

Notice of a public meeting of

Health Overview & Scrutiny Committee

- To:** Councillors Funnell (Chair), Doughty (Vice-Chair), Riches, Hodgson, Fraser, Richardson and Cuthbertson
- Date:** Tuesday, 11 December 2012
- Time:** 5.00 pm
- Venue:** The Guildhall, York

AGENDA

- 1. Declarations of Interest** (Pages 3 - 4)
At this point in the meeting, Members are asked to declare:

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

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

- 2. Minutes** (Pages 5 - 16)
To approve and sign the minutes of the meeting held on 24 October 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 **Monday 10 December 2012 at 5:00 pm.**

**4. Report from NHS North Yorkshire & York- (Pages 17 - 38)
Merger of GP Surgeries**

This paper provides a briefing on the engagement process undertaken by the practices (Priory Medical Group Surgery and Abbey Medical Group Surgery) to merge their GP surgeries.

**5. Update on Yorkshire Ambulance Service (Pages 39 - 44)
Patient Transport Services**

The report provides an update on the number of complaints received by Yorkshire Ambulance Service NHS Trust (YAS) during the period 1 April 2011 to 31 March 2012 compared to the number received from 1 April 2012 to date.

**6. Scoping Report- Review into Community (Pages 45 - 54)
Mental Health Services in Care of Young
People**

This report presents the Health Overview and Scrutiny Committee with work undertaken to date by the Task Group appointed to this review. It specifically presents the remit for the review, which the Committee are asked to agree.

7. Work Plan (Pages 55 - 58)

Members are asked to consider the Committee's updated work plan for the municipal year 2012/13.

8. Urgent Business

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

Democracy Officer:

Name- Judith Betts

Telephone – 01904 551078

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

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- 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 I: Declarations of interest.**

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

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

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City of York Council

Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	24 OCTOBER 2012
PRESENT	COUNCILLORS FUNNELL (CHAIR), DOUGHTY (VICE-CHAIR), RICHES, HODGSON, FRASER, RICHARDSON (EXCEPT MINUTE ITEMS 33-35) AND CUTHBERTSON (EXCEPT MINUTE ITEMS 37-39)
IN ATTENDANCE	COUNCILLORS ALEXANDER AND WISEMAN RACHEL BARKER (SUPPORTING CHOICES) PATRICK CROWLEY (CHIEF EXECUTIVE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) CHRIS LONG (CHIEF EXECUTIVE, NHS NORTH YORKSHIRE AND YORK) MANDY MCGALE (DIRECTOR OF OPERATIONS, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST) ALAN MAYNARD (CHAIR, VALE OF YORK CLINICAL COMMISSIONING GROUP) ADRIAN SNARR (CHIEF FINANCIAL OFFICER, VALE OF YORK CLINICAL COMMISSIONING GROUP) GWEN VARDIGANS (SECRETARY, YORK ROYAL COLLEGE OF NURSING) CAROL PACK (YORK LOCAL INVOLVEMENT NETWORKS (LINKS))

ANGELA PORTZ (CHIEF EXECUTIVE,
YORK COUNCIL FOR VOLUNTARY
SERVICE)

JOHN YATES (YORK OLDER PEOPLE'S
ASSEMBLY)

GEORGE WOOD (YORK OLDER PEOPLE'S
ASSEMBLY)

33. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal, prejudicial or disclosable pecuniary interests, other than those listed on the standing declarations attached to the agenda, that they might have had.

Councillor Cuthbertson declared a personal interest in the business on the agenda as a current patient at York Hospital.

Councillor Fraser declared a personal interest in the business on the agenda as a retired member of UNISON and Unite (TGWU/ACTS sections).

Councillor Hodgson declared a personal interest in the remit of the Committee as a former employee of York Hospital and as a member of UNISON.

Councillor Riches declared a personal interest in the business on the agenda as the Council appointee to the governing body of York Hospital.

No other interests were declared.

34. MINUTES

RESOLVED: That the minutes of the Health Overview and Scrutiny Committee held on 12 September 2012 be approved and signed by the Chair as a correct record.

35. PUBLIC PARTICIPATION

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

John Yates from York Older People's Assembly raised comments on agenda item 6 (Transition Update Report). He spoke about the free NHS Health Check that was offered to people and hoped that this would continue.

He highlighted that these checks were important as they would highlight potential problems early and that this was particularly important for men, who he felt were less likely to visit the doctor. He added that he felt that the tests should be obligatory for those that were or had reached retirement age.

He did accept that some services would probably be cut during the transition of responsibilities for public health from the Primary Care Trust to the Local Authority, but asked Members to recognise the priority of the tests and reject moves to remove them. He added that the tests' preventative measures would also achieve cost savings in the future.

The Director of Public Health circulated a document to Members which informed them of the Free NHS Health Check that had been spoken about. This was attached to the republished agenda after the meeting.

The Director of Public Health spoke to Members about the tests and informed them that;

- The tests would be carried out for every five years for those within the age group of 44-70.
- That the programme of testing was currently under development and that the Council would have the responsibility for ensuring that the checks were carried out.
- That it was one of a number of mandatory tasks that the Council had to do. Additionally, it was highlighted as a commitment in the NHS Constitution. This would mean that patients would be a legally entitled to ask for a health check.

- Those patients who had not already been diagnosed with certain conditions would be offered a free NHS Health Check.
- That new regulations from the government would also mean that the level of consumption of alcohol would be tested from April and that there would be a promotion of dementia awareness in the age group of 60-74 year olds.
- That although tests for bowel cancer were not part of the free NHS Health Check, a screening programme existed.

36. ATTENDANCE OF NHS NORTH YORKSHIRE, YORK TEACHING HOSPITAL NHS FOUNDATION TRUST & VALE OF YORK CLINICAL COMMISSIONING GROUP- FINANCIAL STATUS AND HANDOVER PROCESS

Members received a verbal report from the following people; Chris Long, the Chief Executive of NHS North Yorkshire and York, Patrick Crowley, the Chief Executive of York Teaching Hospital NHS Foundation Trust, Adrian Snarr, the Chief Financial Officer from the Vale of York Clinical Commissioning Group and Alan Maynard, the Chair of Vale of York Clinical Commissioning Group.

