fund. It is necessary therefore to protect CYC's position whereby it has had its major schemes funded in the earlier years.

22. In order to mitigate the risks associated with joining identified in the paragraphs above negotiations have been undertaken with WYCA to protect the council's liabilities. The council's "asks" have been that
- a) Minimum funding of £72m is provided to fund YORR and York Central Access / Station Gateway. If required CYC have acknowledged that a maximum cap of £85m towards its key schemes could be acceptable.
  - b) The maximum fund size that CYC will support borrowing is £1bn
  - c) CYC is protected from large increases in the levy should the second tranche of Local Growth Funding not being made available.
23. Officers within the Combined Authority are generally supportive of agreeing a deal with York as they understand our unique position of not being a constituent member of the combined authority. There is also a need for York's schemes to boost early years expenditure which will increase the likelihood of receiving Phase 2 expenditure.

### **Further Process**

24. In order for full agreement it will be necessary for the West Yorkshire Combined Authority to agree to City of York Council formally joining the fund along with the associated conditions. The principal was considered by the West Yorkshire Combined Authority Investment Committee on 9<sup>th</sup> November and recommended that York's inclusion is endorsed.

25. If Executive are to agree to the recommendations in this report the full Combined Authority Meeting on 1<sup>st</sup> December 2016 will determine whether to approve York's inclusion. This will allow CYC Full Council on 15<sup>th</sup> December 2016 to finally determine whether CYC joins the fund.
26. A formal funding arrangement between CYC and WYCA will need to be agreed that formalises the obligations on the two partners. This will also reflect the risk mitigations outlined in paragraph 22.

### **Options**

27. The two options considered as part of the report are
  - i) To recommend to Council to join the West Yorkshire Transport Fund
  - ii) To not join the West Yorkshire Transport Fund

### **Analysis**

28. The York schemes in the WYTF are considered to be critical to ensure the necessary infrastructure is in place to successfully deliver the future growth aspirations of the city identified in the emerging Local Plan. Uncertainty around the funding of these transport elements could potentially undermine the viability of the Local Plan when taken through to the public inquiry.
29. Existing and projected journey time delays on the A1237 will be reduced by the WYTF upgrades which will be designed to enable future dualling of the route. Without the WYTF funding the capacity of the A1237 will continue to be a constraint on the prosperity of the city. Independent funding through the Council or via contributions from development would be needed to deliver the schemes.
30. The development allocations for the York Central site are not deliverable without a new access over the rail lines at the rear of the station. The WYTF funding will enable the access to be delivered and provides funding for enhancements at the front of the station to deliver the necessary capacity improvements in line with demand projections for rail patronage.
31. The other WYTF schemes are designed to provide the necessary sustainable transport infrastructure to reduce the number of car based trips in the city. Lower trip rates will reduce congestion and improve air quality in the city centre.

32. Whilst the joining of the fund does add a financial burden to the council over future years, the burden would be significantly greater if the council was to self fund the schemes. The indicative cost of borrowing £72m over a twenty five year period would be approximately £4.6m per annum and even taking into account likely access of Major Scheme Devolved funding of £10m this would still equate to £4.0m per annum. It is the support through the fund from the Local Growth Fund which makes the borrowing more affordable to the council and the funding at this level is only available through the WYTF.

### **Consultation**

33. The requirement for the infrastructure at both York Central and York Outer Ring Road have been key elements of the city's Local Plan which has been the subject of significant public consultation. Specific consultation exercises will be undertaken as the individual elements of the projects are progressed.
34. The progress of scheme delivery and the drawing down of funds will be dependent on appropriate decision making by both CYC Executive and WYCA Investment Committee following Gateway reviews.

### **Council Plan**

35. The investment in the Major Transport Schemes is important in order to support the Council Priority "A prosperous city for all". Identified within the plan was that the council will "work to ensure York gets the best deal from regional partners, including in relation to investment in Transport Infrastructure. The investment will also
- Deliver infrastructure necessary for the Local Plan housing aspirations
  - Reduce congestion so local business can thrive
  - Provide efficient and affordable transport links to enable residents and businesses to access key services and opportunities.

### **Implications**

36. The implications are as follows:
- **Financial** – Should the council join the West Yorkshire Transport Fund, it will be accepting that the WYCA can "levy" the council each year to fund the borrowing costs associated with the fund. These payments will be determined annually as part of WYCA's budget process however indicative levies have been provided to all authorities with York's level rising by 8% per annum from £530k in

2016/17 to £957k in 2024/25. The council currently has a base budget of £500k set aside for levy contributions to the fund.

The current level of assumed contributions per annum are as follows

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Levy	£530k	£570k	£614k	£661k	£712k
Year	2021/22	2022/23	2023/24	2024/25	
Levy	£766k	£825k	£889k	£957k	

It should be noted however that the overall cost to the council cannot be provided as it will ultimately depend on factors out of CYC's control such as overall programme spend and prevailing interest rates when loans are drawdown. It is anticipated that the levy could increase to a maximum of £1.5m however the levy will ultimately be set by the WYCA as part of their annual budget process. The mitigations that have been identified will limit CYC's overall liability.

It will be necessary for Full Council to accept the increasing costs arising from the levy as being an unavoidable commitment for future budgets, noting that this delivers significant investment in key projects.

- **Human Resources (HR)** – There are no Human Resources Implications
- **Equalities** – There are no equalities implications
- **Legal** – The Legal implications are considered within the body of the report
- **Information Technology (IT)** - There are no IT implications.
- **Crime and Disorder** – There are no crime and disorder implications
- **Property** – There are no property implications

### **Risk Management**

37. The primary risks have been identified at paragraph 20 relating to the impact of changing future government support for the fund and these are being addressed as part of the legal arrangement with the WYCA.
38. There remains a risk that the full meeting of the Combined Authority will not agree to CYC's terms of joining in which case it will be necessary to

pause the delivery of York Central Access and the Outer Ring Road improvements and seek alternative funding mechanisms.

## Contact Details

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Report approved  14<sup>th</sup> Nov 2016

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**Wards Affected:** All

All

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

**Annexes:** None

## List of Abbreviations

CYC - City of York Council  
DfT – Department for Transport  
LGF – Local Growth Fund  
LTP - Local Transport Plan  
P&R – Park & Ride  
WYCA – West Yorkshire Combined Authority  
WYTF – West Yorkshire Transport Fund  
YORR - York Outer Ring Road

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**Executive**

**24 November 2016**

**Report of the Director of Economy and Place**

**Portfolio of the Executive Member for Finance and Performance and  
Executive Member for Economic Development & Community  
Engagement**

**York Central – Consultation on Access Options**

**Summary**

1. York Central is a 72 hectare (ha) area of land adjacent to the railway station and is one of the largest brownfield sites in northern England. It provides a huge opportunity for regeneration providing new homes and Grade A commercial office space. The site is identified in the Local Plan for residential development of up to 1,500 dwellings and 80,000 sqm floor space of high quality grade A office.
2. Informal public consultation to guide regeneration of the York Central site took place earlier this year through the 'Seeking Your Views to Guide Redevelopment' document. A York Central Community Forum has been established to engage with and represent the views of the local community as the site progresses. All this work will inform the development of a formal planning framework which can be updated to form a Supplementary Planning Document (SPD) on the adoption of the Local Plan Preferred Sites Consultation (2016). Work to establish the partnership, assemble the land and put in place appropriate funding arrangements is ongoing.
3. This report sets out a proposal to fund the access route using the West Yorkshire Transport Fund and to undertake further consultation on the route of the proposed new access.

## Recommendations

### 4. Executive is asked :

- i. To agree to take up the WYTF funding allocated for York Central and to confirm that the York Central access route will be part funded by CYC.

Reason: - To ensure the delivery of York Central.

- ii. To agree to undertake further consultation on the access route for York Central as part of a future York Central planning strategy

Reason: - To ensure that a range of access options have been considered.

- iii. Subject to the council agreeing to join the West Yorkshire Transport Fund to agree to fund the access route definition and design outlined in the report from the £2.15 WYTF Gateway 1 allocation

Reason: - To enable timely progress on the York Central project

- iv. To note the appointment of Development and Technical Advisors to develop a detailed planning strategy for the York Central Partners

Reason: - To ensure that a development scheme for the York Central site can be delivered.

## Background

5. The York Central site is entirely circumscribed by rail lines, with the rail station at the bottom of the teardrop of land, the East Coast Main Line (ECML) forming a barrier to the north and east, and the Freight Avoiding Lines (FAL) to the south and west. Current roads onto the site already run through minor residential streets in the Salisbury Terrace area, or under the Marble Arch Rail Bridge and have limited capacity and low bridges, limiting access for high vehicles. They are not suitable to serve a comprehensive re-development of York Central. It is therefore necessary for a new route to be constructed.
6. There has been significant work undertaken over a number of years to identify access options to unlock the York Central site. A range of options to access the site were identified in study work (available at this [link](#)) and these are set out on a map at Annex 1. The majority of these routes would access the site from Holgate Road (options B-E) with one option to the north of the site on Water End (option A), and a further option from the South (option F), which is no longer deliverable due to



the subsequent creation of Network Rail's Route Operating and Workforce Development centre.

7. In 2014, a jointly funded Network Rail /CYC commission was undertaken to assess initial technical and commercial viability for the York Central development, including a draft spatial plan. Before working this plan into a draft Planning Framework/ Supplementary Planning Document (SPD), partners undertook an informal consultation on the high level concepts and principles - York Central - Seeking your Views to Guide Redevelopment.
8. This consultation, undertaken over January and February 2016, was based on a number of assumptions arising from the early work which were proposed as preferred options (types of use/green infrastructure/ route of proposed access road) with some variables where a range of options were consulted upon (potential diversion of Leeman Rd and the demolition of the Queen St Bridge, quanta of development). These assumptions were identified in order to arrive at robust conclusions, based on a deliverable scheme. They were:-
  - i. That there would not be a detailed master plan approach defining absolute detail and that the scheme would be phased over time.
  - ii. That there would only be one access point and that this would be a formative influence on the quantum of development and sustainable transport strategy.
  - iii. That the access route needed to be both deliverable and affordable in order to make the scheme viable – from the evidence at that time an access route off Holgate Rd along the line of Chancery Rise was proposed as the preferred route (Option E in Annex 1) but it was made clear that no formal decision had been made and that there would need to be further discussion and consultation before a final decision was made.
9. The early consultation results showed that there is clear overall support for the redevelopment, vision and objectives for York Central with 79% of respondents supporting the redevelopment of the site. Respondents noted the importance of realising the scheme quickly and targeting brownfield land for development.
10. The issue of the route of the access road was clearly one of the major contentious issues from the consultation and in August 2016 Network Rail and CYC undertook to meet with the local community to discuss their concerns in more detail. An initial meeting was held with representatives of The Friends of Holgate Community Garden and Play Park and the York Bridge Club, both of whom had made direct approaches regarding the proposed access road. One of their main

concerns was that they had not seen the evidence that led to the adoption of Option E as a preferred route and that they therefore had not had an opportunity to question this nor to put forward their detailed views on this important element of the overall scheme.

11. Following this consultation, CYC and Network Rail, on behalf of the partnership, commissioned an update of historic access appraisal work to ensure that the evidence base upon which a future decision will be made is comprehensive and reflects up to date costs and analysis to allow a like-for-like assessment. This work is ongoing, with consultants ARUP undertaking further air quality studies, transport modelling work and engineering costing.
12. Separately to this work around access option assessment, a land-swap was agreed between Network Rail and City of York Council (see plan at annex 2). Land held by CYC at the '5-Acres site' was transferred to Network Rail to allow them to relocate operational rail uses off the York Central development site, by creating a Maintenance Delivery Unit (MDU) building and providing new rail access to the adjacent carriageworks building. In exchange/ consideration for this land, Network rail transferred land east of the Carriageworks building (and in the location of the potential access option E) to CYC. It is important to note that:
  - The provision of MDU building and additional rail lines on the '5-acres site' does not fundamentally prejudice the provision of an access road over this land too.
  - Alliance House, which sits on the land transferred to CYC, was identified for demolition as part of the land transfer arrangement. This was due to its condition; it's being vacant and surplus to needs, and it representing a financial and physical liability to the Council.
  - Environmental surveys of this building are still ongoing and it is understood that no demolition will take place until these have been completed (spring 2017 at the earliest).
  - None of this activity, which is essential to the project as a whole moving forward, was predicated by, or determines, a formal decision around the access route into York Central.

### **West Yorkshire Transport Fund**

13. The current assumption is that the access route onto York Central which includes an access road, a bridge across the rail lines and the main

crescent road round to the rear of the station, will largely be funded from the West Yorkshire Transport Fund (WYTF) which was agreed at Gateway 1 by the West Yorkshire Combined Authority on 31 March 2016, subject to CYC joining the WYTF.

14. The full financial arrangements for this funding are set out in another report on this agenda where Executive are asked to confirm CYC membership of this fund and our commitment to use this funding to construct the access route to York Central
15. This will provide considerable certainty to the development of the whole scheme as it overcomes the infrastructure investment requirements that have held the site back in the past.
16. A report recommending that Members formally sign up to the West Yorkshire Transport Fund is elsewhere on the agenda. In summary the WYTF is a £1bn programme of major transport improvements across West Yorkshire and York. The fund is supported by Local Growth Fund allocations and devolved major scheme DfT funding with a balance of circa 20% funded from Local Authority contributions. The York Central Access and Station Gateway scheme along with improvements to the Outer Ring Road are the two most significant York schemes included in the Fund.
17. At current year prices the total York Central Access Scheme was projected to cost £45m predicated upon CYC using £33m of WYTF funding and £12m of local funds. The project was split into 2 main elements: An access route from the local road network (including bridge over the rail lines), the main crescent road and an access to the rear of the railway station (£27.5m) and the demolition of the Queen St Bridge and the creation of an improved transport interchange at the front of the station (£17.5m).
18. The WYTF Gateway 1 sign off released £2.1m to CYC (subject to CYC joining the fund) to proceed with detailed scheme design and development. It is proposed that CYC now draw this funding down and use it to support the progression of further development and design work. It may be necessary to take a revised Gateway 1 submission back to the WYTF if the scheme design changes significantly. This has been discussed with the West Yorkshire Combined Authority and they are content with that approach.

## Access Options

19. Initial studies developed 6 different potential access routes onto the site. Whilst one option (F), has been ruled out on feasibility grounds, 5 remain in contention. One route accesses the site from Water End to the North (Option A) with the remaining options accessing the site from Holgate Rd (Options B to E). Due to the high cost of each of these options, the identified need for public sector funding to support any redevelopment at York Central, and the fact that work to date indicates that development is serviceable and deliverable from a single additional point of access, there is an assumption that only one new route will be provided.
20. All routes need to cross the FAL or the ECML and there are differing levels of engineering complexity and therefore costs, and timings depending on how long the bridge/viaduct needs to be and where it lands.

## Local Plan

21. York Central is identified as a Potential Strategic Mixed Use Allocation (ST5) in the emerging Local Plan. The Preferred Sites consultation 2016 (which ended in September and for which results will be brought back to Members later this year) identified residential development of up to 1,500 dwellings (1,250 of which would be built out over the plan period) and 80,000 sqm floor space of high quality grade A office led accommodation (Use Class B1a) at York Central. When set against the need to allocate sufficient land in York for a minimum of 8,000 dwellings for the plan period, the proposed plan period allocation of 1,250 dwellings at York Central clearly has significant potential to help address housing needs in York. The site will also help to remedy current shortfalls in modern, fit for purpose commercial development in the City Centre. Given the significance of the York Central site to the Local Plan both in terms of residential units and commercial floorspace it will be critical to the delivery of the Plan and the assessment of its soundness at Local Plan examination.
22. Sites identified in the Local Plan cannot have 'showstoppers', this includes environmental, transport, planning or viability and deliverability issues. It is therefore critical that all sites included within the Local Plan demonstrate that they are both viable and deliverable. This is a requirement of the National Planning Policy Framework (NPPF)<sup>1</sup> which states that '*Plans should be deliverable*' and '*to ensure viability the costs of any requirement likely to be applied such as affordable housing and infrastructure costs should, when taking into account of the normal cost*

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<sup>1</sup> NPPF, Paragraph 173 and 174.

*of development and mitigation, provide competitive returns to a willing land owner and willing developer to enable the development to be deliverable'.*

23. To achieve this the strategic sites identified in the Local Plan have to:
  - Demonstrate that they can be accessed appropriately – normally through the identification of primary and secondary access points which may be refined through the planning application process;
  - Be accompanied by a transport assessment and travel plan which analyses traffic movements, journey flows and modal split; and
  - Provide information to demonstrate that the appropriate associated infrastructure can be funded within the overall site viability/deliverability assessment.
24. It is therefore important that the York Central scheme is able to demonstrate that all relevant access options can be delivered in financial and viability terms by the time the Publication Draft Local Plan is approved for consultation and submission. There is a need to demonstrate that there is a viable and affordable access solution but the exact alignment of the road can be developed as part of a planning strategy and will be consulted upon appropriately.
25. Community consultation is required as part of the preparation of Planning Frameworks, SPD's and Planning applications. The high level informal consultation already undertaken at York Central does not wholly satisfy these requirements and a continuous and robust programme of community engagement, incorporating statutory requirements and compliant with the adopted Statement of Community Involvement, is being planned for the site. This will need to evidence at appropriate stages that the case for the scheme is made and that the fundamental elements of the scheme have been shared with the public and stakeholders, that views have been considered and that these have fed into the development of the proposals as they evolve.
26. If Executive agrees to the recommendation to use WYTF to deliver the access route then CYC will be doing so as the statutory Local Highway Authority. The Local Highway Authority routinely consults on all new highways schemes. It is proposed that more detailed consultation is undertaken on access options to inform the final selection of an access route. The results of the consultation will weigh public views alongside other information relating to :-
  - i. Value for money and cost benefit
  - ii. Traffic impacts both city wide and locally for cars, buses and pedestrians/cycles

- iii. Deliverability – this will consider both the engineering complexity, the availability of land and the programming impacts of timing
  - iv. Environmental impacts including air quality, flooding, ecology, heritage, townscape and visual impacts
  - v. Community impacts
27. Given the need to ensure that the planning strategy for York Central is well considered and that all the supporting information is ready, the timing and the precise form of the consultation will be informed by the York Central Planning Strategy which is being developed by the York Central partners and informed by their advisors.
28. Executive are therefore asked to agree that further specific consultation on the access options is undertaken and to delegate to the Director of Economy and Place in consultation with the Leader the final sign off of the consultation.

### **Update on Project Progress**

29. Negotiations with third parties to acquire land holdings as part of the strategic site assembly approach for York Central are nearing completion. The purchase of land off Leeman Road has been completed and the purchase of the Unipart site is included in a separate report on this agenda (part funded by the HCA).
30. The Memorandum of Understanding for the York Central Enterprise Zone was officially signed on the 8<sup>th</sup> July 2016.
31. Following a formal procurement process, consultants KPMG (with Savills as the property advisors) were appointed as the commercial and financial advisors to the partners. The commission is cliented by CYC but the advice will be relied upon by all the partners. This will lead to the establishment of a formal partnership structure.
32. A formal procurement process for Design and Technical advisers has just concluded and ARUP have been formally appointed. They will provide both design and technical input to create a detailed planning strategy, designs for key elements of the infrastructure. Importantly, the multi-disciplinary team will provide further evidence to underpin the Local Plan allocation of the site. This team will work closely with the York Central partners and KPMG/Savills as part of an iterative process.
33. Network Rail has begun lifting unused rail lines and ecological survey work has also commenced. A study exploring the feasibility and viability of District Heating Scheme to serve the site has been commissioned.

This is partially funded and commissioned through Leeds City Region. The findings of the study will feed into wider design and technical workstreams.

34. The National Railway Museum has commissioned a Heritage Audit for their land and property assets within the York Central site. The intention is to extend this report across the wider York Central site as part of the Design and Technical adviser appointment.
35. In April 2016, Department of Communities and Local Government announced a national Station Regeneration Programme through an agreement between Network Rail and Homes and Communities Agency to work closely with Local Authorities. The intention is to accelerate housing delivery and boost economic growth to regenerate town and city centres. York is one of three areas that have spearheaded this initiative with proposals for York Central.
36. CYC, Network Rail, Transport for the North and Virgin Trains East Coast are developing arrangements to work together to undertake an assessment of the future rail requirements of the station and develop proposals for the expansion and regeneration of the station which will provide a new gateway to the city and to York Central.

### **Consultation**

37. The consultation issues are covered in the report

### **Council Plan**

38.
  - i. The project will assist in the creation of a Prosperous City for All, and be a Council that listens to residents particularly by ensuring that :
  - ii. Everyone who lives in the city can enjoy its unique heritage and range of activities.
  - iii. Residents can access affordable homes while the greenbelt and unique character of the city is protected.
  - iv. Visitors, businesses and residents are impressed with the quality of our city.
  - v. Local businesses can thrive.
  - vi. Efficient and affordable transport links enable residents and businesses to access key services and opportunities.
  - vii. Environmental Sustainability underpins everything we do.
  - viii. We are entrepreneurial, by making the most of commercial activities.

- ix. Engage with our communities, listening to their views and taking them into account.

## Implications

39.

**Financial** – The funding for this scheme is dependent on the council decision as to whether to join the West Yorkshire Transport Fund. A levy will be paid to the fund by the council to support the Local Authority borrowing. The funding for the levy will be considered as part of the overall council budget setting process.

Should Members decide not to join the West Yorkshire Transport Fund other sources of funding would need to be identified in order to progress the scheme.

**Human Resources (HR)** – none

**Equalities** – a full Equality Impact Assessment will be undertaken to inform the consultation plan

**Legal** – The Council's powers under the Highways Act 1980 and Localism Act 2011 may be used to undertake the actions proposed in this report. As identified in the related report elsewhere on this agenda legal agreements will be required relating to the terms upon which funding is taken.

**Information Technology (IT)** - There are no IT implications.

**Crime and Disorder** - The detail design of any future scheme will require detail consideration of crime and disorder implications and there will be structured input from the Police Architectural Liaison Officer

**Property** – All property implications are covered in the report.

## Risk Management

40. The primary risk is the potential breakdown of the delivery partnership between the partners with a consequent failure to unlock the site. This has been addressed by the establishment of a senior level Board and formalised via a Memorandum of Understanding and is being mitigated by the revised governance arrangements which are currently being developed. It is expected that these will be embedded within the terms of a proposed partnership agreement.
41. If Members decide not to join the WYTF then alternative sources of funding will have to be found to fund the access route.



42. Failure to obtain the necessary regulatory approvals to dispose of land on the site for development or to clear operational railway uses from the site is another significant risk – this would prevent the development of the site in whole or part. Mitigation plans to date include the acquisition and extinguishment of long-term rail industry leases on the site by Network Rail and development of a strategy that identifies relocation sites for the rail uses. In addition, a rail land use strategy for York is being taken forward and it is believed this meets operator needs and Network Rail's planned capacity improvement schemes. This issue is being mitigated by Network Rail prior to any infrastructure investment with a clear commitment under the proposed partnership agreement to remove rail uses from the site within a phasing plan to enable site development.
43. An obvious risk is of failure to secure planning permission – this is being mitigated by early involvement with CYC as local planning authority in the ongoing development plans and engagement of stakeholders and local communities at both concept stage and as detailed plans emerge.
44. There is a risk that the scheme may not attract development market interest or new occupiers. This risk has been mitigated by the proposed approach to infrastructure delivery, and further evidence gathering from our appointed advisors. In addition, the development of a delivery and marketing strategy and the award of Enterprise Zone (EZ) status will incentivise early business occupation.
45. There is a risk that CYC may not secure equity investment towards some of the costs of the enabling infrastructure. However, this will be mitigated by the EZ status and access to borrowing this brings. It will also be mitigated by early sign off of funding from HCA and a comprehensive gateway process for release of West Yorkshire Transport Funds (WYTF).
46. A full risk register has been developed by the project and will be regularly reviewed by the project board as the project progresses.

## Contact Details

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### Chief Officer Responsible for the report:

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Approved:  
14/11/16

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Local Plan Team Manager

**Wards Affected:** Holgate, Guildhall

**All**

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

**Background Papers:**

*Seeking Your Views to Guide Development: Consultation Report (Arup June 2016)*

[https://www.york.gov.uk/downloads/file/11126/york\\_central\\_seeking\\_your\\_views\\_to\\_guide\\_new\\_development\\_consultation\\_report](https://www.york.gov.uk/downloads/file/11126/york_central_seeking_your_views_to_guide_new_development_consultation_report)

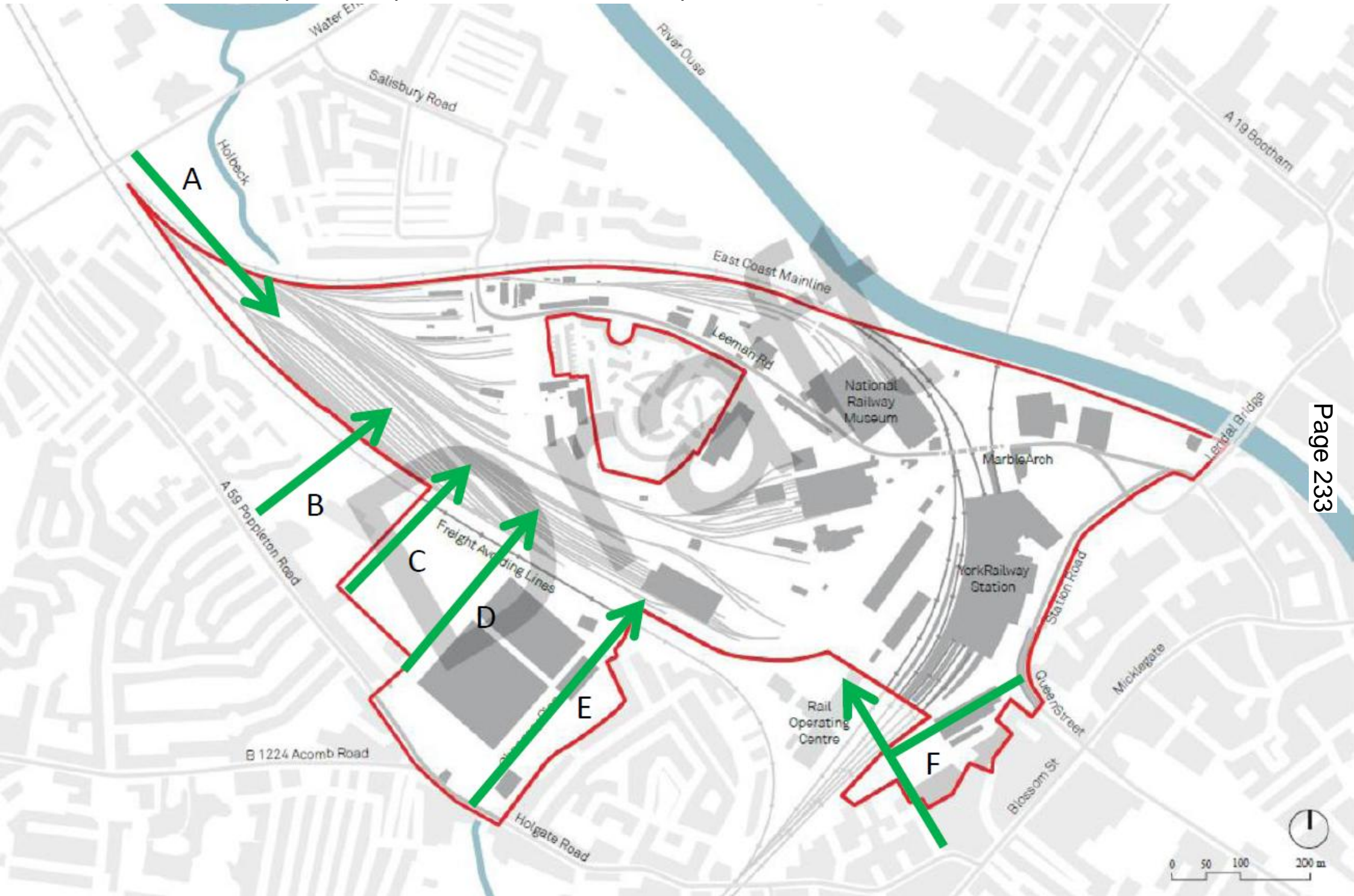
[Archive of previous study material](#)

**Annexes**

Annex 1 – Map of potential access routes  
Annex 2 – Map of the York Central Site

**List of Abbreviations**

CYC - City of York Council  
EZ – Enterprise Zone  
ECML - East Coast Main Line  
FAL - Freight Avoiding Lines  
HCA - Homes and Communities Agency  
LCR - Leeds City Region  
LEP - Local Economic Partnership  
NRM - National Railway Museum  
SPD - Supplementary Planning Document  
WYTF – West Yorkshire Transport Fund  
YC - York Central



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# York Central Access Options Report: Annex 2 - Land Exchange Details



'5-Acres Site' -  
transferred from City York  
Council to Network Rail

Alliance House

Carriageworks  
Buildings

Land transferred from  
Network Rail to City York  
Council

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**Executive**

**24 November 2016**

**Report of the Director of Economy and Place**

**Portfolio of the Executive Member for Finance and Performance and  
Executive Member for Economic Development & Community  
Engagement**

**York Central – Third Party Acquisitions**

**Summary**

1. York Central is a 72 hectare (ha) area of land adjacent to the railway station and is one of the largest brownfield sites in northern England. It provides a huge opportunity for regeneration providing new homes and Grade A commercial office space. The site is identified in the Local Plan for residential development of up to 1,500 dwellings and 80,000 sqm floor space of high quality grade A office.
2. Work has been ongoing throughout the year to acquire two third party properties on the York Central site in order to comprehensively assemble all the strategically important parts of the site under the ownership of the York Central Partners - City of York Council (CYC), Network Rail (NR), The Homes and Communities Agency (HCA) and The National Railway Museum (NRM).
3. This report sets out proposal to purchase the Unipart site to the rear of the railway station which is critical to the delivery of the whole scheme, sitting as it does between the rear entrance to the station and the proposed public square in front of the NRM.

**Recommendations**

4. Executive is asked :
  - i. To delegate to the Corporate Director of Economy and Place in consultation with the Corporate Director of Customer and Corporate Services and the Leader, the authority to agree the final purchase price

of the Unipart site following a negotiated acquisition and in advance of any potential initiation of a Compulsory Purchase Order.

- ii. To delegate to the Corporate Director of Economy and Place in consultation with the Corporate Director of Customer and Corporate Services the Leader to share the purchase cost of the Unipart site with the HCA on the basis set out in confidential Annex 2.
- iii. To delegate to the Corporate Director of Economy and Place in consultation with the Corporate Director of Customer and Corporate Services and the Leader the authority to agree the application and terms for a further loan from the Leeds City Region Local Enterprise Partnership (LCR LEP) Local Growth Fund (LGF) to part fund the purchase as set out in confidential Annex 2.
- iv. To agree that the LEP loans be considered as an element of the £10m budget approved to York Central and therefore the remaining balance of the Unipart acquisition be charged against this CYC approved budget prior to the finalisation of the York Central partnership agreement and funding strategy.

Reason:- To enable timely progress on the York Central project.

### **Background**

5. The successful delivery of York Central is dependent on the provision of a new site access and improved linkages and public realm areas between the wider city and new west entrance to the station to serve the site. Due to its location, the Unipart site is critical to delivery of these components of the scheme and therefore the subsequent development programme of York Central.
6. City of York Council are leading the land assembly strategy for York Central, to acquire third party land holdings needed to develop the site. Executive have already agreed to make every effort to do this through a negotiated sale before using the council's statutory powers of compulsory purchase ('Compulsory Purchase Order' or 'CPO').
7. In December 2015, Executive instructed officers to undertake direct purchase negotiations with the land owners of two third party sites on York Central. The purchase of land off Leeman Road has recently completed and the land is now in the ownership of City of York Council.
8. The Unipart site is shown at Annex 1. Unipart Rail have a number of facilities across the country. Their York factory maintains and produces railway signalling equipment and despite its close proximity to the



station, it's goods are shipped by road. Negotiations have been undertaken with Unipart Rail to enable them to remain within the York boundaries to ensure the retention of a respected employer in the city. It should be noted that the purchase of the site, be that following a negotiated process or through a CPO, will result in a purchase value above the simple market value of the current site due to the need to reprovide the facility elsewhere.

