

**Notice of meeting of
Health Overview & Scrutiny Committee**

To: Councillors Funnell (Chair), Boyce, Cuthbertson,
Doughty (Vice-Chair), Fitzpatrick, Hodgson and
Richardson

Date: Monday, 20 February 2012

Time: 4.30 pm

Venue: The Guildhall, York

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.
- 2. Minutes** (Pages 5 - 26)
To approve and sign the minutes of the meetings held on 14 December 2011 and 18 January 2012.
- 3. Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Friday 17 February 2012 at 5:00 pm.**
- 4. Local HealthWatch York: Progress Update** (Pages 27 - 40)
This report updates the Committee on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by April 2013.

5. Voluntary Sector Funding (Pages 41 - 84)

This report details information from NHS North Yorkshire & York in response to a recent letter sent by the Chair of this Committee in relation to voluntary sector funding. The Deputy Chief Executive and the Head of Commissioning (Adult and Community Services) from NHS North Yorkshire and York will be in attendance at the meeting to discuss their response to the Chair's letter.

6. Yorkshire Ambulance Service Priority Indicators for Quality Accounts (Pages 85 - 96)

This report presents the Committee's response on how they would rate a number of different potential indicators being considered for inclusion in the Yorkshire Ambulance Service's Quality Accounts for 2012-13 based on the judgement of what would be most valuable to patients, partners and stakeholders.

7. Work Plan (Pages 97 - 98)

Members are asked to consider the Committee's work plan for the remainder of the 2011-12 municipal year.

8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Judith Betts

Contact Details:

- Telephone – (01904) 551078
- Email – judith.betts@york.gov.uk

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

- Registering to speak
- Business of the meeting
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Contact details are set out above

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Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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

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

Councillor Boyce	Mother in receipt of Care Services
Councillor Doughty	Volunteers for York and District Mind and partner also works for this charity.
Councillor Funnell	Member of the General Pharmaceutical Council Member of York LINKs Pharmacy Group Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital
Councillor Richardson	Frequent user of Yorkshire Ambulance Service due to ongoing treatment at Leeds Pain Management Unit. Member of Haxby Medical Centre Niece works as a staff district nurse for NHS North Yorkshire and York.

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City of York Council

Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	14 DECEMBER 2011
PRESENT	COUNCILLORS FUNNELL (CHAIR), BOYCE, CUTHBERTSON, DOUGHTY (VICE-CHAIR) AND RICHARDSON
IN ATTENDANCE	HELEN HUGILL- YORKSHIRE AMBULANCE SERVICE (YAS), PHIL BAINBRIDGE (YAS), JOHN YATES-YORK OLDER PEOPLE'S ASSEMBLY (OPA), GEORGE WOOD (OPA), CATHERINE SURTEES-YORK COUNCIL FOR VOLUNTARY SERVICE (CVS), ANNIE THOMPSON-YORK LOCAL INVOLVEMENT NETWORK(LINKS), JOHN BURGESS-YORK MENTAL HEALTH FORUM, RACHEL POTTS- VALE OF YORK CLINICAL COMMISSIONING GROUP/ NHS NORTH YORKSHIRE AND YORK, MANDY MCGALE-YORK TEACHING HOSPITAL NHS FOUNDATION TRUST, ALAN ROSE-YORK TEACHING HOSPITAL NHS FOUNDATION TRUST, HELEN MACKMAN-YORK TEACHING HOSPITAL NHS FOUNDATION TRUST, PAT SLOSS-NHS NORTH YORKSHIRE AND YORK, MIKE RICHARDSON-CYC, FRANCES PERRY-CYC, RICHARD HARTLE-CYC, PAUL MURPHY-CYC, ADAM GRAY-CYC.
APOLOGIES	COUNCILLORS FITZPATRICK AND HODGSON

23. CHAIR'S THANKS

The Chair expressed her thanks to the Committee's outgoing Vice-Chair, Councillor Wiseman, in particular for her work on the Joint Health Overview and Scrutiny Committee looking at Children's Cardiac Surgery. She also welcomed Councillor Doughty in his new role as the Committee's new Vice Chair, and Councillor Richardson to the Committee.

24. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

Councillor Richardson declared a number of standing personal non prejudicial interests including; a personal non prejudicial interest in agenda item 4 (Update from Yorkshire Ambulance Service on Ambulance Complaints Service) as a frequent user of the service due to ongoing treatment at Leeds Pain Management Unit, as a member of Haxby Medical Centre and due to his niece working as a staff district nurse for NHS North Yorkshire and York.

Councillor Boyce declared a personal non prejudicial interest in agenda item 9 (Update on the Carer's Review) as a carer.

No other interests were declared.

25. MINUTES

RESOLVED: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on 21 September 2011 by approved and signed by the Chair as a correct record.

26. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

27. UPDATE FROM YORKSHIRE AMBULANCE SERVICE ON AMBULANCE COMPLAINTS SERVICE

Members received an update summary on ambulance service complaints. The Service and Quality Improvement Manager and Head of Emergency Operations, North Yorkshire, attended from the Yorkshire Ambulance Service (YAS) to answer questions.

Members expressed concerns over the process of making complaints, mainly because the complaints service was not thought to be well advertised for those who wished to use the telephone, rather than the internet. Additionally, it was felt that forms and signs regarding complaints were not clearly visible in ambulances or did not exist in some cases. Members felt that information on how and where to make a complaint needed to be easily visible and accessible.

The Committee felt that they should receive a further update report from the Yorkshire Ambulance Service in relation to this in March 2012.

RESOLVED: That the update from the Yorkshire Ambulance Service be noted.

28. 2011/12 SECOND QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT - ADULT SOCIAL SERVICES

Members received a report which analysed the latest performance for 2011/12 and forecast the financial outturn position which referred to the service plan and budgets for Adult Social Care.

Officers updated Members that there had been an overspend in the budget for Adult Social Services and a similar one in Children's Social Care.

Discussion between Officers and Members explored various issues including;

- Difficulties in measurements for customers and carers receiving Self Directed Support as a result of the old definition.
- Perceptions that the personalisation agenda was not working.
- Measurement of timeliness of social care assessments.
- The inclusion of ethnicity in Carer's Needs Assessments.

In her summing up of the item, the Chair specifically noted the financial pressures within the Directorate and the low rise in take up of Direct Payments in individual budgets.

RESOLVED: That the report be noted.

REASON: To update the Committee on the latest financial and performance position for 2001/12.

29. SUMMARY & OUTCOMES REPORT - JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE'S RESPONSE TO THE CONSULTATION ON CHILDREN'S CONGENITAL CARDIAC SURGERY

Members received a report which summarised the background to the Joint Health Overview and Scrutiny Committee's (HOSC) work in relation to the national consultation on Children's Congenital Cardiac Surgery. The report also informed the Committee of the recommendations from the Joint HOSC forwarded to the Joint Committee of Primary Care Trusts (JCPCT).

The report asked the Committee to nominate a new representative to sit on the Regional HOSC in place of Councillor Wiseman. Following discussion it was;

RESOLVED: (i) That the report be noted.
(ii) That Councillor Funnell be elected as the Committee's representative on the Regional Joint HOSC.

REASON: To keep the Committee informed of the work of the Joint HOSC in relation to the proposed changes to children's cardiac services.

30. BRIEFING FOR CITY OF YORK HEALTH OVERVIEW AND SCRUTINY COMMITTEE ON PROPOSALS TO CREATE AN URGENT CARE CENTRE

Members received a briefing on proposals to create an urgent care centre in the Emergency Department at York Hospital.

The proposed urgent care centre would be located at York Hospital, adjacent to the emergency department and would create a single point for people to access care for minor illness or injury. By the relocation of the walk in centre from Monkgate to the emergency department at York Hospital, patients would be able to access the right care from the right healthcare professional at the right time.

A representative from York Older People's Assembly attended the meeting and highlighted the importance of the identification of psychological conditions of some patients during triage. He added that he felt that the busy atmosphere at the hospital did not help assessment of these conditions.

Discussion took place which focused on;

- Figures for attendances and referrals
- Agreed measures of customer service in the Urgent Care Centre (UCC)
- The suggestion of a further 24 hour observation of care at the UCC by the Hospital Governors and representatives from York LINKs.

It was reported that a GP would head the front of house team at the centre and that most of the cases they would see would be those such as minor illness or injury. It was felt that the new system would take away the need for triage nurses.

Members felt that performance at the new centre should be monitored and that a further 24 hour observation of care be carried out in the future to assess performance.

RESOLVED: That the briefing report be noted and a further report be brought to the Committee on a date to be confirmed.

REASON: To keep the Committee informed on the proposals to create an urgent care centre.

31. LOCAL HEALTH WATCH YORK: PROGRESS UPDATE

Members received a report which updated them on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by October 2012.

Officers gave a short definition of what Health Watch would be. It would be a new consumer champion for health and social care, which would signpost people to information about health and social care services along with potentially providing an advocacy service for complaints about NHS services.

It was noted that HealthWatch would have representation on the new York Health and Wellbeing Board, and therefore would be directly involved in their work in commissioning.

Questions from Members related to funding for HealthWatch and the need for further feedback on progress, once it had been established.

RESOLVED: That the report be noted.

REASON: To keep the Committee informed on progress relating to the establishment of Local Health Watch.

32. UPDATE ON CARER'S REVIEW

Members received a report which included; an annual update on the Carer's Strategy, an update on the Implementation of the Recommendations arising from the Carer's Review and a six monthly report in relation to the Indicators being monitored in relation to carers.

Officers highlighted improvements that had come about as a result of the Carers Review such as; improved information for Carers and an active Carer's Forum.

It was reported that on the six-monthly report in relation to the indicators being monitored, that NHS North Yorkshire and York had sought clarification on which quality indicators wanted to have further clarification on what the quality indicators recommendation Aiii) of the review was referring to.

It was agreed that the Scrutiny Officer would clarify this and inform NHS North Yorkshire and York in writing.

Discussion took place on the implementation of recommendations arising from the Carer's Review that the Committee had made as a result of the review. They were asked to consider which, if any, of the recommendations they would like to be deemed as complete. Those recommendations that the Committee deemed complete were;

- (B) That the Multi-Agency Carer's Strategy Group identifies where it would be helpful to provide public information about what it means to be a carer and how to access support to enable carers to identify themselves earlier.
- (Bi) Where places are identified carer awareness training should be made available to key workers.
- (C) and (Ci) That City of York Council reviews its Equalities Framework to ensure that carers become an integral part of all equality and inclusion work and this to include; inviting a carer representative to become a member of the Equalities Advisory Group (EAG). (York Carers Forum representatives now attended EAG).
- (D) That health commissioners ensure that all care pathways provide guidance on the information and advice carers will need regarding specific medical conditions as well as sign-posting them to support and advice. This will need to address what the impact might be on: i) The Carer, ii) The family as a whole and iii) The cared for person

The Committee felt that the following recommendations were still ongoing and wished to be updated on the progress of their implementation. These were;

- (A), (Ai), (Aii) and (Aiii) That Health Commissioners and providers ensure that there is greater consistency around how carers are identified and once identified their needs addressed and this to include; (Ai) Training in carer awareness for all health professionals and allied staff (Aii) That the hospital looks at extending the innovative approaches they have been piloting and embedding these into standard practices for all admissions and discharges and (Aiii) That a written report be provided to the Health Overview & Scrutiny Committee on a sixth monthly basis in relation to quality indicators that are being monitored in respect of carers.

- (E) That Adult Social Services develop a clear pathway, which provides an integrated approach to assessment for the whole family whilst recognising the individual needs within the family and the impact of caring on the carer.
- (F) To continue to promote carer awareness, an annual update on the Carer's Strategy for York be presented to the Health Overview & Scrutiny Committee and thereafter to the Cabinet Member for Health, Housing & Adult Social Services.

The Chair commented that the Committee wished for an annual update on the Carer's Review to be considered at next December's meeting.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That recommendations (Bi), (C), (Ci) and (D) be signed off as complete.
 - (iii) That recommendations (A), (Ai), (Aii), (Aiii) and (E) remain in progress and a further update report be received by the Committee in nine months time.
 - (iv) That the Scrutiny Officer write to NHS North Yorkshire and York in order to clarify which quality indicators for carers they wish to receive information on (recommendation A iii) refers)
 - (v) That a report on the indicators being monitored in relation to carers be brought to the Committee in approximately six months time.

REASON: To comply with the recommendations of the Health Overview and Scrutiny Committee and to highlight the importance of the work of Carers in accordance with the Council's Corporate Strategy.

33. THE LOCAL ACCOUNT FOR ADULT SOCIAL CARE 2011

Members received a report which introduced the Local Account for Adult Social Care 2011. They were asked to comment on the content of the Local Account ahead of its approval by the Cabinet Member for Health Housing and Adult Social Services at her meeting on 20 December 2011, note the performance and improvements described in the Local Account for 2010/11 information and note the areas for development and improvement for the coming year.

RESOLVED: That the report be noted.

REASON: To inform the Committee on the contents of the Local Account for Adult Social Care 2011.

34. UPDATE REPORT-END OF LIFE CARE REVIEW

Members received a report which updated them on progress made in relation to their review on End of Life Care.