In his report to the Committee regarding the financial status of the NHS in North Yorkshire and York, Chris Long informed Members that;

- NHS North Yorkshire and York had agreed (with the Department of Health) a £19 million deficit in the current year's budget.
- That a further £24,000 still needed to be achieved through efficiency savings in order to cover the deficit, and that KPMG had been brought in to look at how this figure could be achieved and whether it was viable.
- That KPMG and Chief Executives from providers to the NHS would present a set of proposals in mid November.

- That following the release of the proposals a consultation with the Health & Social Care and Voluntary Sector would take place.
- That the main focus of reforms should concentrate on how robust services could be provided in the community, rather than an over-reliance on using hospitals.

Adrian Snarr, the Chief Financial Officer from the Vale of York Clinical Commissioning Group (VOYCCG) gave an update to Members on the financial position of the VOYCCG. He gave a background to Members on the transfer of functions from the Primary Care Trust (PCT) to VOYCCG. In relation to the financial situation he told Members that;

- Neighbourhood Care Teams were in development to reduce the reliance of patients and doctors using hospitals in the first instance.
- That the VOYCCG was looking into starting a referral review to make sure that patients would be seen by the correct person.
- It was noted that the decision on referral would be made by a clinician in the particular speciality to which the case was related.
- That a process of “Shared Decision Making” would be implemented which would include a greater involvement by the patient and the clinician in deciding what treatment they wished to have, and in what way and where they wished to be treated.
- That the VOYCCG were advising GP’s on which drugs to prescribe, as these varied in price and accounted for a large amount of the budget for GP’s.
- That areas still existed where potential financial savings could be made, but the identification of savings was heavily influenced by the level of patient education.

Questions from Members related to the following issues;

- How would “Shared Decision Making” provide a cost saving?
- How would GP practices be monitored to discourage automatic referrals to hospitals for treatment which could be done elsewhere?
- Would the reduction of hours of service for minor injury units in Malton and Selby have a knock on effect on to district hospitals?

In response to the question about Shared Decision Making, it was reported that it could potentially produce savings as it would be highlighted to the patient, who would make the choice for treatment, that a hospital operation would be more expensive.

In relation to surveying patients about the quality of their treatment whether carried out in hospital or not, some Members felt that the results would be heavily influenced by the level of experience that the patient had in the NHS.

It was reported that in some GP surgeries, GPs did not immediately refer a patient on to hospital, but that this tended to be in cases where the surgery had an expert in that particular area. It was highlighted that the success of the scheme was particularly significant given that both York and Scarborough hospitals had particularly high referral rates over the last few summer months. The rates it was said were comparable to winter levels, and it was suggested the scheme could be used as an alternative to manage these levels to avoid the deterioration of hospital services. Additionally, it was noted that community health services had not been funded as highly as clinical services, but the Shared Decision scheme hoped to remedy this through redistribution of funds.

In response to a Member’s question about the reduction of operating hours of minor injury units, it was noted that this was a part time measure for the current year. Members were also informed that the cost of treatment in a minor injury unit was comparable to that in Accident and Emergency (A & E) departments.

It was suggested that people who lived closest to minor injury units and A & E departments were the ones who used them more often than other patients. Therefore, by restricting their opening hours, it was hoped that these residents would visit their GP surgery instead.

The Chair of the Vale of York Clinical Commissioning Group, Alan Maynard, attended the meeting. He raised a number of points which followed on from previous discussions including;

- That the status of community care within the health system needed to be clarified, i.e. would it be used as complementary or as a substitute to clinical care?
- That evidence needed to be provided as to whether Neighbourhood Care Teams would reduce admissions to hospitals and therefore provide savings.
- That if there was not clear evidence from the start that the teams would reduce admissions then an evaluation should be put in place as a moral responsibility.
- That it was important for patients to be asked where they wished to die, whether this was in a hospital, in a hospice or at home.
- That a large challenge existed to get large GP practices operating 24 hours a day and seven days a week, in order to decrease hospital admissions.

Chris Long informed Members that he felt that four main issues existed which would force change in healthcare in general. These were;

- The UK economy would not grow at a fast rate, and that there would be a flat economic period for a number of years.
- There would be large implications for Local Authorities and Social Care following the release of the Comprehensive Spending Review by the Treasury.
- The conclusions of a second report by Robert Francis QC into the quality assurance of care delivered by the NHS.

- The advent of seven day working, in particular given that five day working at a primary care level is not realistic.

He finally felt that debates around these areas would continue to be dominated by the level of access to care, the quality of the care offered and its affordability. He underlined that if high quality services could not be provided locally, they would remain at a central location.

Some Members asked how the transfer of funding from the PCT to the VOYCCG would remain secure, they questioned whether it would lead to unexpected closures of services. They also asked whether the current deficit in the PCT's budget was exceeded, if a plan had been formulated by the VOYCCG to overcome this.

It was reported that the VOYCCG would not know if the budget had been exceeded until April 2013. It was also suggested that the financial reforms could be seen as being controversial, but that they would hopefully be carried out soon in order to bring down the deficit.

The Chair thanked the Chief Executives from York Teaching Hospital NHS Foundation Trust and NHS North Yorkshire and York along with the Chief Finance Officer and Chair of the Vale of York Clinical Commissioning Group for attending the meeting.

RESOLVED: That the verbal updates provided by NHS North Yorkshire, York Teaching Hospital NHS Foundation Trust and Vale of York Clinical Commissioning Group be noted.

REASON: In order to keep the Committee updated on the financial situation of these bodies.

37. UPDATE ON CHANGES TO THE URGENT CARE UNIT

Members received a report which gave them an update on changes to the Urgent Care Centre (UCC) at York Hospital.

The Director of Operations at York Hospital, Mandy McGale, attended the meeting to present the report and answer any questions that Members' might have had.

Discussion in response to the report featured the following observations;

- That a large number of patients who attended the Accident & Emergency (A&E) department at the hospital did so because they could not get access to their GP.
- That there was also some evidence that GPs sometimes signpost A & E.
- That the issue of time and access were significant in the numbers of people using A & E; given that the A&E department could not turn people away there was a perception that there would be a shorter waiting time in comparison to making an appointment with a GP.
- That it was felt that GPs would always recommend to patients to make an appointment with them, but if their condition changed during that time to go to A & E rather than elsewhere.
- Some patients found it difficult to get an appointment with a GP at the weekend (either via their own GP or through the Out of Hours Service – they therefore went to A & E).
- A & E and UCC were managed as one whole service within the hospital. Patients who presented were assessed on a clinical basis as to which service they were directed to

RESOLVED: That the report and update be noted.