9. City of York Council have commissioned support and advice for the negotiations from Deloitte and Turner and Townsend. The negotiations have been based upon the compensation code set out in the CPO legislation but without actually invoking the legislation. This has provided a transparent mechanism for both parties to calculate both land value and compensation/disturbance payments. On that basis, the final settlement mirrors the likely outcome of a formal CPO but without either party incurring the additional expense of extensive legal advice and the inevitable delay and uncertainty over the final settlement that this would bring.
10. The compensation code establishes a base value for the land in a no-scheme world and then calculates a compensation value for the displaced land owner and the cost of reproviding any specialised facilities that they operate, which could not be reasonably provided in a standard replacement facility. These costs were initially developed by Unipart on the basis of proposals for a replacement factory within the York area. These were then reviewed and challenged by cost consultants Turner Townsend. This has resulted in a formal offer to Unipart which is set out at Confidential Annex 2. This is commercial and in confidence as the amount paid to Unipart will impact upon their negotiating position with other landowners to acquire land and construct an alternative facility in York.
11. The freehold for the site will transfer to CYC but in the short term Unipart will require a sale and leaseback of the facility until 2019 to ensure they can operate effectively whilst they are developing out their new facility. The proposed draft Heads of Terms for the sale and leaseback agreement is attached as Confidential Annex 3.
12. These Heads of Terms are now being developed into a formal sale and leaseback contract which will then be considered by the Unipart board. At this point the Director of Place in consultation with the leader need delegation from Executive to agree the final details of the purchase.

## Funding Proposal

13. With regards to funding the acquisition, it is intended to apportion the cost between City of York Council and the Homes and Communities Agency (HCA). The HCA are seeking Board approval in December 2016 to assist the Council with the cost of acquisition on the grounds that the Unipart site is critical to the delivery of site infrastructure. This funding commitment is set out in Confidential Annex 2.
14. In July 2016, the Council's Executive agreed to accept a loan agreement with LCR LEP for 2016/2017 Local Growth Funds (LGF). This funding is a loan to be repaid in full over a 10 year period at zero interest. The overall loan funding in the 2016/17 round was for £2.55m to fund land assembly and site preparation. Some of this funding (£1.08m) has been used to fund the acquisition of another parcel of land off Leeman Rd. It is proposed to use the remaining balance to part fund the acquisition of the Unipart site.
15. In addition we have undertaken further discussions with LCR LEP about making a further bid in January 2017 for the remaining purchase price on the same terms as the initial loan. Prior to any partnership agreement and ahead of any future funding decisions it is necessary for the council to guarantee the loan so at this stage is considered part of the original £10m CYC budget set aside for the project.
16. The advantage of using LCR LEP funding is that it reduces the early years costs to the scheme as there is no interest charged. It is anticipated that the full cost of the acquisition will be considered as an equity investment or a land holding in the calculation of the financial partnership agreement and as such that CYC will see this money returned to the public purse as the scheme is delivered in phases. There is of course the risk that the scheme does not go ahead and the site has been acquired at above market value which reflects the position of Unipart not being a 'willing seller'. There is therefore a risk that in a 'no scheme world' the site would not be worth what we paid for it. The risk of this will be borne by the investing partners, namely CYC and the HCA.
17. A decision on the purchase cannot be delayed until a partnership agreement is in place. The timing of acquisition is critical to the delivery of infrastructure to facilitate the scheme. Unipart also have operational risk associated with lead in times for contract orders and require certainty that they can continue to operate from a York facility.
18. The confidential Annex 2 contains a detailed breakdown of estimated acquisition costs and the funding proposal.

## Consultation

19. Extensive commercial negotiations have been undertaken with the land owner and their advisors.

## 20. Council Plan

- i. The project will assist in the creation of a Prosperous City for All, and be a Council that listens to residents particularly by ensuring that :
- ii. Everyone who lives in the city can enjoy its unique heritage and range of activities.
- iii. Residents can access affordable homes while the greenbelt and unique character of the city is protected.
- iv. Visitors, businesses and residents are impressed with the quality of our city.
- v. Local businesses can thrive.
- vi. Efficient and affordable transport links enable residents and businesses to access key services and opportunities.
- vii. Environmental Sustainability underpins everything we do.
- viii. We are entrepreneurial, by making the most of commercial activities.
- ix. Engage with our communities, listening to their views and taking them into account.

## Implications

### Financial

21. In December 2013 Members agreed to earmark £10m towards the delivery of York Central. Currently £2.31m has been previously released to support technical work, the costs of professional advisors, land costs and site preparation works.
22. The table below shows the agreed allocations from the Council's initial £10m funding

	Capital £'000	Revenue £'000	Total £'000
Original Funding (Dec 13)	9,000	1,000	10,000
Initial allocation (Dec 13)		-500	-500
Project Team Costs (Dec 15)		-250	-250
Site Preparation Costs (Jul 16)	-550		-550
Land Purchase (Jul 16)	-1,013		-1,013
Land Purchase (Nov 16)	*		*
<b>Current unallocated Balance</b>	<b>7,437</b>	<b>250</b>	<b>7,687</b>

\*The current unallocated balance excludes any required contribution to the commercial in confidence land purchase value (delegated to the Director of Economy and Place in consultation with the Leader to agree the final purchase price).

23. This leaves an unallocated balance of £7.7m (less the amount agreed within this report in the confidential annex). The overall financial strategy for York Central including infrastructure costs and Employment Zone funding opportunities is subject to future reports following the finalisation of the partnership agreement.

**Human Resources (HR)** – none

**Equalities** – none

**Legal** – In reaching an agreement for the purchase of this land the Council must have regard to its fiduciary responsibilities to local tax payers, must act within its general duties to act reasonably and must be aware of the need to avoid granting state aid to a private enterprise. The use of the valuation mechanism prescribed under the Compulsory Purchase Order legislation together with the taking of appropriate professional advice will ensure that the Council pays only a fair and reasonable sum and meets these obligations.

The short term leaseback to be granted to Unipart falls outside the scope of the duties in section 123 of the Local Government Act 1972 to achieve best consideration. However, the Council will need to ensure that the deal as a whole, including the value of this leaseback, does not involve the granting of any unlawful state aid.

**Information Technology (IT)** - There are no IT implications.

**Crime and Disorder** - none

**Property** – All property implications are covered in the report.

## **Risk Management**

24. The Partnership Agreement between the public sector Partners is in development through the appointed advisor team of KPMG and Savills. As this is not a legally binding agreement at this stage, the acquisition of Unipart is a financial risk to the Council should the scheme fail to be delivered. However, the timing of acquisition is critical to the programme of the delivery of infrastructure to facilitate the scheme. Unipart also have operational risk associated with lead in times for contract orders

and require certainty that they can continue to operate from a York facility.

25. The primary risk is the potential breakdown of the delivery partnership between the partners with a consequent failure to unlock the site. This has been addressed by the establishment of a senior level Board and formalised via a Memorandum of Understanding and is being strengthened through the revised governance arrangements which are currently being developed. It is expected that these will be embedded within the terms of a proposed partnership agreement.
26. Failure to obtain the necessary regulatory approvals to dispose of land on the site for development or to clear operational railway uses from the site is another significant risk – this would prevent the development of the site in whole or part. Mitigation plans to date include the acquisition and extinguishment of long-term rail industry leases on the site by Network Rail and development of a strategy that identifies relocation sites for the rail uses. In addition, a rail land use strategy for York is being taken forward and it is believed this meets operator needs and Network Rail’s planned capacity improvement schemes. This issue is being mitigated by Network Rail prior to any infrastructure investment with a clear commitment under the proposed partnership agreement to remove rail uses from the site within a phasing plan to enable site development.
27. An obvious risk is of failure to secure planning permission – this is being mitigated by early involvement and consultation with CYC as local planning authority in the ongoing development plans and engagement of stakeholders and local communities as both concept stage and as detailed plans emerge.
28. There is a risk that the scheme may not attract development market interest or new occupiers. This risk has been mitigated by the proposed approach to infrastructure delivery, and further evidence gathering from our appointed advisors. In addition, the development of a delivery and marketing strategy and the award of EZ status will incentivise early business occupation.
29. There is a risk that CYC may not secure equity investment towards some of the costs of the enabling infrastructure. However, this will be mitigated by the EZ status and access to borrowing this brings. It will also be mitigated by early sign off of funding from HCA and a comprehensive gateway process for release of West Yorkshire Transport Funds (WYTF).

30. A full risk register has been developed by the project and will be regularly reviewed by the project board as the project progresses.

### Contact Details

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**Wards Affected:** Holgate, Micklegate

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### Background Papers:

### Annexes

Annex 1 – Map of Unipart site  
Confidential Annex 2 - Costs and Funding  
Confidential Annex 3 – Draft Heads of Terms for sale and leaseback  
agreement

### List of Abbreviations

CYC - City of York Council  
CPO – Compulsory Purchase Order  
EZ – Enterprise Zone  
HCA - Homes and Communities Agency  
LCR LEP - Leeds City Region Local Economic Partnership  
NRM - National Railway Museum  
RGF – Regional Growth Fund

WYTF – West Yorkshire Transport Fund  
YC - York Central

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# York Central Third Party Acquisitions Report: Annex 1 - Extent of Unipart Rail Freehold



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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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of the Local Government Act 1972.

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**Executive****24 November 2016**

Report of the Director of Economy and Place  
Portfolio of the Executive Member for Finance and Performance

**Update on Land Assets on Piccadilly****Summary**

1. This report recommends the council grant Spark:York a three year tenancy to provide a meanwhile development on the former Reynard's Garage site. The proposal would offer a vibrant and active destination of start-up space and street food on a vacant city centre site, opening in spring 2017. This would generate footfall in to the neglected Piccadilly area, encouraging redevelopment of neighbouring vacant private sector sites and potentially increasing land values and the council's revenue returns from the future redevelopment of the site.
2. The responsibility for securing funding and planning permission would rest with Spark:York meaning this is a low risk option for the council to deliver an exciting and bold development. The upfront investment required to provide utilities to our site would be recovered through a rental agreement in staged monthly payments over the term of the lease, and the council would also benefit from a profit share agreement. Delivery of the scheme would signal the council's ambition and commitment to the Southern Gateway, building confidence in the project and making short term use of the council's land assets in advance of bringing forward long term development plans.

**Recommendations**

3. Executive are asked to:
  - a) Agree to grant Spark:York a three year lease for the use of 17-21 Piccadilly from Spring 2017 to build and operate a shipping container development for start-ups and street food, subject to them:
    - Securing finance

- Securing planning permission

**Reason:** To allow the meanwhile use of 17-21 Piccadilly to drive the regeneration of the area in advance of the sites long term redevelopment.

- b) To note the use of the remaining capital demolition budget of £40k to provide utility services to site, the cost of which would be recovered through Spark:York's rent over the term of their tenancy

**Reason:** To provide the necessary utilities to the site to allow the meanwhile use to proceed.

## Background

4. In October 2015 the Executive approved the principle of the regeneration of the Southern Gateway, an area in which the council has a number of land assets identified for redevelopment and the long term vision for the wider area will be brought back to Executive in the new year. The most neglected area is Piccadilly, a key route in to the city characterised by former light industry which has become run-down and underused. There are a number of vacant or derelict buildings and the area is desperately in need of the investment that would be attracted by increased footfall in to the area. One of the council's land assets is the former Reynard's Garage site at 17-21 Piccadilly, identified in the map at Annex 1, which was previously marketed for sale with the highest bids received being for budget hotels or student accommodation. As the site is seen as an important catalyst for the regeneration of the area these proposed uses were deemed to be unsuitable, and the Executive agreed to seek a joint venture partner to carry out its long term redevelopment.
5. The demolition of the site was completed in September 2016 and we are poised to implement the associated planning condition to provide planting on site until the long term redevelopment proceeds. Over the summer we have been exploring alternative temporary uses for the site which bring it in to use in the short term and animate the area. A number of options were explored such as markets, street food, leisure uses, and short term parking. Turning the site into a car park would require planning permission and there is unused capacity in a number of car parks in the area so would add little value. Other uses were explored with partner organisations including Make it York, The BiD, and Jorvik Viking Centre but they did not feel able to take the site on in the short term. Whilst these discussions were ongoing the council were approached by a Community Interest Company (CIC) called Spark:York who were interested in finding



a site for pop-up development providing start-up spaces for social enterprises and new businesses. They subsequently submitted a business plan to the council for 17-21 Piccadilly.

### **Proposal**

6. The proposal is an exciting opportunity based on the success of other similar schemes in London such as Pop Brixton, Boxpark Shoreditch and The Artworks London. These have all become destinations in their own right as vibrant and creative hubs that attract people in to the area. This scheme seeks to provide affordable space to local start-up businesses, social enterprises, community groups and charities for over 20 businesses in fully fitted out shipping containers. The completed scheme would offer street food kiosks, retail, shared workspaces, meeting room, performance area and public workspace. Although constructed from shipping containers they can be clad and finished in a variety of finishes to fit the locality and create a high quality aesthetic finish.
7. The construction method has the key advantage of being incredibly quick to implement and scale up or down, and at the end of the tenancy the project can easily be relocated to an alternative site if successful. The working timetable for development, should Executive agree to offer a tenancy, is:
  - to have secured investment by January 2017
  - planning permission by March 2017,
  - the quick construction method allowing the scheme to open in May 2017
8. The proposed scheme would be of significant benefit in promoting the regeneration aims of the Southern Gateway. In the short term it would provide a meanwhile use for a vacant site in advance of establishing, agreeing, securing planning for and implementing the long term future of the site. However, more importantly the proposal stands on its own merits as an opportunity to act as a catalyst and economic driver of the regeneration of the area whilst delivering additional social benefits.
9. One of the key advantages is that it would achieve early delivery in the Southern Gateway. The scheme opening would represent an early milestone, building confidence in the council's commitment to the regeneration of the area and in our ability to deliver the complex project. It would also drive footfall in to Piccadilly, and act as a continuation and

extension of the already successful reinvigoration of the Fossgate and Walmgate area.

10. The additional activity, footfall and vibrancy in the area would create an environment conducive to development and encourage other private sector landowners to invest and bring forward their sites and may have an impact on the broader ambition for improving the quality of the area and by driving footfall, contribute to uplift in land values. Should these impacts be realised it would also significantly improve the nature of 17-21 Piccadilly. The site currently looks out on to the vacant and run down Banana Warehouse. Discussions with the landowners suggest that the site will be redeveloped by the time Spark:York's tenancy would complete. This, coupled with the increased footfall to the area from the Spark:York development, would result in the council's site being a more attractive proposition potentially increasing both land value and the achievable revenue returns.
11. Any profit generated by the scheme will be subject to a profit share agreement with the council (detailed in paragraph 16). This helps to de-risk the project but ensures that the council benefits if it is a commercial success. It is also important to note that as a Community Interest Company any profit generated by Spark:York will be reinvested in to community projects associated with the scheme. They have committed to an open book approach to finances with the council to sign off actual profit achieved, and to agree with the council the broad principles of what Spark:York's profits will be used for. The council would also have a representative on Spark:York's advisory board, which will be consulted on the proposed use of their profits.
12. The business plan that has been submitted to the council is comprehensive, detailed and innovative, and a summary version is included as Annex 2. The nature of meanwhile uses on short term tenancies and organisations with strong social aims and low rent models means that they carry a level of risk of failure. However, it has been interrogated by cross-directorate officers and partners at Make It York and The BiD. There is a reasonable level of confidence in the assumptions made in the business model and the scheme is backed by an experienced and respected advisory board. Spark:York have already secured half of the start-up investment needed through angel investors, grants and donations without having been able to go public with the proposal and give certainty of the council's offer of a tenancy.

13. Crucially for the council the main risk for the proposal rests with Spark:York. It is their responsibility to secure finance and planning permission. If neither can be achieved then the offer of a tenancy will be withdrawn. If once up and running the project was not an ongoing viable concern then the site would simply return to the council and be available earlier for redevelopment. Importantly, there is sufficient commercial value in the fitted out shipping containers that there would be no risk of them being left on site if Spark:York were to cease to exist.
14. For the project to be viable Spark:York would need a 3 year tenancy to allow the start up and investment costs to be recouped. It also provides certainty to investors and allows the offering of longer term agreements to prospective tenants for the development. The option of offering a 3 year tenancy with a break clause at the end of year 2 was considered to give the opportunity for control of the site to be taken back earlier if required. Even if an in principle payment was agreed with Spark:York to cover all outstanding costs to break even significant operational risks would remain. The most challenging of these would be the restrictions on their ability to offer tenancies longer than 1 year in the second year of the lease due to the uncertainty created by the potential imposition of the break clause. In turn the sub-tenants would be reluctant to invest in kitting out their units and this uncertainty would consequently damage investor confidence.
15. The length of term does not significantly impact on the current anticipated delivery programmes and models for the council's land assets in the area. It allows an ongoing use of the site that has wider benefits whilst the council secures partners, planning permission, consults and procures contractors. It is likely that this site would form a second phase of the redevelopment of the area meaning it is built out in an improved area with potential higher land values and returns. As a consequence the risk to the viability of the project of inserting a break clause, the cost to the council to enact it, and the fact that the difference of one year is unlikely to adversely impact on the development of the site, the option was discounted.
16. Profit share/rent – As a piece of unused land with few amenities and a short tenure the commercial value of the site is limited. To de-risk the project, enabling the best chance of success whilst ensuring the council benefits if it is commercially successful, the rent will be predominantly on the basis of a profit share agreement, with a guaranteed base rental figure to repay the council the cost of providing the necessary utilities to the site. The cost of the provision of water, electric and gas supply has been estimated to be circa £40,000. From being ordered the supply of these utilities can take up to 6 months, and as a consequence would need to be

paid for and ordered by the end of November to meet the project timescales. As there is no market rent to justify that expenditure the cost will be recouped from Spark York's profit over the tenure period as a monthly rent.

17. In addition to that rent there will be a 30% profit share. Based on the profit forecasts at this stage this could generate the council a further £22k per annum. It should be noted that the outlay on utilities does carry a degree of risk as it will need to be spent in advance of having certainty that Spark:York can proceed with the tenancy. Some of this risk is mitigated by the fact that the investment does improve the value of site, would make it easier to allow alternative temporary uses, and could be of use to the long term development proposals.

### **Consultation**

18. The council have consulted with Make It York and The York BiD who are supportive of the proposal. Spark:York have undertaken their own discussions with prospective tenants, investors and local businesses and intend to undertake a full public consultation should the Executive approve the offer of a tenancy.

### **Implications**

19. The following implications have been identified:
  - (a) **Financial** – The recommended option would involve the Council incurring £40k capital expenditure in 2016/17, with this investment being repaid over the following 3 years as the fixed cost element the lease with further potential income generated through a profit share agreement. Assuming a 50% profit share, the indicative forecast profit and loss accounts prepared by Spark:York show that this initial outlay would be fully repaid, with a further £65k likely to be paid to the Council by the end of the agreement. There are clearly some financial risks attached to this proposal, however, it is considered that this investment would be required in any event to secure a commercial income from the site.
  - (b) **Human Resources** – There are no human resource implications.
  - (c) **Equalities** – There are considered to be no equalities implications.

- (d) **Legal** – The Council needs to be satisfied that the rental income anticipated to be received under the proposed profit share arrangement is the best reasonably obtainable in the circumstances when assessed against the improvement in the economic, environmental and social-well of the local area which will hopefully result from the proposed development. The staged monthly payment mechanism for recouping the infrastructure costs over the full term of the lease may mean that the Council is deterred from terminating/forfeiting the lease early in circumstances where it might otherwise consider this step. For example, in the event of any significant breaches of the tenant's various obligations within the lease as otherwise the Council may fail to receive full repayment of the £40,000 in question. If Executive decide to approve the proposal, it is recommended that before the Council commence commissioning of utilities provision, an Agreement for Lease is entered into between the Council and Spark York in which:
- (1) Spark York commit to using all reasonable endeavours to obtain planning permission and secure any necessary remaining funding as soon as reasonably possible
  - (2) Spark York commit to taking a lease of the site from the Council as soon as utilities are connected and planning permission in place (an agreed draft of the eventual lease would be appended to the initial Agreement)
  - (3) the Council could terminate the Agreement and recover the cost of installing utilities from Spark York if they do not enter into the lease
- (e) **Crime and Disorder** – Bringing the site back in to use would reduce the risk of anti-social behaviour that is attached to vacant sites. The proposed development would require planning permission, and the application would be considered in consultation with the police architectural liaison officer.
- (f) **Information Technology** – There are no information technology implications.
- (g) **Property** – covered in the report.
- (h) **Other** – There are no other implications.

## Risk Management

20. In general the proposal is deemed to be low risk. The council is offering the tenancy subject to Spark:York securing funding and finance. Should they be unable to achieve either then the offer would be withdrawn. Meanwhile uses do carry an inherent risk in that the short term nature of the tenancy means there is a short period in which to payback the initial investment. The business case has been interrogated by officers and appears to be viable and evidences demand from tenants. Should the project fail the risk again rests with Spark:York. In a scenario in which they cease to trade the value of the converted shipping containers and their ability to be transported and used elsewhere would mean they were not left on the site.
21. There is a risk associated with the outlay on utilities. Although the profit share rent structure would guarantee the costs are reimbursed to the council over the term of the tenancy they need to be ordered in advance of certainty that the tenancy will commence.

## Contact Details

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Assistant Director for  
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**Report  
Approved**



**Date** 14 November  
2016

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

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**Property**

Philip Callow  
Head of Asset & Property Management  
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**Wards Affected:** *Guildhall*

**All**

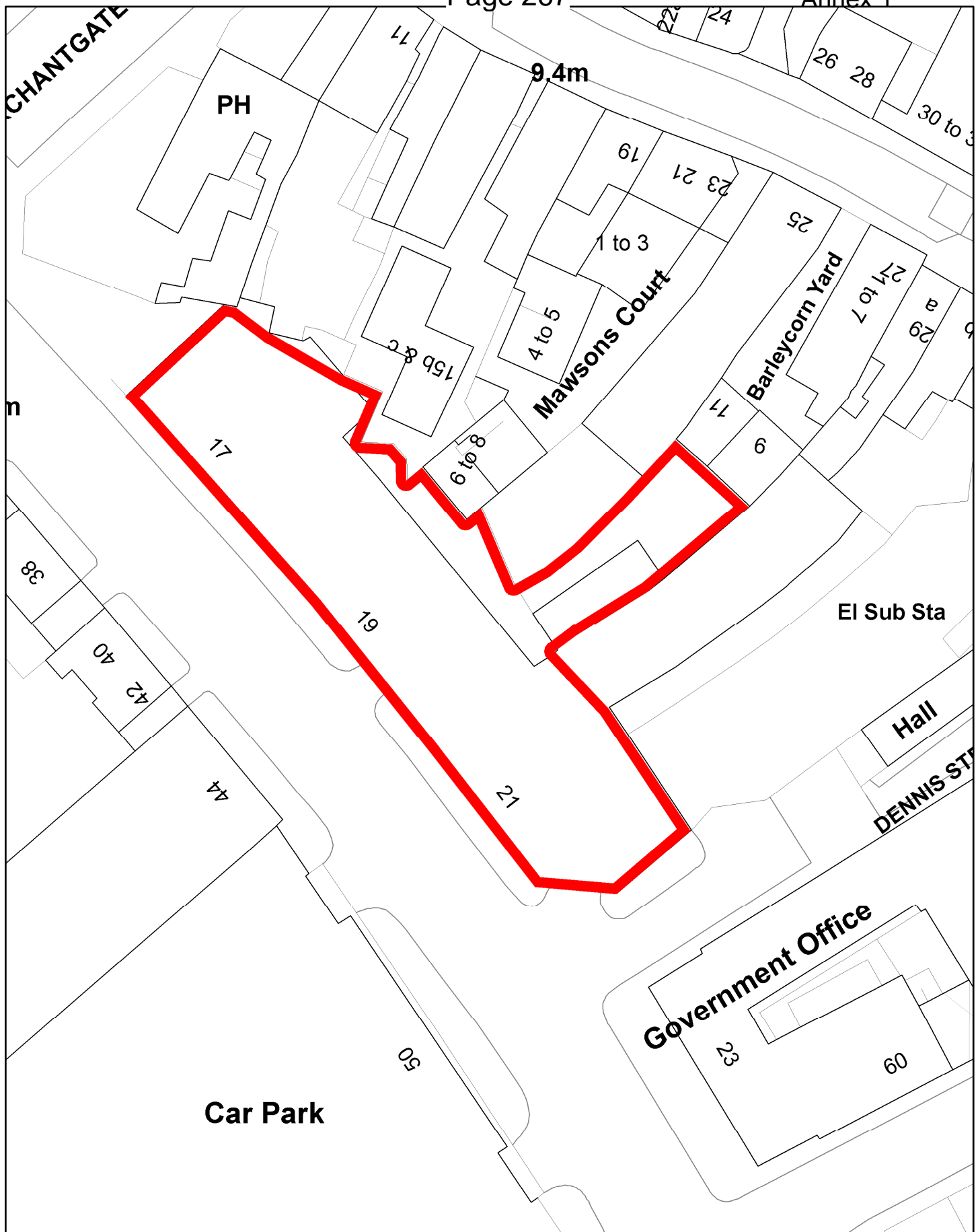
**For further information please contact the author of the report**

**Annexes**

Annex 1 – Map of 17-21 Piccadilly  
Annex 2 – Spark:York business plan summary

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**Resources**  
**Property Services**

**17/21 Piccadilly**



SCALE 1:500

DRAWN BY: CC

DATE: 10/02/2010

Originating Group:

Drawing No.

**E00287**

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e: [sam.leach@sparkyork.com](mailto:sam.leach@sparkyork.com)

t: 07762764340

**Proposed Site Address:** 17-21 Piccadilly, York, YO1 1PB

## Business Plan : Snapshot - Spark:York C.I.C — Eat | Drink | Work | Create

November 2016

Spark:York is an exciting, innovative and totally unique project for York; transforming disused shipping containers into affordable spaces for start-up businesses, social enterprises, artists, talented local people and community organisations in York City Centre.

We have secured an in-principle three-year lease on a derelict piece of land on Piccadilly, and aim to open in Spring 2017. The site will officially be ratified subject to a council vote at the end of November.

The versatility and affordability of recycled shipping containers enables the ability to deliver quick, affordable rented units, providing much needed space to local people in areas of food, drink, retail, art studios and galleries, music, cultural exhibitions, festivals, and workspaces across York.

Included within Spark:York will be:

- **Street food kiosks** – serving unique street food not found elsewhere in the City
- **Beverage kiosks** – serving unique alcohol and non-alcohol based drinks, tapping into the early evening, European-style way of drinking and socialising
- **Retail** – selling unique products not found elsewhere in York
- **Shared workspace** – a Hub for socially minded local businesses and entrepreneurs, providing hands-on support to help grow their ideas
- **Meeting / teaching space** – a quiet, private space for meetings or classroom-type events
- **Stage and performance area** – providing a platform for performing arts and a regular programme of events and activities for York residents
- **Public workspace** – free wi-fi accessible to professionals passing by or needing a couple of hours' space in the City Centre

Nothing like this exists in the North of England, and Spark:York draws on the experience in London of Pop Brixton [[www.popbrixton.org](http://www.popbrixton.org)], and is inspired by its success and that of other community-based enterprises in the capital. Such sites have regenerated large sections of city boroughs, promoted overall footfall of an area and inspired positive and tangible social change.

As a community interest company, any surplus the project makes will be reinvested into community projects, support for local funds and in improving our social returns on the site.

Spark:York will be the most energetic, vibrant and exciting space that York has seen in recent history; **we seek to be the spark behind local people changing lives.**

## Our Team:



Sam Leach,  
Director  
**General Manager,**  
Focus: Business Concept  
and Implementation



Joe Gardham,  
Director  
**Daytime Coordinator,**  
Focus: Social Enterprise  
and Communications



Tom McKenzie,  
Director  
**Commercial and Community  
Manager,**  
Focus: Site and Regulations

## Our Advisory Board:



Alan Millard,  
Chief Operating  
Officer, Hiscox UK  
and Ireland (Focus -  
Business, Financial  
and IT)



Robert Bell,  
CEO Archomai;  
Fellow, Durham  
University Business  
School (Focus -  
Retail, Logistics  
and Digital)



Bob Doherty,  
Professor  
Management School,  
University of York and  
Senior Lecturer, Social  
Enterprise (Focus -  
Social Enterprise/  
Academic)



Carl Turner  
Founding Director,  
Carl Turner Architects;  
Managing Director,  
Pop Brixton; Group  
Architect (Focus -  
Design, Planning and  
Architecture)



Alice Beckwith, Head  
of Member  
Experience,  
Benenden Healthcare  
(Focus - Change  
Management and  
Customer Services)

## Our Support Team:



John Nelson,  
Group Mentor, Co-  
Founder, Hull Trains



James Palmer  
Project Manager, Focus:  
Implementation and  
Operations



Clare Palmer  
Project Artist, Focus: Business  
and Landscape Integration

## Precedent Site: A Model Based on Previous Success



### Pop Brixton

**Pop Brixton:** [www.popbrixton.org](http://www.popbrixton.org)

- Transformed former derelict ice rink in Brixton.
- Utilised recycled shipping containers to provide commercial space, office space and event space to over 50 local businesses and community groups.
- Has attracted over 750,000 visitors in their first year, have increased the land value by 25%, provided free use of event and meeting space for local community, created over 200 jobs and subsidised rents for community-minded businesses.



### So, Spark:York — Our Principles:

1. everything we do is unique to York
2. we are a platform for creative artists, musicians and performers to showcase their work
3. we inspire trust, support and confidence from York residents
4. we improve outcomes for York's marginalised and vulnerable communities
5. we empower social visionaries to realise their ambition
6. we live and breathe inclusivity and equality of opportunity
7. all of our products and services are fundamentally sustainable and accessible to all
8. we raise awareness of social enterprise and the voluntary sector in York
9. we provide affordable space in the centre of the city
10. we are exclusively for independent, York-based businesses



**One Planet York - Spark:York — the inaugural project to promote a One Planet City: to make York a more sustainable, resilient and collaborative 'One Planet' city.**



- 1) **Vibrancy and Diversity of the Local Economy: Equity and Local Economy** - designed to support local jobs, affordable and accessible enterprise. A tenant criteria of independent, predominantly start-up, York-based businesses — all socially minded and passionate about York. **Culture and Community** - Community at the heart of everything we do, building cohesion across every social demographic of York, inclusive at its outlook and transformational for York. **Health and Happiness** - A healthier, happier, more sustainable site, bringing people together, facilitating new networks across York, events, workshops and opportunities for local people. **Local and Sustainable Food** - Building resilient local supply chains central to strengthening local economies and its social impact to a city.
- 2) **Quality of the Built and Natural Environment: Land Wildlife** - Green roofs initiative, formalised planters, plant plots, a genuine green space in the heart of York. **Sustainable water** - A recyclable water scheme, reducing storm water run-off, and utilising water butts to water our horticulture and greenery on site. **Sustainable materials** - Shipping containers are versatile, easily up-cycled and can quickly be implemented to create enclosures and define space. Containers fitted with recycled OSB cladding, and furniture on site, where possible, will be recycled. **Sustainable transport** - providing additional cycle racks, promoting the busy local bus interchange and walking/pedestrianisation of the site. **Zero waste** - Fully utilising the facilities of recycling and the disposal of waste, with separated bins for garden waste, plastics, cardboard, glass and non-recyclables. **Zero carbon** - promoting shared workspaces, reducing dependency on carbon emitting energy.

We believe **local leadership** is a way we can showcase and present functional and desirable alternatives to how business can be conducted and how future public sites can be utilised for individual and community benefit.

### Proposal — Spark:York

**Our project focuses on 17-21 Piccadilly, the former Reynard's Garage site. We will use recycled shipping containers and timber structures to create a thriving community space that can be home to over 20 businesses. This will allow the proposal to evolve due to the modular nature of the containers; it can grow or reduce, according to demand, and can be transported onto another site as and when necessary.**



**'Meanwhile Use' Developments:** is the temporary use of vacant buildings or land for a socially beneficial purpose until such a time that they can be brought back into commercial use again. It makes practical use of the 'pauses' in property processes, giving the space over to uses that can contribute to quality of life and better places whilst the search for a commercial use is ongoing.