The Chairman of York Teaching Hospital NHS Foundation Trust attended the meeting and he informed the Committee that work had been started to improve how the hospital used Do Not Attempt Cardiopulmonary Resuscitation forms (DNACPR) and that specific training was now being offered to all doctors on how to use the forms in order to ensure consistency.

RESOLVED: That the report be noted.

REASON: To update the Committee on the review's progress.

35. WORK PLAN 2011-12

Consideration was given to the Committee's work plan for 2011-12.

- RESOLVED:
- (i) That the work plan be noted.
 - (ii) That a further meeting be scheduled to take place in February 2012 in order to help spread the Committee's workload.
 - (iii) That the following items be added to the Committee's work plan ¹;
 - That the Chief Executive or Deputy Chief Executive of NHS North Yorkshire and York be invited to attend the Committee's January meeting to present a written report and discuss their proposed cuts to voluntary sector funding from April 2012.
 - That a further update report be received from the Yorkshire Ambulance Service on their Ambulance Complaints Service at the Committee's meeting in March 2012.
 - That a further report on the performance of the recently established Urgent Care Centre (UCC) at York Hospital be brought to the Committee. (Date to be confirmed).
 - That a report on the indicators being monitored in relation to the Carer's Review be brought to the Committee in six months time.
 - That an update report on the implementation of the outstanding recommendations from the Carer's Review be considered by the Committee at a future meeting. (Date to be confirmed).
 - That an annual update report on the Carer's Strategy be scheduled to be considered by the Committee at their meeting in December 2012.

REASON: To keep the Committee's work plan up to date.

Action Required

1. To update the Committee's Work Plan

TW

Councillor C Funnell, Chair

[The meeting started at 4.30 pm and finished at 6.05 pm].

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MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	18 JANUARY 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), HODGSON, RICHARDSON, RICHES (SUBSTITUTE FOR COUNCILLOR FITZPATRICK) AND MCILVEEN (SUBSTITUTE FOR COUNCILLOR BOYCE)
APOLOGIES	COUNCILLORS BOYCE, CUTHBERTSON & FITZPATRICK
IN ATTENDANCE	COUNCILLOR JEFFRIES, JOHN YATES (YORK OLDER PEOPLE'S ASSEMBLY), GEORGE WOOD (YORK OLDER PEOPLE'S ASSEMBLY), DAVID SMITH (YORK MIND), JOHN BURGESS (YORK MENTAL HEALTH FORUM), CATHERINE MCGOVERN (COMMISSIONING MANAGER-CYC), ANNIE THOMPSON (YORK LINKS), JOHN BETTRIDGE (CHAIR OF YORK MENTAL HEALTH PARTNERSHIP), PHILIP CROWE (CARER'S GROUP, CLIFTON HOSPITAL), JIM KHAMBATTA (SENIOR COMMISSIONING MANAGER, NHS NORTH YORKSHIRE AND YORK), MICHELE MORAN (DEPUTY CHIEF EXECUTIVE, LEEDS PARTNERSHIP NHS FOUNDATION TRUST), PAUL MURPHY (ASSISTANT DIRECTOR, INTEGRATED COMMISSIONING-CYC), JOHN CLARE (ASSOCIATE DIRECTOR FOR MENTAL HEALTH, NORTH YORKSHIRE AND YORK NHS PRIMARY CARE TRUST), KATHY CLARK (INTERIM ASSISTANT DIRECTOR FOR ASSESSMENT AND SAFEGUARDING-CYC), ALAN ROSE (CHAIRMAN OF YORK HOSPITAL), ANGELA HARRISON (CHIEF EXECUTIVE, YORK COUNCIL FOR VOLUNTARY SERVICES),

36. DECLARATIONS OF INTEREST

At this point in the meeting Members were asked to declare any personal or prejudicial interests they might have had in the business in addition to their standing declarations.

Councillor Doughty declared his standing personal and non prejudicial interest in Agenda Items 3 and 4 (Briefing from the Leeds Partnership Foundation Trust on Proposed Changes to Mental Health Services in York) and (Redesign of Acute Care Pathway in York (including closure of Ward 3 at Bootham Park Hospital)) due to his partner working for York and District MIND and his occasional volunteer work for them.

Councillor Funnell declared her personal and non prejudicial interest standing declaration as a lay member of the General Pharmaceutical Council.

Councillor Hodgson declared a personal and non prejudicial interest in the general remit of the Committee as a member of UNISON.

Councillor McIlveen declared a personal and non prejudicial interest in Agenda Item 5 (Briefing on the Major Trauma Network) due to his son's work on an acute trauma ward.

Councillor Richardson declared a number of personal and non prejudicial interests in the general remit of the Committee, which he wished to be added as standing declarations. These were; as a frequent user of Yorkshire Ambulance Service due to ongoing treatment at Leeds Pain Management Unit, as a member of Haxby Medical Centre and due to his niece's work as a staff district nurse for NHS North Yorkshire and York.

Councillor Riches declared several personal and prejudicial interests in the general remit of the Committee such as; as an appointee to the Governing Body of York Hospital, due to his membership and employment by UNISON and also membership of UNITE.

No other interests were declared.

37. PUBLIC PARTICIPATION

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

A representative of York Older People's Assembly (OPA) spoke on Agenda Item 5 (Briefing on the Major Trauma Network). It was reported that he welcomed the proposed rationalisation and improvements to Major Trauma Centres in Leeds and Hull, but shared a number of concerns including;

- The successful function of the centres would be highly dependent on efficient and appropriate diagnosis along with transport from the accident scene.
- In relation to the proposal from The Yorkshire Ambulance Service for an Enhanced Care Team in the pre hospital transfer phase, it would be critical that training be carried out in order to match up to the level and expertise of the trained doctors who currently work with the Air Ambulance Team.

He also raised comments on Agenda Item 8 (Work Plan) and the forthcoming attendance of NHS North Yorkshire and York in relation to Voluntary Sector Funding.

38. BRIEFING FROM THE LEEDS PARTNERSHIPS FOUNDATION TRUST ON PROPOSED CHANGES TO MENTAL HEALTH SERVICES IN YORK

Members received a briefing on proposed changes to Mental Health services in York. The Chief Operating Officer and Deputy Chief Executive/Chief Nurse from Leeds Partnerships NHS Foundation Trust attended the meeting and introduced the new organisation. A brief summary of the proposed changes was included in the agenda papers. The briefing was also accompanied by slides from a PowerPoint presentation. These were subsequently attached to the agenda, which was republished after the meeting.

Members were informed about what a NHS Foundation Trust was, and subsequently the work of the Leeds Partnerships NHS Foundation Trust. It was noted that they had recently merged with NHS North Yorkshire and York, to become the Leeds Partnerships NHS Foundation Trust. The Partnerships

Foundation Trust was involved with providing Mental Health services for the NHS in York.

Some Members asked questions about the Partnerships Trust's role in talking therapy and counselling services, given both of these services had particularly long waiting lists, and what plans they had in the development of these services.

It was reported that the level of development of the provided services in the Trust would be dependent primarily on financial constraints. Additionally, national targets for Mental Health referrals were still being used to measure progress, and that local targets were yet to be set as the complete transfer of management of services had not been transferred to the Trust at present.

Additionally, it was noted that both child and adult Mental Health services in York would be provided by the Trust through York CAMHS (Child and Adolescent Mental Health Services).

RESOLVED: That the report be noted.

REASON: In order for the Committee to be updated on the proposed changes to the delivery of Mental Health Services in the City.

**39. REDESIGN OF ACUTE CARE PATHWAY IN YORK
(INCLUDING CLOSURE OF WARD 3 AT BOOTHAM PARK
HOSPITAL)**

Members had received a report in the agenda papers from the General Manager, Forensic, Adult & Specialist Mental Health Services, NHS North Yorkshire and York regarding the redesign of the acute care pathway in York and closure of Ward 3 at Bootham Park Hospital.

The Associate Director of Mental Health for North Yorkshire and York Primary Care Trust attended the meeting and gave some background to the reasons for the closure of Ward 3 and answered Members' questions.

It was reported that due to the merger of services with Leeds through the creation of the Leeds and York Partnerships Foundation Trust that patients would have the capacity to

access a psychiatric Intensive Care Unit in Leeds, which Ward 3 had never had the resources to offer. It was also noted that the closure had been proposed due to the increased tendency to support patients at home through a community based service.

Some Members raised concerns, that the reconfiguration of services along with long term budget constraints could negatively affect current stretched funding for Mental Health services in the city.

In response to a question about a negative effect that the changes could have on the resources provided for the care pathway, the Associate Director for Mental Health for NHS North Yorkshire and York stated that involvement in the Leeds and York Partnerships Trust would allow for services to be offered through a Mental Health and Learning Disabilities provider, rather than in a larger organisation with numerous other priorities such as a Primary Care Trust.

RESOLVED: That the report be noted.

REASON: To inform the Committee of the proposed redevelopments at Bootham Park Hospital and with Forensic, Adult & Specialist Mental Health Services in York.

40. BRIEFING ON THE MAJOR TRAUMA NETWORK

Members received a report which informed them of current service provision and proposed Major Trauma Networks (MTN) arrangements for Major Trauma events in York (and surrounding areas).

The Senior Commissioning Manager for NHS North Yorkshire and York explained to Members that as a Trauma Unit, York Hospital would stretch across two MTN's (and therefore different Emergency Departments). As a result of this there needed to be better co-ordination of current service rather than re-configuration.

One Member asked a question relating to the proposals focused on the provision of transportation for patients needing urgent care.

The Senior Commissioning Manager responded that a 45 minute response threshold existed, as to the location of the hospital which would admit the patient. He gave an example that if a major trauma event took place in York, but Leeds was 45 minutes away, that patient would travel to be treated at the Major Trauma Centre in Leeds.

Members expressed the need for data to be collected and presented to them about where major trauma events tended to occur, so that perhaps more trained staff could be based around the hotspots.

A representative from York Older People's Assembly stated that it was important that the level of care skills that ground staff had in comparison to those Air Ambulances must be the same.

Members noted all the comments raised and stated that they wished to receive a further progress report at a future meeting of the Committee. The Senior Commissioning Manager added that a member of the Yorkshire Ambulance Service would attend alongside him when this report would be considered. It was reported that the Scrutiny Officer would liaise with the Senior Commissioning Manager in order to arrange a date for consideration of an update report.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That a further report on the progress of the implementation of Major Trauma Networks be received and considered by the Committee at a later date.

41. DEMENTIA STRATEGY AND ACTION PLAN

Members considered a report which appraised them of progress towards the National Dementia Strategy and the local plan and activities to deliver the Strategy in York.

The Chair of the York Mental Health Partnership and Modernisation Board's Dementia Working Group was in attendance at the meeting and he talked about progress and the role that other partnerships had played to deliver services to dementia sufferers in York.

He informed the Committee that an additional report would be produced by the Dementia Working Group to coincide with National Dementia Week in April or May of this year. It was also reported that the Joseph Rowntree Foundation would fund a study by a series of consultants to look at how York can be made a more Dementia friendly city. He highlighted that progress should not always be measured around the number of services commissioned for dementia sufferers, but also smaller improvements such as additional training and motivation of staff who deal with dementia sufferers.

Members expressed concerns that some patients who had been admitted into hospital for a variety of reasons, but also had slight dementia were not being identified. They added that they felt it was important for nurses to be trained in sensitivity and to listen to carers.

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the North Yorkshire and York Dementia Strategy be noted.
 - (iii) That the Executive Summary of the York Dementia Working Group report be noted.
 - (iv) That York as a signatory to the National Dementia Declaration be noted.
 - (v) That the priorities identified in the local action plan be noted.

REASON: To update the Committee on progress towards the delivery of the National Dementia Strategy in York.

42. UPDATE ON THE SHADOW HEALTH AND WELLBEING BOARD

Members received a report which updated them on progress towards the establishment of York's Health and Wellbeing Board (H&WB), since the last report to the Committee in September 2011.

It was reported that the Cabinet had accepted a recommendation from the Committee for three elected Members to join the Health and Wellbeing Board and that following two meetings in Shadow form, the Health and Wellbeing Board would become a committee of the Council with meetings in public from May 2012.

The Committee was informed that the primary remit of the Health and Wellbeing Board was to address the health needs of York's population and to write a Health and Wellbeing Strategy for York. Members of the Health Overview and Scrutiny Committee would then scrutinise how services which delivered the strategy functioned.

Some Members made comments about the membership of the Health and Wellbeing Board and expressed concerns that certain groups, such as hospices, did not appear.

In response, Officers informed the Committee that there had been a set number of statutory appointees to the Board and that this was due to legislation surrounding the establishment of a Health and Wellbeing Board being created at a national level.

Further concerns were made about the make up of the Board including;

- That there was limited representation for members of the public, as there was only one public appointee.
- That there appeared to be more of a slant towards Health rather than Wellbeing through the majority of appointees being from the Health Care sector.
- That the Board Members would have their own budgets to balance and so might not represent all the concerns of York's population.

RESOLVED: That the report be noted.

REASON: To update the Committee on the establishment of the Health and Wellbeing Board.