REASON: To update the Committee on the changes made to the Urgent Care Centre.

38. TRANSITION UPDATE REPORT

Members received a report which updated them on the transfer of Public Health Functions to the Council, the establishment of the City of York Health and Wellbeing Board and the commissioning of Healthwatch for the city.

The Scrutiny Officer informed Members that a new statutory responsibility meant that the Director of Public Health would have to produce an annual report on the state of the city's health from April 2013. She added that the Committee could decide on whether they wished to receive this report.

As the first year would be an incomplete year the Director of Public Health suggested that he might write a report about his first 100 days in post as the Director, and asked whether the Committee would receive this.

The Chair responded that the Committee would welcome a report from the Director and suggested that the findings in his report might then be added into the Joint Strategic Needs Assessment (JSNA).

- RESOLVED:
- (i) That the report be noted.
 - (ii) That the Director of Public Health produce an update report detailing the record of his first one hundred days in post.

REASON: To update the Committee on the developments involved in the transfer of Public Health functions to the City of York Council.

39. WORK PLAN

Members considered the Committee's updated work plan for the municipal year 2012/13.

It was agreed that the scoping report for the review into Community Mental Health Services in the Care of Adolescents be moved to the December 2012 meeting.

It was suggested that Safeguarding Assurance Report be moved to the January meeting, to allow for an even distribution of work and a report on 'Quality Monitoring – Residential, Nursing Homecare Services be added for the January 2013 meeting. It was also noted that the Director of Public Health's Annual Report needed to be added to the work plan in March 2013.

RESOLVED: That the following changes be made to the Committee's work plan¹;

- (i) That the scoping report for the Community Mental Health Services in Care of Adolescents review be moved to be considered at the meeting in December.
- (ii) That the report on Safeguarding Assurance be considered at the Committee's January meeting.
- (iii) That the first annual report (covering the first 100 days in post) from the Director of Public Health be added to the work plan for March 2013.

REASON: In order 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 7.05 pm].

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North Yorkshire and York

**Report to
York Health Overview & Scrutiny Committee**

December 2012

**Application by Priory Medical Group Surgery (York) to merge with
Abbey Medical Group Surgery**

**Report From: Lorraine Naylor, Assistant Director of Primary
Care**

NHS North Yorkshire & York

1. Introduction

- 1.1 This document is to provide a briefing on the engagement process undertaken by the practices (Priory Medical Group Surgery and Abbey Medical Group Surgery) to merge their GP surgeries.
- 1.2 **Proposal to merge Priory Medical and Abbey Medical Group Surgeries, York**
 - 1.2.1 Priory and Abbey Medical Group Surgeries, both based at York, have requested to merge their practices.
 - 1.2.2 Both surgeries currently operate across 9 sites, namely:

Priory Medical Group

- Cornlands Road, York YO24 3WX
- Belcome Way, York YO30 6ND
- Lavender Grove, Boroughbridge Road, York YO26 5RX
- 45 Heworth Green, York YO31 7SX
- Clementhorpe Health Centre, Cherry Street, York YO23 1AP
- 2 Fulford Park, Fulford, York YO10 4QE

Abbey Medical Group

- Tang Hall Surgery, 190 Tang Hall Lane, York YO10 3RL
- 2 Victoria Way, Huntington, York YO32 9GE
- 28 Millfield Avenue, Hull Road, York YO10 3AB

- 1.2.3 The PCT is supporting the practices throughout this process by providing project management support.
- 1.2.4 If agreement is given by the PCT to merge, Abbey Medical Group surgeries will become branch sites to Priory Medical Group and the combined practices will be known as Priory Medical Group.
- 1.2.5 An engagement exercise has been undertaken to obtain the views of patients and their feedback on the proposals will be taken into consideration by the PCT when making its final decision on whether to allow the surgeries to merge.
- 1.2.6 As part of the engagement process, staff across all sites and local GP practices have been informed and offered the opportunity to provide feedback on the proposals.

1.2.7 A map showing the locations of the surgeries is shown as *Appendix 1*.

2. Background

2.1 The practice demographics are as follows:

	Priory Medical Group	Abbey Medical Group
No. of Partner GPs	14	7
No. of Salaried GPs	16	1
No. of sites	6	3
No. of patients	41,000	10,000

2.2 All GPs will be able to work across all 9 sites to ensure continued service delivery, which will enable better continuity of care to patients.

2.3 The practice are hopeful patients who attend all sites will continue to visit the practices and feedback from the engagement exercise has been strongly positive and supportive to the proposals (74.5% responses) with 7.5% responses opposed to the merger. A total of 17.8% of responses asked questions/or expressed no opinion. The full report produced by Priory Medical Group is shown at *Appendix 2*.

2.4 Both surgeries have car parks for utilisation by both staff and patients. If and when these are full, on-street car parking is available also. All sites are also easily accessibly via public transport.

3. Staffing

- 3.1 The practices are planning to utilise their existing staff across all sites. No redundancies or loss in staffing numbers are planned.

4. Medication/Pharmacies

- 4.1 Neither practices dispense to patients and this will not change.
- 4.2 There are a number of Pharmacies covering all 9 sites where prescriptions can be dispensed to patients.
- 4.3 The contact details of all the nearby Pharmacies have been included within the Question and Answer document and sent to both patients and stakeholders.

5. Alternative Local Provision

- 5.1 There are a number of GP practices within the area where patients could register with if they choose to seek an alternative surgery, namely:
- Dr Price & Partners, University Health Centre, University of York, Heslington
 - Dr Burgess, 3a Whitby Drive, York
 - Dr Murray, 89 East Parade, York
 - Clifton Medical Practice, Water Lane, York
 - Gale Farm Surgery, 109-119 Front Street, Acomb, York
 - York Medical Group, Monkgate, York
- 5.2 It is hoped that all patients will continue to stay with both Priory Medical and Abbey Medical Group; however any patients wishing to move to another practice would be supported in doing so.