<p><b>Benefits for the council</b></p> <ul style="list-style-type: none"> <li>- Security of active occupation</li> <li>- Increased prospect of future commercial use</li> <li>- Increased footfall and regeneration of surrounding areas</li> <li>- Cultivating council land</li> <li>- Facilitating jobs, opportunities and community-driven development.</li> </ul>	<p><b>Benefits for occupiers, business and community groups</b></p> <ul style="list-style-type: none"> <li>- Low cost, low commitment space</li> <li>- High profile, high footfall site</li> <li>- Space for innovation and growth</li> <li>- Synergy and collaboration with other businesses.</li> </ul>
<p><b>Benefits for the wider public</b></p> <ul style="list-style-type: none"> <li>- Maintaining vibrancy</li> <li>- Improving visual attractiveness</li> <li>- Attracting visitors and investors</li> <li>- Preventing area blight or decline</li> <li>- Making community services more accessible</li> <li>- Strengthening the third sector</li> <li>- Promoting green space</li> </ul>	<p><b>Why containers?</b></p> <ul style="list-style-type: none"> <li>- Precedent of Success</li> <li>- Adaptable and versatile to demand and local needs.</li> <li>- Secure</li> <li>- They work!</li> <li>- They are different!</li> </ul>

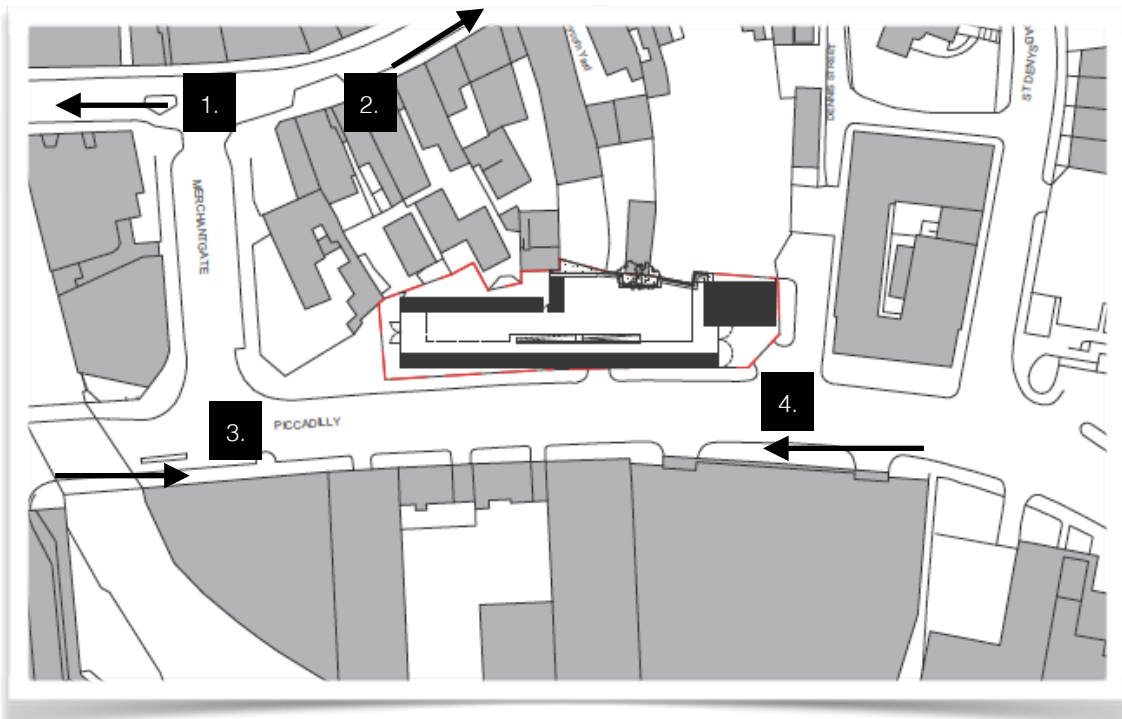


### How will the site work?

**2 Levels: = 1 20ft containers, 14 40ft containers (1 open 20ft container stage/performance area)**

- 1 disabled access low-rising ramp; Concrete surface, with planters and greenery, combined with green roofs, and water butts for water collection; Male, female and disabled toilets; A large seating and walking area on each floor. A large event space and seating area on most of the site; Decking stage performance area; Meeting space with views towards the city centre; Retractable cover; Secure and compact space on the ground floor, with retractable gates at both the entrance and exit of the site. Refuse area to the left rear of the site.

# Construction Fit Out Process



## Footfall Analysis

Footfall in Surrounding Streets - People Per Hour - 1) 18-35 years 2) 36+ years, Monday and Friday		
<b>1) Towards Fossgate</b>	Monday - 9am: 340/168, 1pm: 225/182. 5pm: 254/148	Friday - 9am: 348/144, 1pm: 240/216, 5pm: 276/156
<b>2) Towards Walmgate</b>	Monday - 9am: 99/114, 1pm: 476/398. 5pm: 380/176	Friday - 9am: 108/120, 1pm: 540/408, 5pm: 396/192
<b>3) Down Piccadilly</b>	Monday - 9am: 128/138, 1pm: 160/84. 5pm: 298/164	Friday - 9am: 132/144, 1pm: 168/72, 5pm: 324/168
<b>4) Towards Parliament Street</b>	Monday - 9am: 176/262, 1pm: 360/349. 5pm: 197/118	Friday - 9am: 180/276, 1pm: 372/360, 5pm: 204/120



## Fundamentals of the Proposal

<p><b>Eat</b></p> <p>The casual dining revolution. Reflecting a growing intrigue in food across the country, and a new, more affordable point of entry to new food for many.</p> <p>Spearheading the 'eating economy' with a constant display of a city's local culinary talent and best food start-ups — accessible and affordable opportunities.</p>	<p><b>Drink</b></p> <p>Promoting the relationship between food and drink - drinks to complement an array of food options, that accommodate to everyone's needs. Appreciating the craft of making a drink.</p> <p>Utilising local ingredients, herbs and botanicals, to create natural options for refreshment.</p>
<p><b>Work</b></p> <p>Providing genuinely affordable space for new start-ups, social enterprises, charities and community groups.</p> <p>A collaborative community that encourages businesses around a co-working space to work, share, learn and evolve together.</p>	<p><b>Create</b></p> <p>Achieving a space that is a constantly adapting, thriving creative force in the city — nothing is impossible.</p> <p>Facilitating event space for all members of a city, building cohesion and supporting interaction between groups across a city — being creative is the lifeblood of cities and the future.</p>

### Examples of Possible Events:

- 1) **The Contemporary Art Festival:** Turning Spark:York into a thriving exhibition of local artistry as an outside, contemporary art gallery. This will combine free space for the York Open Studios, arts and crafts workshops and classes for younger residents, a street art exhibition showcasing York through the prism of street contemporary art, visual art, evening jazz concerts, a collection of global ceramics and ethical coffee!
- 2) **York Street Food and Drink Festival:** In combination with York's famous Food and Drink Festival, Spark:York will be emphasising the influence and impact of Street Food in helping to widen and excite York's local, yet global cuisine.
- 3) **Piccadilly Festival:** A celebration of the history of the Southern Gateway of the city, the history of Piccadilly and the history of the former building occupying the site, once a trolleybus depot, then an 'airspeed' factory.



### Stories behind Spark:York — Why will Spark:York benefit all groups across York?

#### Adam - Jah Zipper: Jamaican Street Food Ltd

“This is exactly the sort of thing York has been crying out for. Myself, as well as others in the city, put everything into our food - passion, love, sweat and tears, and to bring all that together in one site is a brilliant idea. I've been doing street food for four years

now, I've had a food truck, done food festivals, had residencies in pubs across the city, so the chance to have my own space and be able to develop my business on my own terms and kit it out in my own style is just what I need. I have big dreams for my company, and this represents a chance.”

### Other Notable Conversations:

Members from Spark:York have had a number of meetings with businesses located along Fossgate and Walmgate, to ensure support from the Fossgate Traders' Association. Having spoken at their business forum, we received unanimous support. Many are interested in expanding operations onto the site.

We have been in consultation and have the support of the **York Business Improvement District (BID)** and **Make It York**.

### The Market - Building on Market Success

- **Festivals and civic life:** The conversion of large public spaces, particularly on Parliament Square to facilitate large events of food, drink, comedy and retail. Such as The Great Yorkshire Fringe, the York Food and Drink Festival and St Nicholas Christmas Festival.
- **The early evening economy:** In the last five years, a 17.5% increase in food premises across the city centre. York has increasingly diversified its early evening offerings.
- **Student population:** York now has 24,000 students between its two universities.
- **Independent success and regeneration:** The successes of Fossgate, Walmgate and now Micklegate have largely been driven by independent, locally-delivered businesses and council facilitation and support.

### Operations: Social Enterprise/Community Interest Company

**Spark:York (Spark York C.I.C) is a community interest company, limited by guarantee.** (company number: 10071777). We are a standalone commercial venture that exists to further social and community objectives.

Companies limited by guarantee do not have shareholders, they have members instead. These members are Spark's guarantors rather than shareholders. Because the members do not own shares in the company they cannot personally profit from any increased value in the company. The CLG is common for social enterprises. We must:

- serve a community interest and be able to report on how it is serving this interest each year **AND** have a statutory asset lock which ensures that the assets are retained within the CIC for community purposes.

### Tenants

Market rent on the site is expected to be £3.88 per square foot, offering: Kiosk space (13.3ft - third of a container) at £100 per week, mixed use space (20ft - half of a container) at £150 per week and mixed use space (40ft - full container) at £300 per week.

Each tenant will sign between a 1 year and 2 1/2 year sub lease, which includes a nominal upfront deposit and the first 3 months' rent. There is a mutual break clause after 6 months.

Tenants will be selected based on the following criteria:

- 1) **the strength of their business plan**, a thorough application process — what would you like to do, how much space do you need outlined with financial planning.
- 2) **their locality to York**, living in York or in close proximity, identifying with the city or having previously worked or ran a business in the city.

- 3) **their alignment to Spark's ethos of supporting York**, particularly by being socially minded, and committed to making a positive impact on their local community.
- 4) **commitment in giving back to the local community**, through contributing one hour of their time each week to support our partner charities, enterprises or provide support to young people or those who have struggled to access mainstream employment.

Preference will be given to businesses that complement each other, rather than compete with each other.

## Employment of Staff on the Site

Employment of Staff on the Site - Position and Description	
General Manager (Full time)	<ul style="list-style-type: none"> <li>- To play a leading role in the smooth running and operations of the site.</li> <li>- Liaising with tenants and dealing with any day to day issues.</li> <li>- Effective day-to-day management of the on-site team.</li> <li>- Monitoring and managing health and safety systems.</li> <li>- Contract management of cleaning, security, maintenance, waste etc.</li> </ul>
Community and Commercial Manager (Full time)	<ul style="list-style-type: none"> <li>- To ensure harmony and balance is struck between the commercial and community interests of Spark:York.</li> <li>- Acting as liaison manager for our members and visitors, to galvanise a community ethos.</li> <li>- To work closely with our member businesses on a daily basis, forging strong relationships and acting as their key representative.</li> <li>- Working to ensure Spark:York is a contributing member of the local social and economic community, devising and implementing new methods for community outreach and involvement.</li> </ul>
Daytime Coordinator (Full time)	<ul style="list-style-type: none"> <li>- To support, develop, coach, mentor and challenge businesses within the Spark's Social Hub Programme.</li> <li>- To build a host of business support clients and professionals who will offer support to businesses in the hub.</li> <li>- Events and activities during the day that meet our social objectives (ie pilates, yoga, intergenerational activities, mens shed, mum fit etc etc).</li> </ul>
Other roles	Caretaker and maintenance, security, cleaning.

## Financing Spark:York

**Overall Project Costs: The business case for Spark:York requires up front capital cost investment of roundly £207,000. This can be broken down as follows:**

**Individual container costs include: (40ft)**

- **Container and Delivery; Ply lined and insulated (inc. labour); Two Windows; Door fitted; Electrics, parts and labour.**

**x14 containers 40ft and 1 20ft**

- **Including craning and positioning, groundworks, scaffolding walkways and ramp**

**= £250,000 (inc contingency and 20% VAT)**

Once constructed, the site offers trading space that enables Spark:York to secure revenues from a number of sources, specifically from rents, commission on sales, the running of special events, and the reclaiming of common utility costs via a service charge to tenants. Commissions would be derived twice a year on the basis of open book accounting methods with the tenants. Basic management of the site once established is relatively modest and fixed. The business case does not assume full occupancy so there is a margin for extra income should the site be successful. Management and marketing costs are relatively fixed once established and with incomes steady, once established the financial stability of the entity looks relatively secure.

### **Further Potential Sources of Revenue:**

- **Our own in-house cafe/bar** (Primarily staffed by long term unemployed, ex-offenders and NEETs.)
- **Seasonal Pop-up** (Enabling a new way and lower-risk opportunity to trial a new tenant on the site, to ensure they get their business plan right)
- **Our Online Spark Platform: [www.sparkyork.com](http://www.sparkyork.com)** (To create online marketplace for Spark businesses and retailers and to enable the site to have a physical and virtual dimension.)

## Funding Strategy

**Our funding strategy seeks to reinforce our values and mission through how we collect the necessary capital funding for the project. Current total: £125,000 pledged.**

### **Other Issues**

#### **Location:**

- Where possible, strengthening local ties with members of the community through fundraising, including local business/individual support, sponsorship or donation, and especially through crowdfunding. An emphasis on local community grants and funds confirms this principle.

#### **Funding Mix:**

- Loans and repayable debt not to exceed 50% of overall capital costs raised.
- Where possible, strengthen local involvement and 'ownership' from smaller donations.

#### **Cashflow timing:**

- 25% by end of October: 62,500, 50% by end of November: 125,000, 100% by confirmation of planning permission (expected December 2016/January 2017): 250,000

**How will we do it?**

- **PLAN A:** Business: sponsorship/donations/investment
- Individuals: donations, angel investment, small interest social investment.
- Trusts, foundations, community funds and grants. Small council funds (ward funding).
- Crowdfunding.
- **PLAN B:** Loans: social enterprise loans, investment/grant mix

**a) Individual Investments and Donations (expected: 50% funding - £125,000)**

- Individual donations, angel investment, social investment/interest repayable loans or grant/investment mix (low interest).
- Either monthly repaid or at the end of Year 3, contractual agreement. Pledge first, then contractual ratification.
- Targeted list of 20, initial call, followed by letter with brochure, monitored interaction, meeting and negotiation.

**b) Business Support (expected: 10% funding: £25,000)**

- **Business sponsorship:** opportunities to sponsor containers or our social hub to facilitate further opportunities for new enterprises across the city.
- **Business donations:** Business contributions or purchase/acquisition of materials for the site, such as container acquisition.

**c) Trusts/Funds/Grants (expected: 20-40% funding - £50,000-£100,000)**

- Extensive pots for grant funding that satisfy a range of social objectives.
- These include family trusts/endowment funds, local council funding, foundations.

**d) Crowdfunding (expected: 10% funding - target: £25,000)**

- Raising money for the venture through a large number of small donations from members of the local community, from individuals, local organisations and businesses.
- **Spacehive: Precedent Projects:** Roman Gardens, Castlefield, Manchester - deliver a world-class urban space/garden, pledged £37,342 from 130 backers.
- Crowdfunding launches in coordination with press launch, website release and consultation events.
- List: Spacehive. Launch expected - Mid-November 2016 to End of January 2016.

e) Loans - Social Enterprise Loans

**Site Construction Timeline:**

**Week 1 W/C 16th January:** Survey site, drainage utilities, groundworks to prep for containers.

**Week 2 W/C 23rd January:** Containers arrive and position, scaffold walkways to be erected, any steel work, secure site, materials arrive.

**Week 3-Week 9 W/C 30th January-W/C 13th March:** Fit out all containers, hard landscaping, electrics and plumbing fit.

**Week 10 W/C 20th March:** Remaining tenants allowed on site, electrics second fix, finish hard landscaping.

**Week 11 W/C 27th March:** Snagging, get ready for opening, tidy site.

**Site Opens to Public: 1st April 2017**

## Profit and Loss and Balance Sheet Forecast for Year 1, 2 &amp; 3

	Year 1 £	Year 2 £	Year 3 £
<b>Turnover</b>	272,172	272,172	272,172
Cost of sales	64,620	64,620	64,620
<b>Gross profit</b>	207,552	207,552	207,552
Administrative expenses	128,171	134,471	140,771
<b>Operating profit</b>	79,382	73,082	66,782
Interest paid	2,052	2,052	2,056
<b>(Loss)/profit for the year before taxation</b>	77,330	71,030	64,726
Retained profit brought forward	-	77,330	148,360
<b>Retained (loss)/profit carried forward</b>		148,360	213,085
	<b>Year 1 £</b>	<b>Year 2 £</b>	<b>Year 3 £</b>
<b>Fixed assets</b>			
Tangible assets	214,838	216,375	211,613
<b>Current assets</b>			
Cash at bank and in hand (end of year)	73,966	96,790	119,614
<b>Creditors due within one year</b>	(26,862)	(24,806)	(8,142)
<b>Net assets/(liabilities)</b>	77,330	148,359	213,085
<b>Members' funds</b>	77,330	148,359	213,085

13.3ft - 8: £5,200 per year per tenant - £100 per week, £3467 per month, 20ft - 6: £7,500 per year per tenant - £150 per week, £3,750 per month 40ft - 7: £15,000 per year per tenant - £300 per week, £8,750 per month

Sales Commission: If site is full - and each tenant turns over £50,000 p.a. - 3% of that turnover as commission. **AND** Service Charge - 12.5% of rent per tenant.

**Assumptions:** Balance Sheet

Leasehold improvements: rent free/utilities, clearing the land

Receivables: rent/service charge/commission

Tangible fixed assets - depreciation/amortisation

Leasehold improvements: 10% of cap ex.

Fixtures, fittings and equipment: 15% of cap ex.

**Assumptions:** Cash Flow: Start-up cash receipt: £200,000 grant/donation, £50,000 low interest loan (2% APR)

## Route to Market

		Q4, 16	Q1, 17	Q2, 17	Q3, 17	Q4, 17	Q1, 18
<b>0</b>	<b>Concept &amp; Agreements</b>						
<b>1</b>	<b>Set up</b>						
<b>2</b>	<b>Establish</b>						
<b>3</b>	<b>Implementation and Roll out</b>						

1. **Concept and Agreements:** Define objectives, aims and visions of Spark:York.
2. Detail revenue streams, feasibility and logistics.
3. Business case submission.
4. Council ratification for the land.
5. **Set up:** Public Press Launch Spark:York - web/social media/press releases.
6. Open interest for tenants and launch crowdfunding appeal.
7. Submit planning application
8. **Establish:** Confirm tenant list, alert tenants of requirements and contract.
9. Secure funding (exempting crowdfunding).
10. Place provisional orders for materials and confirm acquisition of containers.
11. Confirm project plan, management and labour for site.
12. Achieve planning permission for the site and confirm groundworks.
13. Confirm tenant list and promotion to press. 100% capital costs raised.
14. **Implementation and Roll out:** Place orders for materials, containers, and craning.
15. Confirm schedule of work. Begin work schedule.
16. Allow tenants on the site to begin container fit out.
17. Confirm working budget and day to day strategy and management.
17. Pilot private event and **LAUNCH** - April, 2017.

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**Executive****24 November 2016**

Report of the Director of Health, Housing and Adult Social Care from the portfolio of the Executive Member for Adult Social Care and Health

**The Next Phase of the Older Persons' Accommodation Programme: deciding the future of Willow House Older Persons' Home**

The purpose of this report is to provide Members with the results of the consultation undertaken with the residents, relatives and staff of Willow House residential care home to explore the option to close the home with current residents moving to alternative accommodation, and for Members to make a decision about whether to close Willow House. The context for this decision is that the Older Persons' Accommodation Programme aims to meet people's changing needs for accommodation with care, and in-particular the needs of those with dementia and the demographic challenges faced by the city, through delivering additional Extra Care accommodation and new, good quality, residential and nursing care accommodation.

**Recommendations**

1. The Executive are asked to:
  - a. Note that the Older Persons' Accommodation Programme aims to address the needs and aspirations of older people who need accommodation and care, both now and in the future, equipping York to meet their needs by delivering new Extra Care accommodation and good quality residential and nursing provision which meets modern day standards.
  - b. Receive the outcome of the consultation undertaken with residents, family, carers and staff of Willow House to explore the option to close the home with current residents moving to alternative accommodation.
  - c. Make a decision about whether to close Willow House residential care home and, if a decision is made to close it, require that residents' moves to their new homes are carefully planned and managed in line with the Moving Homes Safely protocol.

- d. Make a decision about whether the Willow House site and adjacent land, in total 3,092 m<sup>2</sup>, should be sold forthwith in order to generate a capital receipt to support the wider Older Persons' Accommodation Programme.

*Reason: In order to increase the supply of good quality accommodation with care for independent living together with new residential and nursing home provision to address the changing needs and aspirations amongst York's older population and ensuring that more can choose to live independently at home.*

## **Summary**

2. The Older Persons' Accommodation Programme aims to meet people's changing needs for accommodation with care, and in-particular the needs of those with dementia and the demographic challenges faced by the city, through delivering additional Extra Care accommodation and new, good quality, residential and nursing care accommodation.
3. On the 30th July 2015 the Executive agreed its vision for a new Older Persons' Accommodation programme. This involves delivering, by the end of 2018, 525 new units of accommodation including 343 that will serve those with high care needs including dementia, facilitating the replacement of out of date care beds. All new facilities would incorporate modern day features including bigger bedrooms, self-contained bathrooms and better communal and social spaces, all absent from current facilities. The current CYC run facilities fall short of current CQC expectations and would therefore provide no certainty of provision into the future.
4. This increase in the supply of accommodation with care will set York on the right path to deal with a 50% increase in the number of citizens over 75 by 2030.
5. At the meeting of the Executive on 14<sup>th</sup> July 2016 Members agreed that, "this autumn, a six week period of consultation is undertaken with the residents, family, carers and staff of one of the Council's Older Persons' Homes to explore the option to close the home with current residents moving to alternative accommodation and that a further report on the outcome of this consultation be received at the Executive before a final decision to close is made and that this process is repeated in the first half of 2017 in respect of a further Council run Older Persons' Home".
6. This report provides Members with the results of the consultation undertaken with the residents, relatives and staff of Willow House residential care home (and with other interested parties) to explore the

option to close the home with current residents moving to alternative accommodation

7. The consultation has engaged all residents, many of their relatives as well as staff. Users of a learning disability (LD) “drop in” resource and their carers were also consulted. Any issues, concerns and queries that were raised have been addressed at the time or in follow-up conversations and/or correspondence. The six week consultation concluded on 4<sup>th</sup> November 2016. The outcome of the consultation is dealt with further on in this report.
8. The issues raised in the consultation process had been anticipated in the development of the Programme and in the conduct of consultation upon home closure and the management of any potential moves. In particular, the Moving Homes Safely protocol has been developed (and used) to ensure that the management of any move is focused on the needs of each individual and handled in such a way as to minimise distress. We therefore conclude that no new issues have been raised which bring into question the need for consideration of the closure of Willow House nor the plan and purpose behind the Older Persons’ Accommodation Programme.
9. In addition, the views and wishes of current residents, their relatives and staff at Willow House should be considered in the light of the needs of the wider older persons’ population of York, both now and in the future. For these people the overwhelming wish is to remain living independently in their own home if they can and when this is not possible, to live independently in Extra Care accommodation or, for the smallest proportion, to move to good quality residential or nursing care.
10. The public consultation which underpins the Older Persons’ Accommodation Programme identifies that 97% of questionnaire respondents agreed that bigger bedrooms, en-suite facilities, wider corridors and more social space should be key features of residential care homes. Bigger bedrooms give more social space for residents to entertain visitors, they can accommodate the resident’s own furniture and bigger rooms give staff more space in which to work and support residents, particularly where bed hoists need to be used.
11. The needs of users of a learning disability “drop in” resource currently housed at Willow House could be met by alternative provision.
12. The progress forward of the Older Persons’ Accommodation Programme is dependant upon the closure of existing council-run OPHs as this releases revenue savings, capital receipts and land to allow us to invest in modernising York’s provision. Any delay in closures will incur an

additional monthly cost to the Programme of £12,500, or £150,000 for a full year, and will delay the conclusion of the Programme, currently scheduled for Q4 2018.

## **Background**

13. For older people it is recognised that having adequate accommodation is fundamental for dignity and security. Having access to appropriate accommodation with care underpins health and well-being and is the cornerstone to the delivery of sustainable NHS and social care services. York's older residents want to remain living independently in their own home for as long as they can and, if they must move, want choice over where to live to receive care.
14. York's older population is growing rapidly with the number of 75+ residents expected to increase by 50% by 2030; the number with complex needs including dementia is growing even faster. York does not currently have sufficient accommodation with care to cater for this rising population. Further, current supply is no longer fit for purpose, particularly Council run OPHs which are outdated and lack modern facilities: for example, just 16 of the 171 bedrooms have en-suite facilities.
15. In 2011 many residents, relatives and many others were engaged in consultation on the Council's review of residential care homes and the options available to replace them. Following that consultation the Council started on a programme to replace council-run older persons' homes with new and alternative provision and, later in 2011 and in 2012, consulted on and then closed Fordlands older persons' home and Oliver House older persons' home. Over the following three years there has been further progress and change with residents being kept informed via meetings, press coverage, etc.
16. On 30 July 2015, the council's Executive agreed detailed plans for Older People's Accommodation in the city. These plans seek to address the needs of York's ageing population, replacing the council's seven outdated Older People's Homes with more modern accommodation.
17. One of the key aims of the plan is to maximise use of York's existing Sheltered Housing stock, converting some to Extra Care Housing and therefore making it more accessible for people with higher care needs by increasing the care and support available. This will include increasing overnight care services and developing individual packages of care so people can remain independent in their own home. This work has begun: Auden House Extra Care scheme now has 24/7 care available and early in 2016 Glen Lodge will also have 24/7 care available. These

changes allow a person with high care needs to live in these schemes as a viable alternative to residential care.

18. The Older Persons' Accommodation Programme will provide replacement accommodation to facilitate the replacement of the Council's remaining OPHs. Further, it creates additional capacity in order to allow for population change. The provision of accommodation for those with high care needs is particularly important as it means that the needs of the increasing number of people with complex care needs including dementia can be met. The expected outcomes are listed below:

Table: Expected outcomes achieved by the Programme

Where	When	Total	High Care Needs	Medium Care Needs	Low Care Needs
Auden House Extra Care	Apr - 15	41	16	15	10
Glen Lodge Extra Care (existing)	Feb -16	42	17	15	10
Marjorie Waite Court Extra Care	Q3 -16	42	17	15	10
Chocolate Works Care Home	Q1 -17	90	90	0	0
Red Lodge – Care Home	Q2 -17	46	46	0	0
Glen Lodge Extra Care (extension)	Q3 -17	27	20	4	3
New Extra Care Scheme in Acomb	Q2 -18	50	20	15	15
Red Lodge - Extra Care	Q2-18	105	35	35	35
Burnholme Care Home	Q4-18	82	82	0	0
<b>TOTAL</b>		<b>525</b>	<b>343</b>	<b>99</b>	<b>83</b>

19. The Older Persons' Accommodation Programme should also be seen in the context of our wider efforts to re-model the provision of care services and, in particular, our work with Health colleagues to modernise re-ablement services, align step-down provision and extend support for people with dementia.

### **The Context for the Consultation**

20. Following the decision of Executive on 14<sup>th</sup> July 2016 to agree "that, this autumn, a six week period of consultation is undertaken with the residents, family, carers and staff of one of the Council's Older Persons' Homes to explore the option to close the home with current residents moving to alternative accommodation and that a further report on the outcome of this consultation be received at the Executive before a final decision to close is made and that this process is repeated in the first half of 2017 in respect of a further Council run Older Persons' Home", this consultation began on 26<sup>th</sup> September 2016 and ended on 4<sup>th</sup> November 2016. It is agreed "that a... report on the outcome of this

consultation be received at the Executive before a final decision to close is made”.

21. Willow House on Long Close Lane, Walmgate [Guildhall Ward] was the subject of this consultation on closure. The reasons for choosing this home are described in **Annex 1**.
22. The majority of residents at Willow House have lived there for only a short period of time:

	Moved in 2016	Moved in 2015	Moved 2014 or before
Willow House	17%	44%	39%

23. We have examined the links which residents of Willow House have with the local community. While the OPH makes efforts to invite in and engage with the local community, very few of the existing residents previously lived in the area. As shown by the map attached at **Annex 2**, residents moved from across York to live at Willow House. Furthermore, relatives of residents living in Willow House are also dispersed across the area (and with six living outside of York) therefore any move is unlikely to disrupt strong community links.

### **The Consultation Process**

24. It was agreed that we would follow the same approach to consultation and, subject to Member decision, closure, as was followed for other homes. For these homes we used the Moving Home Safely protocol which proved to be appropriate and successful. It was reviewed and updated following its use earlier this year.
25. Residents, relatives and staff have been engaged in consultation. Each was invited to meetings on 26<sup>th</sup> September 2016 and was informed that their home would be the subject of consultation on closure. They each then received a letter giving more detail of the reasons why closure is considered necessary and setting out how the consultation would be conducted.
26. A key feature of the consultation is that everyone affected (residents, relatives and staff) had the chance to talk on a one-to-one basis about the proposal to close the home. Most importantly, each resident who had capacity was able to be consulted individually and face-to-face, alongside a care manager. Residents were able to choose to have a family member, or close friend, present and could also call on the support of independent advocacy support. At these meetings we:

- a. talked through and explained the proposals and recorded views and discussed wishes;
  - b. explained and explored the options that could be open to the resident should the closure be agreed; this may include sheltered housing with extra care or moving to an alternative care home, this will be based on individuals' needs;
  - c. talked through the 'Moving Homes Safely' protocol so that the resident fully understood (and hopefully was reassured by) the process that would be followed should the closure be agreed.
27. Residents and their family / friends were also offered the opportunity to respond to the consultation in writing.

### **The Outcome of the Consultation**

#### Residents and their relatives

28. Willow House had the capacity to accommodate 33 residents. At the start of the consultation there were 23 permanent residents. The current occupancy is 18 permanent residents, 5 short stay residents and 10 vacancies. Of those permanent residents dependency levels are assessed to be 9 low level, 8 medium level and 1 high level. 1 person living at Willow previously moved from Fordlands.
29. The Care Quality Commission carried out an inspection of Willow House between the 30<sup>th</sup> September and the 3<sup>rd</sup> October. We await the outcome of that inspection.
30. At the launch of the consultation on 26<sup>th</sup> September staff held:
- A Residents/Relatives meeting: 2 residents and 10 relatives attended. Minutes were taken and distributed via individual letters posted after the event. The Review Manager was present and all relatives had an individual discussion with the consultation lead and the Review Manager.
  - 2 relative requested a review for their relative immediately following the briefing and once the review was completed the residents moved to other care homes. Another resident has recently moved. These decisions to move were taken in the full knowledge that future of Willow House was still in the consultation phase and with knowledge of the Moving Homes Safely protocol.
31. During the consultation process the Older Citizens Advocacy York service was available for residents to use. An awareness session was

held amongst staff so that they could refer residents to the service during the consultation phase, if needed.

Staff

32. There is currently 35 staff employed at Willow House.
33. Their Unions were briefed prior to the launch of consultation and a staff briefing meeting held on 26<sup>th</sup> October 2016. Human Resources (HR) colleagues were present and discussed options available and next steps. Drop in sessions facilitated by HR were held between the 6<sup>th</sup> and the 10<sup>th</sup> of October 2016.
34. Colleagues in other care homes were briefed on 27<sup>th</sup> September and extra care staff on 6<sup>th</sup> October.