43. WORK PLAN

Members considered a report which presented them with the Committee's work plan for the forthcoming year.

- RESOLVED:
- (i) That the work plan be noted.
 - (ii) That a progress report on the Major Trauma Network arrangements for Major Trauma events in York and the surrounding area be received by the Committee at a future meeting.¹
 - (iii) That a further report on the Health and Wellbeing Board be brought back to the Committee in approximately 6 months time.

REASON: To keep the Committee's work plan up to date.

Action Required

1. To update the Committee's Work Plan

TW

Councillor C Funnell, Chair

[The meeting started at 5.05 pm and finished at 6.45 pm].

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Health Overview and Scrutiny Committee**20th February 2012**

Report of the Head of Neighbourhood
Management

Local HealthWatch York: Progress Update**Summary**

1. To update the Health OSC on the progression from LINKs (Local Involvement Networks) to Local HealthWatch by April 2013.

Background

2. Subject to parliamentary approval, Local HealthWatch will be the local consumer champion for patients, service users and the public. It will have an important role in championing the local consumer voice, not least through its seat on the Health and Wellbeing board.
3. On 4th January 2012 the Department of Health (DoH) announced that local authorities are now not required to provide Local HealthWatch functions until 1st April 2013, 6 months later than had originally been anticipated.
4. The new date for establishing Local HealthWatch in April 2013 will support the need to align this more closely to the establishment of other new local bodies such as Health and Well Being Boards. The extension will also support preparations for the implementation of HealthWatch England (which will still be established in October 2012) to provide the leadership and support to Local HealthWatch organisations.

New funding of £3.2m for Local HealthWatch in 2012/13

5. New funding of £3.2m nationally will be made available in 2012/13 for Local HealthWatch start up costs (including staff recruitment/training, premises, marketing and branding). The funding will be allocated to local authorities as part of the DoH Learning disabilities and Health Reform Grant in 2012/13.
6. Under the Local Government and Public Involvement in Health Act 2007, local authorities will need to continue to provide a Local Involvement Network (LINKs) and funding for this continues to be allocated as part of the local government Formula Grant in 2012/13.
7. North Bank Forum for Voluntary Organisations, the current LINKs Host, have been offered a 12-month contract extension (to March 2013), with a specific focus on preparing for, and managing the transition from LINKs to Local HealthWatch.

Commissioning Process – Proposed Timescales

8. Although the new deadline gives an additional six months before the launch of Local HealthWatch it is recommended that the procurement process should begin in time to allow a managed handover. It is suggested that the tender process for HealthWatch is launched by June 2012 at the latest, and that a contract is awarded by November 2012. The successor body will have time to work alongside the current LINKs in order to manage the handover process, secure premises, recruit / train staff and undertake marketing and promotional activity.
9. At the Health Wellbeing Board (HWB) meeting in December 2011 it was suggested that a draft HealthWatch Service specification was produced by February 2012. Given the extended timescales, a revised timetable is suggested as follows.

Feb 2012: Key themes informing the HealthWatch procurement process produced - following Citywide consultation.

April 2012: Draft Service Specification presented to the HWB Board

CYC Portfolio holder agrees final service specification

May/June 2012: Launch of HealthWatch Tender Process

Nov 2012: Successful HealthWatch provider announced (The full contract will commence April 2013, but the provider will initiate some transitional work beforehand to ensure a smooth handover)

Consultation

Feedback from Local HealthWatch Consultation Event

10. The latest HealthWatch Consultation Event, held on 6th December 2011, was well attended by a wide range of health and social care partners across the City. Service users and LINKs volunteers were also in attendance. Positive feedback has been received, suggesting that the small, facilitated working groups allowed in-depth discussion around key HealthWatch themes and issues.
11. A summary of key issues being debated around HealthWatch both locally and nationally are set out below. Feedback from the latest York consultation event, and suggested headline areas for the York HealthWatch Service Specification are attached as Annex A.
 - Does the role currently provided by the LINKs provide a sound building block for the new HealthWatch?
 - Are there other local systems for involving and engaging patients and social service users that also need to be reflected [or involved/included] in the model for HealthWatch?
 - How can the local authority ensure continuing co-production (with existing LINKs, the VCS (Voluntary and Community Sector) as well as with other partners) in all these plans?
 - How should the local authority ensure development of local HealthWatch and a leadership capacity to equip it for the new challenges?

- Specifically, how should local Healthwatch be supported to address issues of diversity, inequality and serving people in vulnerable circumstances?
- How might local HealthWatch signposting services be developed and what competencies might be expected of a provider of these?
- Should the local authority commission a statutory NHS complaints advocacy service as a key component of local HealthWatch or from a specialist third party provider along similar lines as at present?
- Should the local authority enter into agreement with other local authorities in commissioning a statutory NHS complaints advocacy service in order to achieve high quality outcomes and economies of scale?

Options

12. This report is for information only report, there are no specific options for members to decide upon.

Analysis

13. Please see above.

Council Plan 2011/2015

14. The establishment of Local HealthWatch in York will make a direct contribution to the following specific outcomes listed in the draft City of York Council Plan:
 - Improved volunteering infrastructure in place to support increasing numbers of residents to give up their time for the benefit of the community
 - Increased participation of the voluntary sector, mutuals and not-for-profit organisations in the delivery of service provision

Implications

15. **Financial** - Local HealthWatch will be financed through three separate strands of funding as follows:

- Existing government funding to Local Authorities to support the current LINKs function will be rolled forward into HealthWatch.
 - Monies provided for the current 'signposting element' of PCT PALS teams will be transferred across to local authority budgets from April 2013.
 - Monies for NHS Complaints Advocacy will be transferred to local authorities in April 2013.
16. It should be noted that while an indicative sum of money will be provided to City of York Council under each of the above headings, none of these monies will be ringfenced i.e. they will be paid to City of York Council as part of various Adult Social Care formula grants. The definitive amount of monies transferring from NHS Patient Advisory and Liaison Service (PALS) and Complaints Advocacy budgets to local authorities has yet to be confirmed.
17. City of York Council has the discretion allocate all these monies to Local HealthWatch, or allocate some of the funding to other health and social care priorities.
18. **Human Resources (HR)** - There are no human resource implications
19. **Equalities** - Establishing a successful Local HealthWatch in York will enable the targeting of support towards activities which contribute towards all the equality outcomes set out in the draft Council Plan. It will be a requirement of the successful organisation(s) delivering Local HealthWatch to demonstrate and evidence their commitment to equal opportunities in the work of their organisations, in line with the Equalities Act 2010
20. **Legal** - There are no legal implications
21. **Crime and Disorder** - There are no crime and disorder implications
22. **Information Technology (IT)** - There are no information technology implications

23. **Property** - There are no property implications

24. **Other** -There are no other implications

Risk Management

25. There are risks of challenge to the validity of City of York Council's procurement and commissioning process if a HealthWatch contract is let without full and proper consultation with City wide partners. The thorough consultation processes that will be followed through the HealthWatch Pathfinder process will mitigate this risk.

Way Forward / Next Steps

26. It was clear from the York HealthWatch consultation event in December 2011 that there was disagreement around some aspects of the overall shape / scope of HealthWatch, and consensus in other areas.

27. There was a general feeling that HealthWatch should adopt a 'network of networks' approach, building strong relationships with many groups and organisations across the City, in order to gather an informed, rounded perspective on the delivery of various health and adult social care services.

28. It is recommended that two lots are procured – Local HealthWatch and NHS Complaints Advocacy simultaneously. This may result in separate providers or may allow a single provider to compete for, and hold both contracts. Alternatively, the delivery of NHS Complaints Advocacy services could be more closely connected to the wider advocacy provision in the City through this approach.

29. In respect of Complaints Advocacy, discussions are also underway with East Riding and North Yorkshire Councils to ensure regional co-ordination - i.e. developing similar specifications / timescales to ensure regional synergy. (The current contract is delivered at a regional level).

30. It is suggested that further consultation takes place around the HealthWatch service specification headlines that have been

developed, prior to publishing a final service specification in April / May 2012.

Recommendations

25. Members are asked to note the report and the latest progress towards establishing HealthWatch. A further update will be provided at the next Health OSC meeting.

Reason: To oversee the transition from LINKs to HealthWatch is identified as a priority in the Health Overview and Scrutiny Work Plan.

Contact Details

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**Chief Officer Responsible for the
report:**

Kate Bowers

Head of Neighbourhood Management

**Report
Approved**



Date 07.02.2012

Specialist Implications Officer(s) n/a

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Annexes

Annex A – HealthWatch Update February 2012

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Annex A HealthWatch Update Report

Local HealthWatch Consultation Event - December 2011

1. As outlined in the main paper debate the HealthWatch Consultation Event (held at the Bar Convent in December) largely centred on the broad areas of activity that will comprise the core of HealthWatch (information, signposting, guidance and complaints advocacy) and within these themes, what would constitute an effective model of operation.
2. It was agreed that the broad areas of healthcare which Local HealthWatch could potentially influence may include;
 - Adult Health Services
 - Adult Social Care
 - Children's Health Services
 - The wider determinants of health e.g. Transport, Housing, Welfare etc.
3. It was suggested that the overarching remit of HealthWatch may include the following;
 - Providing Information, Advice and Signposting for patients / public
 - Having Voice and Influence around Health and wellbeing
 - Undertaking community engagement, gathering evidence from people's views and experiences.
 - Undertaking Complaints Advocacy.
4. There follows a summary of workshop discussions around the key themes outlined above

Information and Signposting

- Desired Outcome: that all members of the public get the information they need, from whomever they feel comfortable approaching (i.e. this could be from another signposting, advice or information service, rather than the specific 'HealthWatch' core organisation itself).

- Accountability: it was felt that HealthWatch should be accountable for ensuring that the initial advice and information guarantees to 'see the issue through to the end'.

It was recommended that not everyone should have to go to the 'central' Healthwatch for advice and information if there was another organisation they were familiar with using. Some people felt that advice and information given by other signposting services could still be classed as 'HealthWatch related activity' (and recorded and monitored as such).

- This led to discussions around the model of a HealthWatch 'Hub' with many other voluntary organisations, who currently provide related activity operating as 'healthwatch spokes' (i.e. 'associated healthwatch partners').
- With this model people felt that a key role of the 'hub' (i.e. the core contract for healthwatch) would be to ensure the quality of advice / information provided by their partner organisations.
- It was felt that this would require a robust mechanism for ensuring quality and potentially *accrediting* their provider partners) and for the 'HealthWatch Hub' to fill any gaps where specialist advice / information isn't already available.
- Through this proposed model the HealthWatch Hub could also have responsibility for providing training and briefing updates (on relevant health and well being issues, changes in services available, etc) for their provider partners.
- Although various models were discussed, such as the 'hub' model, there should be sufficient flexibility within the specification to allow providers to put forward their own proposals for models that will meet the overall remit of the project, without duplicating existing services.
- HealthWatch should be e-mail, web accessible, with a distinct standalone website, containing clear links to partner organisations. Many contributors thought that HealthWatch should also be highly visible and accountable within local communities, through the use of either paid or volunteer outreach officers. These volunteers could act as a key conduit of health advice in community settings.

- Some consultees felt that HealthWatch should have a visible City centre premises, or at the least a central office base and telephone information line. The service must be well advertised and promoted, and be widely known about by all stakeholders and across all communities.
- There was a strong desire to prevent duplication and confusion for customers, and to maintain services that currently work well.

Community Engagement

- HealthWatch should bring together robust, evidence based local intelligence and present this to key decision makers. Again this could be through a 'network of networks' approach as identified above, highlighting and championing other partners work rather than directly doing things itself.
- It was felt that a 'HealthWatch Hub' will be collecting data from a variety of sources anyway (e.g. issues raised to them). Therefore, it will hopefully be easy to identify themes and topics to research and cover.
- Some partners felt that HealthWatch York *should* be gathering intelligence on various healthcare services itself, employing robust research methods. It was felt that HealthWatch should use a variety of mechanisms to explore service quality issues.
- The key influences on a possible HealthWatch work programme were considered, including the JSNA, commissioners, members of the public, board members, voluntary groups etc.
- HealthWatch should be creative, innovative and constantly be exploring new and successful ways to find out about the views and healthcare experiences of York's citizens. This could include events to involve the harder to reach and disadvantaged groups (e.g. LGBT groups, BME community). Making use of other networks would be important in this respect.
- Methods and mechanisms of reaching out to the most marginalised were discussed in detail. Key suggestions

included public information sessions and newsletters, attendance at ward / parish committees, stands in hospitals, anonymised suggestion boxes in hospitals etc.

- Topics shouldn't be one-off issues, they should be broader themes (or raised by a significant number of people). There was a strong feeling that HealthWatch should not be about individual membership. There should be an opportunity for any member of the public to raise issues.