6. Engagement

- 6.1 Agreement to the proposal has been given in principle from the PCT.
- 6.2 To support the engagement process, a comprehensive Stakeholder Engagement & Communication Plan has been written jointly by Priory Medical Group and Abbey Medical Group along with the PCT (see *Appendix 3*).
- 6.3 Priory Medical Group and Abbey Medical Group have been advised the PCT expects a form of engagement to be undertaken. The process has been clearly identified and outlined (see *Appendix 4*). The PCT has supported the practices to ensure the engagement process was followed.
- 6.4 The Stakeholder Engagement & Communication Plan has been implemented by the practice and feedback from patients and stakeholders was submitted to the PCT in August 2012. This information will be used to inform the PCT the views and opinions expressed by patients, the public and stakeholders when making its decision on whether to grant permission to merge the surgeries in late 2012.
- 6.5 All staff within the practice have been informed and advised of the plans and are supportive of the proposed merger.
- 6.6 Patients received letters, along with comments cards and a Question & Answer document advising of the proposal to merge both surgeries. Patients and stakeholders have been asked to feedback comments through the following ways:
 - By completing the comments cards attached with the letters and returning to the reception desk at any of the surgeries
 - By returning the comment card to the Practice Manager
 - By email to the practice

- Through the PALs team at NHS North Yorkshire & York
- 6.7 A stakeholder letter has been sent out to the local Council, Parish Councillors, other local stakeholders including GP surgeries, Pharmacies, the District Nurse Manager, voluntary sector etc, along with comment cards for feedback and a Question & Answer section.
- 6.8 Posters were placed on notice boards at all sites whilst letters, comments cards and a Question & Answer documents were made available for patients at all the sites.
- 6.9 The percentage of positive patient responses has been high, with approximately 544 responses received in total.

7. Timeline

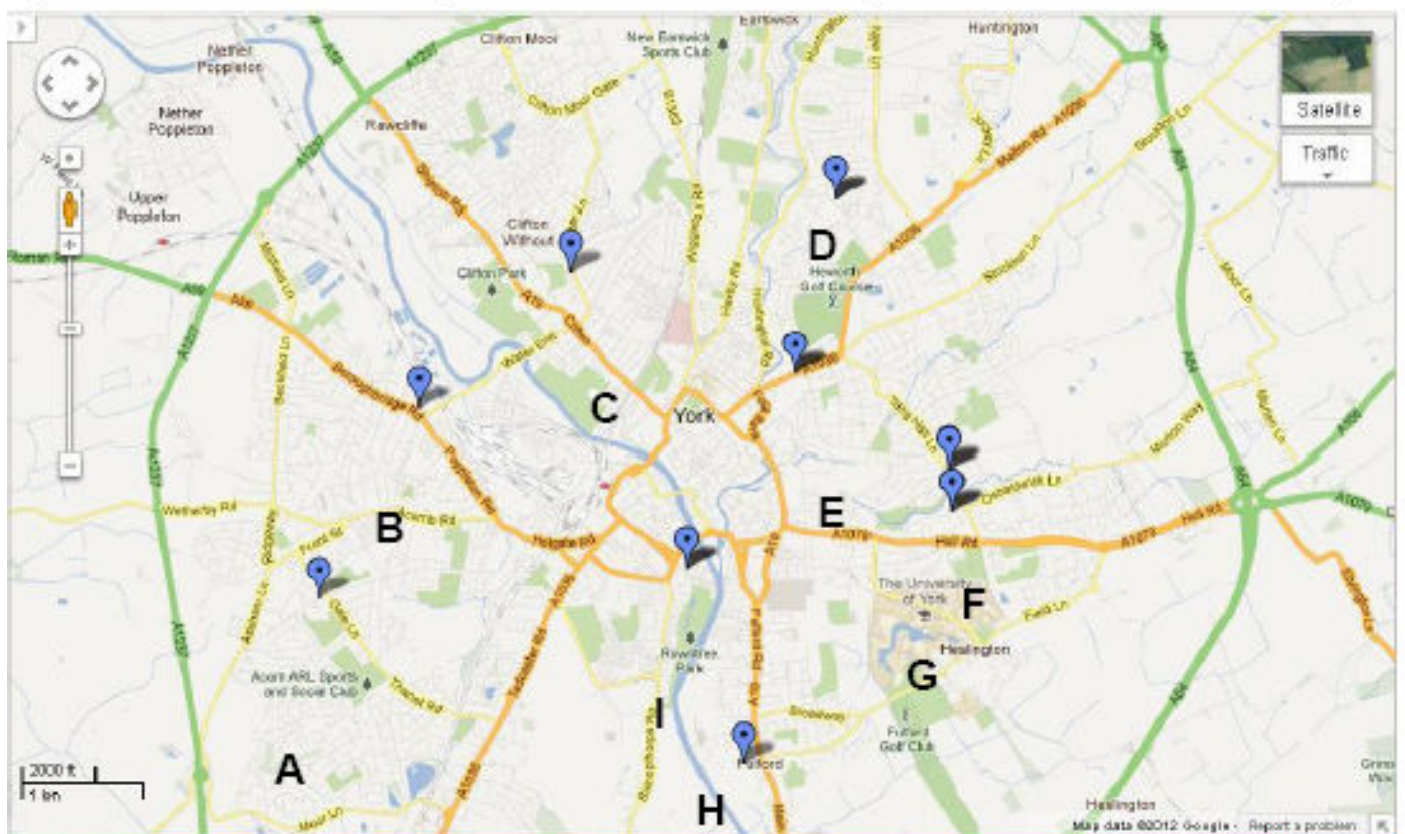
- 7.1 A timeline has been recommended to ensure the comprehensive engagement process is undertaken within due course, as follows:
- A 3 month patient and stakeholder engagement exercise (to commence 1st April 2012 and to be completed by 30th June 2012).
 - The practice collated and analysed all patient and stakeholder feedback and submit a report to the PCT for consideration in August 2012.
 - Analysis of the stakeholder feedback to be reported to the Primary Medical Services Commissioning Group (PMSCG) in November 2012.
 - If the Primary Medical Services Commissioning Group (PMSCG) grant permission for the practices to merge, the practice to write to patients, giving notice of impending merger date of the 1st April 2013.

8. Branch Surgery Merger Process

- 8.1 An initial practice visit was undertaken by the PCT to discuss the process upon receipt of the practices request. The meeting was to ensure the practice were aware of the Trust's requirements and process to follow for engagement for consideration of their request to be given.
- 8.2 A record of the key milestones is shown as *Appendix 3* which outlines the process followed by the practices for audit purposes.