Summary of engagement

35. The following residents, relatives and staff have been engaged in the consultation process:
  - 23 residents
  - 21 relatives
  - 35 staff.
36. The following engagements were made and/or responses received:

Residents	<p>3 residents attended briefing (26<sup>th</sup> Sept).</p> <p>12 residents face to face meetings with Manager on 30<sup>th</sup> September, families discussed with 9 other residents rather than Manager at their request. (various dates throughout Oct).</p> <p>3 residents lack capacity.</p> <p>Four residents chose to move soon after the consultation begun. One resident was in hospital and has subsequently died.</p> <p>3 verbal comments received.</p>
Relatives	<p>23 letters sent (26<sup>th</sup> Sept).</p> <p>23 telephone calls and meeting requests made (19<sup>th</sup> &amp; 20<sup>th</sup> Sept).</p> <p>10 relatives had meetings with Management (26<sup>th</sup> Sept).</p> <p>19 telephone calls made by Home Manager to confirm any additional comments (27<sup>th</sup> &amp; 28<sup>th</sup> Oct) No additional meetings</p>



	<p>needed.</p> <p>2 sent MHS protocol, copies available in the home and Residents and Relative made aware of the document at meetings.</p> <p>No calls were made to the Hotline and no emails were sent to the Care Homes Consultation email address.</p>
Staff	<p>Staff briefing 26<sup>th</sup> Sept; all invited, 21 attended.</p> <p>21 staff attended staff drop-in sessions from 6<sup>th</sup> -10<sup>th</sup> October.</p> <p>Union reps invited but did not attend.</p> <p>Offered further individual meetings.</p> <p>No staff used hotline/Email address.</p>

### Learning Disability services

37. The potential impact for customers with learning disabilities using the light room, changing spaces and lounge area facilities was the subject of consultation. 17 customers were engaged. 5 out of 17 people commented that they would want the service to remain and/or wish to see it replicated elsewhere.

### Other engagement

38. The Older Persons' Accommodation Programme reference group, which includes Age UK and the York Older Persons' Assembly, were also engaged in and invited to comment on the option to close Willow House. The group recognise and support the need to change and improve the provision of older persons' accommodation in the city and are supportive of the Moving Homes Safely protocol which guides any change for individual residents of care homes.

### Outcomes of consultation

39. The themes that emerge from the consultation are:
- a) Good understanding of the Programme from Relatives and Residents.
  - b) Relatives concerned about where alternative provision would be located.
  - c) People are keen to move their relatives as soon as possible.
  - d) Loss of light room, changing spaces and lounge area facilities for customers with a learning disability.

## **Responses to the Issues raised during Consultation**

40. Issue: Those consulted have a good understanding of the Programme from Relatives and Residents.
41. Response: Managers and staff have worked to regularly update residents and relatives in the Council-run care homes with the detail and progress of the Older Persons' Accommodation Programme. It is satisfying that these briefings have been recognised by those at Willow House.
42. Issue: Relatives are concerned about where alternative provision will be located.
43. Response: Should the decision be made to close Willow House we will work with residents and their relatives to find the most suitable home for their needs. Homes in York are located in all areas and, at present, there is good availability of accommodation. In some circumstances, residents may choose to move outside of York to be closer to relatives.
44. Issue: People are keen to move their relatives as soon as possible.
45. Response: Should the decision be made to close Willow House we will work with residents and relatives to facilitate moves in a timely way. However, we must ensure that moves take place in an organised way so that we avoid the situation where a small number of residents are left alone in the home for longer than is necessary. We must also plan so that the staff team is adequate to care for residents as they move out.
46. Issue: Loss of light room, changing spaces and lounge area facilities for customers with a learning disability.
47. Response: We will work with users of this service to identify which of these facilities needs to be relocated, examine the patterns of use and relocate appropriately. The matter of relocation is not urgent because the facilities used by customers with a learning disability are self-contained and can be kept in use for a period of time even if the care home closes.

## **Willow House Transition Plan**

48. Should the decision be made to close Willow House, we have assessed what a likely transition plan would look like.
49. There are currently 18 permanent residents at Willow House. Should Members decide to close the home, we would expect moves to take place between January and April 2017, although some residents may choose to move sooner.

50. Home Managers have updated the care assessments for current residents and assessed their dependency levels. This exercise identifies possible demand for new accommodation as follows. However, we will also factor into this assessment the wishes of each individual and therefore the profile of demand for new accommodation may change.

Extra Care	4
Residential Care	11
Residential dementia care	1
Nursing Care	2
	18

51. The Commissioning Team have assessed the likely supply available in the first quarter of 2017, as follows. The Programme budget can support the charges associated with this provision.

Proposal	numbers	Action
Hold on Extra Care Vacancies at Glen Lodge, Auden House and Marjorie Waite Court from 1/11/16	4	Based on normal rates of change.
Hold vacancies at Haxby Hall	8	Hold on referrals to Haxby Hall from 1/11/16
Nursing Home Vacancies	2	Monitor availability.
Independent sector provided residential care or residential with dementia care beds	9	Engage with providers as part of our normal and regular spot-purchasing activities once individual resident's needs are known.
	23	

52. We can also seek to create more Extra Care vacancies, if required, by supporting voluntary moves for those who live at Auden House or Glen Lodge and who have low or no care needs.

### **The future use of the Willow House site**

53. Should Executive decide to close Willow House, the Older Persons' Accommodation Programme, as agreed by Executive on 30<sup>th</sup> July 2015,

plans that the Willow House site would be sold and the capital receipt used to support the delivery the Programme.

54. With regard to the Willow House site, the property team advise that:
- a. The Willow House site is a valuable asset situated next to the City Walls and Walmgate Bar and should be marketed to achieve the highest sale price. Experience from the sale of Oliver House and Grove House demonstrates that we can achieve significant value from city centre land sales as there is currently healthy competition for such opportunities.
  - b. Willow House is in a good residential location with social rented, privately owned and student accommodation close by. It is likely, therefore, that some form of private residential use or student accommodation would achieve the highest value. However, the area also hosts hotels and other commercial ventures and so a changed use for the land may emerge.
  - c. We propose that the 422 m<sup>2</sup> Housing Revenue Account (HRA) garage site and the 373 m<sup>2</sup> plot of land to the front of Willow House be included in this sale giving a total area of 3,097 m<sup>2</sup>, as shown on the plan at the end of this report.
  - d. We propose that the property is put up for sale on the open market.
  - e. It is anticipated that the sale process, to offer and exchange of contract, could be concluded in 2017. It is likely that any sale would be subject to obtaining satisfactory planning permission which would mean that sale completion will take place in 2018. These timescales are very approximate because of unforeseen circumstances that could arise.
  - f. And sale of HRA land will generate a receipt to support the provision of affordable housing in the city.

### **Consultation**

55. The portfolio holder for Adult Social Care and Health is responsible for this Programme and will receive regular briefings and updates on its progress to ensure that it is delivered in a timely and effective manner.
56. Ward Members have been briefed and kept informed.
57. Briefings have also been offered to the Central York and Outer York MPs.

58. The Health and Adult Social Care Policy and Scrutiny Committee will scrutinise delivery of this Programme and assess and monitor its impact upon the health and social care services in the city.
59. The Health and Wellbeing Board will also be kept fully informed.
60. We have followed the approach that has served us well when previously consulting on the potential to close OPHs: delivering sensitive messages in a careful, well managed sequence:
  - i. Briefing key external stakeholders who have been actively involved to date (e.g. Age UK York and York Older People's Assembly).
  - ii. Briefing OPH Managers/staff & Care Management colleagues.
  - iii. Updating OPH residents/relatives.
  - iv. Updating all other stakeholders, including NHS commissioner and provider organisations.
  - v. Media briefing.

### **Council Plan 2015-2019**

61. The Programme is set in the context of the Council Plan for 2015-19 and will contribute to achieving its ambitions. Based on our statutory responsibilities and the aims of the new administration, the plan focuses on three key priorities:
  - a prosperous city for all - where local businesses can thrive and residents have good quality jobs, housing and opportunities
  - a focus on frontline services - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities
  - a council that listens to residents - to ensure it delivers the services they want and works in partnership with local communities
62. To support these corporate priorities and under the guidance of the Health & Wellbeing Board, York has developed proposals to achieve a new focus for adult health and social care which delivers:
  - a. self care and self management;
  - b. better information and signposting;
  - c. home is best;

- d. early intervention and prevention;
- e. reablement and intermediate care (targeted resources);
- f. managing long term conditions; and
- g. delivering services at a community level where this is desired and possible.

## **Implications**

### **Balancing Competing Priorities**

63. In order to make a decision on the future of the residential homes, members must take into account a number of factors. The following is a summary of matters which Members are asked to consider:
- The views expressed in the consultation process by participants including residents of Willow House and their relatives, staff working at Willow House and their union representatives and members of the Older Persons' Accommodation Programme reference group including Age Uk and York Older Persons' Assembly.
  - Legal responsibilities such as those pertaining to the Human Rights Act and Equality Act. A copy of the Equality Impact Assessment dated 31<sup>st</sup> October 2016 is attached at **Annex 3**.
  - Potential impact on residents and families.
  - Financial impact on the authority and its Council Tax payers.
  - Responsibilities to staff.
  - Future demand and needs as expressed through commissioning strategies.
  - Research and knowledge about demand for older people's accommodation.
  - Central Government policies, directives and financial targets.
  - Value for money in service delivery.
  - Current standards of care.
  - Supply and demand for residential care in City of York
  - Occupancy levels of each home.

- The estimated cost of maintaining or improving the buildings.
- The availability of alternative provision.
- The service development opportunities in that location.

64. All these issues have been considered extensively in the work to date on this Programme and covered in the reports to Executive on the matter and listed at the end of this report.

### **Equalities**

65. In considering this matter the Council must have regard to the public sector equality duty. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equalities Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

66. The Equalities Act 2010 explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

67. An Equality Impact Assessment for the Older Persons' Accommodation Programme was produced for the 15 May 2012 Executive Report and was reviewed and updated in October 2015. It particularly highlighted the potential implications of the programme for the health, security and wellbeing of frail residents and also female members of staff who are older and also carers themselves.

68. The Equality Impact Assessment for the Older Persons' Accommodation Programme has been further reviewed and updated in October 2016 to take account of the specific circumstances at Willow House and the following additional considerations addressed:

- a. The needs of and services delivered to customers with learning disabilities who use facilities at Willow House.
- b. The specific needs of staff who are pregnant.

The Equality Impact Assessment for the Older Persons' Accommodation Programme dated 31<sup>st</sup> October 2016 is attached as **Annex 3**.

69. The Council developed and followed a 'Moving Homes Safely' protocol which it followed when (in the first phase of the Programme) it closed Fordlands and Oliver House in March 2012, to ensure that residents' moves to their new homes were as well planned and carefully managed as possible. Likewise, careful management of staff change helped to mitigate the impact of these closures. The Moving Homes Safely protocol is still in place, has been updated in light of recent consultation and engagement and continues to guide actions relating to closure.
70. An OPH Wider Reference Group has been established to act as a sounding board for the development of plans as the implementation of the Programme unfolds. The project team also continues to use established channels to communicate with, and gather the views of, OPH managers and staff, care management staff and Health colleagues.

### **Financial**

71. The annual net cost of running Willow House is £502,000. The likely cost of reproviding for the care of customers currently resident is £352,000 per annum. The ongoing annual saving from closing Willow House is therefore £150,000.
72. The £352k includes provision for purchasing external residential, nursing and extra care. Customers moving to existing CYC run residential and extra care services are assumed to have no extra ongoing cost as the cost of staffing Haxby Hall, for example, is already built in to Haxby's budget.
73. Provision has been made within the Programme budget to fund the cost of staff change and the loss of income during the transitional period.
74. The financial impact of the closure of Willow House is in line with the original Older Persons' Accommodation Programme forecast of delivering annual savings of £553,000 and £13.8m over 25 years.
75. Capital receipts are anticipated from the possible sale of the following sites if a decision is made to close the current OPH on the site:
  - Haxby Hall OPH;



- Morrell House OPH;
- Willow House OPH;
- Windsor House OPH; and
- Woolnough House OPH.

76. It is estimated that, should the decision be made not to close or delay the closure of Willow House the authority will incur an additional monthly cost to the Programme of £12,500, or £150,000 for a full year.

### **Legal**

77. The consideration of the closure of existing council run OPHs should follow a clear and consultative path. There are a number of potential challenges to local authorities during the process of closing OPHs which have been considered. Previous advice is held and has been updated by specialist legal colleagues. This advice includes an examination of the application of the Human Rights Act and the Equality Act.
78. Legal advice has been sought and has guided the approach to consultation and the wording of letters.

### **Human Resources**

79. Formal individual consultation has taken place with all staff at Willow House. The closures of the home can be achieved via a combination of re-deployment, vacancy management and voluntary redundancy. However, we do anticipate compulsory redundancy and will consult formally following this Executive meeting and should the decision to close be made.
80. In addition we will identify workforce gaps elsewhere in the social care sector and enable appropriate recruitment initiatives to secure the future workforce.

### **Other Implications**

81. There are no specific Crime and Disorder, Information Technology or other implications arising from this report.

### **Risk Management**

82. The process of closure of care homes, should that be the decision made, has risks associated with it; these have been identified, will be kept under review and will be carefully managed. However, because the authority has done this before, and followed a similar process, it is believed that these risks are manageable.

ref	Risk	Mitigating Action
a)	Options for accommodation for older people do not match the expectations and aspirations of current residents.	A wide range of options are made available and current residents are supported to assess these against their needs and wishes.
b)	Those with high care needs and their carers/advisers/assessors do not recognise Extra Care accommodation as suitable because there are limited examples in York of this type of accommodation and the care pathways are unclear.	A dedicated care manager will work with residents to explore with them and their relatives how Extra Care operates, how it can be a flexible model for those with high care needs and how it operates elsewhere as a viable alternative to residential care.
c)	The Willow House site does not realise the anticipated level of capital receipt included in the financial model.	Work closely with partners & the Council property team to maximise the capital receipt including open marketing and a competitive bidding process.
d)	Insufficient funding to deliver all elements of the project.	The early receipt of capital from the sale of Willow House, should it be agreed to close, will make a positive contribution to cash flow in the Programme financial model.
e)	Title / related property issues, incorrect procurement of capital works and/or development.	Applying due diligence to ensure Council's normal approach to the disposal of land, procurement of capital works and/or a development partner is applied.
f)	Increase in interest rates would impact negatively on borrowing.	An interest rate sensitivity test has been run against the Programme and it remains affordable.
g)	Risk of the new developments/deals driving up the price the Council pays to external residential care providers	Undertaking negotiations with Independent providers. Do not "flood" the market with purchase requirements but instead take a slow and considered approach to purchase of care bed places.

ref	Risk	Mitigating Action
h)	Loss of OPH staff morale leading to negative impact on service provided to existing OPH residents	Maintain staff morale and focus through regular, open and honest briefings/updates; engagement through OPH Managers and staff groups; investment in staff training, support & development.
i)	The cost of any associated redundancy is greater than estimated.	The financial model has been “stress tested” to assess the impact of a 50% increase in the cost of staff change and is still viable. Staff change will be managed carefully in order to minimise cost and legal risks.
j)	Challenge and negative publicity from existing OPH residents and relatives, OPH staff/TUs, other stakeholders, opposition parties, wider public	Development of well planned Communications approach through briefings to Residents and relative, Executive, group leaders, TUs, OPH Management & Staff, OPH Review Wider Ref Group, Media.

**End**

**Contact Details**

<b>Author:</b>		<b>Chief Officer responsible for the report:</b>	
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		<b>Report Approved</b>	<input checked="" type="checkbox"/> <b>Date</b> 14 <sup>th</sup> Nov 2016
<b>Specialist Implications Officer(s)</b>			
Legal – Cathryn Moore (Ext 6006) and Melanie Perara (Ext 1087) Finance – Debbie Mitchell (Ext 4161) and Steve Tait (Ext 4065) Property – Tim Bradley (Ext 3355) and Ian Asher (Ext 3379)			
<b>Wards Affected:</b> Guildhall and Holgate			
<b>For further information please contact the author of the report</b>			

**Background Papers**

19 July 2011	Report to Executive giving formal approval for the commencement of the Programme.
1 Nov 2011	Report to Executive giving the results of consultation and proposed a programme of closures, supported by a further consultation period on proposed closures of Oliver House and Fordlands.
10 Jan 2012	Report to Executive authorising consultation with staff, residents and their families and carers on proposal to close Fordlands and Oliver House, including changes to day care services as a result. Recommendation to close Fordlands and Oliver House.
15 May 2012	Report to Executive noting the successful homes closure and transition for residents
4 June 2013	Report to Executive seeking agreement on modernisation programme. The Council to fund the building of the two new care homes and so retain ultimate ownership of the buildings and the land with care homes designed, built, operated and maintained by an external provider.
3 Mar 2015	Report to Executive seeking approval of revised proposals based on creating new Extra Care Housing (ECH) and reforming the Council's existing ECH stock; building a new care home on the Burnholme site as part of wider health and community facilities;

	and working more closely with current care providers to deliver more specialist dementia accommodation across the city.
30 July 2015	Report to Executive seeking approval of the Business Care for the Older Persons' Accommodation Programme and agreement to proceed.
29 Oct 2015	Report to Executive providing the results of the consultation undertaken with the residents, relatives and staff of Grove House and Oakhaven residential care homes to explore the option to close each home with current residents moving to alternative accommodation. Executive agreed to close Grove House and Oakhaven.
29 Oct 2015	Report to Executive regarding securing a viable future for the Burnholme school site in Heworth ward. Following extensive public consultation Members agreed to sanction further work to identify partners to progress the continued community and sports use of the site, complemented with wider health and enterprise services, the building and operation of a residential care home for older people and the provision of housing.
19 May 2016	Report to Executive that obtained consent to begin to deliver the Burnholme Health & Wellbeing Campus and secure a viable future for the former Burnholme Community College site (the <b>Site</b> ) in Heworth ward.
14 July 2016	Report to Executive by the Director of Adult Social Care. Agreement to move forward with examination of the development potential for Lowfield, alternatives to closure of Haxby Hall and sanction to consult on the closure of a further two older persons' homes.

### Annexes:

**Annex 1** – How have we decided which homes should be the first to be consulted on closure?

**Annex 2** – Maps showing previous addresses of residents and current addresses of relatives

**Annex 3** – Equality Impact Assessment

### **Plan of Willow House Site and associated land**

### Abbreviations:

NHS – National Health Service

LD – Learning Difficulties

OPH – Older Persons' Home, previously referred to as – Elderly Persons' Homes

TUPE - Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended by the 2014 amendment regulations

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**Annex 1****How have we decided which homes should be the next to be consulted on closure?**

1. The criteria for deciding which should be the first are:
  - a) the presence of serious repair or maintenance problems which, if they cannot be addressed in a cost-effective manner, would impact on the quality of care provided to residents;
  - b) the potential alternative uses for the OPH site in order to deliver the wider Older Persons' Accommodation Programme;
  - c) whether a home accommodates a resident who has already been moved from another CYC OPH which was the subject of closure; and
  - d) the size of the home, with the smaller homes struggling to provide a cost-efficient service to residents.
2. Applying these criteria to the five homes we find that:
  - a. None of the homes are known to have serious physical or building related problems.
  - b. Haxby Hall and Willow House have strong potential for alternative uses for the current site:
    - i. Haxby Hall as the home where other CYC OPH residents will move to during the programme and, further, is under review as a site for redevelopment as a new/redeveloped residential care home.
    - ii. Willow House because of its potential to generate a sizable capital receipt which would be used to support the Older Persons' Accommodation Programme.
  - c. Haxby Hall and Woolnough House accommodate residents who were previously moved from Oliver House, Fordlands Road, Grove House and Oakhaven. In addition, one resident moved from Grove House to Morrell House in the knowledge that that home would also be the subject of consultation on closure and may have to move again. One resident remains at Willow House who had previously lived at Fordlands.
  - d. Morrell & Windsor House are the smallest homes.

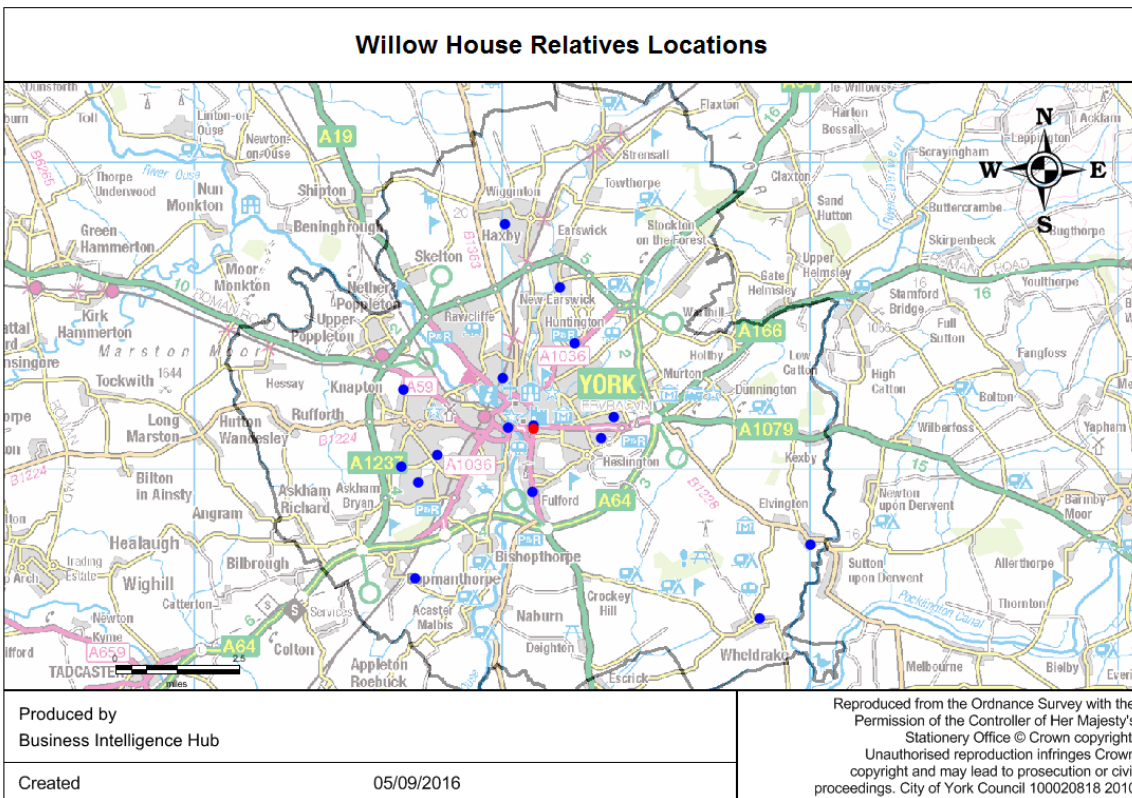
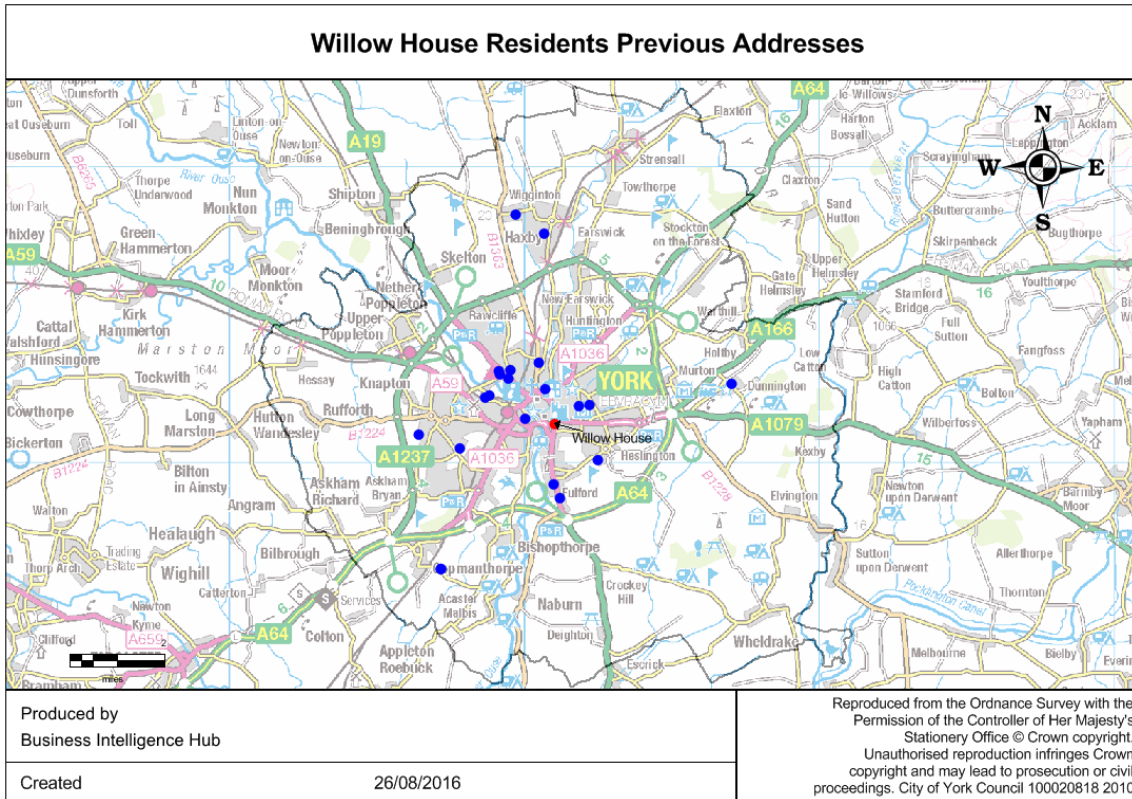
OPH	Residents (permanent)	Ward	No Physical Problems	Alternative Programme Uses	Two or less residents who have moved previously
Haxby Hall	49 (currently 41 perm)	Haxby & Wigginton	✓	✓	✗
Morrell House	29 (currently 24 perm)	Clifton	✓	✗	✓
Willow House	33 (currently 23 perm)	Guildhall	✓	✓	✓
Windsor House	27 (currently 20 perm)	Westfield	✓	✗	✓
Woolnough House	33 (currently 18 perm)	Hull Road	✓	✗	✗

Note: ✓ means that the selection criteria is positive and therefore applies

2. Reviewing this information in the round it is proposed that we identify **Willow House** as the next home to be the subject of consultation on closure because it is both small, has the potential to generate a sizable capital receipt to support the overall Programme and, further, only one resident who previously lived at Fordlands Road lives in the home.
3. Haxby Hall is ruled out for early consultation on closure both because of its size, (this size suits it to accommodate residents moving from other CYC homes) and, further, it accommodates residents who previously moved there from Oliver House and/or Fordlands. Morrell House is ruled out for consultation on closure at this point because re-use of the site does not have significance for the delivery of the Programme. Woolnough House should not be the subject of consultation on closure at this point because it accommodates a number of people who had previously moved from an OPH that was closed.
4. Further more, it is worth noting that Windsor House is not considered for consultation on closure this autumn as the site, if vacated, would not help to meet the needs of the wider programme. In addition, the mechanical and electrical services to Lincoln Court [a CYC sheltered housing scheme next door] are provided from Windsor House and any decision to re-use the Windsor House site will need to be taken in the context of the future of Lincoln Court. Further, given other difficulties with moving forward re-development plans in this area such a decision will take time.



**Maps showing location of residents' previous address and relatives' current address in relation to Willow House**



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## City of York Council

## EQUALITY IMPACT ASSESSMENT

1	Name and Job Title of person completing assessment	Programme Director, Older Persons' Accommodation
2	Name of service, policy, function or criteria being assessed	Policy regarding the future provision of accommodation for older people, especially residential care.
3	What are the main objectives or aims of the service/policy/function/criteria?	<p>The Older People Accommodation strategy is based on meeting people's needs and in-particular the demographic challenges we face. This is a modernisation programme to support more people to maintain living independently i.e. through the provision of more extra care.</p> <p>The provision of the right care in the right place at the right time This is expected to be achieved through:</p> <ol style="list-style-type: none"> <li>1. Re-providing up-to-date fit for purpose accommodation with care for those who are in residential accommodation at the moment</li> <li>2. Investing in supporting older people to stay in their own homes and live independent lives for as long as possible.</li> <li>3. An increase in overall capacity to meet the growth in demand; as we recognise that the current Council's physical provision is poor and does not reflect what we would expect from other providers.</li> <li>4. Care will be provided throughout the locality using key partners. Currently the minority of relatives live within a 3 mile radius of the two homes detailed in phase one of the modernisation programme. Therefore movement across the City is expected. Many residents have only lived in each area</li> </ol>

		for a short amount of time. Re-provision will include extra care, alternative residential or nursing care. In addition re-provision will be identified for the light room facilities which up to 20 LD customers use.
4	Date	31/10/2016 (updating the EIA of 15/10/2015)

### Stage 1: Initial Screening

5	What evidence is available to suggest that the proposed service/policy/function/criteria could have an adverse impact <b>on quality of life outcomes</b> (as listed at the end of this document) for people (both staff and customers) with protected characteristics? Document the source of evidence, (e.g. past experience, anecdotal, research including national or sectoral, results of engagement/consultation, monitoring data etc) and assess relevance of impact as: <b>Not relevant / Low / Medium / High.</b>
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	Protected Characteristic	Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
		Cust	Staff	Cust	Staff	Customers	Staff
a	Race	X	X			Consultation with communities of Interest	Consultation with staff
b	Religion/Spirituality/ Belief	X	X			Consultation with communities of Interest	Consultation with staff
c	Gender	X			L	Consultation with communities of Interest	The OPH staff profile shows that the majority of the current workforce are women and those who are older may suffer adversely if seeking

Protected Characteristic		Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
		Cust	Staff	Cust	Staff	Customers	Staff
							alternative work and may have the added responsibility of caring obligations. However, during the next 3 years our capacity will need to increase as we develop further provision for Older People, which will give staff a greater opportunity of employment.
d	Disability		X	H		National studies show that older and significantly frail residents may face poorer prospects in terms of health and wellbeing Consultation with communities of Interest	Consultation with staff. In addition consultation with the LD customers who currently use the light room and facilities at Willow House. (service to be re-provided)
e	Sexual Orientation	X	X			Consultation with communities	Consultation with staff

Protected Characteristic		Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
		Cust	Staff	Cust	Staff	Customers	Staff
						of Interest	
f	Age			H	H	National studies show that older and significantly frail residents may face poorer prospects in terms of health and wellbeing Consultation with communities of Interest Consultation with customers with LD (age 18-65)	The OPH staff profile shows that the majority of the current workforce are women and those who are older may suffer adversely if seeking alternative work and may have the added responsibility of caring obligations.
g	Pregnancy/ maternity	X			L	Consultation with communities of Interest	Consultation with staff (one staff member affected)
h	Gender Reassignment	X	X			Consultation with communities of Interest	Consultation with staff
i	Marriage and Civil Partnership	X	X			Consultation with communities of Interest	Consultation with staff
j	Carers of older and disabled			M	M	Information in our	Information in our corporate

Protected Characteristic	Not relevant		L/M/H		Source of evidence that there is or is likely to be adverse impact	
	Cust	Staff	Cust	Staff	Customers	Staff
people					Corporate Carer's Strategy shows that there may be adverse effects on the carers of older and frail people if they do not settle in their new environment	Carer's strategy, as well as information from the York Carers' Centre, shows that middle-aged women who are carers themselves find it difficult to find and keep any type of employment.
<p>If you assess the service/policy/function as <b>not relevant across ALL the characteristics</b>, please proceed to section 11. If you assess the service/policy/function as <b>relevant for ANY of the characteristics</b>, continue to Stage 2, Full Equality Impact Assessment.</p>						

### Stage 2: Full Equality Impact Assessment

6	Are there any concerns that the proposed or reviewed service/policy/function/criteria may be discriminatory, or have an adverse impact on members of the public, customers or staff with protected characteristics? <b>If so record them here</b>	
a	Public/ customers	Yes – possible negative effects on health, security and well-being of frail residents.
b	Staff	Yes – older women especially those who are also carers in their home environment with limited ability to move and find other jobs.