Voice and Influence

- HealthWatch should create opportunities for all members of the community to feed-in issues around health and social care to decision makers and influence change. Crucially, there should be good feedback for the public about the outcomes and the things that have changed as a result.
- HealthWatch should provide a balancing, co-ordinating role. It should ensure that constituent Health and Wellbeing Board partners have involved both patients and the public in decision making, but doesn't have to do everything itself.
- To have true voice and influence HealthWatch needs to be involved at all levels of decision making, and all stages of the commissioning cycle.
- Alongside the HWB Board HealthWatch also needs involvement in HWB sub groups, Health OSC etc. Needs to determine the relationship with various voluntary sector forums, networks, GP Commissioning Consortia.
- HealthWatch should be capable of dissemination, feedback to the wider voluntary sector to explain decisions that have been taken at a strategic level. Sometimes HealthWatch must be able to understand and explain to the wider voluntary sector / community why a particular recommendation cannot be implemented.
- Various groups discussed the issue of 'evidence' and agreed that healthcare providers have a responsibility to take on board comments and criticisms without having exact details of the complainant. People need to be able to raise an issue without

it coming back to them. Some people might not want to raise and take forward the issue themselves. However, in such instances HealthWatch would need to be clear with members of the public that they could only take issues so far if they were not willing to give full details of the situation.

Complaints Advocacy

- Complaints Advocacy (an optional element of HealthWatch) was not raised in great detail. The majority of attendees felt that it did not necessarily matter if complaints advocacy was not delivered directly through HealthWatch (it was largely viewed as a more distinct, standalone role) so long as two-way information sharing around health themes, trends took place.
- Some attendees felt that members of the public / patients would approach HealthWatch with complaints, and expect HealthWatch to deal with these. It was felt that HealthWatch staff should be appropriately trained to signpost enquiries to the appropriate source of assistance.

5. HealthWatch Procurement Process - Emergent Themes

It is apparent that there are a number of emergent themes and patterns forming a 'golden thread' throughout the various consultation events and co-production workshops held so far

If the HWB Board are in agreement the themes outlined below will help to form the basis for further consultation and discussion, helping to shape and influence the HealthWatch procurement process.

- York HealthWatch will be a **strong local consumer voice that makes a difference** to Health and Social Care provision on behalf of the citizens of York
- York HealthWatch will be a **network of networks** that builds on the work of York Local Involvement Network (LINK).
- York HealthWatch will **expand and utilise the existing expertise** of voluntary sector organisations and groups of people across York.

- York HealthWatch will provide a mechanism for **diverse voices** across York to be heard and ensure that where there are people who are seldom heard, and ensure that where there are people who are seldom heard HealthWatch will provide **innovative ways** to gather and include their views.
- York HealthWatch will be a **respected and credible** organisation that is unafraid to challenge service providers and commissioners.
- York HealthWatch will bring together robust, **evidence based local intelligence** that influences key decision making for health and social care.
- York HealthWatch will ensure that every individual and organisation that approaches HealthWatch for information and advice receives **timely and good quality information**.
- York HealthWatch will be widely known about and respected by patients, the public, community and voluntary sector organisations across the City with an excellent communications strategy.



Health Overview & Scrutiny Committee

20th February 2012

Report of the Assistant Director Governance and ICT

Voluntary Sector Funding

Summary

1. This report details information from NHS North Yorkshire & York in response to a recent letter sent by the Chair of this Committee in relation to voluntary sector funding. The Deputy Chief Executive and the Head of Commissioning (Adult and Community Services) from NHS North Yorkshire and York will be in attendance at the meeting to discuss their response to the Chair's letter.

Background

2. On 11th January 2012 the Chair of the Health Overview & Scrutiny Committee wrote to the Chief Executive of NHS North Yorkshire & York requesting her (or a representative's) attendance at today's meeting to discuss voluntary sector funding.
3. The Chair had been made aware of significant cuts to voluntary sector funding as of April 2012 (June 2012 for one organisation). In her letter, the Chair stated that *'at least one of the organisations that will be affected by these cuts is an organisation where joint funding and partnership work is implicit in the services to be cut.'*
4. As part of the letter the Chair said *'I would like to receive a written paper regarding the funding cuts and request that this be included amongst the public agenda papers for this meeting and should include the following information:*
 - *The review process, including clarification on how the review process entered into the 'spirit of partnership working' in what are difficult financial times for all*
 - *Who was consulted prior to a decision being made and how were they consulted?*
 - *How many organisations have been affected by this review?*

- *Who are they and how have they been affected, how much funding will each organisation lose?*
- *How many of the organisations who lost funding lodged appeals?*
- *How many of these appeals were upheld*
- *At what point were the Primary Care Trust going to inform the Health Overview & Scrutiny Committee that funding had been withdrawn from these organisations?*

5. The response from NHS North Yorkshire & York is at Annex A to this report along with 8 supporting documents which have been attached in date order.

Consultation

6. One of the main purposes of this meeting is to establish whether appropriate consultation took place between NHS North Yorkshire, the voluntary organisations affected and other key partners.
7. A copy of the letter sent by the Chair was given to all Members of the Committee. It was also sent to the Chairman of York Teaching Hospitals NHS Foundation Trust, the Chief Executive at York Council for Voluntary Service and the Assistant Director, Integrated Commissioning at City of York Council, all of whom have been invited to attend today's meeting.

Options

8. Members can:
- Accept the position statement provided by NHS North Yorkshire & York (Annex A and supporting documents refers)
 - Request further information from NHS North Yorkshire & York
 - Make specific recommendations on this matter to NHS North Yorkshire & York in light of the information received

Analysis

9. NHS North Yorkshire & York have provided a response to the Chair's letter dated 11th January 2012 and this is included within today's papers (Annex A and the supporting documents refer). Members are asked to consider the response and discuss the matter further with the representatives in attendance from NHS North Yorkshire & York and the other organisations present at the meeting.

10. It is, in the first instance, important to establish whether the Committee believe due process to have been followed. In this instance due process could be:
 - Did appropriate consultation take place?
 - Did it take place and allow appropriate timescales for response?
 - Did NHS North Yorkshire & York effectively enter into the spirit of partnership working (including looking at alternative ways of working), especially in light of the present economic climate?
11. After consideration of the above, the papers within this agenda and discussions at today's meeting the Committee may wish to consider whether they would like to make any recommendations to NHS North Yorkshire & York
12. The Health Overview and Scrutiny Committee have a legal right to be consulted on substantial variations to service. Members may wish to satisfy themselves whether, on the basis of information given at today's meeting and that contained within the agenda papers, the changes to voluntary sector funding constitute a substantial variation to service.
13. The Centre for Public Scrutiny offers the following guidance on substantial variations:

'A 'substantial variation or development' of health services is not defined in Regulations'. Proposals may range from changes that effect a small geographical area such as changes in the timing of podiatry services within a health centre, to major reconfigurations of specialist services involving large numbers of patients across a wide area. The key feature is that there is a major change to services experienced by patients and future patients'.

Council Plan 2011-2015

14. Whilst this issue does not have a direct link to the Council Plan, the Health Overview & Scrutiny Committee has a statutory responsibility to hold NHS North Yorkshire & York and other key health partners to account for the decisions they make.

Implications

15. **Financial** – withdrawal of funding to the voluntary sector could have an impact on City of York Council in that there may be an expectation that the Council would make up the shortfall, especially where the service is

jointly funded. In such cases it is preferable for commissioning and decommissioning decisions to be made in partnership.

16. There are no other known implications associated with the recommendations within this report.

Risk Management

17. There are no risks to CYC associated with the recommendations within this report other than the possibility of increased financial pressure as outlined in paragraph 15 above.

Recommendations

18. Members are asked to consider the information contained within this report and its associated annexes and consider the next steps, if any, for the Health Overview & Scrutiny Committee.

Reason: To undertake their statutory responsibility to hold key health organisations to account for their decisions.

Contact Details

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Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Governance & ICT

**Report
Approved**



Date 07.02.2012

Specialist Implications Officer(s) None

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

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Response from NHS North Yorkshire & York ‘*Review of Voluntary Sector Services - Process and Consultation*’

Eight Supporting papers

Review of Voluntary Sector Services Process and Consultation

1. Initial discussions with voluntary sector started in 2009 with joint consultation with NYCC but also included York services on future commissioning of voluntary sector services.
2. In December 2010 PCT Board agreed 4% efficiency savings for voluntary sector in line with national efficiency target required within the NHS operating framework.
3. To ensure there was a more stable way forward for voluntary sector services commissioned by NHS NYY, PCT Board agreed that a full review needed to be undertaken to ensure services met priorities agreed by the PCT. Attached letter 22 March 2012 sent to all services

Originally the PCT had about 134 different funding arrangements with 80 different voluntary sector organisations, which included 15 organisations in York. Some of these services had already been reviewed which left 80 different services that would still need to be reviewed.

4. In March 2011 a paper went to the PCT Board to outline its review and approach to be taken with voluntary sector services through 2011/12.

A copy of the March Board paper is attached.

5. At the end of March/early April 2011 letters were sent from the PCT to all voluntary services to give notification of the potential changes to funding in 2011/12. Letters clearly stated that all services would be reviewed and if services did not meet the criteria agreed by the Board, then the level of funding may be changed or services may cease to be funded by NHS NYY.

Example of letter attached dated 9 April 2011

6. Media statement was released which also outlined the review process to be taken. Copy attached (29 March 2011)

7. Between April – June 2011 over 80 reviews took place by PCT staff, with a large variety of services across North Yorkshire and York.

This involved direct contact with each service provided which was a very significant workload for PCT staff, but was clearly the most appropriate way of consulting with all service providers.

8. Visits were arranged with 80 voluntary sector service including YBPSS, who were contacted in April 2011 to gather information and a visit arranged by PCT staff for 12th May 2011.
9. On the 16th June 2011 the results from all of the reviews alongside feedback from staff were considered by a multi disciplinary group, which met to discuss each service, the assessment against the criteria stated in the March Board paper and the impact of any potential change to those services.

This resulted in recommendation to either:

- confirm funding of services that met criteria
 - cease funding of these services not meeting the criteria
 - gather further information from those services where more work was needed to be able to make a decision
10. In June 2011, PCT Public Board meeting received a paper detailing the results of the review which includes:
 - a list of services / providers where funding would cease from October 2011
 - a list of services where further work was needed to be clear about the outcomes required
 11. Following the Board, letters were sent to:
 - all services where funding would cease
 - all services where further work was required

Letters were sent to stakeholders across the patch informing them of the outcome of review – including York Health Scrutiny.

Stakeholder Letter attached – 28 June 2011

Media release attached – 28 June 2011

Letter sent to YBPSS on 30th June – attached.

12. An appeal process which had been agreed by the Board was put in place for providers wishing to appeal the decision to cease funding.

10 services appealed.

8 of the decisions made by the PCT were upheld.

2 services received adjustments to arrangements.

13. Further reviews were undertaken of these services where more information was required, this included YBPSS

YBPSS were visited in September 2011 by PCT staff and information was gathered from this process.

14. October 2011 multi professional meeting arranged to review the additional information gathered on its remaining voluntary sector services.

Agreement was reached on these services that did not meet its criteria (YBPSS was one of those services).

15. 8th November 2011 meeting with offices at CYC, where the PCT discussed the intention of withdrawing funding to YBPSS and officers would be copied into letter.

16. Letter sent to YBPSS on 22nd November 2011 informing them of decision to cease funding. - Letter attached.

Second letter on 2nd December was sent to YBPSS which clarified the timeline for the appeal process, which was extended at the request of YBPSS.

17. Appeal panel met on 13th January and reviewed a lot of additional information supplied by YBPSS (YBPSS were the only service to go through appeal process).

The panel agreed that its original decision was to be upheld and hence funding would cease. However, it was agreed that a longer notice period would be offered to 30th June 2012 to give the organisation more time to adjust to the changing circumstances and look at other possible options.

Summary

- The PCT spends over £5m annually on services from the voluntary sector, much of this is to fund input to patients' care packages. Approximately £768,000 is spent on mental health services and £1.6 million is spent on other voluntary sector services.
- The review focused on the other services which totalled 80 across c£1.5m. All of the services were slightly different and predominantly based on small grants. None of the services would in any way constitute significant service change, hence the reason for not discussing this directly with Health Scrutiny. The PCT has followed good practice and worked with each Provider through a contractual process to discuss each service and consult directly with each Provider.
- The review period has been extensive with clear notification given in March 2011 to all services that there would be changes through 2011. This was to give the maximum notice period possible.
- Significant communications have come from the PCT about the review and no issues were raised either from York H Scrutiny or CYC throughout this period.
- The list of organisations in York which were reviewed are:

Salvation Army

Age UK
Carers Centre
NSPCC
Crossroads
Resource Centre for the Deaf
YBPSS
York Women's Counselling Service
1-2-1 Counselling
York CVS
York Older Peoples Assembly
Homestart
York Mind
Our Celebration
Alzheimers Society

- The services where funding is to be withdrawn from April 2012 are:

Resource Centre for the Deaf
York Women's Counselling Service
1-2-1 Counselling
YBPSS (funded to June 2012)

- Funding released from the review (above the 4% efficiency target) will be reinvested in to voluntary sector services which are deemed to be a priority. Discussions are currently on going with the Clinical Commissioning Groups to agree where investment should be placed.
- It must also be noted that the PCT has funded an additional £3m in to eye services at York Foundation Trust during 2011/12, to ensure that patients could be followed up more regularly and would have access to the drug lucentis, which is used in the preventative treatment of eye disease.