Locations of Priory Medical Group and Abbey Medical Group Surgeries
Appendix 1

<p>A Priory Medical Centre Comlands Road Acomb York, YO24 3WX</p>	<p>B Lavender Grove Surgery Boroughbridge Road York, YO26 5RX</p>	<p>C Rawcliffe Surgery Water Lane Clifton York, YO30 6ND</p>
<p>D Victoria Way Surgery 2 Victoria Way Huntington York, YO32 9GE</p>	<p>E Heworth Green Surgery 45 Heworth Green York, YO31 7SX</p>	<p>F Tang Hall Lane Surgery 190 Tang Hall Lane York, YO10 3RL</p>
<p>G Parkview Surgery 28 Millfield Avenue Hull Road York, YO10 3AB</p>	<p>H Fulford Surgery 2 Fulford Park York, YO10 4QE</p>	<p>I Clementhorpe Health Centre Cherry Street York, YO23 1AP</p>



Appendix 2

Collation and results of the patient/stakeholder engagement exercise produced by Priory Medical Group.



Abbey Medical and Priory Medical merger public consultation

On 29th March 2012 Abbey Medical Group and Priory Medical Group wrote to all registered patients aged 16 and over. Simultaneously, notification of the proposed merger was announced in all surgery waiting rooms and on surgery websites. An article covering the proposed merger was also published in the York Press on 7th April 2012. The public consultation exercise closed on 1st July 2012.

Patients were invited to provide feedback in response to the merger proposals either in writing or electronically. The table below details the number of patients contacted and the resulting responses.

Public Consultation Statistics

Number of patients contacted	41,546	
Total Number of responses received	544	
Written responses		
		As %'age of Total
Positive response	348	63.9%
Negative response	34	6.2%
No opinion expressed/questions	67	12.3%
Electronic responses		
Positive response	58	10.6%
Negative response	7	1.3%
No opinion expressed/questions	30	5.5%

Summary of Results

Of the 544 results received the overwhelming view was positive with 74.5% in favour of the merger. Just 7.5% of respondents were opposed to the Practices merger. A further 17.8% responses were received that offered neither a positive or positive view and/or simply requested clarification re aspects of the merger.

In response to similar questions being asked from many patients we created a "Frequently Asked Questions" page on our website. The aim of this was to address common concerns from patients and also enable them to make a more informed decision with regards the merger.

A copy of the "Frequently Asked Questions" can be found at **Appendix A**.

Key themes emerging from feedback

Many patients took the opportunity to express opinions on current services and also raise questions about the future. The key themes that arose from the exercise can be summarised as follows:

Continuity of Care

A significant number of patients strongly expressed their desire to remain with the same GP, some of whom had a relationship with their GP for over 10 years. Both Abbey and Priory Medical group place tremendous value on the Doctor – Patient relationship and it is our intention to maintain, and where possible, improve continuity of care across the combined Practice.

Closure of existing Surgeries

Many patients voiced concerns that their usual surgeries would be closed as a result of the merger resulting in more difficult or inconvenient access to GP services.

Surgery locations

A similar number of patients advised that they wished to continue to use their existing surgery and not have to travel to other surgeries. As no surgeries are being closed as a result of the merger, it is the intention that all patients will continue to attend their usual surgery unless they specifically wish to change to a surgery that is more convenient for them.

Many patients were unsure as to the location of either the Abbey or Priory surgeries. In response a combined map was created illustrating all of the 9 surgeries along with addresses. This was also published alongside the Frequently Asked Question and a copy can be found in **Appendix A**.

Health and Social Care Bill

A number of patients asked if the merger was in direct response to the Health and Social Care Bill. Patients were reassured that merger discussions pre-dated the bill and were not politically motivated. The motivation behind the merger is to be able to deliver an improved service to a wider group of patients in a cost effective manner.

Stakeholder Feedback

13 stakeholders comprising of suppliers, financiers and third party organisations were contacted to establish their views on the merger. The response was disappointing with very few being received. Of those who did respond the view was generally positive with the merger being seen as an opportunity to simplify processes and procedures or achieve economies of scale.

Appendix 3

Stakeholder Communication and Engagement Plan

Priory Medial Group and Abbey Medical Group Surgeries - Proposal to merge

Engagement process: began w/c 1st April 2012 (3 month engagement)

Dates for feedback/comments from Stakeholders: w/ending 30th June 2012

1. Who are our Stakeholders and what level of engagement is required?

No.	Stakeholders	Type of Involvement
1.	Patients across both sites	Raise awareness. Give information. Opportunity to comment and feedback. Give information about how to register with alternative practice if plans go ahead. Feedback on results of engagement and decision-making process.
2.	Practice staff at both sites	Raise awareness. Opportunity to comment and feedback. Opportunity to change working arrangements (e.g. reception staff hours). Feedback on results of engagement and decision-making process.
3.	North Yorkshire Health Overview and Scrutiny Committee	Raise awareness. Opportunity to comment and feedback.

4.	Other public/ community representatives and partners – e.g. local Councils, Parish Councillors, other local stakeholders including GP surgeries, Pharmacies, local Network, the District Nurse Manager, voluntary sector etc.	Raise awareness. Opportunity to comment and feedback.
5.	Neighbouring Practices	Raise awareness. Agreement to take on patients who don't wish to move. Opportunity to comment and feedback.
6.	NYY Primary Medical Services Commissioning Group (PMSCG)	Awareness. Provides input. Review evidence. Makes recommendations/decision-makers based on evidence and views expressed.
7.	NHS NYY Board/Directors	Awareness. Decision-makers if appropriate.
8.	NY LMC	Awareness. Opportunity to comment and feedback.
9.	NY LPC and NY LOC	Awareness. Opportunity to comment and feedback.
10.	SHA	Awareness.
Support to Practice		
11.	NHS NYY Primary Care Commissioning and Contracting staff	Provide advice, lead through process.
12.	NHS NYY Engagement and Communication Teams	Provide advice and support with Stakeholder Engagement and Communication Plan.
13.	Locality Director	Awareness and support.