<p>If there are <b>no concerns</b>, go to section 11.</p> <p>If <b>there are concerns</b>, go to section 7 and 8 amend service/policy/function/criteria to mitigate adverse impact, consider actions to eliminate adverse impact, or justify adverse impact.</p>	
7	<p>Can the adverse impact be justified? E.g. in terms of community cohesion, other legislation, enforcement etc. <b>NB. Lack of financial resources alone is NOT justification!</b></p>
<p>Customers – Yes. There are studies that show that frail residents may suffer detriment if moved from current homes. However, our quality assurance studies as well as the results of consultation showed that the current OPHs, whilst in reasonably good condition, are 40-50 years old and no longer meet current residents’ needs and also are not fit for the future. Their size and design make it more difficult for staff and other practitioners to care for people with dementia and high dependency care needs.</p> <p>Staff – Yes because staff consultation shows that above all else they want to improve the care environment for our customers and also are obliged by changes in national policy to deploy resources differently.</p>	
8	<p>What changes will you make to the service/policy/function/criteria as result of information in parts 5&amp;6 above?</p>
<p>There will be no changes to the proposed policy of reprovision. However, we shall put in place a number of remedial actions, which are listed in item 10 below.</p>	
9	<p>What arrangements will you put in place to monitor impact of the proposed service/policy/function/criteria on individuals from the protected characteristics?</p>
<p>OPA Programme Board will oversee the consultation over the review proposals, and subsequent implementation of Members’ decisions.</p> <p>Assessment &amp; Safeguarding Care Managers and OPH Managers will monitor the impact of any changes on individual residents. They will also track feedback from relatives and, where appropriate request independent advocates looking out for the interests of individual residents.</p> <p>Commissioning &amp; Contracts Managers will monitor the quality of service provided in whatever model of service provision is decided upon by Members.</p> <p>Commissioning will review the needs of those customers with LD who currently use the light room facilities at Willow House, with a view to providing this service at an alternative location.</p> <p>OPH Managers, Human Resources, and Trade Unions will support OPH staff through any change process that flows from the Members’ decision on this OPH Review.</p>	





current homes, and into the new care homes, when built.		
11	Date EIA completed	31/10/2016 (updating the EIA of 15/10/2015)
<p>Author: Roy Wallington  Position: Programme Director, Older Persons' Accommodation  Date: 31/10/2016</p>		
12	Signed off by	Martin Farran
<p><b>I am satisfied that this service/policy/function has been successfully equality impact assessed.</b>  Name: Martin Farran  Position: Director – Adult Social Care  Date: 3/11/2016</p>		

## **Quality of Life indicators**

(aka 'The 10 dimensions of equality')

We must ensure there is no adverse impact in terms of:

- ❑ Longevity, including avoiding premature mortality.
- ❑ Physical security, including freedom from violence and physical and sexual abuse.
- ❑ Health, including both well-being and access to high quality healthcare.
- ❑ Education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning.
- ❑ Standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
- ❑ Productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others.
- ❑ Individual, family and social life, including self-development, having independence and equality in relationships and marriage.
- ❑ Participation, influence and voice, including participation in decision-making and democratic life.
- ❑ Identity, expression and self-respect, including freedom of belief and religion.
- ❑ Legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system.

Plan of Willow House site and associated land



Willow House Elderly Persons Home



SCALE 1:500 DRAWN BY: GR  
Originating Group: Asset & Property Management

DATE: 11/09/2013  
Drawing No. E00643\_2

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**Executive**

**24 November 2016**

**Report of the Director of Customer and Corporate Services  
Portfolio of the Executive Member for Finance and Performance**

**Capital Programme – Monitor 2 2016/17**

**Summary**

- 1 The purpose of this report is to set out the projected outturn position for 2016/17 including any under/over spends and adjustments, along with requests to re-profile budgets to/from current and future years.
- 2 The 2016/17 capital programme approved by Council on 25 February 2016, updated for amendments reported to Executive and Council is £100.146m.

**Recommendations**

- 3 Executive is asked to:
  - Recommend to Full Council the adjustments resulting in a decrease in the 2016/17 programme of £29.080m as detailed in the report and contained in Annex A.
  - Note the 2016/17 revised budget of £71.066m as set out in paragraph 6 and Table 1.
  - Note the restated capital programme for 2016/17 – 2020/21 as set out in paragraph 40, Table 2 and detailed in Annex A.
  - Members are also asked to recommend to Full Council to approve the Loan of £1.110m the Council will provide to Yorwaste, as set out in paragraphs 23 – 29 of this report. This will be funded from the Waste reserve so will have no impact on the Council's overall borrowing levels.

Reason: To enable the effective management and monitoring of the Council's capital programme.

## Consultation

- 4 The capital programme was developed under the Capital Resource Allocation Model (CRAM) framework and agreed by Council on 25 February 2016. Whilst the capital programme as a whole is not consulted on, the individual scheme proposals and associated capital receipt sales do follow a consultation process with local Councillors and residents in the locality of the individual schemes.

## Summary of Key Issues

- 5 A decrease of £29.080m is detailed in this monitor resulting in a revised capital programme of £71.066m. £31.803m of this decrease is due to re-profiling of budgets to future years. Offsetting this is a net increase of £2.723m mainly due to an Adjustment to the York Central Scheme budget funded by external contributions as detailed in paragraph 35 and the Harewood Whin Transfer Station which is detailed in paragraphs 23-29 and is funded by the Waste Reserve.
- 6 Table 1 outlines the variances reported against each area. It should be noted the Capital programme headers have been amended to reflect the new council directorate structure.

Department	Current Approved Budget £m	Projected Outturn £m	Variance £m	Paragraph Ref
Children, Education & Communities	12.716	9.006	<b>(3.710)</b>	8-15
Health, Housing & Adult Social Care – Adult Social Care	3.551	3.593	<b>0.042</b>	
Health, Housing & Adult Social Care – Housing & Community Safety	26.115	24.900	<b>(1.215)</b>	16-21
Economy & Place – Transport, Highways & Environment	18.753	17.627	<b>(1.126)</b>	22-32
Economy & Place – Regeneration & Asset Management	13.557	8.595	<b>(4.962)</b>	33-37
Community Stadium	19.000	1.000	<b>(18.000)</b>	38
Corporate Schemes	3.411	3.363	<b>(0.048)</b>	37
IT Development Plan	3.043	2.982	<b>(0.061)</b>	
<b>Total</b>	<b>100.146</b>	<b>71.066</b>	<b>(29.080)</b>	

**Table 1 Capital Programme Forecast Outturn 2016/17**

## Analysis

- 7 A summary of the key exceptions and implications on the capital programme are highlighted below.

### Children, Education & Communities

- 8 A number of amendments have been made as part of this report resulting in a net decrease to the capital programme of £3.710k in 16/17. Key variances are summarised in the table below, referenced to further narrative

<b>Scheme</b>	<b>Amendment</b>	<b>Amount 16/17 £m</b>	<b>Amount 17/18 – 20/21 £m</b>	<b>Further Details – Paragraph ref</b>
Southbank Expansion	Adjustment	<b>0.500</b>	<b>2.000</b>	9
Basic Need	Adjustment	<b>(0.500)</b>	<b>(2.000)</b>	10-15
Basic Need	Re-profile	<b>(3.700)</b>	<b>3.700</b>	10-15

- 9 The Southbank Expansion scheme has been added to the Capital programme with a budget of £500k in 16/17 and £2m in 17/18. This was approved at Executive on 19<sup>th</sup> May 2016 and will be used to make changes to internal space within Scarcroft Primary School (part of the Southbank Multi Academy Trust) to allow an increase in pupil numbers, and increase outdoor space to accommodate government requirements.
- 10 There has been a significant re-profiling of the Basic Need profile of works in 2016/17 and 2017/18. £3.700m needs to be transferred into 2017/18 as it is unlikely there will be any further significant spend in 2016/17 as set out below.
- 11 A total of £675k is now committed to providing the local authority's contributions to the two EFA funded school rebuilds (Carr Infant and Lord Deramore's Primary), under the Priority Schools Building Programme (PSBP), that were the subject of successful bids in 2012.
- 12 At Carr Infant, an amount of £405k (an increase of £35k on the previously reported figure) is funding additional classrooms within the new building and some landscaping works, neither of which will be funded by the EFA. The new building was completed and handed over in the summer. Funding of £254k was paid over to the EFA in 2015/16 to fund works

within the main contract. The remaining budget will be used to fund works by the local authority following completion of the new building, with approximately £50k of expenditure being incurred in 2016/17, and the remainder now expected in 2017/18.

- 13 The work at Lord Deramore's is supported by a contribution of £270k. To date only a small amount of expenditure has been incurred on furniture, and minor contributions to the EFA for works and items not covered within the main build contract. It is anticipated that the new building will be available for occupation in February 2017, with demolition of the old building probably now taking place in the 2017/18 financial year, therefore approximately £100k of this budget will require re-profiling into 2017/18.
- 14 Minor schemes funded from Basic Need in 2016/17 include the installation of a hygiene suite at St Aelred's Primary at a cost of £30k, and some minor classroom remodelling at Fishergate Primary costing approximately £36k and at St Lawrence's Primary (costing £31k) to enable the best use of space at these schools. An amount of £19k has been allocated to contribute to minor extension works at Rufforth Primary to accommodate Early Years provision.
- 15 As a result of the progress reported above, and the fact that, apart from the South Bank scheme reported on below there are no other significant schemes that have reached the detailed planning stage, it is now expected that only approximately £650k of spend will be incurred in this financial year, therefore slippage of a further £3.5m is requested, in addition to the £200k identified above. The overall Basic Need programme for the years 2017/18 to 2020/21 is subject to constant review to ascertain the best use of available resources to respond to the place pressures being experienced in particular areas of the city,



**Health, Housing & Adult Social Care – Housing & Community Safety**

- 16 A number of re-profiling amendments have been made as part of this report resulting in a net decrease to the capital programme of £1.215m in 16/17

<b>Scheme</b>	<b>Amendment</b>	<b>Amount 16/17 £m</b>	<b>Amount 17/18 – 20/21 £m</b>	<b>Further Details – Paragraph ref</b>
Modernisation of Local Authority Homes	Re-profile	<b>(0.194)</b>	<b>0.194</b>	17
Assistance to Older & Disabled people	Adjustment	<b>0.100</b>		18
MRA Schemes	Re-profile	<b>(0.300)</b>	<b>0.300</b>	19
MRA Schemes	Adjustment	<b>(0.121)</b>		20
Water Mains Upgrade	Re-profile	<b>(0.721)</b>	<b>0.721</b>	21

- 17 The Modernisation of Local Authority Homes scheme requires funds of £194k to be transferred from 16/17 into 17/18. A scheme is planned to remove a number of asbestos constructed bathroom 'pods' in the Bell Farm area, however there are a number of issues still to be resolved before the scheme can proceed to tendering, including the potential need for decanting of current tenants. It is therefore expected the expenditure will now be incurred during 2017/18
- 18 The Assistance to Older & Disabled people scheme requires an increase in funds in 2016/17 to reflect current forecast overspend in this area due to an increase in the number of referrals for large major adaptations to council homes.
- 19 The Major Repairs Scheme requires funds of £300k to be transferred from 16/17 into 17/18. This is due to the roof replacement project slipping by a few months. The tender process is due to commence shortly, with a view to work beginning on site in quarter 4 of 2016 and continuing until October 2017.
- 20 There is also an adjustment of £121k to the Major Repairs scheme in 2016/17 to reflect a projected underspend. This is due to there being fewer major roof repairs and external door replacements required than originally budgeted for.

- 21 The Water Mains Upgrade Scheme requires funds of £721k to be transferred from 16/17 into 17/18 to reflect the project remaining at the feasibility stage. There are a number of issues to resolve before the project can proceed including the need for a more detailed assessment of likely overall costs, a decision of the procurement approach and analysis of the costs to be recharged to owner occupiers in the area.

### **Economy & Place – Transport, Highways & Environment**

- 22 A number of amendments have been made as part of this report resulting in a net decrease to the capital programme of £1.126m in 16/17. Key variances are summarised in the table below, referenced to further narrative

<b>Scheme</b>	<b>Amendment</b>	<b>Amount 16/17 £m</b>	<b>Amount 17/18 – 20/21 £m</b>	<b>Further Details – Paragraph ref</b>
Harewood Whin Transfer Station	Adjustment	<b>0.110</b>		23-29
Better Play Areas	Re-Profile	<b>(0.190)</b>	<b>0.190</b>	30
Local Transport Plan	Re-Profile	<b>(0.700)</b>	<b>0.700</b>	31
Scarborough Bridge	Re-Profile	<b>(0.419)</b>	<b>0.419</b>	32

- 23 An increase of £110k has been made to the Harewood Whin transfer Station scheme. This is to reflect a loan to Yorwaste of £1.11m as detailed below. This will replace the current assumed contribution of £1m toward the cost of the transfer station currently approved within the capital programme.
- 24 The funding for the total of this scheme of £1.110m will come from the Waste Reserve (funding that has been built up to finance AWRP running costs when in operation) which has been used to fund one off costs related to the procurement, e.g. s106 landscaping, roadworks and initial lease and business rate costs. The loan will therefore have no impact on the Council's overall borrowing levels.
- 25 The council as minority shareholder of the company Yorwaste has received a request from Yorwaste and the majority shareholder North Yorkshire County Council (NYCC) to support its Capital Strategy as part of its ongoing strategy to diversify its operation away from landfilling.

Yorwaste is now operating as a Teckal company and as such provides its services to the shareholders at cost plus which reduces its opportunity to make profits to allow it to fund significant capital investment

- 26 The Councils are using Yorwaste as a way of optimising waste delivered to Allerton Waste Recovery Park (“AWRP”) by delivering Commercial Waste collected by Yorwaste
- 27 Yorwaste’s proposed Capital Programme for 2016/17 is estimated at £11.5m which is significantly higher than previous years. The largest investment in the York area is the construction of the new Transfer Station at Harewood Whin
- 28 The Harewood Whin Transfer Station is absolutely essential in order to deliver waste currently landfilled at Harewood Whin to AWRP. The construction of this facility at Harewood Whin is also a key requirement for Yorwaste as Commercial Waste and other Local Authorities whose waste is currently landfilled at Harewood Whin
- 29 In order to fund the capital programme Yorwaste has requested that the shareholders provide a loan of £5,000,000 to cashflow the enhanced capital programme. This would be split as per the shareholding ratio (77% NYCC and 23% CYC). The terms of the loan would be a straight repayment of £500k per year over ten years to the councils plus interest at 4% above Bank of England Base Rate. Yorwaste would have the ability to repay the loan early without penalty.
- 30 The Better Play areas scheme requires funds of £190k to be transferred from 16/17 into 17/18. Contracts in this area have been delayed due to the risk of flooding in Rowntree Park during winter months.
- 31 The Local Transport Plan scheme requires £700k of funds to be transferred from 16/17 into 17/18. The Council received £800k grant funding from the government’s Office of Low Emission Vehicles (OLEV) in order to fund the installation of rapid charging points around York. It is proposed to move part of this grant funding to 2017/18 as the programme of work is now expected to be carried out over two years.
- 32 The Scarborough Bridge scheme requires funds of £419k to be transferred from 16/17 into 17/18. Network Rail have now provided a revised timescale for their feasibility and outline design work for the improvements to the Scarborough Bridge footbridge, and it is proposed to move some of the funding to 2017/18 due to the changed timescales for the scheme.

## **Economy & Place – Regeneration & Asset Management**

- 33 A number of amendments have been made as part of this report resulting in a net decrease to the capital programme of £4.962m in 16/17. Key variances are summarised in the table below, referenced to further narrative.

<b>Scheme</b>	<b>Amendment</b>	<b>Amount 16/17 £m</b>	<b>Amount 17/18 – 20/21 £m</b>	<b>Further Details – Paragraph ref</b>
York Central	Re-profile	<b>(4.450)</b>	<b>4.450</b>	34
River bank repairs	Re-profile	<b>(0.182)</b>	<b>0.182</b>	36
Guildhall	Re-profile	<b>(0.300)</b>	<b>0.300</b>	37

- 34 The York Central scheme requires a transfer of £4.450m to be made from 16/17 into 17/18 in order to reflect the latest anticipated timescales for the CYC funded element of the project.
- 35 An adjustment has been made to the source of funding for the York Central scheme in 16/17 to reflect the Executive Report from July 2016 where Executive agreed that a loan of £2.55m from Leeds City Region Local Growth Fund should be an element of the funding proposals for York Central. This has not resulted in an increase in the budget as £2.550m previously expected to be funded by internally controlled resources.
- 36 One scheme within Regeneration and Asset Management requires re-profiling of budget to future years. River bank repairs requires £182k to be re-profiled from 2016/17 into 2017/18 due to Riverbank repairs at Castlegate Mills lock being delayed until the Environment Agency have completed their work
- 37 The Guildhall project requires £300k to be re-profiled from 2016/17 into 2017/18 to reflect the project plan and expected spend in 2016/17 of £600k. The Guildhall project continues to progress according to the plan and specification

## **Community Stadium**

- 38 A re-profiling request has been made for the Community Stadium scheme to reflect the construction phase being delayed due to a judicial review of the planning permission. Until this is complete, contracts cannot be awarded and construction cannot begin.

## Corporate Schemes

39 The principal contractor at the Mansion House has recently gone into administration causing delays to the Mansion House scheme. Despite this, works have recommenced on the exteriors and a Tender exercise is currently in process to appoint a new Contractor to carry out the internal works. It is expected this exercise will be completed by the end of November and will result in an increased cost, however these costs will not be fully know until this exercise has been completed consequently further updates will be reported in the next Capital monitor 3 update report.

## **Summary**

40 As a result of the changes highlighted above the revised 5 year capital programme is summarised in Table 2.

<b>Gross Capital Programme</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>Total</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Children, Education & Communities	9.006	23.067	5.987	3.837	5.081	<b>46.978</b>
Health, Housing & Adult Social Care – Adult Social Care	3.593	2.252	1.089	0.565	0.565	<b>8.064</b>
Health, Housing & Adult Social Care – Housing & Community Safety	24.900	10.750	9.547	9.401	9.862	<b>64.460</b>
Economy & Place – Transport, Highways & Environment	17.627	8.888	4.687	4.637	4.637	<b>40.476</b>
Economy & Place – Regeneration & Asset Management	7.993	7.415	0.200	0.200	0.200	<b>16.008</b>
Community Stadium	1.000	35.898	0	0	0	<b>36.898</b>
Corporate Schemes	3.965	0.400	0.100	0.100	0.100	<b>4.665</b>
IT Development Plan	2.982	2.306	2.025	1.970	1.085	<b>10.368</b>
<b>Revised Programme</b>	<b>71.066</b>	<b>90.976</b>	<b>23.635</b>	<b>20.710</b>	<b>21.530</b>	<b>227.917</b>

**Table 2 Revised 5 Year Capital Programme**

## Funding the 2016/17 – 2020/21 Capital Programme

41 The revised 2016/17 capital programme of £75.516m is funded from £25.787m of external funding and £49.729m of internal funding. Table 3 shows the projected call on resources going forward.

	2016/17	2017/18	2018/19	2019/20	2020/21	Total
	£m	£m	£m	£m	£m	£m
<b>Gross Capital Programme</b>	<b>71.066</b>	<b>90.976</b>	<b>23.635</b>	<b>20.710</b>	<b>21.530</b>	<b>227.917</b>
Funded by:						
External Funding	28.337	61.324	15.554	13.554	15.563	<b>134.322</b>
Council Controlled Resources	49.729	29.652	8.091	7.156	5.563	<b>93.595</b>
<b>Total Funding</b>	<b>71.066</b>	<b>90.976</b>	<b>23.635</b>	<b>20.710</b>	<b>21.530</b>	<b>227.917</b>

**Table 3 – 2016/17 –2020/21 Capital Programme Financing**

42 The Council controlled figure is comprised of a number of resources that the Council has ultimate control over how it chooses to apply them, these include Right to Buy receipts, Revenue Contributions, Supported (government awarded) Borrowing, Prudential (Council funded) Borrowing, Reserves and Capital Receipts.

43 The capital programme has now achieved all the assumed capital receipts, and looking ahead into 17/18 and beyond, any capital receipts (other than those earmarked receipts for the older person programme) will be additional resource for the council. There are a number of potentially significant capital receipts that may be generated in the future. Where these receipts are realised they will be presented to members as part of the regular budgetary reports in terms of options for the most prudent use of such receipts. It should be noted however that there is already an assumption within the revenue budget savings plans for some of these potential receipts to be used to generate future revenue savings.

44 In financing the overall capital programme the Director of Customer & Corporate Services will use the optimum mix of funding sources available to achieve the best financial position for the Council. Therefore an option for any new capital receipts would be to use these to replace assumed borrowing, thereby reducing the Councils' borrowing levels and associated revenue costs.

## **Council Plan**

45 The capital programme is decided through a formal process, using a Capital Resource Allocation Model (CRAM). CRAM is a tool used for allocating the Council's capital resources to schemes that contribute toward the achievement of the Council Plan. The Capital Asset Board (CAB) meet monthly to ensure the capital programme targets the Councils Plan. The capital programme addresses all priorities of the Council Plan as shown in the main body of the report.

## **Implications**

### **Financial Implications**

46 The financial implications are considered in the main body of the report.

### **Human Resources Implications**

47 There are no HR implications as a result of this report

### **Equalities Implications**

48 There are no equalities implications as a result of this report

### **Legal Implications**

49 There are no legal implications as a result of this report

### **Crime and Disorder**

50 There are no crime and disorder implications as a result of this report

### **Information Technology**

51 The information technology implications are contained in the main body of the report.

### **Property**

52 The property implications of this paper are included in the main body of the report.

## Risk Management

- 53 The capital programme is regularly monitored as part of the corporate monitoring process. In addition to this the Capital Asset Board meets regularly to plan monitor and review major capital schemes to ensure that all capital risks to the Council are minimised.
- 54 The latest Project Management Report as presented to the Audit & Governance Committee on 28<sup>th</sup> September is attached at Annex B and provides an update on the status of large projects. This is provided for Executive's information given that many of the major projects are capital schemes.

### Contact Details

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Debbie Mitchell Corporate Finance Manager 01904 554161	<b>Report Approved</b>	√	<b>Date</b> 14/11/16
<b>Wards Affected:</b> All			
<i>For further information please contact the author of the report</i>			

<b>Specialist Implications:</b>
<i>Legal – Not Applicable</i>
<i>Property – Not Applicable</i>
<i>Information Technology – Not Applicable</i>

### Annexes

Annex A – Capital Programme 2016/17 to 2020/21

Annex B – Programme/ Project Management Update report with Annexes as presented to the Audit & Governance Committee on 28<sup>th</sup> September 2016 – **Online only** (copies available on request)



List of Abbreviations used in the report

AWRP – Allerton Waste Recovery Park  
CAB - Capital Asset Board  
CRAM - Capital Resource Allocation Model  
DfE – Department for Education  
DfT – Department for Transport  
EFA – Education Funding Agency  
MRA – Major Repairs Allowance  
NYCC – North Yorkshire County Council  
OLEV - Office of Low Emission Vehicles

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	2016/17 Mon 2	2016/17 Mon 2	2016/17 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2017/18 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2018/19 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2019/20 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2020/21 Revised Mon 2	Gross Capital Programme To be Funded
	Adj	Reprofile	Budget	Adj	Reprofile	Budget	Adj	Reprofile	Budget	Adj	Reprofile	Budget	Adj	Reprofile	Budget	16/17- 20/21
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>CEC - Children, Education &amp; Communities</b>																
<b>CEC - Children &amp; Education</b>																
NDS Devolved Capital		-10	399			389			370			351			431	1,940
- External Funding		-10	399			389			370			351			431	1,940
- Internal Funding			0			0			0			0			0	0
DIE Maintenance		68	3,449			1,525			1,373			1,236			2,400	9,983
- External Funding		68	3,449			1,525			1,373			1,236			2,400	9,983
Basic Need		-500	-3,700	651	-2,000	3,700	18,978		4,244			2,250			2,250	28,373
- External Funding		-500	-3,700	651	-2,000	3,700	18,978		4,244			2,250			2,250	28,373
- Internal Funding			0			0	0		0			0			0	0
Huntington Secondary School - New Block		-66	0			0			0			0			0	0
- External Funding		-66	0			0			0			0			0	0
- Internal Funding			0			0			0			0			0	0
Universal Infant Free School Meals		-2	82			0			0			0			0	82
- External Funding		-2	82			0			0			0			0	82
- Internal Funding			0			0			0			0			0	0
Fulford School Expansion			1,941			0			0			0			0	1,941
- External Funding			1,941			0			0			0			0	1,941
- Internal Funding			0			0			0			0			0	0
Carr Junior Expansion			39			0			0			0			0	39
- External Funding			39			0			0			0			0	39
- Internal Funding			0			0			0			0			0	0
St Barnabas Primary Expansion			52			0			0			0			0	52
- External Funding			52			0			0			0			0	52
- Internal Funding			0			0			0			0			0	0
Schools Electrical Supply Upgrade			315			0			0			0			0	315
- External Funding			100			0			0			0			0	100
Corporate Capital Receipt			215			0			0			0			0	215
- Internal Funding			215			0			0			0			0	215
Family Drug & Alcohol Assess/Recovery Facility			100			0			0			0			0	100
- External Funding			100			0			0			0			0	100
- Internal Funding			0			0			0			0			0	0
Knavesmire Classroom Expansion			0			0			0			0			0	0
- External Funding			0			0			0			0			0	0
- Internal Funding			0			0			0			0			0	0
Enhanced Resource Provision - SEN			350			175			0			0			0	525
- External Funding			0			0			0			0			0	0
- Internal Funding			350			175			0			0			0	525
Investment in Community Based Premises			165			0			0			0			0	165
- External Funding			165			0			0			0			0	165
- Internal Funding			0			0			0			0			0	0
Children & Young Peoples services & Building based provision review			100			0			0			0			0	100
- External Funding			100			0			0			0			0	100
- Internal Funding			0			0			0			0			0	0
Southbank Expansion		500	500	2,000		2,000			0			0			0	2,500
- External Funding		500	500	2,000		2,000			0			0			0	2,500
- Internal Funding			0			0			0			0			0	0
<b>CEC - Communities</b>																
York Explore Phase 2			13			0			0			0			0	13
- External Funding			13			0			0			0			0	13
- Internal Funding			0			0			0			0			0	0
York Explore - Haxby Library			80			0			0			0			0	80
- External Funding			80			0			0			0			0	80
- Internal Funding			0			0			0			0			0	0
York Theatre Royal			770			0			0			0			0	770
- External Funding			770			0			0			0			0	770
- Internal Funding			0			0			0			0			0	0
<b>TOTAL GROSS EXPENDITURE</b>		-10	-3,700	9,006	0	3,700	23,067	0	5,987	0	0	3,837	0	0	5,081	46,978
<b>TOTAL EXTERNAL FUNDING</b>		-10	-3,700	7,213	0	3,700	22,892	0	5,987	0	0	3,837	0	0	5,081	45,010
<b>TOTAL INTERNAL FUNDING</b>		0	0	1,793	0	0	175	0	0	0	0	0	0	0	0	1,968
<b>HH&amp;ASC - Adult Social Care &amp; Adult Services Commissioning</b>																
Joint Equipment Store		20	125	20		125	20		125	20		125	20		125	625
- External Funding			125	20		125	20		125	20		125	20		125	625
- Internal Funding		20	0	0		0	0		0	0		0	0		0	0
Disabled Support Grant			180			190			200			210			210	990
- External Funding			180			190			200			210			210	990
- Internal Funding			0			0			0			0			0	0
Telecare Equipment		-20	304	-20		292	-20		230	-20		230	-20		230	1,286
- External Funding			304	-20		292	-20		230	-20		230	-20		230	1,286
- Internal Funding		-20	0	0		0	0		0	0		0	0		0	0
Health and Safety Works at Social Services Establishments			0			0			0			0			0	0
- External Funding			0			0			0			0			0	0
- Internal Funding			0			0			0			0			0	0
Adult Services Community Space			0			0			0			0			0	0
- External Funding			0			0			0			0			0	0
- Internal Funding			0			0			0			0			0	0
OPH Infrastructure Works			79			13			0			0			0	92
- External Funding			79			13			0			0			0	92
- Internal Funding			0			0			0			0			0	0
Changing Lives Grant + Autism Grants			5			0			0			0			0	5
- External Funding			5			0			0			0			0	5
- Internal Funding			0			0			0			0			0	0
Older Person's Accommodation Review		42	2,256	1,210		1,632		174	534			0			0	4,422
- External Funding			1,074	-360		0			0			0			0	1,074
- Internal Funding		42	1,182	1,570		1,632		174	534			0			0	3,348
Burton Stone Community Centre			89			0			0			0			0	89
- External Funding			44			0			0			0			0	44
- Internal Funding			45			0			0			0			0	45
Little Knavesmire Pavilion			555			0			0			0			0	555
- External Funding			555			0			0			0			0	555
- Internal Funding			0			0			0			0			0	0
<b>TOTAL GROSS EXPENDITURE</b>		42	0	3,593	1,210	0	2,252	0	1,089	0	0	565	0	0	565	8,064
<b>TOTAL EXTERNAL FUNDING</b>		0	0	1,678	-360	0	0	0	0	0	0	0	0	0	0	1,678
<b>TOTAL INTERNAL FUNDING</b>		42	0	1,915	1,570	0	2,252	0	1,089	0	0	565	0	0	565	6,386
<b>HH&amp;ASC - Housing &amp; Community Safety</b>																
Modernisation of Local Authority Homes		21	-194	2,392		194	1,999		1,694			1,252			1,290	8,627
- External Funding			1,827			194	1,94		0			0			0	2,021
- Internal Funding		21	-194	565		0	1,805		1,694			1,252			1,290	6,606
Assistance to Older & Disabled People		100	500			412			424			437			450	2,223
- External Funding			0			0			0			0			0	0