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Supporting Paper 1

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SENT VIA EMAIL

22nd March 2011

Dear Colleague

RE: Notice of changes to funding to voluntary sector organisations in 2011/12

In our previous communication to you we made you aware of the ongoing financial challenges NHS North Yorkshire and York (NHS NYY) are facing with the demographic changes of an increasing elderly population and those with long term conditions.

NHS NYY is working through a dialogue with the voluntary sector organisations it funds to ensure high quality services are provided on an equitable basis to the population of North Yorkshire and York. This work is in progress and will continue over the next few months. It is being carried out with partners in the councils particularly with North Yorkshire County Council (NYCC) as many of the current agreements are jointly held between NYCC and the PCT.

The aim is to:

- Focus the funding of voluntary sector services to support the PCT Quality, Innovation, Productivity and Prevention (QIPP) plan (high priority work for the PCT).
- Provide more security and clarity to those services that meet the criteria for funding
- Fund services with service specifications that include clear outcomes
- Provide more equitable services across North Yorkshire and York
- Make the commissioning and monitoring more efficient, effective and a two way supportive process



- Ensure services provide value for money
- Work within budgetary requirements including efficiency requirements.

At previous meetings, the voluntary organisations across North Yorkshire have been encouraged to work more collaboratively, focus on their core business, avoid duplication and ensure value for money. Many services have responded positively to this and have come together to provide more efficient and effective services.

Essential Services

The planning process has highlighted a range of essential requirements that need to be considered in the review process, especially given the demographic issues facing North Yorkshire and York. These include

- Support for older and vulnerable people who would be at risk of rapid health deterioration or crisis if this support were not available
- Support for those with dementia to prevent crisis and maintain independence for as long as the person wishes and is safe to do so.
- Support for carers to assist them in their caring role, have a life outside of that role and maintain their own health and wellbeing.
- Short breaks for carers which offers a positive experience for the cared for person
- Advocacy services for people who would otherwise be unable to make their voice heard
- Home from hospital services to support those on discharge from hospital

2011/12 Planning Proposals

Given the current financial position and the need to ensure services are equitable we are writing to inform you of the following approach:

- All NHS Commissioners are required to make a 4% efficiency saving on commissioned services.
- NHS North Yorkshire and York require the voluntary sector organisations to deliver a 4% efficiency saving and therefore there will be a reduction to annual funding of 4% as from 1 April 2011.
- In order to manage this process as fairly as possible, all voluntary organisations are being given the choice of:
 - Accepting a 4% reduction immediately from April 2011or
 - Accepting an 8% reduction from 1 October 2011 to give organisations time to adjust to the changes required.

In addition to this efficiency requirement there will be also be a review of all voluntary sector services including infrastructure organisations to ensure that in future all commissioned services are in line with PCT priorities. The reviews will

take place between April to June 2011/12 with a view to any changes required coming in to affect by 1 October 2011.

The PCT is now giving notice that if services do not meet the criteria for ongoing funding they will cease to be funded by NHS NYY or the level of funding and services provided will be changed.

Principles of Decision Making

The following principles which are outlined below will form the basis of funding decisions for continuation, reduction or cessation:

- Does the service support the PCT priority QIPP plan?
- Does the service support those at risk of hospitalisation or loss of independence?
- Is the service provided on an equitable basis across NHS NYY as far as possible?
- Does the service allow equity of access irrespective of belief, ethnicity, sexual orientation or cultural background?
- Is the service cost effective in maximising volume and quality within the available resources?
- Does the service deliver the desired outcomes?
- Are there other PCT funding streams available for the same service?
- Is there duplication of provision?
- Will it give added value? Can the organisation demonstrate that partnership approaches are being taken?
- Does the service demonstrate reciprocity and mutual support and empowerment?

It is therefore important that all organisations are clear about the efficiency requirements and the notice of possible service changes required during 2011/12 and we will be in touch with you to arrange these reviews.

In the meantime please would you let us know your preferred option regarding the efficiency requirement (either April or October 2011) by contacting Judith Knapton, Head of Commissioning (Adult and Community Services) by email on, Judith.knapton@nyypct.nhs.uk by 6th May at the latest.

Many thanks

Yours sincerely

Sue Metcalfe
Deputy Chief Executive (Director of Localities)

cc: Judith Knapton, NHS North Yorkshire and York
Seamus Breen, North Yorkshire County Council
Paul Murphy, City of York Council

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Item Number: 13

**NHS NORTH YORKSHIRE AND YORK
BOARD MEETING**



North Yorkshire and York

Meeting Date: 22 March 2011

Report's Sponsoring Director:

Sue Metcalfe
Deputy Chief Executive and Director of
Localities

Report Author:

Judith Knapton
Head of Commissioning (Adult and Community
Services)

1. Title of Paper: Commissioning of Voluntary Sector Services

2. Strategic Goals supported by this paper:

Goal 1: Comprehensive services for our aging population

Goal 2: Reduce health inequalities

Goal 3: Improved health and well being of the population through the promotion of healthy lifestyles

Goal 5: Highest quality care in the right settings

Goal 6: Strong partnerships focused on the individual

3. Executive Summary

In order to ensure sustainability and continuity for the Voluntary Sector into 2011/12, the PCT Board in November took the decision to roll over the 2010/11 budget with the application of national efficiency target of 4% as required.

The Board paper outlines the approach to be taken and planning proposals for 2011/12

4. Introduction

As above

5. Issue/options

To support the Voluntary Sector in 2011/12 planning arrangements to ensure sustainability and continuity of services where agreed.

6. Risks relating to issue/options

National Compact and CYC Compact requires 3 months notice, whilst NYCC require 6 months.

Possible adverse publicity if contractual change is necessary

7. Finance / resource implications

4% efficiency saving in line with national requirements.
Resource intensive (staff hours) for the time between end of March to October 2011.

8. Statutory/regulatory/legal implications

The PCT will uphold any legally binding contract agreements with the voluntary sector.
An Equality Impact Assessment will be undertaken to consider the implications of the efficiency saving requirement.

9. Working with stakeholders/communications plan

Letters outlining the proposals will be sent out to all the voluntary sector organisations funded by the PCT. Discussions will continue during 2011/12 on future contractual arrangements.

10. Recommendations

The Board is asked to support the process regarding the review and refocus of notified Voluntary Organisations.

The Board is asked to note that the outcome of the consultation/review will be brought back to the June Board.

11. Assurance

The outcome of the consultation/review of services between April - June to be brought to the Board on 28 June with recommendations for notification of those services to be changed or cease.

For further information please contact:
Judith Knapton
Head of Commissioning (Adult and Community Services)
01423 859622

NHS NORTH YORKSHIRE AND YORK

Board Meeting: 22 March 2011

Commissioning of Voluntary Sector Services

1. Introduction

- 1.1 NHS North Yorkshire and York (NHS NYY) spend in excess of £5 million on services from the voluntary sector. Much of this is to fund input to patients care packages. Approximately £768,000 is spent on Mental Health services (including drug and alcohol services) and this is subject to a joint review with both Local Authorities. £1.6 million spent on other general (non mental health) voluntary sector services. This paper focuses on the planning approach for 2011/12 for general voluntary sector services.
- 1.2 Spend on non mental health voluntary sector is spread over 95 different voluntary sector organisations. These funding agreements are historic, are not based on need or with any regard for strategic commissioning or equity of provision. In some cases there is no service specification or contract stating what is expected for the funding. Some of the services now being provided are no longer what were originally agreed. Funding has been rolled over for several years with little performance management or robust monitoring of any agreement.
- 1.3 Significant work has already been undertaken to address the above issues with reviews of the contract arrangements. However due to the number of agreements to be reviewed, this is resource intensive and hence work is still on going.
- 1.4 In order to provide some degree of security with the Voluntary Sector for 2011/12, at the PCT Board meeting in November 2010 a decision was taken to roll over the 2010/11 voluntary sector budget in to 2011/12. The national 4% efficiency target would have to be applied, however this would provide some security whilst the reviews were on going.

2. Progress and Partnership Working

- 2.1 Since the Board meeting in November work has progressed in partnership with North Yorkshire County Council (NYCC) and City of York Council (CYC) to review the current process and agreements for voluntary services funded by NHS NYY. This is work in progress and will continue for several months.

The aim of this work is to:

- Focus the funding of voluntary sector services to support the PCT Quality, Innovation, Productivity and Prevention (QIPP) plan.
- Fund services with service specifications that include clear outcomes
- To provide more equitable services across North Yorkshire and York
- To make the commissioning and monitoring more efficient and effective
- Ensure services provide value for money
- Work within budgetary requirements including efficiency requirements.

2.2 Many of the contracts are jointly held with North Yorkshire County Council (NYCC). The council levied a 3% efficiency saving in 2010/11 and are expecting a further 3% efficiency saving in 2011/12. Value for money reviews have been undertaken and these have helped to inform decisions as to whether funding will continue, be reduced or stop altogether. NHS NYY has been involved in these discussions and there is a joint approach to decision making due to the interdependence the organisations have on statutory funding and to ensure the impact for both organisations is considered.

2.3 At the Joint meetings, the voluntary organisations across North Yorkshire have been encouraged to work more collaboratively, focus on their core business, avoid duplication and ensure value for money. Work is on going with several organisations that provide the same functions to either join together as one or as a collaborative or network. However they must work to one service specification and have a joint contract with NHSNYY and NYCC. This includes:

- REACT (North Yorkshire) – all the Age Concerns/Age UK across North Yorkshire
- Advocacy Services (all generic services)
- Alzheimers Society (all branches across North Yorkshire)
- Carers Resource Services across North Yorkshire and Wilf Ward Trust (Selby) – work to one service specification for Adults Carers services.
- Carers Resource Services (in Craven and Harrogate / Hambleton and Richmondshire) Wilf Ward Trust (Selby) and Action for Children in Scarborough – work to one specification for Carers Services for Children.

2.4 NYCC have recently started a dialogue with the voluntary sector (available on the NYCC website) regarding their approach to financial investment, commissioning and decommissioning.

- 2.5 In York, NHS NYY only have three joint contracts with City of York Council (CYC). Discussions have taken place with the Advocacy network in York and CYC with a view to developing a joint contract for a generic advocacy service. These discussions are ongoing. Further discussions are required with CYC to ensure a more integrated approach.

3. Opportunities

- 3.1 Despite the challenges facing the voluntary sector there are some opportunities for reinvestment in services. The North Yorkshire Adult Strategic Partnership has used some of the Performance Reward Grant money for an Innovation Fund of £1.5m over a 3 year period. This is an opportunity for the voluntary sector to transform how services are delivered and to reinforce the message that change must be embraced if organisations are going to attract public funding.

The criteria for the funding is still to be confirmed but will include:

- Identified community need
- New services are in line with priorities
- Evidence of community involvement
- Use of existing community infrastructure which may be underused
- Financial contribution from other funding sources
- Evidence of planned evaluation
- Exit strategy when funding comes to an end

- 3.2 The Department of Health has also released re-ablement funding for PCTs to work jointly with Local Authorities. The role of the voluntary sector will be considered as part of this agenda and there may be opportunities for the involvement of the sector as this work progresses.

4. Planning Proposals for 2011/12

- 4.1 As previously stated significant discussions have already taken place with the voluntary sector via the infrastructure organisations and in partnership with NYCC and CYC, to discuss service requirements and how the numerous contracts could be reshaped and refocused.

- 4.2 In doing this it was recognised and agreed that there would possibly be differential financial approaches taken across the contracts to ensure fit with PCT and Local Authority priorities. For 2011/12 NHSNYY, NYCC and CYC have agreed to approach the contractual arrangements as follows:

- Maintain current funding levels to specific organisations whose core business is to provide:

- support to vulnerable elderly
 - support to those with dementia
 - support to carers
 - generic advocacy services
- Separate out the funding that goes to Infrastructure Organisations into Infrastructure support, volunteering, forum support, and other services.
 - Apply 4% efficiency requirement to Infrastructure funding and negotiate with NYCC for a county wide Infrastructure specification and contract including a joint specification and contract for volunteering services. Work will progress through 2011/12 to finalise this contract.
 - Apply 4% efficiency requirement across all remaining voluntary services for a period of 6 months from April to September 2011. Carry out a dialogue and review of these services between end of March 2011 to mid June 2011 and give 3 months notice (or 6 if stated in their contract) to any contractual and funding changes to take effect from 1 October 2011.
 - Provide a named commissioning manager as a contact for each agreed specification and contract from October 2011 to ensure that on going performance reviews take place and service specifications are delivered.
 - All contracts agreed must be within the resource envelope available for 2011/12 and where possible, contracts will be held jointly with North Yorkshire County Council and City of York Council.
- 4.3 The PCT fund a range of service from Infrastructure Organisations. This includes infrastructure support, volunteering schemes, support for a variety of forums, and a range of front line services that have existed for many years. Negotiations are underway with the Infrastructure Organisations in North Yorkshire to develop one joint service specification and contract for Infrastructure support and for Volunteering under one umbrella. If agreement cannot be reached to everyone's satisfaction a new procurement exercise will be embarked upon. NYCC are proposing a 20% reduction to infrastructure organisations.
- 4.4 The planning process has highlighted a range of essential requirements that need to be considered in the review process, especially given the demographic issues facing North Yorkshire and York. These include:
- Support for older and vulnerable people who would be at risk of rapid health deterioration or crisis if this support were not available

- Support for those with dementia to prevent crisis and maintain independence for as long as the person wishes and is safe to do so.
- Support for carers to assist them in their caring role, have a life outside of that role and maintain their own health and wellbeing.
- Short breaks for carers which offers a positive experience for the cared for
- Advocacy services for people who would otherwise be unable to make their voice heard
- Home from hospital services to support those on discharge from hospital

5. Principles of Decision Making

The following principles will form the basis of funding decisions for continuation, reduction or cessation:

- Investment will be outcomes focussed
- Priority will be given to those services who support those at risk of hospitalisation or loss of independence
- Equitable provision across NHS NYY as far as possible
- Equity of access irrespective of belief, ethnicity, sexual orientation or cultural background.
- Efficiency – is the service cost effective in maximising volume and quality within the available resources?
- Effectiveness – does the service deliver the desired outcomes?
- Ensure other PCT funding streams are not available for the same service.
- There is no duplication of provision.
- Will it give added value? Can the organisation demonstrate that partnership approaches are being taken?
- Does the service demonstrate reciprocity and mutual support and empowerment?