2. Overview of Key Milestones and Timetable

No.	Timeline	Stakeholder	Action	Engagement/Communications activity	Lead responsibility
1.	September/ October 2011	Practice staff	Advised practice staff at both practices. As the proposals have been ongoing with previous discussions around merging the practices together, all practice were already aware and in support of a merger.	<ul style="list-style-type: none"> Staff invited to ask questions at any time 	Practice
2.	October 2011	NHS NYY	Request made to NHS NYY to merge both surgeries and consolidate services.		Practice

3.	October 2011	NHS NYY & Practice	Discussions held with practice manager over progression and moving forward.	<ul style="list-style-type: none"> • Identified a practice visit would be appropriate between the PCT, GP partners and practice manager. • Briefly outlined the process and requirements needed: <ul style="list-style-type: none"> • Patient letter • Stakeholder letter • Q&A • Notice to be displayed at both sites • Stakeholder Engagement & Communication Plan 	PCT & Practice
4.	1 st November 2011	NHS NYY & Practice	Practice visit undertaken with Commissioning Manager	<ul style="list-style-type: none"> • The PCT met with both GP Partners and the practice manager to talk through the proposals and agree a way forward. 	PCT & Practice

5.	15 th November 2011	NHS NYY Primary Medical Services Commissioni ng Group (PMSCG)	Letter sent to practice from NHS NYY confirming agreement to commence engagement process and confirming support to undertake process.	<ul style="list-style-type: none"> • Letter sent to GP partner, practice manager and both NYY Locality Directors for York. 	PCT
6.	November/ December 2011	PCT & Practice	Discussions between PCT and Practice Manager to review the draft documentation prepared.	<ul style="list-style-type: none"> • Discussions to agree wording for engagement documentation before implementation. 	PCT & Practice
7.	On-going	Reception staff	Regular meeting of reception staff	<ul style="list-style-type: none"> • Update given and staff requests noted 	Practice Manager
8.	On-going	Admin and Nursing Staff	Regular meetings of Admin and Nursing Staff	<ul style="list-style-type: none"> • Updates to be provided and opportunities to comment and raise queries 	Practice Manager

9.	w/c 1 st April 2012	Patients	Statement of proposals and reasons to merge practices made available.	<ul style="list-style-type: none"> • Display of Notices at both sites • Copies of letters made available for patients to take home and read 	Practice
10.	w/c 1 st April 2012	Patients & stakeholders	Letter sent to patients and stakeholders, along with comments cards and a Q&A outlining the reasons behind the proposals and invitation to comment sent out.	<ul style="list-style-type: none"> • Letters posted to all patients, aged 16 years and over. Accepted that some households will receive multiple letters. • To ensure patient confidentiality, it was not appropriate to send a letter out to one person at each address. • Letters are also available from each reception desk. • Stakeholder letter to all stakeholders for consideration and comment. 	Practice & PCT

11.	30 th June 2012	All patients & stakeholders	End date for receipt of comments	<ul style="list-style-type: none"> • Collation of comments and feedback • Report to be produced 	Practice with support from PCT
11.	Ongoing	NHS NYY Primary Medical Services Commissioning Group (PMSCG)	Update presented to the PMSCG	<ul style="list-style-type: none"> • Paper to outline practice request and include update on current engagement process position. • Receive all feedback • Consider all evidence, including feedback from Stakeholders and OSC • Make decision to approve Practice plans, practice to keep open, or practice to appeal refusal notice. 	PCT
12.	November 2012	North Yorkshire Health Overview and Scrutiny Committee	Paper to be submitted to O&S on proposals	<ul style="list-style-type: none"> • Paper for consideration by the O&S • Inclusion of Stakeholder Communication and Engagement Plan, Key Milestones, and summary of feedback. 	PCT

13.	October/ November 2012	PCT	Write to Practice	<ul style="list-style-type: none"> • Formal letter to be sent to practice outlining decisions made at PMSCG and comments and feedback taken into consideration. • If approval given, practice asked to write to all patients advising of decision and giving formal notice of merger, alternatively giving practice options to appeal against decision. 	PCT
14.	November/ December 2012	All Patients & stakeholders	Feedback results of engagement and decision made to all patients and stakeholders	<ul style="list-style-type: none"> • Write to patients advising of decision made • Practice website to include information about decision made and feedback received • Notices available in GP premises • Email to external stakeholders 	Practice & PCT

3. Information to be available:

- Letter to Patients including a Q&A with contact details for both practices and an email address to send comments to as well as the Comments Card
- Comments Card for patient feedback
- Letter to external stakeholders with comments card and practice address to write to
- Information available on NHS Choices websites at <http://www.nhs.uk> including information about the practices proposal, dates, how to comment, and when decision will be made
- In November 2012, report, summary of feedback, and final decision to be made available

Appendix 4

FLOW CHART PROCESS FOR APPLICATIONS TO CLOSE BRANCH SURGERIES

Practice contacts AD of Primary Care to request closure of a branch surgery



PCT forward application form with guidance documentation outlining the process



Practice to complete and return application form to PCT



Practice visit to be undertaken by PCT to discuss application and way forward and outline and address any concerns, areas to work through by either party to enable progression of application. Discussions may also be necessary with other practices nearby



Paper to be taken to PMSCG outlining initial application and process



Public Engagement team contacted and informed of application form. Development of Stakeholder Engagement & Communication Plan with practice and identify and advise on recommended length of engagement process



Engagement process with patients and stakeholders to begin



NYCC O&S - paper to be taken formally by AD of Primary Care or Director of Localities



Practice to record, collate and analyse stakeholder feedback and return to PCT for consideration



Analysis of engagement to be fed into a paper and taken to the PMSCG and NYCC O&S to be updated
PMSCG to consider patient/stakeholder feedback and make formal decision on whether to close practice

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Update Summary on Ambulance Service Complaints

1. PURPOSE/AIM

- 1.1 The purpose of this report is to provide an update on the number of complaints received by Yorkshire Ambulance Service NHS Trust (YAS) during the period 1 April 2011 to 31 March 2012 compared to the number received from 1 April 2012 to date.
- 1.2 In addition, this report looks at the trends and again compares the trends from last year against the current year's figures.
- 1.3 Finally, the report will update on lessons learned and actions taken.

2. COMPLAINTS/CONCERNS UPDATE

- 2.1 The number of comments, complaints and concerns (3Cs) and service-to-service issues received in relation to relation to the non-emergency Patient Transport Service (PTS) during 2011-12 and 2012-13 are summarised below.

Complaints 2011-12 (3Cs)	Q1	Q2	Q3	Q4	Total
Attitude and/or Conduct	0	0	2	5	7
Aspects of Clinical Care	8	2	3	3	16
Driving and Sirens	2	1	1	2	6
Response	45	37	39	26	147
Service to Service issues	1	31	42	12	86
Call Management	0	2	3	4	9
Other	1	0	2	3	6
Totals	57	73	92	55	277

Complaints 2012-13 (3Cs)	Q1	Q2	Q3 to date	Q4	Total
Attitude and/or Conduct	0	1	1		2
Aspects of Clinical Care	0	3	1		4
Driving and Sirens	2	4	0		6
Response	16	35	11		62
Service to Service issues	7	20	3		30
Call Management	0	0	0		0
Other	1	2	1		4
Totals	26	65	17		108

2.2 The year-to-date position for the first two quarters of 2012-13 is a much improved position on the previous year. This is encouraging as the PTS team has been engaging more with our partner trusts in North Yorkshire. We have also re-launched our service-to-service reporting process which encourages trusts' staff to raise issues with us which in turn helps us to make further improvements to our service.