	2016/17 Mon 2	2016/17 Mon 2	2016/17 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2017/18 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2018/19 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2019/20 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2020/21 Revised Mon 2	Gross Capital Programme To be Funded
	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	16/17- 20/21 £000
-Internal Funding	100		500			412			424			437			450	2,223
<b>MRA Schemes</b>	-121	-300	4,725		300	5,504			5,360			5,520			5,685	26,794
- External Funding	-121	-300	4,725		300	5,504			5,360			5,520			5,685	26,794
-Internal Funding			0			0			0			0			0	0
<b>Local Authority Homes - Phase 1</b>			10,525			0			0			0			0	10,525
- External Funding			0			0			0			0			0	0
-Internal Funding			10,525			0			0			0			0	10,525
<b>Water Mains Upgrade</b>		-721	10		721	1,200			444			457			262	2,373
- External Funding			0			0			0			0			0	0
-Internal Funding		-721	10		721	1,200			444			457			262	2,373
<b>Building Insulation Programme</b>			69			0			0			160			0	229
- External Funding			0			0			0			0			0	0
-Internal Funding			69			0			0			160			0	229
<b>Disabled Facilities Grant (Gfund)</b>			1,478			1,225			1,275			1,275			1,875	7,128
- External Funding			1,003			750			800			800			1,400	4,753
-Internal Funding			475			475			475			475			475	2,375
<b>IT Infrastructure</b>			950			410			350			300			300	2,310
- External Funding			0			0			0			0			0	0
-Internal Funding			950			410			350			300			300	2,310
<b>Empty Homes (Gfund)</b>			100			0			0			0			0	100
- External Funding			0			0			0			0			0	0
-Internal Funding			100			0			0			0			0	100
<b>Extension to Glen Lodge</b>			4,151			0			0			0			0	4,151
- External Funding			836			0			0			0			0	836
-Internal Funding			3,315			0			0			0			0	3,315
<b>TOTAL GROSS EXPENDITURE</b>	0	0	-1,215	24,900	0	1,215	10,750	0	9,547	0	0	9,401	0	0	9,862	64,460
<b>TOTAL EXTERNAL FUNDING</b>	-100	-494	8,391	0	494	6,448	0	0	6,160	0	0	6,320	0	0	7,085	34,404
<b>TOTAL INTERNAL FUNDING</b>	100	-721	16,509	0	721	4,302	0	0	3,387	0	0	3,081	0	0	2,777	30,056
<b>Economy &amp; Place - Transport, Highways &amp; Environment</b>																
<b>Highway Resurfacing &amp; Reconstruction (Struct Maint) *</b>			3,748			2,768			2,577			2,577			2,577	14,247
- External Funding			2,328			2,018			1,827			1,827			1,827	9,827
-Internal Funding			1,420			750			750			750			750	4,420
<b>Special Bridge Maintenance (Struct maint)</b>			539			200			200			200			200	1,339
- External Funding			0			0			0			0			0	0
-Internal Funding			539			200			200			200			200	1,339
<b>Replacement of Unsound Lighting Columns</b>			330			0			0			0			0	330
- External Funding			0			0			0			0			0	0
-Internal Funding			330			0			0			0			0	330
<b>LED Lighting Replacement Programme</b>			440			0			0			0			0	440
- External Funding			0			0			0			0			0	0
-Internal Funding			440			0			0			0			0	440
<b>Watercourse Restoration</b>			80			0			0			0			0	80
- External Funding			0			0			0			0			0	0
-Internal Funding			80			0			0			0			0	80
<b>Highways Drainage Works</b>			200			200			200			200			200	1,000
Contributions			0			0			0			0			0	0
Revenue Contribution Corporate			0			0			0			0			0	0
Departmental Prudential Borrowing			0			0			0			0			0	0
-Internal Funding			200			200			200			200			200	1,000
<b>Highways, Road Adoption and Drainage Fund</b>			250			0			0			0			0	250
- External Funding			0			0			0			0			0	0
-Internal Funding			250			0			0			0			0	250
<b>Wheeled Bins in Back Lane and Terraced Areas</b>			106			0			0			0			0	106
- External Funding			0			0			0			0			0	0
-Internal Funding			106			0			0			0			0	106
<b>Built Environment Fund</b>			2,122			0			0			0			0	2,122
- External Funding			90			0			0			0			0	90
-Internal Funding			2,032			0			0			0			0	2,032
<b>Harewood Whin Transfer Station</b>	111		1,111			0			0			0			0	1,111
- External Funding			0			0			0			0			0	0
-Internal Funding	111		1,111			0			0			0			0	1,111
<b>Parks and Open Spaces Development</b>			200			0			0			0			0	200
- External Funding			200			0			0			0			0	200
-Internal Funding			0			0			0			0			0	0
<b>War Memorial</b>			67			0			0			0			0	67
- External Funding			50			0			0			0			0	50
-Internal Funding			17			0			0			0			0	17
<b>Better Play Areas</b>		-190	75		190	220			0			0			0	295
- External Funding		-20	75		20	20			0			0			0	95
-Internal Funding		-170	0		170	200			0			0			0	200
<b>Public Convenience Facilities</b>			77			0			0			0			0	77
- External Funding			0			0			0			0			0	0
-Internal Funding			77			0			0			0			0	77
<b>River Safety</b>			30			0			0			0			0	30
- External Funding			21			0			0			0			0	21
-Internal Funding			9			0			0			0			0	9
<b>Litter Bin Upgrade (solar powered)</b>			54			0			0			0			0	54
- External Funding			0			0			0			0			0	0
-Internal Funding			54			0			0			0			0	54
<b>Knavesmire Culverts</b>			275			0			0			0			0	275
- External Funding			0			0			0			0			0	0
-Internal Funding			275			0			0			0			0	275
<b>Better Bus Area Fund</b>			1,633			0			0			0			0	1,633
- External Funding			920			0			0			0			0	920
Corporate Prudential Borrowing			713			0			0			0			0	713
-Internal Funding			713			0			0			0			0	713
<b>Local Transport Plan (LTP) *</b>	72	-700	3,909		700	2,570			1,570			1,570			1,570	11,189
- External Funding	72	-700	2,796		700	2,570			1,570			1,570			1,570	10,076
-Internal Funding			1,113			0			0			0			0	1,113
<b>York City Walls - Repairs &amp; Renewals (City Walls)</b>			350			90			90			90			90	710
- External Funding			0			0			0			0			0	0
-Internal Funding			350			90			90			90			90	710
<b>Access York</b>			447			0			0			0			0	447
- External Funding			447			0			0			0			0	447
-Internal Funding			0			0			0			0			0	0
<b>Leeman Road Flood Defences</b>			317			0			0			0			0	317
- External Funding			0			0			0			0			0	0
-Internal Funding			317			0			0			0			0	317
<b>Highways Improvements</b>			822			0			0			0			0	822
- External Funding			0			0			0			0			0	0
-Internal Funding			822			0										

	2016/17 Mon 2	2016/17 Mon 2	2016/17 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2017/18 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2018/19 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2019/20 Revised Mon 2	2016/17 Mon 2	2016/17 Mon 2	2020/21 Revised Mon 2	Gross Capital Programme To be Funded
	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	Adj £000	Reprofile £000	Budget £000	16/17- 20/21 £000
- External Funding			0			2,037			0			0			0	2,037
- Internal Funding		-419	220		419	753			0			0			0	973
<b>Hungate and Peasholme Public Realm</b>			175			0			0			0			0	175
- External Funding			0			0			0			0			0	0
- Internal Funding			175			0			0			0			0	175
<b>Better Business Fund</b>			0			0			0			0			0	0
- External Funding			0			0			0			0			0	0
Corporate Prudential Borrowing			0			0			0			0			0	0
- Internal Funding			0			0			0			0			0	0
<b>City Fibre Network</b>			50			50			50			0			0	150
- External Funding			0			0			0			0			0	0
- Internal Funding			50			50			50			0			0	150
<b>TOTAL GROSS EXPENDITURE</b>	183	-1,309	17,627	0	1,309	8,888	0	0	4,687	0	0	4,637	0	0	4,637	40,476
<b>TOTAL EXTERNAL FUNDING</b>	72	-720	6,927	0	720	6,645	0	0	3,397	0	0	3,397	0	0	3,397	23,763
<b>TOTAL INTERNAL FUNDING</b>	111	-589	10,700	0	589	2,243	0	0	1,290	0	0	1,240	0	0	1,240	16,713
<b>Economy &amp; Place - Regeneration &amp; Asset Management</b>																
<b>LCR Revolving Investment Fund</b>			1,615			0			0			0			0	1,615
- External Funding			0			0			0			0			0	0
- Internal Funding			1,615			0			0			0			0	1,615
<b>York Central</b>	0	-4,450	4,550		4,450	4,450			0			0			0	9,000
- External Funding	2,550		2,550		0	0			0			0			0	2,550
- Internal Funding	-2,550	-4,450	2,000		4,450	4,450			0			0			0	6,450
<b>Low Carbon and Solar Panels Investment</b>			50			0			0			0			0	50
- External Funding			0			0			0			0			0	0
- Internal Funding			50			0			0			0			0	50
<b>Photovoltaic Energy Programme</b>			346			0			0			0			0	346
- External Funding			0			0			0			0			0	0
- Internal Funding			346			0			0			0			0	346
<b>29 Castlegate Repairs</b>			-33		33	33			0			0			0	33
- External Funding			0		33	33			0			0			0	0
- Internal Funding			-33		33	33			0			0			0	33
<b>Decent Home Standards Works</b>			9			0			0			0			0	9
- External Funding			0			0			0			0			0	0
- Internal Funding			9			0			0			0			0	9
<b>Fishergate Postern</b>			18			0			0			0			0	18
- External Funding			0			0			0			0			0	0
- Internal Funding			18			0			0			0			0	18
<b>Holgate Park Land - York Central Land and Clearance</b>			397			0			0			0			0	397
- External Funding			0			0			0			0			0	0
- Internal Funding			397			0			0			0			0	397
<b>Asset Maintenance + Critical H&amp;S Repairs</b>			307			200			200			200			200	1,107
- External Funding			0			0			0			0			0	0
- Internal Funding			307			200			200			200			200	1,107
<b>Community Asset Transfer</b>			175			0			0			0			0	175
- External Funding			0			0			0			0			0	0
- Internal Funding			175			0			0			0			0	175
<b>River Bank repairs</b>			-182		182	182			0			0			0	302
- External Funding			0		182	182			0			0			0	0
- Internal Funding			-182		182	182			0			0			0	302
<b>Stonebow House Freehold</b>			62			0			0			0			0	62
- External Funding			0			0			0			0			0	0
- Internal Funding			62			0			0			0			0	62
<b>Small Business Workshops</b>			47			0			0			0			0	47
- External Funding			0			0			0			0			0	0
- Internal Funding			47			0			0			0			0	47
<b>Piccadilly Regeneration</b>			180			0			0			0			0	180
- External Funding			0			0			0			0			0	0
- Internal Funding			180			0			0			0			0	180
<b>Guildhall</b>	3	-300	602		300	300			0			0			0	902
- External Funding			0		300	300			0			0			0	0
- Internal Funding	3	-300	602		300	300			0			0			0	902
<b>Air Quality Monitoring (Gfund)</b>			117			0			0			0			0	117
- External Funding			0			0			0			0			0	0
- Internal Funding			117			0			0			0			0	117
<b>TOTAL GROSS EXPENDITURE</b>	3	-4,965	8,595	0	4,965	5,165	0	0	200	0	0	200	0	0	200	14,360
<b>TOTAL EXTERNAL FUNDING</b>	2,550	0	2,667	0	0	0	0	0	0	0	0	0	0	0	0	2,667
<b>TOTAL INTERNAL FUNDING</b>	-2,547	-4,965	5,928	0	4,965	5,165	0	0	200	0	0	200	0	0	200	11,693
<b>Customer &amp; Corporate Services - Community Stadium</b>																
<b>Community Stadium</b>	3	-18,003	1,000		18,003	35,898			0			0			0	36,898
- External Funding			500		13,925	25,339			0			0			0	25,839
- Internal Funding	3	-4,078	500		4,078	10,559			0			0			0	11,059
<b>TOTAL GROSS EXPENDITURE</b>	3	-18,003	1,000	0	18,003	35,898	0	0	0	0	0	0	0	0	0	36,898
<b>TOTAL EXTERNAL FUNDING</b>	0	-13,925	500	0	13,925	25,339	0	0	0	0	0	0	0	0	0	25,839
<b>TOTAL INTERNAL FUNDING</b>	3	-4,078	500	0	4,078	10,559	0	0	0	0	0	0	0	0	0	11,059
<b>Customer &amp; Corporate Services</b>																
<b>Fire Safety Regulations - Adaptations</b>			102			0			0			0			0	102
- External Funding			0			0			0			0			0	0
- Internal Funding			102			0			0			0			0	102
<b>Removal of Asbestos</b>			48			0			0			0			0	48
- External Funding			0			0			0			0			0	0
- Internal Funding			48			0			0			0			0	48
<b>Hazel Court - Office of the Future Improvements</b>			1			0			0			0			0	1
- External Funding			0			0			0			0			0	0
- Internal Funding			1			0			0			0			0	1
<b>Critical Repairs and Contingency</b>			274			0			0			0			0	274
- External Funding			0			0			0			0			0	0
- Internal Funding			274			0			0			0			0	274
<b>Mansion House Restoration</b>			1,695			0			0			0			0	1,695
- External Funding			961			0			0			0			0	961
- Internal Funding			734			0			0			0			0	734
<b>Project Support Fund</b>		-48	152			100			100			100			100	552
- External Funding			0			0			0			0			0	0
- Internal Funding			152			100			100			100			100	552
<b>West Offices - Admin Accommod</b>			498			0			0			0			0	498
- External Funding			0			0			0			0			0	0
- Internal Funding			498			0			0			0			0	498
<b>Capital Contingency</b>			593			0			0			0			0	593
- External Funding			0			0			0			0			0	0
- Internal Funding			593			0			0			0			0	593
<b>TOTAL GROSS EXPENDITURE</b>	0	-48	0	0	0	100	0	0	100	0	0	100	0	0	100	3,763

	2016/17 Mon 2 Adj £000	2016/17 Mon 2 Reprofile £000	2016/17 Revised Mon 2 Budget £000	2016/17 Mon 2 Adj £000	2016/17 Mon 2 Reprofile £000	2017/18 Revised Mon 2 Budget £000	2016/17 Mon 2 Adj £000	2016/17 Mon 2 Reprofile £000	2018/19 Revised Mon 2 Budget £000	2016/17 Mon 2 Adj £000	2016/17 Mon 2 Reprofile £000	2019/20 Revised Mon 2 Budget £000	2016/17 Mon 2 Adj £000	2016/17 Mon 2 Reprofile £000	2020/21 Revised Mon 2 Budget £000	Gross Capital Programme To be Funded 16/17- 20/21 £000
<b>TOTAL EXTERNAL FUNDING</b>	0	0	961	0	0	0	0	0	0	0	0	0	0	0	0	961
<b>TOTAL INTERNAL FUNDING</b>	-48	0	2,402	0	0	100	0	0	100	0	0	100	0	0	100	2,802
<b>Customer &amp; Corporate Services - IT</b>																
<b>IT Development plan</b>		-61	2,862		61	2,306		2,025				1,970			1,085	10,248
- External Funding			0			0		0				0			0	0
-Internal Funding		-61	2,862		61	2,306		2,025				1,970			1,085	10,248
<b>IT Superconnected Cities</b>			120			0		0				0			0	120
- External Funding			0			0		0				0			0	0
-Internal Funding			120			0		0				0			0	120
<b>TOTAL GROSS EXPENDITURE</b>	0	-61	2,982	0	61	2,306	0	2,025	0	0	0	1,970	0	0	1,085	10,368
<b>TOTAL EXTERNAL FUNDING</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL INTERNAL FUNDING</b>	0	-61	2,982	0	61	2,306	0	2,025	0	0	0	1,970	0	0	1,085	10,368
<b>Gross Expenditure by Department</b>																
CEC - Children, Education & Communities	-10	-3,700	9,006	0	3,700	23,067	0	5,987	0	0	0	3,837	0	0	5,081	46,978
HH&ASC - Adult Social Care & Adult Services Commissioning	42	0	3,593	1,210	0	2,252	0	1,089	0	0	0	565	0	0	565	8,064
HH&ASC - Housing & Community Safety	0	-1,215	24,900	0	1,215	10,750	0	9,547	0	0	0	9,401	0	0	9,862	64,460
Economy & Place - Transport, Highways & Environment	183	-1,309	17,627	0	1,309	8,888	0	4,687	0	0	0	4,637	0	0	4,637	40,476
Economy & Place - Regeneration & Asset Management	3	-4,965	8,595	0	4,965	5,165	0	200	0	0	0	200	0	0	200	14,360
Customer & Corporate Services - Community Stadium	3	-18,003	1,000	0	18,003	35,898	0	0	0	0	0	0	0	0	0	36,898
Customer & Corporate Services	-48	0	3,363	0	0	100	0	100	0	0	0	100	0	0	100	3,763
Customer & Corporate Services - IT	0	-61	2,982	0	61	2,306	0	2,025	0	0	0	1,970	0	0	1,085	10,368
<b>Total by Department</b>	173	-29,253	71,066	1,210	29,253	88,426	0	174	23,635	0	0	20,710	0	0	21,530	225,367



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**Executive****24 November 2016****Report of the Director of Customer & Business Support Services****Portfolio of the Executive Member for Finance and Performance****2016/17 Finance and Performance Monitor 2****Purpose of the Report**

- 1 To present details of the overall finance and performance position for the period covering 1 April 2016 to 30 September 2016, together with an overview of any emerging issues. This is the second report of the financial year and assesses performance against budgets, including progress in delivering the Council's savings programme.

**Summary**

- 2 The financial pressures facing the Council are projected at £480k. This is an improvement of £717k from the £1,197k reported at Monitor 1 and an improvement on previous years where the monitor 2 forecast was £1,250k at this time last year and £1,309k in 2015/16. In each of those years the Council actually delivered a small underspend by the year end, demonstrating a successful track record of managing expenditure within budget over a number of years.
- 3 Whilst this report highlights a number of known financial and performance pressures which will need to be carefully managed, it is expected that, as a result of ongoing monitoring and identification of mitigation, overall the Council will outturn within the approved budget.

**Recommendations**

- 4 Executive is asked to:

Note the current finance and performance information and approve the strategic set of indicators

*Reason: To ensure expenditure is kept within the approved budget*



## Financial Analysis

- 5 All aspects of the public sector are continuing to face challenging times in the light of the Government's commitment to reduce the national deficit as first outlined in the Comprehensive Spending Review (CSR) published in October 2010. As a result the Council has had to deal with very large reductions in funding combined with a range of significant pressures.
- 6 The Council's net budget is £117.9m. Following on from previous years, the challenge of delivering savings continues with £6.5m to be achieved in order to reach a balanced budget. Early forecasts indicate the Council is facing financial pressures of £480k and an overview of this forecast, on a directorate by directorate basis, is outlined in Table 1 below.
- 7 Following the implementation of the revised senior management restructure the financial forecast is presented in the new directorates. However, due to these changes, it is only possible to provide indicative comparisons between the new and old structure.

2015/16 Outturn		2016/17 Budget	2016/17 Monitor 1	2016/17 Monitor 2
£'000		£'000	£'000	£'000
+889	Children, Education & Communities	25,072	-58	-97
+326	Economy & Place	13,153	+964	+818
-70	Customer & Corporate Services	19,251	0	-50
-201	Health, Housing & Adult Social Care	49,415	+291	+309
-1,820	Central budgets	11,009	0	-500
-876	Total	117,900	+1,197	+480

Table 1: Finance overview

- 8 The following sections provide more details of the main variations and any mitigating actions that are proposed.

### Children, Education & Communities

- 9 Following the allocation of £1,930k growth funding in the 2016/17 budget to deal with a number of historic pressures within Children Looked After budgets, there are no significant pressures to report within Children's Social Care budgets. Within Special Educational Needs there is a



projected underspend of £548k on out of city education placements due to the on-going efforts to support as many young people as possible in York.

- 10 A significant number of posts are being kept vacant across the directorate in advance of services being reviewed as part of the directorate's transformation programme, resulting in a forecast net underspend of £195k. The development of new Local Area Team arrangements, are on course for implementation from January 2017. The new arrangements will provide a more cohesive and coherent set of multi-agency early help arrangements for children, young people and families throughout York. The processes associated with establishing the new structure are nearing completion. For staff coming forward into the structure they are receiving support in readiness for their new roles. A Transition Plan has been created and is being followed to ensure the safe and effective movement from existing service delivery to the new Local Area Team model. There is a projected net overspend of £59k on home to school transport as there have been delays in implementing the proposed savings in denominational and SEN transport.
- 11 A number of other minor variations make up the overall directorate position.

### **Economy & Place**

- 12 The forecast outturn for the Economy & Place directorate is an overspend of £1,118k although a targeted level of mitigation totalling £300k should reduce the position to £818k. The forecast overspend is primarily due to potentially unachieved savings within fleet, cost pressures within waste services and shortfalls in income from both planning and parking.
- 13 There is a forecast shortfall from parking income of £150k out of a total budgeted income of £6.9m, representing a 2.2% variation. The main shortfall is at St George's Field where the Environment Agency is using an area of the car park as part of works being undertaken to upgrade the Foss barrier. Compensation for the loss of income arising from the loss of spaces is still to be agreed.
- 14 In waste collection the main variations, totalling £360k, are additional staffing and transport costs. These are cost pressures that remain from previous years and require action through round reviews across green waste and recycling to bring the costs back within budget. A review is currently being undertaken however it is not anticipated to deliver the reduced costs until 2017/18. There are shortfalls in income at HWRCs from trade waste/customer charges (£170k) and from green waste subscriptions (£57k) and additional cost from co-mingled recyclates of

£158k. There are forecast savings in waste disposal from increased recycling rebate (£203k), operational savings from the Teckal arrangement (£100k), additional income for landfill gas (£70k) and a saving from lower waste PPP costs and Yorwaste loan interest (£145k). As a result of the new services contract with Yorwaste there is no dividend anticipated in 2016/17.

- 15 There is a shortfall of £100k unachieved Automatic Number Plate Recognition (ANPR) income and increased costs of £100k for the risk and reward payment for Poppleton Bar Park & Ride. A delivery plan still needs to be agreed for a saving of £112k on fleet.
- 16 A £545k shortfall in planning fee income is forecast due to a lower number of large planning fees. It is expected that as progress is made on the local plan then income from developers will increase. A major application can achieve significant fees, however the actual fee paid is dependent on the number of dwellings and scale of site. In addition the government has reduced the planning fees in some areas, e.g. conversion of offices into residential units, and this has resulted in a £47k reduction in fees. For the first 6 months the average planning fee in 2016/17 (£387) is nearly 30% lower than last year (£547). Fees will continue to be monitored during the year. The additional costs of administration (£23k) are offset by the income from supporting Selby DC planning department (£23k). It is expected that there will be shortfall of £45k in Environmental Management income and officers are looking at other ways of mitigating this shortfall. A range of other minor underspends and proposed mitigations make up the total directorate position.
- 17 A range of actions are being undertaken within the directorate to try to bring expenditure within the approved budget and reduce the projected overspend as far as possible by the year end. Going forward, a number of pressures will be considered as part of the budget strategy, in particular waste and planning fee income where an assessment as to the appropriate budgetary figure will need to be considered. Actions currently being progressed or considered include:
  - Review of external funding streams to seek opportunities
  - Considering whether any of the existing 2016/17 efficiency savings proposals can be stretched to deliver additional short term and on-going savings
  - General freeze on all non essential expenditure

## **Customer & Corporate Services**

- 18 The main variations include pressures of £150k in customer services due to delays in the delivery of staff savings. This pressure is offset by savings achieved from vacant posts in a range of areas including Shared Intelligence (£98k) and Democratic Services (£49k). Savings have been achieved ahead of schedule within Facilities Management (£86k) and by generating more rental income than forecast (£58k) from external partners accommodated within West Offices. A number of other minor variations make up the overall directorate position, which is a forecast underspend of £50k. Work will continue to try and identify additional savings to help the overall position.

## **Health, Housing & Adult Social Care**

- 19 There is a net projected overspend of £96k on staffing budgets due to additional senior practitioner hours within the Occupational Therapy service and additional hours in the Commissioning Team.
- 20 A £245k pressure within direct payment budgets is forecast due to a higher number of customers than budgeted for along with some short term delays in initiating the saving to reclaim unspent direct payments. Work on reconciling personal budgets is being undertaken to significantly reduce this under-spend. There is always some slippage in the resources allocated to support individual, and actual spend, and therefore we are reclaiming the monies not used.
- 21 There has been an increase in the number of customers on exception contracts within community support budgets and also an increase in the number of hours being commissioned through the framework contracts since quarter 1, to combat the rising demand for home care.
- 22 There is a net projected overspend of £765k within external residential and nursing care placement budgets as a result of increased residential placements (+£651k) and delays in transferring some learning disability customers to supported living schemes (+£282k), partly offset by fewer than expected nursing placements (-£168k).
- 23 Older Peoples Homes' budgets are projecting a net overspend of £219k, an improvement of £200k compared to quarter 1. The current overspend is mainly in respect of under recovery of income (£29k) and staffing (£161k). Income has been affected by a higher than budgeted number of vacant beds. Use of casual staff continues in the homes as permanent posts are kept vacant in order to allow flexibility within the re-provision programme, but the service is now increasing the use of additional hours

and overtime as a more cost effective alternative. Staff sickness has also significantly reduced (from 604 hours in May to 325 hours in September) and the service continues in its commitment to bring spend back within budget by year end.

- 24 There is a net projected underspend of £469k in supported living budgets. A number of places are being kept vacant in advance of the anticipated transfers of learning disability customers from external residential placements, but the service has also been successful in securing £347k of Continuing Health Care income for 3 customers.
- 25 Staffing budgets are projected to overspend by £74k due mainly to the temporary need for two group managers for the first half of the year. There are several vacancies in the social work teams which have been difficult to recruit to which may require the use of agency staff in the coming period potentially increasing this overspend.
- 26 The directorate's budget for 2016/17 included a requirement to deliver savings totalling £3m from the on-going work being undertaken on service transformation. To date savings of £1,942k have been identified and implemented, leaving a shortfall of £1,058k. Plans are in place to deliver almost the entire shortfall from 2017/18, so this is a short term pressure.
- 27 The Council's former £1,023k care act grant was transferred to mainstream funding from 2016/17. £532k is committed against this budget leaving £491k available to contribute towards other directorate pressures.
- 28 Within Public Health there are net projected overspends on sexual health contracts (+£16k), substance misuse contracts (+£33k) and the healthy child programme (+£53k) due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. These are offset by a projected underspend on staffing of £83k due to vacancies which were held prior to the implementation of the public health restructure.
- 29 Within Housing and Community Safety there is a projected net overspend of £50k on repairs and maintenance at traveller sites.
- 30 A number of other more minor variations make up the overall directorate position.
- 31 In the previous monitoring report, a range of mitigation options were being explored within the service to try and contain expenditure within the approved budget and reduce the projected overspend as far as possible

by the year end. Dealing with the budget pressures is a standing item at DMT meetings with all options available to further mitigate the current overspend projection being explored. The table below shows the areas investigated and progress made since Monitor 1:

<b>Actions and Options</b>	<b>Progress to Date</b>
Bring the existing OPH budget back into line by the end of the year by making full use of vacant beds to reduce requirements for external long-term and respite placements.	The overspend has been brought down significantly since Q1. Weekly meetings are now held to review the use of agency staff, and the service is working with care managers to encourage the use of beds in the short term to improve the income position.
Increase in Continuing Health Care (CHC) applications.	Successful applications have been made in respect of Supported Living customers, but more needs to be done for other customer groups. A joint meeting with health colleagues is planned to review, streamline and speed up the CHC process.
Review direct payment values in light of the new Resource Allocation System and consider reductions where unspent balances have already been reclaimed.	Recovery of significant unspent direct payments has been delayed by the transfer of support functions to a new provider. However a reconciliation of accounts is due at end of October which should inform whether there is potential to recover more unused payments than are currently budgeted for.
Review the level of the care packages provided following reablement.	Work is expected to start on this shortly.
Ensure top up contributions are secured when customers choose a placement above the Council's agreed standard rate.	Guidance has been re-issued to care managers to confirm the necessity to secure top up payments from third parties.
Review our fairer charging rates to customers.	The increase in income will only be generated where full fee paying customers use in house services which have been charged at less than the market rate for a number of years. A report with options is currently being prepared.
Continue the restrictions on all discretionary spend and hold recruitment to vacant posts wherever possible and safe to do so.	All vacancies have to be signed off by Assistant Directors, and are only filled where the operational risk is too great to leave vacant. In addition, budget managers have been asked to withhold any non-essential spend for the remainder of the financial year.
Consider whether any of the existing 2016/17 efficiency savings proposals can be stretched to deliver additional short term and on-going savings.	All savings have now been reviewed and it is unlikely that there will be any further savings from these areas.
Review any potential to charge costs against capital schemes or reserves.	Managers have been asked to consider any areas which may fall under this area. The Older Persons Accommodation Programme is already making use of new powers to use capital receipts to fund

Actions and Options	Progress to Date
	reform in order to minimise any pressure from the project on the revenue budget. In addition the costs of implementing the new operating model are being charged to the Care Act reserve.

### **Housing Revenue Account**

- 32 The Housing Revenue Account is budgeted to make an in year surplus of £3m. A review of the budgets in the area shows that, overall, a slight reduction of £350k in the overall surplus is forecast.
- 33 Repairs and maintenance is forecast to overspend by £660k. The service anticipates being able to use this increased capacity to pick up some of the work currently allocated to subcontractors. This reduction in subcontractor expenditure has yet to come through, the service remains confident that reductions will be made but that the full year saving will not be achieved in this financial year. A range of smaller underspends make up the overall variation.
- 34 The working balance position at 31 March 2016 was £18.4m. This is higher than forecast in the latest business plan (£16.6m) due to the underspend achieved in 2015/16.
- 35 The projected outturn position outlined in paragraph 32 means the working balance will increase to £21.0m at 31 March 2017. This compares to the balance forecast within the latest business plan of £20.2m.
- 36 Detailed information and regulations are still awaited regarding forthcoming changes to HRA legislation including the sale of high value properties. While the full extent of the impact of these changes is not yet known, the HRA will be required to make significant efficiencies in order to mitigate the reduction in income without reducing the HRA balance below prudent and sustainable levels.

### **Corporate Budgets**

- 37 These budgets include Treasury Management and other corporately held funds. It is anticipated that a £500k underspend will be achieved, predominantly through improved Treasury Management performance as a result of reviewing some assumptions on the cash flow position which will mean less interest being paid than previously anticipated.
- 38 A sum of money was previously set aside to deal with the costs of settling claims for back pay arising from discriminatory payments incurred before the Council implemented its equal pay strategy in 2009. The reserve was

created in 2008 and the majority of claims settled in 2009/10. The current balance on the reserve is £1.1m. As the period for back pay claims is capped at 6 years, it is felt that this reserve can now be reduced in line with the reducing risk from equal pay claims. It is proposed that any payment is funded from this earmarked reserve.

### **Contingency**

- 39 Since the last monitoring report there have been a number of allocations from contingency totalling £669k. These relate to Care Fees £444k, Park & Ride £100k, Housing Stock Options £100k and "A" Board enforcement £25k. This leaves a balance of £671k unallocated on the general contingency. Members are asked to note that this may be required to deal with some of pressures outlined in this report. Any decisions regarding the allocation of this sum will be brought to a future meeting.

### **Loans**

- 40 Further to a scrutiny review, it was agreed that these quarterly monitoring reports would include a review of any outstanding loans over £100k. The only loan in this category is that of £1m that was made to Yorwaste, a company part owned by the Council, in June 2012. Interest is charged at 4% plus base rate meaning currently interest of 4.25% is being charged. All repayments are up to date.

### **Performance – Service Delivery**

- 41 On 14th July 2016 the Executive approved plans including a new Council vision (2030), a revised Performance Framework 2016-19, as well as a number of internal Council strategies including the People Plan, which sets out strategically what the Council needs to do to deliver the right workforce for 2020. These all work together to help deliver the aims and objectives of the Council Plan (2015-19), which is built around three priorities that puts residents and businesses at the heart of all Council services.
- 42 This marks the ongoing progress to the way all services are organised and provided and is another step towards addressing the feedback from the recent Peer Review. 2016. Future progress on Peer Review actions will be contained within the finance and performance document. A selection of progressed actions include;
- There has been substantial engagement with staff about the Vision and with partners; the new Chief Executive has for example used the

opportunity of introductory meetings with staff and partners to engage with them on the Vision.

- The re-engagement by CMT and executive members with senior managers through CLG and Service to City Forums;
- The re-launch and configuration of the Talk-about panel in order to hear residents' views on a six-monthly basis which in turn feeds in to the performance framework.
- All major and medium project information being held centrally; project management information being made available within the councils performance framework and reported internally into CMT/Executive and Audit & Governance Committee, as well as externally alongside other performance information
- Continued internal work and planning towards the council making available the "My Account" functionality through the corporate website which will allow a constant two-way feedback with residents;
- Work towards key account and stakeholder management has been completed by CMT/Executive involving identifying the councils top 50 key partners and allocating responsibility to these to a relevant CMT and Executive Member which includes a new approach to partnerships, based on One Planet York principles, to be initiated in November.

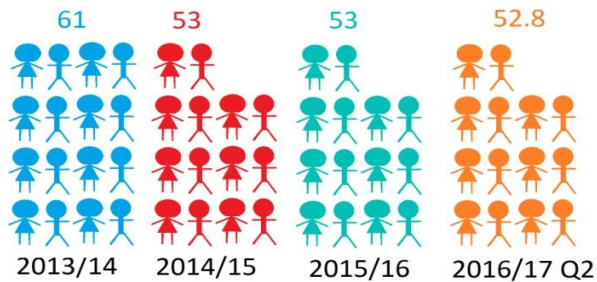
43 There has been agreement between CMT and Executive of a core strategic set of indicators to help monitor the council priorities and this will provide structure for future reporting. A number of new recording measures and metrics will be created over the next reporting period in order to understand progress on these strategic performance indicators. Some of these indicators are not measured on a quarterly basis but the DoT (Direction of Travel) is calculated on the latest three results whether they are annual, quarterly or monthly.