6. Issues and Risks

- 6.1 The proposal is in line with the National and York compact (which asks for a 3 months notice period to any changes in funding). However the current North Yorkshire compact asks for 6 months notice period. The PCT has asked for a refresh of the North Yorkshire Compact to bring it in line with the National compact.
- 6.2 There is some concern regarding the capacity required to ensure accurate and relevant information is gathered in order to make the decisions on future funding and support to contracts. To support this work commissioning staff will be asked to become involved in reviewing services that are linked to their areas of work.
- 6.3 The PCT will uphold any legally binding contractual agreements with the voluntary sector. As stated previously, the PCT may not be in line with the North Yorkshire Compact but it will be in accordance with the

National and York compact. An Equality Impact Assessment will be undertaken to consider the implications of changes to contracts.

7. Communications

7.1 Following the PCT Board's decision a communication will be sent out to all the voluntary sector organisations and key stakeholders to outline the approach being taken and to ask for comments by 17 June 2011.

7.2 The communication will ask:

- Does this approach seem reasonable and fair to achieving the efficiency requirements while responding and planning for the demands of a changing demographic profile?
- If it is deemed unreasonable, what else should be considered?
- Does the framework document assist the sector to better understand what commissioners are seeking?
- Are there any aspects of the proposal that would cause concern regarding equitable access and distribution of services

7.3 Using the information gathered from the service reviews, decisions will be made regarding the funding of those identified voluntary organisations from 1 October 2011. An Equality Impact Assessment will be completed and be included in a further report with recommendations to the Board in June

8. Recommendations

The Board is asked to:

8.1 Support the process regarding the review and refocus of funding to notified Voluntary Organisations.

8.2 Note that the outcome of the consultation/review will be brought back to the June Board.

MEDIA RELEASE

29 March 2011

Voluntary organisations review of funding

NHS North Yorkshire and York will be conducting a review of the voluntary sector organisations it contracts with in conjunction with City of York Council and North Yorkshire County Council from April 2011.

The PCT spends in excess of £5 million on services from the voluntary sector - much of this is to fund input to patient's care packages. Approximately £768,000 is spent on mental health services (including drug and alcohol services) and £1.6 million is spent on other voluntary sector services.

In the current financial climate, NHS North Yorkshire and York needs to make sure the services it commissions are high quality, value for money, equitable and focussed on its priorities. All NHS commissioners (i.e. primary care trusts) are required to make a 4% efficiency saving on commissioned services as set out in the NHS Operating Framework. This national efficiency target is being applied to the voluntary sector organisations whilst reviews of agreements take place.

Throughout the review process, the PCT will protect those who provide services to the most vulnerable and elderly in its population. For 2011/12, the approach the PCT will take is as follows:

1. Maintain current funding levels to specific organisations whose core business is to provide:
 - support to those who are vulnerable and frail elderly
 - support to those with dementia
 - support to carers
 - generic advocacy services

2. Apply a 4% efficiency requirement across all remaining voluntary services to their annual funding as from 1 April 2011. In order to manage this process as fairly as possible, all the voluntary organisations are being given a choice of:
 - Accepting a 4% reduction immediately from April 2011
 - Delaying the reduction to 1 October 2011 to give organisations time to adjust to the changes (but still reducing the annual amount by 4%)
3. Review and dialogue with the services will take place between April and June with a view to any changes required coming in to effect from the 1 October 2011.
4. The PCT will provide a named commissioning manager as a contact for each agreed specification and contract from October 2011 to ensure that ongoing performance reviews take place and service specifications are delivered.
5. All contracts agreed must be within the resource available for 2011/12 and where possible, contracts will be held jointly with North Yorkshire County Council and City of York Council.

Sue Metcalfe, deputy chief executive of NHS North Yorkshire and York, said: “We recognise the excellent contribution that voluntary organisations can make to health care and patient support. The review we are undertaking aims to make sure all the voluntary organisations work more collaboratively, focus on their core business, avoid duplication and to ensure the contracts provide value for money for taxpayers.

“We are therefore having joint discussions with the local voluntary sector and our two local authorities to agree on service requirements and how the numerous contracts could be reshaped and refocused.”

Using the information gathered from the service reviews, decisions will be made regarding the funding of those identified voluntary organisations from 1 October 2011. An equality impact assessment will be completed and will be included in a further report with recommendations to the PCT’s Board in June 2011.

More detail is available in the Board paper entitled "Commissioning of Voluntary Sector Services" which was approved by the PCT's Board on 22 March 2011.

Ends

**For further information contact the NHS North Yorkshire and York
Communications Team on 01423 859616**

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Supporting Paper 4

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SENT VIA EMAIL

9th April 2011

Dear Colleague

RE: Review of voluntary sector organisations funded by NHS North Yorkshire and York

In our previous communication sent at the end of March, we informed you of the need to ensure services are equitable and support the PCTs priorities. We stated that

- NHS North Yorkshire and York require the voluntary sector organisations to deliver a 4% efficiency saving and therefore there will be a reduction to annual funding of 4% as from 1 April 2011.
- In order to manage this process as fairly as possible, all voluntary organisations are being given the choice of:
 - Accepting a 4% reduction immediately from April 2011or
 - Accepting an 8% reduction from 1 October 2011 to give organisations time to adjust to the changes required.

In addition to this efficiency requirement there will be also be a review of all voluntary sector services including infrastructure organisations to ensure that in future all commissioned services are in line with PCT priorities. The reviews will take place between April and early June 2011/12 with a view to any changes required coming in to affect by 1 October 2011.



If services do not meet the criteria for ongoing funding they will cease to be funded by NHS NYY or the level of funding and services provided will be changed.

To ensure we have the right information in order to make these decisions my colleague [Laila Fish, Commissioning Manager / Catherine Lightfoot – delete as appropriate](#), will contact you shortly to arrange a visit to review the service. The attached form shows the areas we would like to discuss with you.

Thank you for your assistance with this.

Many thanks

Yours sincerely

Judith Knapton
Head of Commissioning (Adult and Community Services)

Enc. Review Form

Item Number: 8

**NHS NORTH YORKSHIRE AND YORK
BOARD MEETING**



North Yorkshire and York

Meeting Date: 28 June 2011

Report's Sponsoring Director:

Sue Metcalfe
Deputy Chief Executive and Director of
Localities

Report Author:

Judith Knapton
Head of Commissioning (Adult and Community
Services)

1. Title of Paper: Commissioning of Voluntary Services

2. Strategic Objectives supported by this paper:

- To commission high quality safe effective patient care, seeking to improve the quality of care wherever possible and including delivery of all key standards.
- To ensure the PCT delivers a clinically and financially sustainable healthcare system through the delivery of the QIPP to meet the needs of the people of North Yorkshire and York.
- To reduce inequalities in health and improve the health outcomes and wellbeing of the people of North Yorkshire and York.

3. Executive Summary

In order to ensure sustainability for the voluntary sector and value for money, the Board agreed a review of the voluntary sector and application of national efficiency target of 4%.

The Board paper outlines the results of the review and proposals from October 2011 to March 2013.

4. Risks relating to proposals in this paper

Possibility of adverse publicity where changes to the funding agreements are necessary.

5. Summary of any finance / resource implications

4% efficiency saving in line with national requirements.

Resource intensive (staff hours) for the time between June and October 2011.

6. Any statutory / regulatory / legal / NHS Constitution implications

The PCT will uphold any legally binding contract agreements with the voluntary sector.

7. Equality Impact Assessment

Equality Impact Assessment has been completed and mitigating actions will be taken to lessen any adverse effects of actions taken to achieve the efficiency saving.

8. Any related work with stakeholders or communications plan

Letters will be sent out to the voluntary sector organisations outlining the funding situation for each service.

Discussions will continue to ensure funding agreements and contracts are developed with clear service specifications for those funded from October 2011.

Communication will be sent to Local Authorities and stakeholder groups such as Older Peoples Partnership Boards.

9. Recommendations / Action Required

The Board is asked to support the process for achieving the efficiency savings required for 2011/12 and the refocus of funding to priority service areas.

10. Assurance

An update outlining the progress of negotiations for the development and implementation of service specifications for the voluntary sector can be brought back to the Board if required.

For further information please contact:
Judith Knapton
Head of Commissioning (Adult and Community Services)
01423 859622

NHS NORTH YORKSHIRE AND YORK

Board Meeting: 28 June 2011

Commissioning of Voluntary Sector Services

1. Introduction

1.1 NHS North Yorkshire and York (NHS NYY) agreed at the March Board meeting to a review of voluntary sector services that are funded by NHS NYY with the aim to:

- Focus the funding of voluntary sector services to support the PCT Quality, Innovation, Productivity and Prevention (QIPP) plan.
- Fund services with service specifications that include clear outcomes
- To provide more equitable services across North Yorkshire and York
- To make the commissioning and monitoring of services more efficient and effective
- Ensure services provide value for money
- Work within budgetary requirements including an efficiency requirement of 4%.

1.2 NHS NYY staff have met with many services to gather information on the quality, equity and effectiveness of the service provision.

2. Partnership Working

2.1 Many of the services are jointly funded with North Yorkshire County Council. NHS NYY is working closely with the Council to ensure a joint approach to decision making due to the interdependence the organisations have on the statutory support provided by both organisations.

2.2 Communication has also taken place directly with the organisations concerned and with the sector generally via the third sector Forums.

3. Essential Services

3.1 In agreement with partners in North Yorkshire County Council and City of York Council, NHS NYY have identified specific services that are essential in supporting the growing elderly population and changing demographics for North Yorkshire and York. These include:

- REACT (North Yorkshire) and Age UK York
- Advocacy Services (all generic services)
- Alzheimer's Society (all branches across North Yorkshire and York)
- Carers Resource Services/Centres for Adults Carers services
- Carers Resource Services/Centres for Services for Children who are carers

Service specifications have been developed and agreed with these specific services. Service specifications are still to be written for other services such as Carers Respite, however these services will maintain current levels of funding but will need to demonstrate how they can make efficiencies in order to support the increasing demands on services.

4. Principles of Decision Making

4.1 The following principles formed the basis of funding decisions for continuation, reduction or cessation:

- Does the service support the Integrated Community Services Quality Innovation Prevention Productivity (QIPP) plan?
- Does the service support those at risk of hospitalisation or loss of independence?
- Is there equitable provision across NHS NYY as far as possible?
- Is there equity of access irrespective of belief, ethnicity, sexual orientation or cultural background?
- Is the service cost effective in maximising volume and quality within the available resources?
- Does the service deliver the desired outcomes?
- Are there other PCT funding streams available for the same service?
- Is there duplication of provision?
- Will it give added value? Can the organisation demonstrate that partnership approaches are being taken?
- Does the service demonstrate reciprocity and mutual support and empowerment?
- Impact to front line services to be minimised.
- Does it support NHS NYY core business?

Infrastructure Organisations are only funded to provide infrastructure support and Volunteer Centres and not direct service provision to eliminate conflict of interest, unless there are exceptional circumstances.

5. Proposals for 2011/12

5.1 The outcome of the review has shown that after careful consideration of the data and information gathered, and assessment against the principles of decision making, the following recommendations are proposed.

5.2 Essential services as detailed in paragraph 3.1 are funded to a level that ensures effective delivery of the service specifications across North Yorkshire and York as far as possible. Other services that will maintain same levels of funding are:

- Craven Cancer Support Group
- Harrogate Cancer Support Group
- Other Mental Health services
- Drug and Alcohol Services

5.3 The following services are to continue with a 4% efficiency saving (as notified in March 2011) but further assessment and consideration of equitable provision is required to ensure there is no duplication of services and provision is focussed on the areas of greatest health need. These services are:

- Homestart York
- NSPCC
- Selby District Vision
- Resource Centre for Deafened People
- York Blind and partially sighted
- The Stroke Association
- Pioneer Projects
- Sherburn Visiting Scheme
- St Johns Centre
- North Yorkshire Aids Action
- Cambridge Centre
- Most Counselling services (as part of a wider review of counselling services)

5.4 The outcome of the review has shown that the following services do not support the principles outlined above. It is recommended that those services cease to be funded from October 2011 in order to meet the efficiency saving as required and to refocus the remaining funding to support the priority areas.