2.3 The PTS in North Yorkshire received 277 comments, complaints and concerns (3Cs) and service-to-service issues during 2011-12 which equates to 0.18% of the activity for the area. Year-to-date (2012-13) the PTS in North Yorkshire has received 108 comments, complaints and concerns (3Cs) and service-to-service issues which equates to 0.12%.

Activity	Q1	Q2	Q3	Q4	Total
2011/2012 PTS North	38,458	39,612	38,768	38,945	15,5783
Complaints v Activity (%)	0.15%	0.18%	0.24%	0.14%	0.18%
Activity	Q1	Q2	Q3 to date	Q4	Total
2012/2013 PTS North	37,064	38,104	13,648		88,816
Complaints v Activity (%)	0.07%	0.17%	0.12%		0.12%

2.4 Year-to-date the figure are encouraging and show a decline in comments, complaints and concerns (43Cs) and service-to-service issues against the same two quarters last year.

3. COMPLIMENTS

The tables below show a comparison between the number of complaints received by PTS during 2011/12 and year to date 2012/13.

Compliments 2011/2012	Q1	Q2	Q3	Q4	Total
No. Compliments received	2	0	2	0	4

Compliments 2012/2013	Q1	Q2	Q3 to date	Q4	Total
No. Compliments received	0	0	4		4

4. TRENDS

4.1 The table below shows a breakdown of trends for PTS 3Cs and service-to-service issues.

PTS 4 Cs and service-to-service trends	2011-12	2012-13 year-to-date
Attitude and/or Conduct	7	2
Aspects of Clinical Care	16	4
Driving and Sirens	6	6
Response	147	62
Service to Service	86	30
Call Management	9	0
Other	6	4
Totals	277	108

4.2 The figures so far this year have improved on last year. However, the service response which relates to pick-up times for patients is still the main issue and one which we continue to prioritise for further improvement.

5. LESSONS LEARNED AND ACTION TAKEN

5.1 During 2013 we have worked closely with our healthcare partners within local trusts to improve patients' experiences. Feedback from patients and service-users was used to identify problem areas on the patients transport pathway and as a result specific action has been taken:

- A service improvement plan was developed jointly with York District Hospital NHS Foundation Trust to improve services for renal patients.
- Drop-in sessions with YAS managers were held for patients to feed back individual issues regarding transport and any travel concerns.
- We are reviewing the information displayed on our vehicles to ensure that patients are made aware of how and where to raise a concern.
- At our hospital liaisons and Patient Reception Centres we have displayed signs and leaflets on how to contact the Trust and provide feedback including how to make a complaint. We are updating our leaflets and patient information to ensure that they are more accessible for hard-to-reach groups such as those with learning disabilities.
- Laminated posters within our vehicles are also being updated and we are looking to identify a common location on all vehicles to hold patient information.
- A survey was undertaken across North Yorkshire to gather feedback from patients. The method of delivery for the survey was face-to-face, particularly for renal patients where there have previously been a number of concerns raised. We also distributed postal surveys to ensure we captured a range of patient groups across North Yorkshire.

6. FUTURE CHANGES

6.1 Once we have analysed results from our patient survey we will develop an action plan based on the findings and any improvements identified from the survey.

6.2 In addition to this PTS is undergoing a transformation programme to review the service delivery model in a bid to improve and develop services again in the future.

7. SUMMARY

7.1 In general there has been a reduction in complaints this year compared to last year. We have reviewed our procedures to ensure that lessons are learned from feedback, using negative feedback in particular as an opportunity to improve the quality and performance of the service we provide to patients.

27.11.12

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Health Overview and Scrutiny Committee

11th December 2012

Report of the Assistant Director Governance and ICT

Remit – Scrutiny Review into Community Mental Health Services in Care of Young People

Summary

1. This report presents the Health Overview and Scrutiny Committee with work undertaken to date by the Task Group appointed to this review. It specifically presents the remit for the review, which the Committee are asked to agree.

Background

2. At a meeting of Health Overview and Scrutiny Committee on 23rd July 2012 Members gave consideration to a topic that had been suggested by Councillor Runciman. They received information prepared by officers (**Annex A refers – online annex**) on this topic and decided they would like to undertake a scrutiny review. It was agreed that a Task Group¹ formed from Members of the Committee would undertake the bulk of the work.
3. The Task Group met for the first time on 5th November 2012 to set a remit for the review. Councillor Runciman, who had submitted the topic, was in attendance at the meeting to give an overview of where her concerns were. She told the Task Group that youth offending was a concern and that she was interested in the correlation between such behaviour and mental health problems in adolescents. There is strong evidence to suggest that effective early intervention can prevent an escalation in mental health problems for young people and consequently contribute to a reduction in youth crime and other poor outcomes for young people.

¹ The Task Group is comprised of Councillor Funnell, Councillor Richardson and Councillor Hodgson

A key message from specialist practitioners at York's recent Children's Mental Health Matters Conference confirmed that early intervention can be highly effective in putting things right at an earlier stage.

4. The Assistant Director – Children's Specialist Services and the Youth Offending Team Service Manager were also present at the meeting to advise the Task Group. Discussions touched on the background of adolescents with mental health issues and an offending record, emotional support provided in primary schools and the challenges associated with providing emotional support to young people in secondary school settings. The impact of low level mental health issues on young people's ability to learn and make positive choices were also considered.
5. On consideration of these discussions the following remit was set for the review:

Aim

To raise awareness of:

- emotional and mental health issues for young people.
- the services and interventions available

with a view to ensuring that the wider children's workforce are well informed and equipped to identify and respond to children and young people with emotional problems and / or emerging mental health issues.

Key Objectives

- i. To identify current levels of understanding and awareness of the importance of recognising early symptoms of emotional and mental health problems in young people.
- ii. To look at ways of disseminating learning from effective targeted emotional and mental health support in schools – with particular reference to the successful TaMHS (Targeted Mental Health In Schools) arrangements.
- iii. To look at ways to further improve multi agency working in relation to supporting the emotional and mental health needs of children and young people in the City. In particular, to consider how the developing Children and Young People's Mental Health Strategy 2013 - 2015 will support this objective.