Performance - Overview		2015/16	Quarter 1	Quarter 2	DoT		
Service Delivery	A Focus on Frontline Services	Children Looked After per 10k (Snapshot)	53	52.3	52.8	Neutral	
		Number of Incidents of ASB within the city centre ARZ	2305	619	624	Neutral	
		Household waste recycled / composted - (YTD)	43%	49%	(Available Jan-17)	Neutral	
		Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)	6.9	10.13	9.73	Bad	
		% of panel confident they could find information on support available to help people live independently	Not Previously Asked	64.00%	NC	Neutral	
		Proportion of adults in contact with secondary mental health services living independently, with or without support	28.5	NC	(Available Oct-17)	Bad	
		% of physically active and inactive adults - active adults	69.83%	NC	(Available Jun-17)	Neutral	
		% of pupils achieving 5+ A*-Cs GCSE inc. English & Maths at Key Stage 4 (new First Entry definition) - (Snapshot)	66.2%	NC	(Available Dec-17)	Neutral	
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	6	6	8	Neutral	
	A Council That Listens to Residents	% of panel who agree that they can influence decisions in their local area	24.00% BYS 2013/14	29.00%	NC	Neutral	
		% of panel satisfied with their local area as a place to live	83.00% BYS 2013/14	91.90%	NC	Neutral	
		% of panel satisfied with the way the Council runs things	44.00% BYS 2013/14	65.60%	NC	Neutral	
		Overall Customer Centre Satisfaction (%) - CYC	91.54%	92.26%	93.11%	Neutral	
	A Prosperous City for All	%pt gap between FSM and non-FSM pupils at 15, who attain a Level 3 qualification by the age of 19 - (Snapshot)	42% (2014-15)	NC	(Available Dec-17)	Bad	
		Median earnings of residents – Gross Weekly Pay (£)	£495.60	NC	£509.60	Neutral	
		Net Additional Homes Provided - (YTD)	1121	NC	(Available Dec-17)	Good	
		Business Rates - Rateable Value	NC	£246,114,424	£245,768,369	Neutral	
		One Planet Council - All Resources - Total CO2 (t)	NC	NC	(Available 2017)	Neutral	
		% of panel who give unpaid help to any group, club or organisation	Not Previously Asked	64.80%	NC	Good	
	Organisational Health Check	Performance	Red rated Major Projects - CYC	0	0	0	Neutral
			Amber rated Major Projects - CYC	5	6	5	Neutral
			Overall Council Forecast Budget Outturn (£000's Overspent / -Underspent)	-876	1,197	0 (Projected within budget)	Good
		Employees	PDR Completion (%) - CYC - (YTD)	59%	8.0%	46.0%	Neutral
			Staff FTE - CYC Total (Excluding Schools) - (Snapshot)	2104	2117	2109	NA
			Average sickness days lost per FTE - CYC (Excluding Schools) - (Rolling 12 Month)	10.1	10.1	10.3	Neutral
			Voluntary Turnover (%) - CYC Total (Excluding Schools) - (Rolling 12 Month)	7.00%	7.40%	7.13%	NA
		Customers	% of external calls answered within 20 seconds - CYC	88.15%	88.95%	87.15%	Neutral
			% of complaints responded to within 10 days	Measure under development			Neutral
			FOI & EIR - % In time - (YTD)	88.10%	(Available Jan-17)	(Available Apr-17)	Neutral
			Digital Services Transactions / Channel Shift	Measure under development			NA

NC = Not Collected as measure is either, annual, bi-annual, collection measure currently being addressed, or there is a time delay between end of quarter and indicator availability.

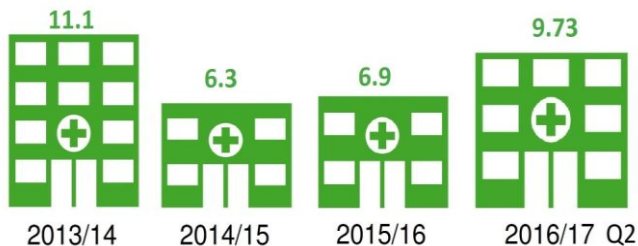
Children looked after per 10K (Snapshot)



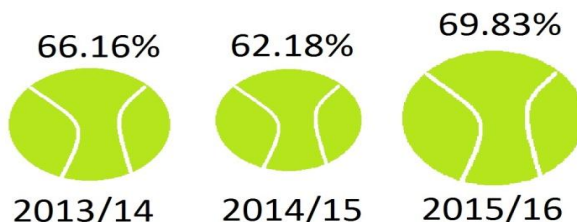
Household waste recycled / composted - (YTD)



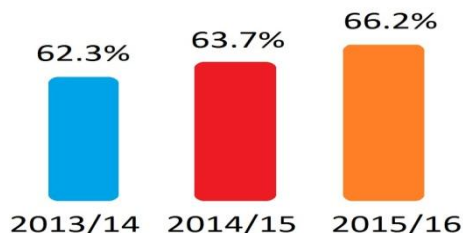
Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)



% of physically active and inactive adults - active adults



% of pupils achieving 5+ A\*-Cs GCSE inc. English & Maths at Key Stage 4 (new First Entry definition) - (Snapshot)



Number of days taken to process Housing Benefit new claims and change events (DWP measure)



Overall Customer Centre Satisfaction (%) - CYC



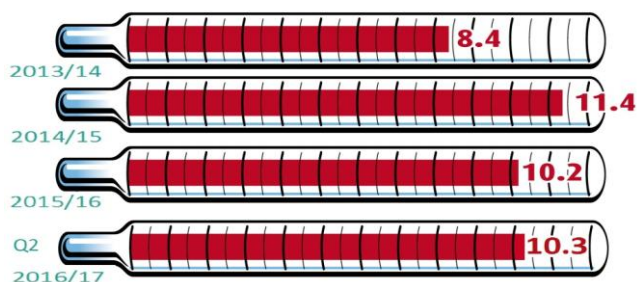
Median earnings of residents - Gross Weekly Pay (£)



Net Additional Homes Provided - (YTD)



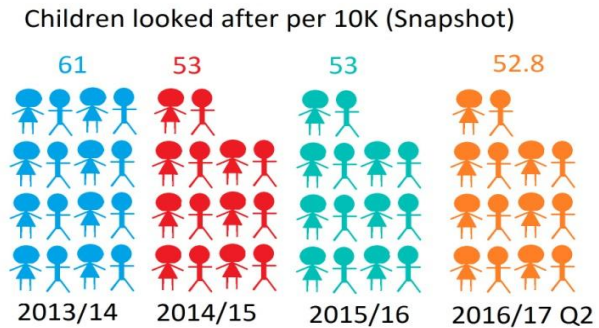
Average sickness days lost per FTE - CYC (Excluding Schools)



## A Focus on Frontline Services

**Number of Children Looked After - this measure gives an understanding of the efficiency and effectiveness of a key front-line service which has impacts on vulnerability and the life chances of children**

- 44 The number of children looked after remained in line with previous trends at 192. This is within the safe and expected range, which has been stable for a significant amount of time. Placement stability continues to be an important area of focus.



- 45 The number of children subject to a Child Protection Plan at the end of September was 143, returning to similar levels seen in 2014/15. The increase may represent increased demand, as has been noted nationally, as well as an appropriate consequence of reducing the number of children in care through robust management of 'edge of care' cases. This area continues to be monitored by the extended management team.

**Number of Incidents of Anti-Social Behaviour within the city centre - this measure gives an understanding of the impacts of ASB on Leisure and Culture and therefore the "attractiveness" of the city**

- 46 During the first half of 2016/17 there have been 824 alcohol related ASB incidents, a significant reduction on the 999 reported during the same period in 2015/16. There have been 5,087 NYP Recorded ASB Calls for Service during the first half of 2016/17; this is in line with the total number recorded during the same period in 2015/16.

**Household waste recycled / composted - this measure gives an understanding of a key outcome of the Council plan**

- 47 The amount of landfill waste, in Q1, decreased to 12,030 tonnes (from 12,124 in Q1 2015/16) and the residual waste per household remained constant at 141kg per household (142kg in Q1 2015/16). The recycling rate within the city, in Q1, of 49% is the same as in Q1 2015/16 and higher than at year end but this is, normally, seasonally higher in the first half of the year. 52% of the residents, who responded to the Talkabout survey (June 2016), think that the Council and partners are doing well helping to reduce amount of household waste.

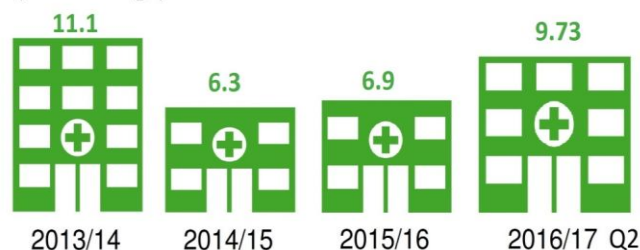




**Delayed transfers of care from hospital which are attributable to adult social care - this measure gives an understanding of how well our health and social care services are integrated**

- 48 Delayed transfers of care from hospital performance has shown a steady improvement over the end of 2015-16 and into the first half of this year for acute delays; however, from June 2016, an increase in non acute delays, particularly in mental health has pushed the numbers back up and off target for the year.

Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)



Since June a new process has been put in place to monitor delays relating to mental health to mirror that of our acute and non acute hospital processes.

**% of residents confident they could find information on support available to help people live independently - this measure gives an understanding of residents' ability to support themselves in line with new adult social care operating model**

- 49 64% of the residents, who responded to the Talkabout survey (June 2016), are confident they could find information on support available to help people live independently with over half saying that they could find this information either on CYC website or by contacting their GP.
- 50 Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. At the end of Q2, the rate for Younger Adults (aged 18-64) who were assessed as requiring future residential care is on track and equates to a year end position of 6.08, achieving the required target of 10.0. For older people the rates of those assessed as needing to go into residential care are higher than expected in Q2 and push the trend over the target of 238 new placements or less (a rate of 620 per 100k or less) by end of year. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded.

**Proportion of adults in contact with secondary mental health or learning difficulties services that are living independently - this measure gives an understanding of adults' social care users perception of their ability to support themselves**

- 51 The proportion of adults in contact with secondary mental health services who live in their own home or with family is a measure intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion. Performance is improving in year, however remains off target for the end of year target. We intend to actively engage with the

provider is designed to drive out any recording and practice issues. Data access, and performance reporting is being escalated at a senior level.

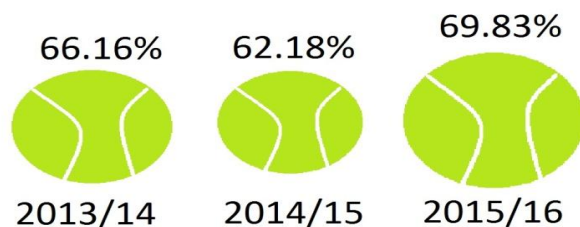
52 The proportion of adults in contact with secondary mental health services in paid employment is a measure intended to improve employment outcomes for adults with mental health problem and accommodation status and is linked to reducing risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. Performance is on target for the end of year target.

53 There is a strong link between employment and enhanced quality of life, reducing the risk of social exclusion and evidenced benefits for health and wellbeing. The Q2 position for the proportion of adults with learning disabilities in paid employment is on track to hit the 10% target and will remain a focus of the monthly performance clinics. When people reach a review stage, we will look at their employment status. We are working with colleagues to improve opportunities for people who wish to work to have access to employment opportunities.

**% of Physically Active Adults (to be replaced by people engaging with Wellbeing service after launch) - this measure gives an understanding of the overall health of the cities residents**

54 Public Health England released data for 2015 from the Active People Survey and this reports that York has the highest level of physical activity and the lowest level of physical inactivity in England. Amongst a sample of 527 adults taking part in the survey, 69.8% reported doing more than the recommended 150 minutes of at least moderate intensity physical activity per week (highest in England) and 17.5% reported doing less than 30 minutes per week (lowest in England). The activities included in the definition are: sport and active recreation including cycling and walking, walking and cycling for active travel purposes, dance and gardening. The Council's "Just 30" initiative encourages York residents to do 'just 30' minutes of moderate exercise a day with the aim of achieving their 150 minutes of exercise per week and the "Eng-AGE" programme promotes sport and physical activity opportunities for people aged 50.

% of physically active and inactive adults - active adults



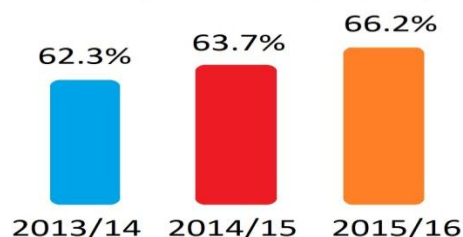
55 In August the York Health and Wellbeing Board, a strategic partnership which sets the vision and direction for health and wellbeing for the city, asked residents to comment on what they thought the health and wellbeing priorities for the city should be. The results of the consultation will be used to shape a Joint Health and Wellbeing Strategy; which will set

out the priorities and the focus for investment for the city's health and wellbeing over the next five years. The Board is currently renewing York's strategy and has agreed that it follows a 'life course' approach with themes that include: starting and growing well; living and working well; ageing well and dying well.

**% of pupils achieving 5+ A\*-Cs GCSE inc. English & Maths at Key Stage 4 - this measure gives an understanding of educational attainment levels within the city**

56 School performance remained strong against national and regional averages. Improvements in attainment were seen in Early Years Foundation Stage, Year 1 Phonics, Key Stage 4 and Key Stage 5. Progress has improved to being in line with national in Key Stage 1 and Key Stage 2.

% of pupils achieving 5+ A\*-Cs GCSE inc. English & Maths at Key Stage 4 (new First Entry definition) - (Snapshot)



57 The proportion of 16-18 year olds who are not in education, employment or training (NEET) remains stable at around 5%. This indicator is changing nationally to focus on 16-17 year olds. More information will be available in the coming months about how the definition change affects this area.

**Number of days taken to process Housing Benefit new claims and change events - this measure gives an understanding of the efficiency and effectiveness of a key front-line service**

58 At the end of Q2, the average number of days it took to process a new Housing Benefit claim or a change in circumstance of an existing claimant was 7.5 days, which is an increase from Q1 (6 days) and slightly longer than at the end of Q2 in 2015/16 (7 days). There have been a number of staff changes and new software is being introduced, which has required resource to set up, but is intended to improve processes going forward.

Number of days taken to process Housing Benefit new claims and change events (DWP measure)



## A Council That Listens to Residents

**% of residents who agree that they can influence decisions in their local area - this measure gives an understanding of residents' recognition about how we are listening and reacting to residents views**

59 29% of the residents, who responded to the Talkabout survey (June 2016), agree that they can influence decisions in their local area which is

comparable with the government's Community Life Survey 2015/16 (published in July 2016) benchmark figure of 35%.

- 60 Public consultation on the Local Plan Preferred Sites document and the supporting evidence which draws upon previous work undertaken for the Local Plan ended on 12th September. There were over 2,000 representations made and officers are currently working on analysing the comments and feedback received from residents and other stakeholders and will report back in due course.

**% of residents satisfied with their local area as a place to live - this measure gives an understanding of residents' views about the area and the quality of their ward / neighbourhood**

- 61 92% of the residents, who responded to the Talkabout survey (June 2016), are satisfied with their local area as a place to live which compares favourably with the government's Community Life Survey 2015/16 (published in July 2016) benchmark figure of 86.

- 62 An index from uSwitch said the benefits of living in the York rank it as the fifth best place to live with a family, behind Hertfordshire, Cambridgeshire, Central Bedfordshire and Warrington. The index ranks the UK's 138 local authorities on 33 aspects important to family life – including health, housing, crime, childcare, sleep, sunshine and time spent with family. The study has revealed that York performed well when it comes to healthcare, with a high number of GPs (1.37 GPs per 1,000 residents), and strong exam results, with 63 per cent of pupils securing 5 or more A\*-C grades at GCSE or equivalent. York is also rated highly for its low percentage of children living in workless households (eight per cent), and its residents low weekly household grocery expenditure (£51.30 per average household).

- 63 Rowntree Park, West Bank Park, Rawcliffe Country Park and Glen Gardens have been awarded and Clarence Gardens retains the prestigious Green Flag Award status, having been assessed last year. The Green Flag Awards recognise well managed parks and open spaces for all to enjoy and is the benchmark national standard in the UK.

**% of residents satisfied with the way the Council runs things - this measure gives an understanding of residents' satisfaction with frontline service delivery and the Council's responsiveness to residents' views**

- 64 66% of the residents, who responded to the Talkabout survey (June 2016), are satisfied with the way the Council runs things which compares well with the LG Inform benchmark figure of 65% for 2015/16.

**% of residents who think that the Council and partners are doing well at improving the quality of streets/public spaces - this measure gives an understanding of residents'**



**satisfaction with frontline service delivery and the Council's responsiveness to residents' views**

65 45% of the residents, who responded to the Talkabout survey (June 2016), think that the Council and partners are doing well at improving the quality of streets/public spaces.

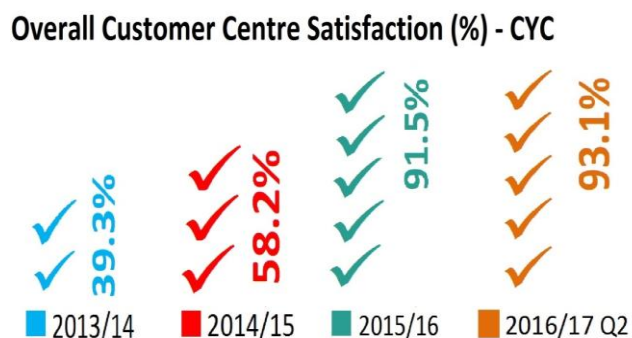
66 From the end of October the Council undertakes a 'leaf clearance programme' which takes place for six weeks. The Business Improvement District has contracted Future Cleaning Services to complement the baseline services provided by the Council, and to work towards achieving their vision of a 'Gold Standard' cleaning service for the City centre. This launches on Monday 7th November, and will include deep cleansing, chewing gum removal, removal of graffiti from private properties and a dedicated 24 hour call out team for emergency work.

**% of residents who have been actively involved in redesigning and delivering services - this measure gives an understanding of residents' recognition about how they are involved in service redesign**

67 As part of the 'Taking Play Forward' policy, children and young people were asked what they would like to see and do in their local play parks to influence how £265,000 of funding should be spent on playground improvements in 2017/18. A final list of schemes will be forwarded to the Executive Member for approval and prizes of play and sports equipment to use in outdoor play areas will be awarded for the best ideas.

**Overall Customer Centre Satisfaction (%) - CYC - (being replaced with Digital service satisfaction 2017) - this measure gives an understanding of the quality of our face to face, phone and front office customer services (and in future our digital services through the CYC website)**

68 Overall Customer Centre satisfaction increased to 93.4% in Q2 (from 92.3% in Q4), with both Call Centre and face to face services increasing to over 92.5%. The latest Customer Service Excellence assessment noted that there are high levels of customer satisfaction with front facing services, particularly with the customer centre which has shown significant improvement over past few years.



**A Prosperous City for All**

**%pt gap between FSM and non-FSM pupils at 15, who attain a Level 3 qualification by the age of 19 - this measure gives an understanding of the inequality gap**

69 In York the percentage point gap between FSM and non-FSM pupils at 15, who attain a Level 3 qualification by the age of 19 has been an issue



for the last five years with York consistently in the bottom decile compared to other LAs. On the latest measure from 2014/15 the size of the Non-FSM cohort was 1,580 and the FSM 145 students. The increase in the gap was for two reasons; firstly the percentage of the Non-FSM cohort attaining L3 increased from 64% to 68% whereas for the FSM cohort there was reduction from 29% to 26% - hence the gap moved from 35% to 42%. To be in line with the national gap we would have needed an estimated 25 students from the FSM cohort to have attained L3. It may also be that fewer students from the FSM cohort at age 15 progressed to start L3 study Post 16 – this will need further investigation.

- 70 To address the gap, the LA has consistently highlighted the FSM gap at both L2 and L3 at age 19 as a key priority in the annual 14-19 Local Area Statement of Need. All York state funded school sixth forms and York College now actively track their FSM cohort as a defined vulnerable group and seek to provide additional support where possible for these students. The latest published measures are for the Year 13 cohort leaving in summer 2014. York College, where student volumes are greatest, report improvements in attainment of their FSM cohort in academic years 14/15 and 15/16 which, when validated, should lead to a closing of the gap in figures published in April 2017 and 2018. Career Ready and the Social Mobility Foundation have recently been signposted and will work with the L3 FSM cohort in York schools and York College. The issue will be raised again through the next meeting of the Post 16 Leads Group where good practice will be shared between partners.
- 71 Following on from the York 300 analysis, a project has commenced to identify a group of schools who will work together to improve the outcomes of disadvantaged pupils. Millthorpe School, who received an award from the Department for Education for their work to support the progress of disadvantaged pupils, are leading the project in partnership with CYC. Initially, the project will recruit three primary Head Teachers with a good record of narrowing the gap. They will each work with two Head Teachers from schools wishing to narrow the gap at Key Stage 2. The six schools will be selected because their current gap is wide and because there are large numbers of disadvantaged pupils. In this way, the impact of improvements should have a significant effect on York as a whole.

**Median earnings of residents – Gross Weekly Pay (£) - this measure gives an understanding if wage levels have risen within the city, a key corner-stone in the cities economic strategy**

72 In 2016 the median gross weekly earnings for residents of York were £509.60 which was an increase of 2.82% from £495.60 in 2015. The median earnings are higher than the Yorkshire & the Humber average of £498.30 but lower than the Great Britain average of £541.00. York is currently ranked 7/22 in the region (up from 8/22 in 2015) with Selby ranked the highest with the median gross weekly pay of £549.40 and Craven ranked the lowest with a gross weekly pay of £413.10. We are aware that York still fails to meet its full potential in terms of wage levels and part of the reason for this is the availability of space for high quality employments. The recently agreed economic strategy includes a number of areas to assist these issues including developing York Central, delivering the local plan and promoting university led growth.

Median earnings of residents - Gross Weekly Pay (£)



73 Figures from the Office for National Statistics showed there were 530 JSA claimants in York in September a fall of 20 from last month and of 190 from September 2015. The claimant count for York represents 0.4 per cent of the working population, which is lower than both the regional and national figures which stand at 1.6% and 1.3% respectively in September 2016. The recent figures also highlight a fall of 57.14 per cent fall in the youth unemployment count since September 2015. The youth unemployment figure of 0.1% falls below both regional and national figures, which stand at 1.3% and 1.1% respectively.

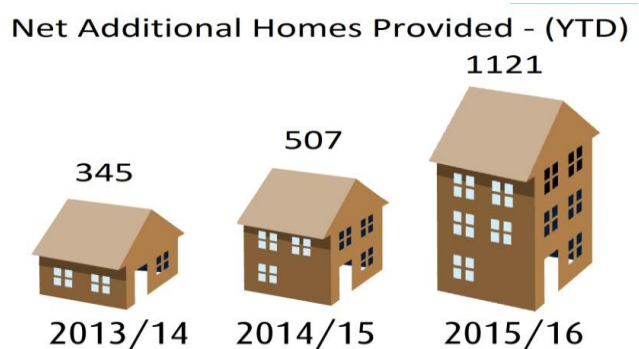
74 Data released by the Department of Work and Pensions is published 6 months in arrears - the latest data relates to February 2016. The total number of working age Benefit Claimants continues to fall (a reduction of 7.7% to 9,110 from 9,870 in February 2015). This represents 6.7% of the working age population which is lower than the regional and national figures which are 13.4% and 11.8% respectively. The reduction is predominantly due to a decrease in the number of Out of Work Benefit Claimants (an 8.7% reduction to 7,000 from 7,670 in February 2015) and a slight decrease in the ESA and Incapacity Benefit Claimants (a 1.1% reduction to 5,440 from 5,500 in February 2015).

75 Results from the Business Register and Employment Survey (BRES) for 2015 have been released which show that there has been a 2.2% decrease (from 2014) in the number in employment to 105,900 with the

split between the private and public sector employment 81.7% and 18.3% respectively (81.5% and 18.5% in 2014).

**Net Additional Homes Provided - this measure gives an understanding of how many new homes have been built in the city**

- 76 The latest data (2015/16) shows that there were 1,121 additional homes provided in the year which is more than double the 507 provided in 2014/15. Of these 52% were for off campus privately managed student schemes and 10% were from sites benefitting from relaxed permitted



development rights to allow conversion to residential use. There were 109 affordable homes completed (77 for social rent and 32 low cost home ownership units). Some 680 net housing consents were granted (59% for student and permitted rights development).

**Business Rates - Rateable Value - this measure gives an understanding of how much money the Council is likely to receive to spend on public services**

- 77 The rateable value is the legal term for the notional annual rental value of a rateable property, assessed by the valuation officers of the VOA (Valuation Office Agency). The latest valuation was undertaken in 2010 with the next revaluation taking effect from 1st April 2017. The draft list (published on 29th September) shows a 4.8% percentage change increase in the rateable value for York with Yorkshire and the Humber decreasing by 0.3% but England increasing by 9.1%. Currently English authorities keep hold of 50% of locally-collected business rates. The other half goes into a central government pool and is redistributed back to the local authorities according to need.

**One Planet Council - All Resources - Total CO2 (t) - this measure gives an understanding of how many resources the Council is consuming, potential impact on the environment, and progress towards reducing**

- 78 At the 1st August Executive Member for the Environment's decision session a new 4 year Carbon and Resource Smart Management Plan was approved. This illustrated that the Council emitted over 15,000 tonnes of carbon in 2014/ 15 and that we spent over £5m on electricity, gas, transport fuels and waste disposal. The new programme aims to help the Council reduce these carbon emissions and associated expenditure across the estate. It contains energy and water saving projects, waste, fleet and business travel projects and also projects to generate renewable energy - including bidding for over £1m of EU ELENA funding to explore up to 10 low carbon projects across the city

79 Air pollution in the city appears to be on a downward trend but the most recent monitoring data indicates that the annual average air quality objective for NO<sub>2</sub> is still being breached at a number of locations around the inner ring road. Progress which has been made on a switch to low emission vehicles in the bus and taxi fleet and this should lead to further improvements to the air quality in the city. An education based awareness campaign on anti-idling is being launched and further development is planned on local incentives for low emission vehicles and alternative fuel use to encourage drivers to switch to hybrid or electric vehicles.

80 To support the One Planet York programme, the Council has developed a One Planet Council programme of actions. These plans were outlined at the 1st August Executive Member for the Environment's Decision Session. They included a new draft 'One Planet Council' policy and action plan to coordinate and accelerate action across the Council and its services. The paper also introduced a new 'Integrated Impact Assessment Tool', which aims to help integrate key principles such as equality, diversity and One Planet Council principles into future Council services, plans, projects and programmes.



**% of residents who give unpaid help to any group, club or organisation - this measure gives an understanding of how much volunteering is currently being undertaken within the city**

81 65% of the residents, who responded to the Talkabout survey (June 2016), give unpaid help to a group, club or organisation which compares favourably with the government's Community Life Survey 2015/16 (published in July 2016) which found that 47% of respondents reported any volunteering at least once a month and that 70% reported any volunteering in the past 12 months.

### **Performance:**

**KPIs with a stable or improving Direction of Travel - this measure gives an understanding of measurable performance indicators across the Council**

82 There are currently 1,698 performance indicators (out of 1,976 indicators where the polarity of the indicator is not neutral) with a stable or improving Direction of Travel, which is 85.9%.

**KPIs where York is ranked in the top 25% of authorities - this measure gives an understanding of York's performance at local, regional and national level**

83 There are currently 168 performance indicators (out of 397 indicators with comparable data) where York is ranked in the top 25% of authorities, which is 42.3%.

**Major Projects - this measure gives an understanding of the performance of the large projects the Council is currently working to deliver**

- 84 There are currently 9 major projects in progress at the moment (11 in Q1) and each is given a status to give an overview of any significant risks and provide assurance as to how individual projects are being managed. 5 are rated Amber (6 in Q1) and there are no Red rated projects. The replacement of Children's case management system and the transference of Health Visitors and Schools Nurses into the Council as part of the Healthy Child Programme (HCP) are the projects that have, recently, been completed.
- 85 The collection rate for Council Tax at the end of Q2 was 56.81% compared with 56.82% at the corresponding period of 2015/16. The collection rate for Business Rates at the end of Q2 was 57.98% compared with 58.02%% in the corresponding period of 2015/16.
- 86 In 2015-16, all 227 allocated Troubled Families were identified and engaged. Since the beginning of the 2016-17 financial year, 98 of the 259 allocated families have been identified and engaged. The context of these families remains consistent: 21% come from the most deprived areas, 54% live in social housing and the most frequent reasons for identification are receipt of out of work benefits, involvement with Early Help and Children's Social Care services, and poor school attendance and behaviour. Successful significant and sustained family outcomes, as measured by the Troubled Families Outcomes plan, remain low but are expected to pick up during Q3 and Q4. Early preparation for a spot check by the Department for Communities and Local Government has helped create resilience before the introduction of the Local Area Team model.
- 87 Year end data for 2015/16 showed there was an 11% increase in total Crime compared to the previous year and levels had reverted back to those of 2012/13. We have seen a 9% decrease in the levels of Violent Crime reported during the first half of 2016/17 in comparison to the same period in 2015/16. There has been a small increase in incidents reported domestic violence during the first half of 2016/17, with 1,567 incidents of Domestic Violence reported between April – September 2016, 5% higher than the 1,491 reported during the same period in 2015/16.
- 88 Between April-September 2016 there have been 93 Hate Crimes reported; this is a slight increase on the 82 Hate Crimes reported during the same period last year. 70% of the Hate Crime/Incidents that were reported are of a "racial" nature, with the other 30% made up of a variety of disability, religious, homophobic and sexual orientation incidents.
- 89 The average void period for Council houses has reduced from 2.9 weeks in Q1 to 2.5 weeks in Q2. This compares to 3.3 weeks in Q2 2015/16. The

number of void Council house properties has decreased from 172 in Q1 to 151 in Q2 (there were 160 empty properties in Q2 2015/16). The number of mutual exchanges of Council houses has increased from 35 in Q1 to 37 in Q2 (40 in Q2 2015/16).

- 90 The rent arrears at the end of Q2 for current tenants (D1) were £694,553. This figure has risen by 12.3% from £618,360 at the end of Q1. Although the rent arrears at the same time last year was £843,433, the comparison to this year should be viewed in the context of rents moving from a 48 week charging pattern in 2015/16 (4 rent free weeks per year) to a 52 week rent pattern for 2016/17. This, together with a 1% rent decrease, means that any rent arrears is always likely to be less than a comparable deficit last year. For former tenants (D1) the rent arrears at the end of Q1 were £269,795. This is a 10.6% decrease from Q1 in 2016/17 (when the rent arrears was £301,738) and a 1.2% increase from the same period last year when the arrears was £266,466.
- 91 Gentoo Tolent has been awarded a £2.1m framework contract to deliver around 500 whole house improvements to the Council's housing stock which will include new bathrooms, kitchens, electrical work and general property repairs over the next two years.
- 92 The number of households being accepted as homeless in Q2 has decreased by 3 to 25 from Q1. The number of households with children being accepted has increased by 1 to 13 (increased by 1 to 15 if pregnant with no other children is included). The number of families in temporary accommodation has increased to 36 (from 27). This is within the target figure for the number of families in temporary accommodation. However, the number of children in temporary accommodation has seen an increase from Q1 to 63 (from 48).
- 93 The Council has been tackling fuel poverty and improving people's quality of life by working with Better Homes Yorkshire to install 19 gas central heating systems, funded by the Government's Central Heating Fund. One of the homes in the project has had its energy performance increased from a G Rating to a D Rating and halved its estimated heating costs.
- 94 The continued development of children and young people's voice can be clearly seen through two recent events.
- A peer review of children and young people's safeguarding board arrangements highlighted the strength of this work and the commitment of the local authority and partners to it.
  - The Aspire to More campaign recently won a national award for its work. The Aspire to More project, created in partnership with



Inspired Youth and launched in September 2016, aims to raise aspirations for young people in care and care leavers; it is designed to inspire care-experienced young people by sharing care leavers stories and presenting positive and inspirational role models who have similar life experiences. The campaign won Best Local Authority Pitch and Poster at the National Leaving Care Benchmarking Forum.

- York Youth Council recently support the Make Your Mark project. Make your mark is a ballot of young people, supported by Local Authorities, UK Parliament, and the Cabinet Office, giving young people across the country a say on what is to be debated to be a priority campaign by their Members of Youth Parliament (MYPs) in their annual House of Commons debate. York Youth Council coordinated the project locally and a record breaking total of 5,570 votes were cast in York schools this autumn. The British Youth Council and UK Youth Parliament but run superbly by York Youth Council, has seen an increase on last years 3,600 votes setting a new record for the biggest youth consultation of its kind in York, with 50% of all young people aged 11-18, taking part in York.