The services to be notified immediately are:

- Ripon CVS – Boroughbridge Project and Kirby Malzeard Project
- Seachange – Self Help Groups
- Thirsk Community Care Association – Holiday childcare for disabled children aged 0 – 18 years
- Harrogate CVS – Talking Space Service
- Craven CAB
- Harrogate CAB
- Whitby Disablement Action Group
- Scarborough Disablement Action Group
- British Red Cross
- Yorkshire Housing Foundation – Home repairs and adaptations
- Broadacres – Home repairs and adaptations

- 5.5 Transport services also have to achieve the 4% efficiency saving as notified by letter in March 2011, while a review of all patient transport services is undertaken.
- 5.6 MESMAC to receive a reduced level of funding whilst work is undertaken to ensure a service specification is developed to focus the services on the areas of greatest need and maximise value for money.
- 5.7 Negotiations continue with the Infrastructure organisations across North Yorkshire in partnership with NYCC to establish one North Yorkshire wide Infrastructure Support Service and one Volunteer Service. It is hoped that agreement can be reached, however if not then a procurement exercise will commence to be in place from April 2012.

6. Equality Impact Assessment and Risks

An equality impact assessment has been completed and an action plan developed to mitigate the effects these changes may have as far as is possible.

Any impact on statutory services will be carefully monitored.

7. Communication

- 7.1 Letters will be sent to all those voluntary sector organisations listed above to explain the decisions made affecting their organisation.
- 7.2 Briefings will be sent to partners and key stakeholders.
- 7.3 Discussions need to take place with GP Commissioning Consortium to improve understanding of the services commissioned from the voluntary sector and the added value the sector have in the care and support of vulnerable people in the community.

8. Recommendation

The Board is asked to support the process for achieving the efficiency savings required for 2011/12 and the refocus of funding to priority service areas.

Supporting Paper 6Sue.metcalfe@nyypct.nhs.uk

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28 June 2011

Dear Colleagues

RE: UPDATE ON VOLUNTARY SECTOR REVIEW

I am writing to update you on our review of voluntary sector organisations which has been taking place since April 2011.

The Board of NHS North Yorkshire and York agreed at its meeting on Tuesday 28 June to support the conclusions of a review of the voluntary sector organisations it funds. The review started in April 2011 and aimed to:

- Focus the funding of voluntary sector services to support the PCT's Quality, Innovation, Productivity and Prevention (QIPP) plan
- Fund services with specifications that include clear outcomes
- Provide more equitable services across North Yorkshire and York
- To make the commissioning and monitoring of services more efficient and effective
- Ensure services provide value for money
- Work within budgetary requirements including an efficiency requirement of 4%

The PCT made a commitment to protect and maintain current levels of funding to organisations that provide equitable services to the most vulnerable and elderly in its population. Therefore, no reduction in funding has been applied to services providing:

- support to vulnerable, frail and elderly patients
- support to those with dementia – to prevent crisis and maintain independence
- support to carers, including short breaks for carers
- generic advocacy services – empowering people who otherwise would be unable to make their voice heard



For services due to receive a reduction in funding or have their funding ceased, the review followed a clear set of 'principles of decision making'. These included examining whether the service supported those at risk of hospitalisation or loss of independence, whether the service was delivering the desired outcomes and whether there was duplication across other organisations.

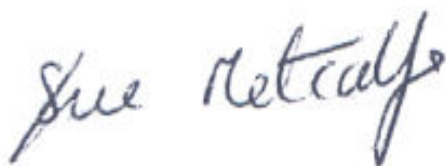
Whilst we recognise the excellent contribution that voluntary organisations can make to health care and patient support, all primary care trusts are being asked to find efficiencies and make sure their commissioning demonstrates value for money.

One of the outcomes of this review is that a significant proportion of the money saved this year will be reinvested into voluntary sector organisations that deliver on the PCT's areas of priority. The full implications of the changes in funding to voluntary sector organisations in North Yorkshire and York will be published once organisations have had the chance to appeal the decisions via an appeals process. This is expected to conclude by the end of July 2011.

Further information

Please see attached with this letter the full board report entitled "Commissioning of Voluntary Services" which gives more background to this process.

Yours faithfully



Sue Metcalfe
Deputy Chief Executive
NHS North Yorkshire and York

ENC: Board paper

Recipients

NHS North Yorkshire and York

Full Board (including NEDs)
Locality Directors

Strategic Health Authority

NHS Yorkshire and the Humber Bill McCarthy

NHS Providers

Airedale NHS Trust
Bradford and District Care Trust
Harrogate and District NHS Foundation Trust
Scarborough & North East Yorkshire Healthcare NHS Trust
South Tees Hospitals NHS Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
York Hospitals NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust

Bridget Fletcher, CE
Simon Large, CE
Richard Ord, CE
Mike Proctor, Interim CE
Simon Pleydell, CE
Martin Barkley, CE
Patrick Crowley, CE
David Whiting

GPCC Chairs

Craven
Hambleton, Richmondshire & Whitby Consortium
Harrogate and Rural District Consortium
Ryedale
Vale of York Commissioning Consortia
Scarborough

Dr Colin Renwick
Mr Grahame Dickinson
Dr Alistair Ingram
Dr Gregory Black
Dr Mark Hayes
Dr Phil Garnett

Local Representative Committee Chairs

North Yorkshire branch of YOR Local Medical Committee (YORLMC Ltd)
North Yorkshire Local Dental Committee
North Yorkshire Local Optical Committee
North Yorkshire Local Pharmaceutical Committee

Dr John Crompton (Chair)
John Butterfield, Chair
Darryl Taylor, Chair
David Gill, Chair

Council chief executives

Craven District Council
Hambleton District Council
Harrogate Borough Council
Ryedale Borough Council
Richmondshire District Council
Scarborough Borough Council
Selby District Council
North Yorkshire County Council
City of York Council

Paul Shevlin, CE
Peter Simpson, CE
Wallace Sampson CE
Jane Waggott, CE
Peter Simpson, CE
Jim Dillon, CE
Martin Connor, CE
Richard Flinton, CE
Kersten England, CE

Chairs of Local Strategic Partnerships

North Yorkshire Strategic Partnership (NYSP)
Without Walls (CYC LSP)
Scarborough LSP
Ryedale LSP
Harrogate LSP
Hambleton LSP
Richmondshire LSP
Selby LSP
Craven LSP

Cllr John Weighell, Chair
Sir Ron Cooke
Cllr Tom Fox, Chair
Cllr Clare Wood, Chair
Cllr Mike Gardner, Chair
Rosemary Taylor, Chair
Cllr M Steckles, Chairperson
Martin Connor, Chair
Cllr Chris Knowles-Fitton

Non-NHS Providers

Cygnets Healthcare
ADP
Age Concern York

Alison Ramsey, Hospital Manager
Duncan Jones, Commercial Manager
Sally Hutchinson, Chief Officer

Ramsay Health
Age Concern, North Yorkshire
Alzheimer's Society, North Yorkshire
York and District MIND
Wilf Ward Trust

Jill Watts, CE
Alex Bird, Director
Gil Chimon, Director
Mike Beckett, Director
Richard Pick, Chief Officer

Voluntary sector representative groups and patient groups

York Council for Voluntary Services
North Yorkshire Forum for Voluntary Organisations
York Local Involvement Network (LINKs)
North Yorkshire Local Involvement Network (LINKs)
North Yorkshire Local Involvement Network (LINKs)

Angela Harrison, CE
Kate Tayler, CE
Annie Thompson,
Sarah Harrison,
Jen Sutton

Scrutiny committees – Chairs and officers

Health Scrutiny Committee - North Yorkshire County Council
Health Scrutiny Committee - North Yorkshire County Council
Officer – Health
Health Scrutiny Committee - City of York Council
Health Scrutiny Committee - City of York Council
Health Scrutiny Committee - City of York Council

Cllr Jim Clark, Chair
Bryon Hunter, Principal Scrutiny

Cllr Christina Funnell Chair
Cllr Sian Wiseman - Vice Chair
Tracy Wallis, Scrutiny Officer

Council leaders

City of York Council
North Yorkshire County Council
Craven District Council
Scarborough Borough Council
Ryedale District Council
Selby District Council
Hambleton District Council
Richmondshire District Council
Harrogate Borough Council

Cllr James Alexander
Cllr John Weighell, Council Leader
Cllr Chris Knowles-Fitton
Cllr Tom Fox, Council Leader
Cllr Keith Knaggs, Council Leader
Cllr Mark Crane, Council Leader
Cllr Neville Huxtable, Council Leader
Cllr Fleur Butler, Council Leader
Cllr Michael Gardner, Council Leader

Members of Parliament - North Yorkshire and York

Hugh Bayley
Andrew Jones
Julian SturdRobert Goodwill
Nigel Adams
Anne McIntosh
Julian Smith
William Hague

MEDIA RELEASE

28 June 2011

Board agrees on voluntary organisations review of funding

The Board of NHS North Yorkshire and York has today (Tuesday 28 June 2011) agreed to support the conclusions of a review of the voluntary sector organisations it funds.

NHS North Yorkshire and York (the PCT) spends over £5 million annually on services from the voluntary sector - much of this is to fund input to patients' care packages. Approximately £768,000 is spent on mental health services (including drug and alcohol services) and £1.6 million is spent on other voluntary sector services.

The review of voluntary sector organisations started in April 2011 and aimed to:

- Focus the funding of voluntary sector services to support the PCT's Quality, Innovation, Productivity and Prevention (QIPP) plan
- Fund services with specifications that include clear outcomes
- Provide more equitable services across North Yorkshire and York
- Make the commissioning and monitoring of services more efficient and effective
- Ensure services provide value for money
- Work within budgetary requirements including an efficiency requirement of 4%

The PCT made a commitment to protect and maintain current levels of funding to organisations that provide equitable services to the most vulnerable and elderly in its population. Therefore, no reduction in funding has been applied to services providing:

- support to vulnerable, frail and elderly patients
- support to those with dementia – to prevent crisis and maintain independence
- support to carers, including short breaks for carers

- generic advocacy services – empowering people who otherwise would be unable to make their voice heard

For services due to receive a reduction in funding or have their funding ceased, the review followed a clear set of 'principles of decision making'. These included examining whether the service supported those at risk of hospitalisation or loss of independence, whether the service was delivering the desired outcomes and whether there was duplication across other organisations. (See notes to editors below for full list).

A significant proportion of the money saved this year as part of the review will be reinvested into voluntary sector organisations that deliver on the PCT's areas of priority. The full implications of the changes in funding to voluntary sector organisations in North Yorkshire and York will be published once organisations have had the chance to appeal the decisions via an appeals process. This is expected to conclude by the end of July 2011.

Sue Metcalfe, deputy chief executive of NHS North Yorkshire and York, said: "We recognise the excellent contribution that voluntary organisations can make to health care and patient support. However, all primary care trusts are being asked to find efficiencies and make sure their commissioning demonstrates value for money.

"We have undertaken this review alongside our local authority partners who also contract with many of the same organisations. It followed a clear set of principles which helped us make some hard decisions.

"Whilst we have reduced or ceased funding for some of the organisations, we will be using some of the money saved to reinvest back into voluntary sector organisations that are focused on areas of priority.

"Ultimately we want to enable organisations to work more collaboratively, deliver on our priority areas, avoid duplication and ensure their contracts provide value for money for taxpayers."

To read the full board report “Commissioning of Voluntary Services” visit www.northyorkshireandyork.nhs.uk

NOTES TO EDITORS

Principles of Decision Making

The following principles formed the basis of funding decisions for the continuation, reduction or cessation of funding as part of the Voluntary Sector Review. These are:

- Does the service support the Quality, Innovation, Prevention & Productivity (QIPP) plan?
- Does the service support those at risk of hospitalisation or loss of independence?
- Is there equitable provision across North Yorkshire and York as far as possible?
- Is there equity of access irrespective of belief, ethnicity, sexual orientation or cultural background?
- Is the service cost effective in maximising volume and quality within the available resources?
- Does the service deliver the desired outcomes?
- Are there other PCT funding streams available for the same service?
- Is there duplication of provision?
- Will it give added value? Can the organisation demonstrate that partnership approaches are being taken?
- Does the service demonstrate mutual support and empowerment?
- Impact to front line services to be minimised.
- Does it support NHS North Yorkshire and York’s core business?
- Infrastructure Organisations are only funded to provide infrastructure support and Volunteer Centres, not direct service provision. This is to eliminate conflict of interest unless there are exceptional circumstances.