## Performance – Employees

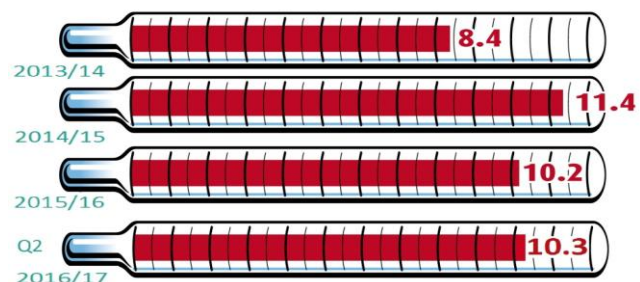
**Staff Total - this measure gives an understanding of total numbers of staff, and our staffing delivery structure**

- 95 The number of people employed by the Council (excluding schools) has decreased to 2,651 (2,109 FTEs) at the end of September, from 2,669 (2,117 FTEs) in June.
- 96 Additional salary expenditure has decreased to £172k in Q2 (£188k in Q1) but overtime expenditure has increased to £168K in Q2 (£158k in Q1). Casual employees' expenditure has increased from £1.43m in Q1 to £1.47m in Q2.

**Average sickness days lost per FTE (12 Month rolling) - this measure gives an understanding of the productivity of the organisations employees**

- 97 The 12 month rolling average of sickness days per FTE (excluding schools) has increased slightly to 10.3 days (from 10.1 in Q1) and remains higher than the CIPD Public Sector average of 8.7 days. Stress related absence averaged 0.9 days per FTE between April and September, down slightly from

**Average sickness days lost per FTE - CYC (Excluding Schools)**



1 day during the same period last year. The Council is committed to supporting the health and wellbeing of our employees and as a demonstration of this we have signed up the PHE Wellbeing Charter.

**Staffing Turnover - this measure gives an understanding of the number of staff entering and leaving the organisation**

- 98 At the end of Q2, 15 employees have been made redundant in 2016/17, 9 on a voluntary basis and 6 compulsory. In 2015/16 a total of 61 employees were made redundant, 46 voluntary and 15 compulsory.
- 99 The percent of employees voluntarily leaving the organisation over the past 12 months has fallen to 7.1% (7.4% in Q1) but remains higher than levels seen during the same period last year (6.1%).

**Staffing PDR Completion Rates - this measure gives an understanding of how we making sure that the organisations strategic aims, goals and values are being passed to all employees**

- 100 City of York Council is committed to developing confident, capable people, working positively for York. As part of that commitment, all colleagues are entitled and encouraged to reflect on their performance and discuss future aspirations and work goals through regular one to ones and an annual Performance and Development Review (PDR) appraisal. The progress on completed PDR's at the end of Q2 suggests that the council will have close to full completion of staffing PDR's by the end of Q3.

**Staff Satisfaction - this measure gives an understanding of employee health and their satisfaction with the Council and a place to work and its leadership, management and practices**

- 101 This measure will be developed in conjunction with the organisation's People Plan.

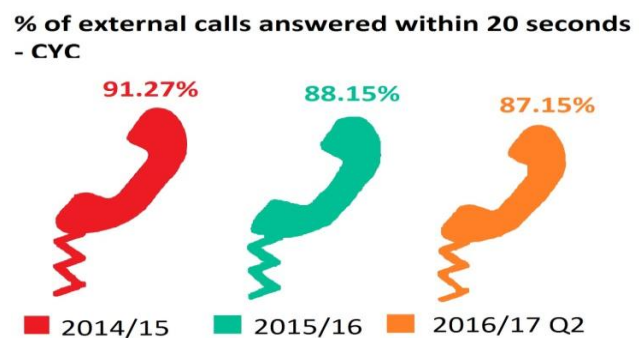
## **Performance – Customers**

**External Calls answered within 20 seconds - this measure gives an understanding of speed of reaction to customer contact**

- 102 York Customer Centre is the main point of contact for resident enquiries and in total 67,191 calls were received during Q2 with 94% answered (68,030), 67.7% in less than 20 seconds. During peak periods customers may experience increased waiting times and, although calls are typically not held in a queue for more than 42 seconds, customers can make use of the call back facility, although some choose to abandon the call. This impacts overall performance and satisfaction and call data is monitored on a daily basis to ensure a positive customer experience is maintained.



103 In Q2 the number of residents visiting the Customer Centre rose to 17,365 (16,297 in Q1) but the average wait time increased to 8 minutes (7.82 minutes in Q1), with 73% of customers served within the waiting time target of 10 minutes (74% in Q1).



#### **% of complaints responded to within 10 days**

104 This measure is currently under development. In 2015/16 there were 2,683 complaints about the council with 42% concerning lack of action, 21% about inappropriate action 18% about the quality of advice or communication. At the end of Q2 there have been 1,571 (year end forecast of 3,140) complaints with 44% concerning lack of action, 28% about inappropriate action and 8% disagreeing with policy.

#### **FOI & EIR - % In time - this measure gives an understanding of our speed of reaction to FOI's**

105 The number of FOIs (Freedom of Information requests) and EIRs (Environmental Information Regulations requests) fell from 1,864 in 2014/15 to 1,670 in 2015/16 but the % responded to within the 20 working days timescale has decreased from 94% in 2014/15 to 88% in 2015/16. To sustain the significant improvements made in FOI/EIR performance since 2014, we continue to proactively monitor the response process including escalation to appropriate senior managers, assistant directors, directors where necessary; including sharing learning from ICO casework. There are also plans are in place to improve the FOI/EIR response website pages to assist information searches.

### **Annexes**

106 All performance data (and approximately 800 further datasets) within this document is made available in machine-readable format through the Council's open data platform at [www.yorkopendata.org](http://www.yorkopendata.org) under the "performance scorecards" section.

### **Consultation & Options**

107 This report is for information so no options are presented.

### **Council Plan**

108 The information and issues included in this report demonstrate progress on achieving the priorities set out in the Council Plan.

## Implications

109 The implications are:

- Financial - the financial implications are dealt with in the body of the report.
- Human Resources – there are no human resource implications to this report.
- Equalities - there are no specific equality implications to this report, however equalities issues are accounted for at all stages of the financial planning and reporting process.
- Legal - there are no legal implications to this report.
- Crime and Disorder - there are no specific crime and disorder implications to this report.
- Information Technology - there are no information technology implications to this report.
- Property - there are no property implications to this report.
- Other - there are no other implications to this report.

## Risk Management

110 The risk management processes embedded across the Council continue to contribute to managing the risk issues associated with major projects and key areas of service delivery.

<b>Authors:</b>	<b>Chief Officer Responsible for the report:</b>			
Debbie Mitchell Corporate Finance & Commercial Procurement Manager Ext 4161	Ian Floyd Director of Corporate Services			
Ian Cunningham Group Manager – Shared Intelligence Bureau Ext 5749	<b>Report Approved</b>	√	<b>Date</b>	14/11/16
<b>Wards Affected:</b> All				
For further information please contact the authors of the report				

Annexes - None

## Glossary of Abbreviations used in the report:

ANPR	Automatic Number Plate Recognition	GCSE	General Certificate of Secondary Education
ASB	Anti-Social Behaviour	GP	General Practitioner
BRES	Business Register and Employment Survey	HCP	Healthy Child Programme
CHC	Continuing Health Care	HRA	Housing Revenue Account
CIPD	Chartered Institute of Personnel and Development	HWRC	Household Waste Recycling Centre
CRM	Customer Relationship Management	LG	Local Government
CSR	Comprehensive Spending Review	NEET	Not in Education, Employment or Training
CYC	City of York Council	NHS	National Health Service
DC	District Council	NO2	Nitrogen Dioxide
EIR	Environmental Information Regulations	NVQ	National Vocational Qualifications
ELENA	European Local Energy Assistance	NYP	North Yorkshire Police
ESA	Employment and Support Allowance	OPH	Older Peoples Homes
EU	European Union	PDR	Performance and Development Review
FOI	Freedom of Information	TUPE	Transfer of Undertakings (Protection of Employment)
FSM	Free School Meals	VOA	Valuation Office Agency
FTE	Full Time Equivalent		

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**Executive**

**24 November 2016**

**Report of the Director of Customer & Corporate Services**

Portfolio of the Executive Member for Finance and Performance

**Treasury Management Mid Year Review and Prudential Indicators  
2016/17**

**Summary**

1. The Council is required through legislation to provide members with a mid year update on treasury management activities. This report provides an update on activity for the period 1 April 2016 to 30 September 2016.

**Recommendations**

2. Members are required, in accordance with the Local Government Act 2003 (revised), to:
  - Note the Treasury Management activities to date in 2016/17
  - Note the Prudential Indicators set out at Annex A and note the compliance with all indicators.

*Reason: To ensure the continued performance of the Council's Treasury Management function.*

**Background**

3. The Treasury Management function is responsible for the effective management of the Council's investments, cash flows, banking, and money market transactions. It also considers the effective control of the risks associated with those activities and ensures optimum performance within those risk parameters.

**Economic Background and Analysis**

4. UK GDP growth rates in 2013 of 2.2% and 2.9% in 2014 were strong but 2015 was disappointing at 1.8%, though it still remained one of the leading rates among the G7 countries. During most of 2015, the economy had faced headwinds for exporters from the appreciation during the year of sterling against the Euro, and weak growth in the EU, China and emerging markets, plus the dampening effect of the

Government's continuing austerity programme. The referendum vote for Brexit in June this year delivered an immediate shock fall in confidence indicators and business surveys, pointing to an impending sharp slowdown in the economy. However, subsequent surveys have shown a sharp recovery in confidence and though it is generally expected that although the economy will now avoid flat lining, growth will be weak through the second half of 2016 and in 2017.

5. The Bank of England meeting on the 4th August addressed this expected slowdown in growth by a package of measures including a cut in Bank Rate from 0.5% to 0.25%. The Inflation Report included an unchanged forecast for growth for 2016 of 2.0% but cut the forecast for 2017 from 2.3% to just 0.8%.
6. The Inflation Report also included a sharp rise in the forecast for inflation to around 2.4% in 2018 and 2019. CPI has started rising during 2016 as the falls in the price of oil and food twelve months ago fall out of the calculation during the year. The post referendum 10% fall in the value of sterling on a trade weighted basis is likely to result in a 3% increase in CPI over a time period of 3-4 years.

### Interest Rate Forecast

7. Capita Asset Services undertook a quarterly review of its interest rate forecasts after the meeting of 4th August cut Bank Rate to 0.25% and gave forward guidance that it expected to cut Bank Rate again to near zero before the year end. The forecast therefore includes a further cut to 0.10% in November this year and a first increase in May 2018, to 0.25%, but no further increase to 0.50% until a year later.
8. Table 1 is Capita's Asset Services Interest Rate forecast for both the bank rate and long term Public Works Loans Board borrowing rates (note all figures are percentages):

	<b>Dec 16</b>	<b>Mar 17</b>	<b>Jun 17</b>	<b>Sep 17</b>	<b>Dec 17</b>	<b>Mar 18</b>	<b>Jun 18</b>	<b>Sep 18</b>	<b>Dec 18</b>	<b>Mar 19</b>	<b>Jun 19</b>
<b>Bank Rate</b>	0.10	0.10	0.10	0.10	0.10	0.10	0.25	0.25	0.25	0.25	0.25
<b>5 Yr PWLB rate</b>	1.00	1.00	1.10	1.10	1.10	1.10	1.20	1.20	1.20	1.20	1.30
<b>10 Yr PWLB rate</b>	1.50	1.50	1.60	1.60	1.60	1.60	1.70	1.70	1.70	1.70	1.80
<b>25 Yr PWLB rate</b>	2.30	2.30	2.40	2.40	2.40	2.40	2.50	2.50	2.50	2.50	2.60
<b>50 Yr PWLB rate</b>	2.10	2.10	2.20	2.20	2.20	2.20	2.30	2.30	2.30	2.30	2.40

**Table 1: Capita Asset Services Interest Rate Forecast (%)****Annual Investment Strategy Update**

9. The Treasury Management Strategy Statement (TMSS) for 2016/17 was approved by Council on 25 February 2016. There are no policy changes to the TMSS and the details in this report do not amend the TMSS.
10. The Council's Annual Investment Strategy, which is incorporated in the Strategy, outlines the Council's investment priorities as follows:
  - security of capital
  - liquidity
  - yield
11. The Council continues to aim to achieve the optimum return (yield) on investments commensurate with the proper levels of security and liquidity and the Council's risk appetite.

**Investment Portfolio**

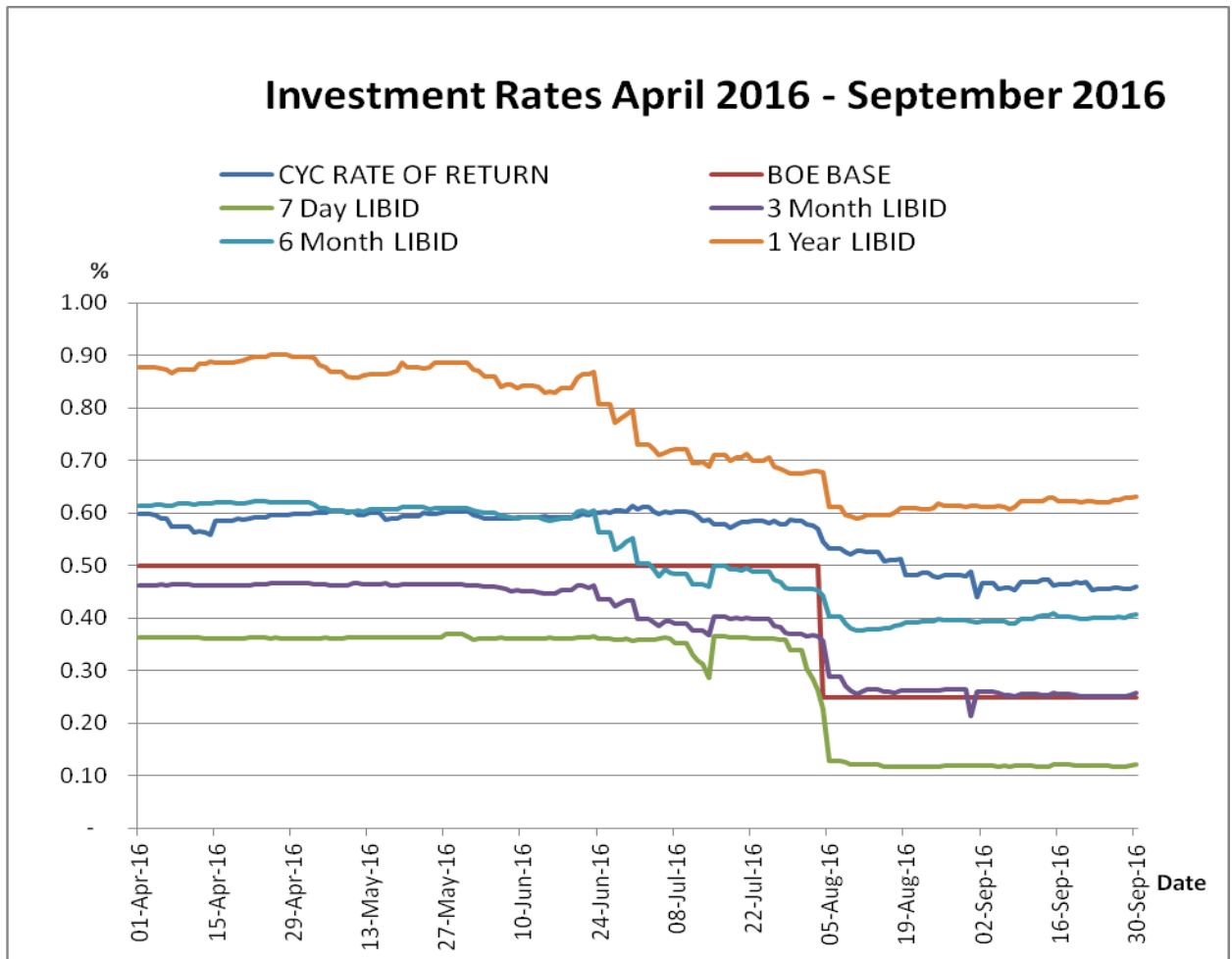
12. The average level of cash balances available for investment purposes in the first 6 months of 2016/17 was £106.306m (£100.629m for the same 6 month period in 15/16). The level of cash balances available is largely dependent on the timing of the Council's cash flow as a result of precept payments, receipt of grants, receipt of developers contributions, borrowing for capital purposes, payments to its suppliers of goods and services and spend progress on the Capital Programme. These funds are therefore only available on a temporary basis depending on cash flow movement.
13. The average level of cash balances has increased compared to a year ago due to a number of factors. These include the receipt of grant funding in advance of the associated profiled spend and delays to a number of capital schemes.
14. This allows the Council to continue to use cash balances instead of taking long term debt to finance the Council's capital programme. This strategy remains a prudent one as investment rates continue to be lower than borrowing rates when viewed on a short term projection but the potential to secure long term funding is kept under review to ensure this remains the most effective use of cash balances, given long term rates are currently at attractive levels.
15. Investment return (calculated as the amount of interest earned against the average cash balance for the period) during the first six months of 2016/17 is shown in table 2:

	<b>2015/16 (full year)</b>	<b>2016/17 (part year to date)</b>
Average CYC Rate of Return	0.55	0.56
<b><u>Benchmarks</u></b>		
Bank of England Base Rate	0.50	0.25
Average 7 Day LIBID	0.37	0.28
Average 1 Month LIBID	0.39	0.30

**Table 2: CYCs investment rate of return performance vs. benchmarks**

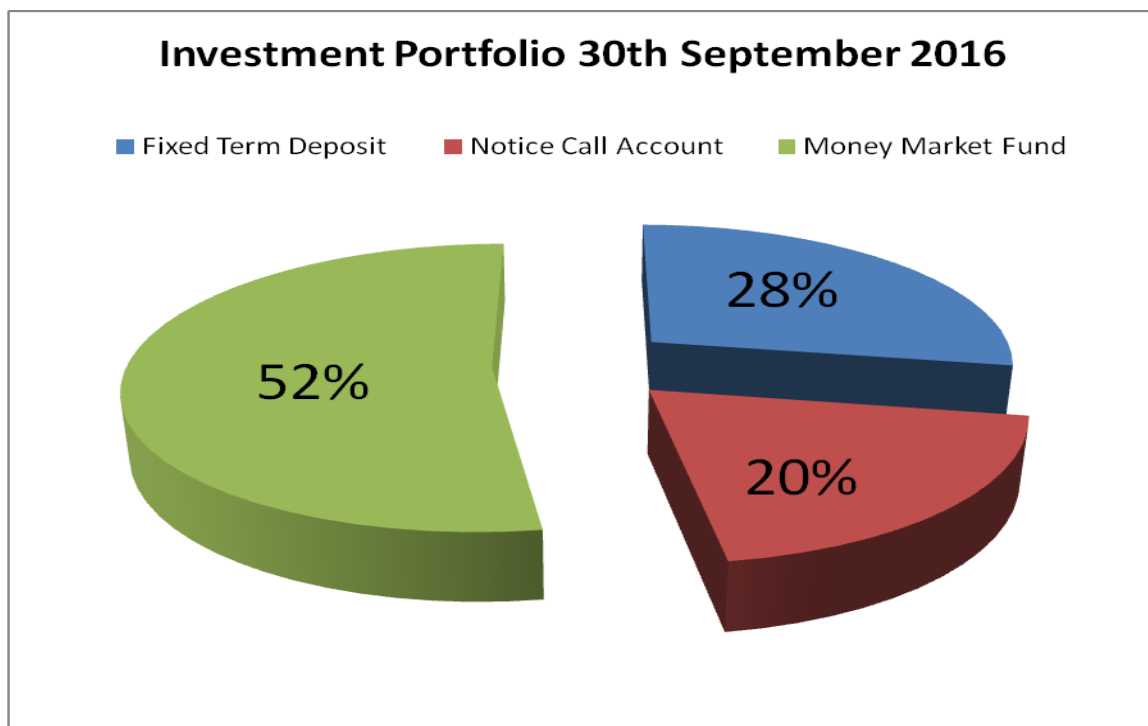
16. The average rate of return achieved to date in 2016/17 is broadly comparable to 2015/16. This has been helped by a higher than expected average balance allowing more cash to be placed in fixed term investments yielding a better rate of return.
17. However, as set out earlier in this report, it is a very difficult investment market in terms of earning the level of interest rates commonly seen in previous decades as rates continue to be very low. Given the current financial environment, and continued uncertainty following the Brexit vote, investment returns are likely to remain low and we therefore expect a reduction in the second half of the year as financial markets adjust investment rates to take account of the Bank Rate cut to 0.25%.
18. Figure 1 shows the interest rates available on the market based on LIBID rates between 7 days and 1 year and also the rate of return that the Council has achieved for the first six months of 2016/17. It shows that favourable / competitive interest rates have been obtained for investments whilst ensuring the required liquidity and security of funds for the Council.





**Figure 1 CYC Investments vs Money Market Rates**

19. Figure 2 shows the investments portfolio split by deposits in short term call accounts, fixed term investments and money market funds (MMFs).
20. All of the money market funds have an AAA credit rating, the notice call accounts are all AA or A rated and the fixed terms investments are A+ or A rated.

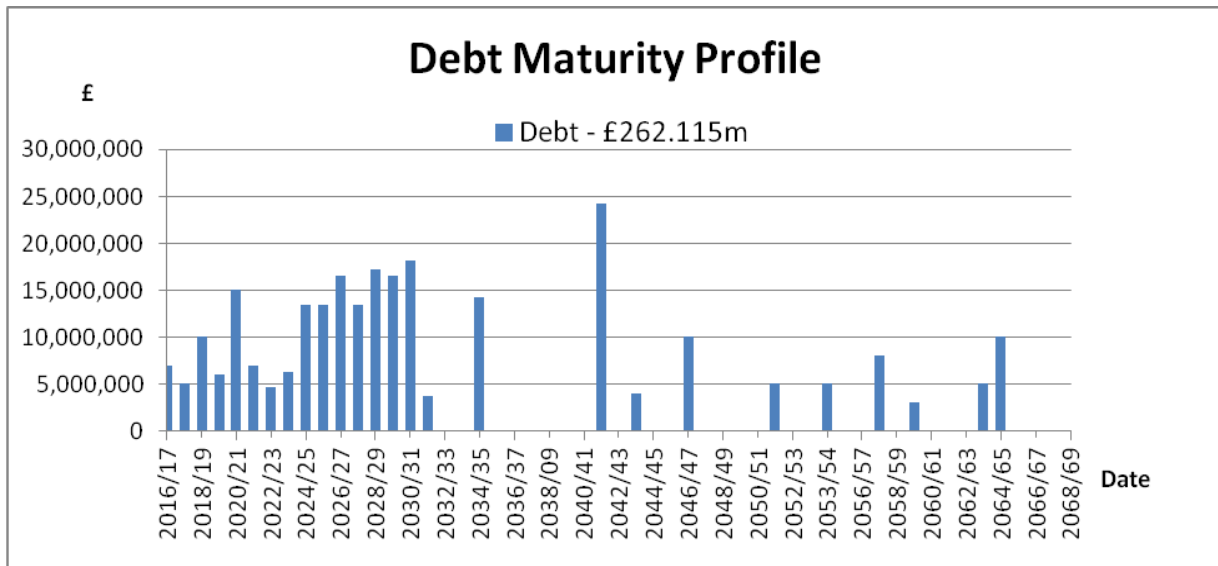


**Figure 2 Investment Portfolio by type at 30<sup>th</sup> September 2016**

### **Borrowing Portfolio**

21. The Council undertakes long term borrowing in accordance with the investment requirements of the capital programme and all borrowing is therefore secured for the purpose of its asset base.
22. The level of borrowing taken by the Council is determined by the Capital Financing Requirement (the Councils underlying need to borrow for capital expenditure purposes). Borrowing needs to be affordable, sustainable and prudent.
23. Under regulation, the Council can borrow in advance of need and Markets are therefore constantly monitored and analysed to ensure that advantage is taken of favourable rates and the increased borrowing requirement is not as dependant on interest rates in any one year.
24. On the reverse side, the Council's level of borrowing can also be below the Capital Financing Requirement. This would mean that instead of increasing the Council's level of borrowing, surplus funds held for investment purposes would be utilised. In the current interest rate environment, where investment rates on holding investments are significantly below borrowing rates, consideration is given to the value of taking borrowing or whether it is better for the council to keep investment balances lower.

25. Although no new borrowing has been undertaken during 2016/17 the finance team continues to closely monitor the opportunities that arise and receive daily updates from Capita Asset Services in respect of borrowing timings and amounts.
26. The Councils long-term borrowing started the year at a level of £267.115m. On 10th August 2016 a £5m PWLB loan was repaid taking the Councils long-term borrowing figure to £262.115m. The Housing Revenue Account settlement debt amounts is 46% of the borrowing portfolio (£121.550m) and the General Fund debt is 54% (£140.565m). On 5th November 2016 a £2.00m PWLB loan will be repaid taking the Councils long-term borrowing figure to £260.115m.
27. Figure 3 illustrates the 2016/17 maturity profile of the Council's debt portfolio at 30th September 2016. The maturity profile shows that there is no large concentration of loan maturity in any one year, thereby spreading the interest rate risk dependency.



**Figure 3 – Debt Maturity Profile 16/17 up to 30<sup>th</sup> September 2016**

28. Table 3 shows PWLB Certainty borrowing rates available for selected loan durations. There have been fluctuations in the rates with an average trend downwards to 30th September 2016. This has been most pronounced and is highlighted in the longer dated loans that all have spreads of over 1.00%. As a point of reference in the same period last year we saw similar spreads but slightly higher, with the 5 year spread particularly higher over 1.00%.

	<b>PWLB Certainty borrowing rates by duration of loan</b>				
	<b>1 Year</b>	<b>5 Year</b>	<b>10 Year</b>	<b>25 Year</b>	<b>50 Year</b>
<b>Yr High</b>	1.20%	1.88%	2.56%	3.29%	3.08%
<b>Yr Low</b>	0.81%	0.99%	1.46%	2.09%	1.87%
<b>Yr Avg</b>	0.99%	1.39%	1.97%	2.69%	2.46%
<b>Spread</b>	0.39%	0.89%	1.10%	1.20%	1.21%

**Table 3 – PWLB Borrowing Rates (%) – to 30<sup>th</sup> September 2016**

### **Compliance with Prudential Indicators**

29. The Prudential Indicators for 2016/17 included in the Treasury Management Strategy Statement are based on the requirements of the Council's capital programme and approved at Budget Council on 25 February 2016.
30. It is a statutory duty for the Council to determine and keep under review the "Affordable Borrowing Limits" included in the Prudential Indicators. The monitoring of the Prudential Indicators is attached at Annex A. During the financial year 2016/17 to date the Council has operated within the treasury limits and Prudential Indicators set out.

### **Consultation and Options**

31. The report shows the six month position of the treasury management portfolio in 2016/17. The treasury management budget was set in light of the council's expenditure plans and the wider economic market conditions, based on advice from Capita Asset Services. It is a statutory requirement to provide the information detailed in the report.

### **Council Plan**

32. The treasury management function aims to achieve the optimum return on investments commensurate with the proper levels of security, and to minimise the interest payable by the Council on its debt structure. It thereby contributes to all Council Plan priorities.

### **Financial implications**

33. The financial implications are in the body of the report.

## Legal Implications

34. Treasury Management activities have to conform to the Local Government Act 2003, the Local Authorities (Capital; Finance and Accounting) (England) Regulations 2003 (SI 2003/3146), which specifies that the Council is required to have regard to the CIPFA Prudential Code and the CIPFA Treasury Management Code of Practice and also the Local Authorities (Capital Finance and Accounting) (England) (Amendment) Regulations 2008 (SI 2008/414), which clarifies the requirements of the Minimum Revenue Provision guidance.

## Other Implications

35. There are no crime and disorder, information technology, property, equalities, human resources or other implications as a result of this report.

## Risk Management

36. The Treasury Management function is a high-risk area because of the level of large money transactions that take place. As a result of this there are procedures set out for day to day treasury management operations that aim to reduce the risk associated with high volume high value transactions. These are detailed in the Treasury Management Strategy Statement at the start of each financial year.

## Contact Details

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Sarah Kirby Principal Accountant 01904 551635	<b>Report Approved</b>	√	<b>Date</b> 14/11/16
<b>Wards Affected:</b> All			

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

Specialist Implications:

**Legal – Not Applicable**

**Property – Not Applicable**

**Information Technology – Not Applicable**

## **Annexes**

Annex A – Prudential Indicators 2016/17

List of abbreviations used in the report:

BOE – Bank of England

CFR – Code of Federal Regulations

CIPFA – Chartered Institute of Public Finance and Accountancy

CPI - Consumer Price Index

EU – European Union

GDP – Gross Domestic Product

GF – General Fund

HRA – Housing Revenue Account

LIBID – The London Interbank Bid Rate

MMF's - Money Market Funds

PWLB - Public Works Loans Board

TMSS - Treasury Management Strategy Statement



## Annex A

	Prudential Indicator		2016/17	2017/18	2018/19	2019/20	2020/21
4b	<p><b>Incremental impact of capital investment decisions – Housing Rents</b></p> <p>Shows the actual impact of capital investment decisions on HRA rent. For CYC, the HRA planned capital spend is based on the government's approved borrowing limit so there is no impact on HRA rents.</p>		£0.00	£0.00	£0.00	£0.00	£0.00
5	<p><b>External Debt</b></p> <p>To ensure that borrowing levels are prudent over the medium term the Council's external borrowing, net of investments, must only be for a capital purpose and so not exceed the CFR.</p>	<p>Gross Debt</p> <p>Invest</p> <hr/> <p>Net Debt</p>	<p>£285.2m</p> <p>£50.0m</p> <hr/> <p>£235.2m</p>	<p>£295.1m</p> <p>£25.0m</p> <hr/> <p>£270.1m</p>	<p>£289.9m</p> <p>£20.0m</p> <hr/> <p>£269.9m</p>	<p>£288.8m</p> <p>£20.0m</p> <hr/> <p>£268.8m</p>	<p>£288.6m</p> <p>£20.0m</p> <hr/> <p>£268.6m</p>
6a	<p><b>Authorised Limit for External Debt</b></p> <p>The authorised limit is a level set above the operational boundary in acceptance that the operational boundary may well be breached because of cash flows. It represents an absolute maximum level of debt that could be sustained for only a short period of time. The council sets an operational boundary for its total external debt, gross of investments, separately identifying borrowing from other long-term liabilities.</p>	Borrowing / Other long term liabilities Total	<p>£355.3m</p> <p>£30.0m</p> <hr/> <p>£385.3m</p>	<p>£355.3m</p> <p>£30.0m</p> <hr/> <p>£385.3m</p>	<p>£355.3m</p> <p>£30.0m</p> <hr/> <p>£385.3m</p>	<p>£355.3m</p> <p>£30.0m</p> <hr/> <p>£385.3m</p>	<p>£355.3m</p> <p>£30.0m</p> <hr/> <p>£385.3m</p>



## Annex A

	Prudential Indicator		2016/17	2017/18	2018/19	2019/20	2020/21
6b	<p><b>Operational Boundary for external debt</b></p> <p>The operational boundary is a measure of the most likely, prudent, level of debt. It takes account of risk management and analysis to arrive at the maximum level of debt projected as part of this prudent assessment. It is a means by which the authority manages its external debt to ensure that it remains within the self-imposed authority limit. It is a direct link between the Council's plans for capital expenditure; our estimates of the capital financing requirement; and estimated operational cash flow for the year.</p>	Borrowing Other long term liabilities Total	£345.3m £10.0m <u>£355.3m</u>	£345.3m £10.0m <u>£355.3m</u>	£345.3m £10.0m <u>£355.3m</u>	£345.3m £10.0m <u>£355.3m</u>	£345.3m £10.0m <u>£355.3m</u>
6c	<p><b>HRA Debt Limit</b></p> <p>The Council is also limited to a maximum HRA CFR through the HRA self-financing regime, known as the HRA Debt Limit or debt cap.</p>		£146.0m	£146.0m	£146.0m	£146.0m	£146.0m
7a	<p><b>Upper limit for fixed interest rate exposure</b></p> <p>The Council sets limits to its exposures to the effects of changes in interest rates for 5 years. The Council should not be overly exposed to fluctuations in interest rates which can have an adverse impact on the revenue budget if it is overly exposed to variable rate investments or debts.</p>		120%	109%	108%	108%	108%
7b	<p><b>Upper limit for variable rate exposure</b></p> <p>The Council sets limits to its exposures to the effects of changes in interest rates for 5 years. The Council should not</p>		-20%	-9%	-8%	-8%	-8%