ENDS

For further information contact the NHS North Yorkshire and York Communications Team on 01423 859616

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Judith.knapton@nyypct.nhs.uk

Direct Tel: 01423 859622

Attn: Ms D Roworth
York Blind and Partially Sighted Society
Holgate Villa
22 Holgate Road
York
YO24 4AB

The Hamlet
Hornbeam Park
Harrogate
North Yorkshire
HG2 8RE

Tel: 01423 815150

Fax: 01423 859600

Website: www.northyorkshireandyork.nhs.uk

30th June 2011

Dear Diane

Re Review of Voluntary Sector Services

As you will be aware the PCT Cluster has been undertaking a review of voluntary sector services which includes the £15,646.25 funding for the Resource Centre, and £20,808.11 for advice service in York Hospital, provided by York Blind and Partially Sighted Society.

The Board of NHS NYY has agreed to continue to fund the service at this level for the remainder of 2011/12 but feel more discussion is needed regarding the equity of services across the area.

To this end I will be in contact with you to discuss the expected outcomes for this year and how we can provide more equitable access to services across North Yorkshire and York.

If you have any queries regarding this please to not hesitate in contacting me.

Yours sincerely



Judith Knapton
Head of Commissioning (Adult and Community Services)



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Health Overview & Scrutiny Committee**20th February 2012**

Report of the Assistant Director Governance & ICT

Yorkshire Ambulance Service Priority Indicators for Quality Accounts**Summary**

1. Members have been asked to rate the indicators that they believe should appear in Yorkshire Ambulance Service's Quality Accounts for 2012/13.
2. Due to time constraints Members were asked for their views by e-mail and these are now being brought to the Committee for formal ratification. The response is attached at **Annex A** to this report.

Background

3. The Government White Paper Equity & Excellence – Liberating the NHS strengthened the commitment to Quality Accounts in order to reinforce local accountability for performance and improvement.
4. Last year Yorkshire Ambulance Service (YAS) selected a number of different indicators to report in their Quality Accounts based on the judgement of what would be most valuable to patients, partners and stakeholders. Again, the Ambulance Service is asking partners in advance which areas they think are the most important.
5. As a framework for discussion YAS have produced a list of potential indicators for consideration (Annex A refers). They would also welcome any other feedback the Committee can provide as well as views on the 'Priorities for Improvement'.

Consultation

6. Yorkshire Ambulance Service is consulting partners on what they think is important prior to producing this year's Quality Accounts.

Options

7. Members are asked to ratify the response at Annex A.

Analysis

8. Members of the Committee have been asked for their input to the documentation at Annex A. The Committee are asked to approve this or make any amendments they feel are appropriate.
9. Any amendments or additions to Annex A can be forwarded to Yorkshire Ambulance Service; however Members should note that the official deadline for responses has now passed.

Corporate Plan 2011-2015

10. Whilst this consultation does not have a direct link to the Council Plan the Health Overview and Scrutiny Committee have a statutory responsibility to review and scrutinise the impact of the services and policies of key health partners in the city; this includes responding to consultation documents, where appropriate.

Implications

11. There are no known implications associated with the recommendations within this report.

Risk Management

12. There is a risk that if Members choose not to respond to any consultation their views will not be heard.

Recommendations

13. Members are recommended to agree to the ratings and comments set out in Annex A to this report.

Reason: To make Yorkshire Ambulance Service aware of the Committee's views.

Contact Details

Author:

Tracy Wallis
Scrutiny Officer
Scrutiny Services
Tel: 01904 551714

Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Governance & ICT
Tel: 01904 551004

**Report
Approved**



Date 07.02.2012

Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A Potential Indicators for Quality Accounts

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Annex A
Yorkshire Ambulance Service
 NHS Trust



The Yorkshire Ambulance Service is measured on the following Ambulance Service Clinical Quality indicators:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Service Experience 2. Outcome from acute ST-elevation myocardial infarction (STEMI) 3. Outcome from cardiac arrest: return of spontaneous circulation 4. Outcome following stroke for ambulance patients 5. Proportion of calls closed with telephone advice or managed without transport to A&E indicator | <ol style="list-style-type: none"> 6. Re-contact rate following discharge of care 7. Call abandonment rate 8. Time to answer calls 9. Time to treatment by an ambulance-dispatched health professional 10. RED (Category A), 8 minute response time |
|---|--|

The following are potential indicators being considered to include in our Quality Accounts for 2012/13. Please would you rate each of these indicators using a scale of 1 to 5 depending on your particular preference as to whether or not, you would like to see these indicators in the next issue of the Quality Accounts:

1 = Definitely do not include this	2 = Do not include this	3 = Maybe include this, no particular preference	4 = Yes include this	5 = Very much like this including
---	------------------------------------	---	---------------------------------	--

We have added a box at the end of this table for you to add anything else that you feel should be reported on, that you feel would give a clear representation of the service quality level being provided by YAS.

Potential Quality Indicators 2012-13:

Potential Indicator	Rating (1 to 5)	Comments?
A&E Operations:		
1. How fast 999 calls are answered.	5	How many result with an Ambulance being sent out! This is one of three areas YAS covers i.e. emergency

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
2. Response times to patients needing ambulance assistance.	5	Do you mean 999? Or is transport to hospital part of it? How many patients fail to be collected and told to make own way to hospital?
3. The proportion of patients who were attended by ambulance staff but who were referred to specialist care pathways (for example for diabetes or falls) instead of being transported to hospital.	5	This is part of 999 calls report. Who assesses what and by whom? Control should have assessed need i.e. Ambulance, paramedic, drop in centre, doctor
4. Number of calls identified as non-life-threatening which are passed to a YAS clinical adviser or to NHS Direct for clinical triage.	5	Again 999 call report We need to know that non-A & E entry are seen or taken to a point for treatment and how long from first contact
Patient Safety:		
1. Total number of adverse incidents occurring in the Trust reported by type.	4	We need to know what, why and how an incident occurred
2. Total number of serious untoward incidents occurring in the Trust (<i>these include road traffic collisions, incidents, near misses, violence against staff, equipment/premises failures or defects and patient safety events</i>).	4	Should be split. Violence against staff, police called violence at call out site? Drivers should sign for condition, inspection, road traffic issue, faults to vehicle each day
3. Number of adverse incidents relating to the standard of clinical care (<i>in particular these will be events that are linked to patient safety</i>).	5	Recovery from illness requires rest. Being left in the cold or heat for hours getting uptight is not good clinical care and has safety issues
4. Number of adverse incidents relating to drug errors.	3	If the hospital is following its code of practice this should not happen. Other professional bodies should look into this
5. The results of our NHS staff survey relating to	4	The need to have staff identifying ways to improve is

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
reporting of errors, near misses and incidents.		good but again a process should be in place for reporting incidents/near misses
6. The numbers of referrals our staff made to specialist services responsible for protecting vulnerable adults and children.	4	This should be number of referrals to specialist services. I hope staff will always refer people with needs not just vulnerable adults and children
7. Completion of Independent Management Reports (IMRs) required as part of Serious Case Reviews on time, to the necessary standard and all relevant recommendations implemented.	4	
8. Achievement against the Trust target for cleaning of operational vehicles.	5	Drivers should ensure their vehicles are clean at all times (both PTS vehicles and A & E vehicles) – if there is a major emergency then vehicles should be ready to go. Many PTS vehicles are cold, dirty and uncomfortable.
9. The results of checks we make on how well staff are following our policies and procedures on infection prevention and control.	5	If the vehicles are not clean then checks are not being made. What is the standard between 999 units and patient transfer units?
10. The percentage of patient report forms which are fully completed.	5	Part of management
11. Number of investigations following a Serious Untoward Incident that identify inadequate clinical assessment as a root cause.	5	Part of A & E admissions/training
Clinical Effectiveness:		
1. The results of national audits into the management of patients with: <ul style="list-style-type: none"> a. Asthma b. Cardiac Arrest 	4	A & E admissions and policy

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
c. Hypoglycaemia d. Heart Attack e. Stroke.		
2. The numbers of patients suffering certain types of heart attacks (STEMI) being transported to specialist centres to receive the 'gold standard' treatment (primary angioplasty).	5	Quality of vehicles used for this Adults or children?
3. The numbers of patients suffering strokes being classified as Category A (highest priority) and transported to specialist stroke pathways for rapid assessment and treatment.	5	A & E admission NHS Hospital Policy
4. The introduction of a major trauma system to improve morbidity and mortality rates for patients suffering major trauma.	5	NHS policy
5. Undertake robust clinical audit of Infection Prevention and Control practices and processes	5	Hospital or vehicles
6. Work collaboratively with other stakeholders to understand the impact/effectiveness/ outcomes of referrals to social care for vulnerable adults and children	4	ALL vulnerable people young OR old Equality for ALL
Patient Experience:		
1. The number of complaints, concerns and compliments we receive from members of the public about our services.	5	Forms are not available Please note that the internet is not available to all, easy access to paper copies is needed
2. The results of public satisfaction surveys comparing our service to others in the Yorkshire region.	4	

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
3. The numbers of patients requiring palliative care that we refer to a district nursing service following assessment by our crews.	5	Back to 999/A & E question
4. Systems and processes are in place to promote high standards of care and minimise the risk of failings similar to those highlighted in the CQC report Dignity and Nutrition Inspection.	5	Drivers do not respect patients in some cases. This is a hospital issue
5. Develop a public education agenda regarding the emergency ambulance services and the available alternatives.	5	It is time to get the best out of the service but unless YAS control is made to work it will still run badly
6. Undertake a systematic review of our service provision for bariatric (obese) patients, in particular how we ensure their dignity is maintained	4	The dignity of all patients is important. Transport has no blankets, cushions, heating
7. Work collaboratively with other stakeholders to contribute to the provision of alternative care pathways for patients at end of life	5	Between hospital and home or vice versa We should have well trained units that carry out this work
8. Actively engage with stakeholder groups to identify the needs of patients with learning disabilities	4	
PTS Operations:		
1. How fast calls to the patient booking line (for North and East Yorkshire patients) are answered.	5	The vehicles are falling to bits, seats have no padding. Patients are not treated with dignity or respect when trying to get information. Patients are told to be ready 2 hours before appointment time but are left with no time for being picked up at hospital etc.
2. Proportion of patients arriving between 0 and 60 minutes early for their appointment.	5	
3. Proportion of patients collected for transport home within 60 minutes of YAS being notified that they are		

Annex A

Potential Indicator	Rating (1 to 5)	Comments?
ready to return home.		Patients should be given a card with details of travel arrangements on for the day.
4. Proportion of patients experiencing journey times less than 60 minutes.		
5. Proportion of patients experiencing journey times of over 60 minutes	5	This should be added as an additional indicator
6. Proportion of patients collected for transport home & have waited over 60 minutes after YAS been notified of their need to return home	5	This should be added as an additional indicator

If there are any other indicators, not mentioned in the above list, that you would like to see please tell us below:

Please see 5 and 6 above

Is there anything else in particular that you feel we should be focussing on as an organisation in order to improve our service during 2012/13? Please provide as much detail as you can below:

Cllr Richardson, a Member of the Health OSC has made the following observations:

'I regard YAS as being made up of the following sub-headings:

- 1. 999/A & E*
- 2. Patients Transport (home to hospital and hospital to home)*
- 3. Hospital transfers*

They are all under the administration of the Yorkshire Ambulance Service whose Quality Indicators need to be able to reflect this. A priority for a 999 call differs from transporting a patient from say Castle Hill, Hull to Leeds LGI. But comfort is something you wish to

Annex A

have when travelling around in an ambulance collecting patients for over an hour. Some of the indicators cross over each other, with others being under the control of the hospital trust and/or PCT etc. Duplication of reports is not good and indicators need to be clear for each area.'

Your name: _____ **Date:** _____
(optional) (title) (first name) (last name)

Your organisation: _____ **If YAS staff, is your role clinical?** Yes / No
(if applicable)

Thank you for taking the time to send us your feedback. **Please return the completed form by Tuesday 31st January 2012.**

To return this form as an electronic attachment please email: corp-comms@yas.nhs.uk and enter a subject of "Quality Accounts".

To return a hard copy by post, please send to the address below:

Yorkshire Ambulance Service
FAO Patient Experience/Quality Accounts
Trust Headquarters
Springhill 2
Brindley Way
Wakefield 41 Industrial Park
Wakefield
WF2 0XQ

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Health Overview & Scrutiny Committee Work Plan 2011/2012

Meeting Date	Work Programme
20 th February 2012	<ol style="list-style-type: none">1. Health Watch Procurement Monitoring Report2. Voluntary Sector Funding3. Yorkshire Ambulance Service - Potential Quality indicators 2012/20134. Work Plan
14 th March 2012	<ol style="list-style-type: none">1. Update on the Implementation of the Recommendations Arising from the Childhood Obesity Scrutiny Review2. Quarterly Financial & Performance Monitoring Reports3. Health Watch Procurement Monitoring Report4. Interim Report – End of Life Care Review5. Briefing/presentation on NHS 111 Service6. Work Plan

Items to add to the 2012/2013 Work Plan

Date TBC:

Update report on the recently established urgent care centre at York Hospital

June 2012

Update on Quality Indicators (Carer's Review)

Update from Yorkshire Ambulance Service on Complaints Received

Safeguarding Assurance report

July 2012

Update Report – Establishing York's Health & Wellbeing Board

September 2012

Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review

Progress Report on the Major Trauma Network

Update on changes to the Urgent Care Unit at York Hospital

December 2012

Update on the Carer's Strategy