6. The Task Group then identified the following, who they felt should be involved in the review:
- Head Teachers (2 Secondary School and 1 Primary School)
(Primary School to understand pastoral transition)
 - City of York Council Education Psychology Service
 - Young people
 - Youth Council
 - Youth Offending Team
(Pick out patterns from case studies of behaviours and backgrounds)
 - Community and Mental Health Services (CAMHS)
(CAMHS could promote early intervention and advise on what 'signs' to look for)
 - City of York Council Officers
 - Police/Neighbourhood Police Officers
 - Representative from the Voluntary Sector

Consultation

7. To date consultation has taken place with City of York Council officers and Councillor Runciman, who had originally submitted the topic. Further consultation will take place as the review progresses.

Options

8. Members have the following options:

Option 1 – Agree to the remit and key objectives for this review as set out in **paragraph 5** of this report

Option 2 – Amend the remit and key objectives for this review

Analysis

9. In order to set a workable remit, the Task Group took advice from City of York Council Officers as to the way forward that was likely to add the most value.
10. Once the remit and key objectives for this review have been agreed by the Health Overview and Scrutiny Committee a date can be set for work on this review to begin.

Council Plan 2011-2015

11. This review is directly linked to the 'Protect Vulnerable People' element of the Council Plan 2011-2015.

Implications

12. **Financial** – There are no financial implications associated with the recommendations in this report; however implications may arise as the review progresses and these will be addressed as part of the review work.
13. **Human Resources (HR)** - There are no Human Resources implications associated with the recommendations in this report; however implications may arise as the review progresses and these will be addressed as part of the review work.
14. There are no other implications associated with the recommendations within this report.

Risk Management

15. There are no risks associated with the recommendations within this report. Should risks arise as the review progresses these will be identified and clearly set out in the final report arising from the review.

Recommendations

16. Members are asked to approve the remit set out at **Paragraph 5** to this report.

Reason: To enable the Task Group to commence this review

Contact Details

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Andrew Docherty
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**Report
Approved**

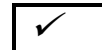


Date 30.11.2012

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 – Briefing Note 23rd July 2012 – Online only

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Health Overview and Scrutiny Committee (23rd July 2012)
Report of the Assistant Director – Children’s Specialist Services

1. Introduction

A recent scrutiny planning event identified, as a topic for initial consideration, the relationship between behavioural issues in older boys / young men and low level mental health problems.

Specifically, members expressed an interest in the possible correlation between behavioural problems (including, school exclusion, youth offending and suicide) and low level mental health issues.

Members also wish to better understand the local arrangements for the early identification of possible mental health issues in this particular group. The effectiveness of any subsequent interventions was also highlighted as part of any review.

2. Brief Background

In preparation for this initial briefing the views of colleagues from the Child and Adolescent Mental Health Service [CAMHS], the Youth Offending Team and Children’s Social Care were canvassed.

3. Summary of Initial Views

Dr Christine Williams, Consultant Child Clinical Psychologist who is also the Lead Clinician for CAMHS in York reports:

The team and I have considered the issue highlighted for possible scrutiny by the Health Overview and Scrutiny Committee. On the basis of our clinical experience here in York we believe that, in terms of mental health issues in teenage boys generally, there is no evidence of any major changes (growth in referrals or diagnosis) in the last 5 years. Of course should the Committee wish to review this issue I would be pleased to investigate this further.

Also, we are not sure that this remit requires a high level of scrutiny. However, the Committee's query prompted a very helpful and closely related debate within our service. In particular, we identified a cohort of young people involved with the Youth Offending Team [YOT]. There are a small but growing number of young men and women who present as 'high risk' in terms of danger to others. These young people often require psychiatric assessments and out of area placements which are expensive and sometimes unsatisfactory. YOT colleagues estimate that there are approximately 10 young people within this 'high risk' category at any one time. There are many more at a lower level of risk although some of these are likely to 'graduate' to higher risk with time. In my opinion, in terms of trying to improve care and avoid escalation of these risky behaviours as well as trying to reduce costs, it would be worth the committee giving some consideration to a review of these arrangements.

Angela Crossland – Service Manager – Youth Offending Team reports:

The Youth Offending Team has seen a steady increase in the recognition of very complex cases both within our service and from colleagues in Children's Social Care. We see young people with higher levels of risk to others, and significant need, presenting before the court on a regular basis. The correlation of these individuals being Looked After Children, on high-end intensity orders and ultimately in custody, has particularly highlighted the need for more responsive approaches in terms of their long-term care and development needs. The YOT, CAMHS and Children's Social Care have been looking at practice level ways to try and identify such individuals but this has shown that there needs to be an overview of what questions this is raising for commissioners in terms of the overall resource for this group of vulnerable and escalating young people.

Colleagues in Children's Social Care recognise the issues highlighted by both Dr Williams and Ms Crossland.

Responding to 'children who harm' has been the subject of considerable debate both within the service and across the multi agency network. In a nutshell, meeting the

needs of these young people whilst minimising the risk they pose to others requires high level of interagency cooperation. Clear pathways to a range of highly specialist resources are also required. These challenges are further exacerbated by the need to maintain some normality for these young people throughout any treatment period to maximise their opportunity for a full and effective rehabilitation.

4. Early identification of emerging mental health problems.

A multi agency conference, hosted by York's CAMHS executive group in April 2012, brought together representatives from over 50 agencies working with children and young people.

The event provided a forum for professionals to explore local arrangements for the prevention and early identification of mental health issues in children and young people. Feedback from the event reassured us that there is a high level of awareness across children's services in York about the importance of spotting early signs of emotional distress or mental health problems in children and young people.

The workshops and findings from the conference will inform the next CAMHS strategy for the City. At the heart of this strategy is a commitment to further strengthen the message that children's mental health is everyone's business. The supporting delivery plan will ensure that greater support and training is available to all those professionals working with children.

5. Conclusion

There is no sense of any complacency about the wider challenges presented by low level mental health issues for young people and in particular young men. Good multi agency awareness and planning is already in place to support this group.

However, enquiries to prepare this initial briefing reveal a clear consensus about the value of further scrutiny of arrangements for responding to children who harm.

6. Options

(a) The Health Overview and Scrutiny Committee pursues a more detailed review of the overall arrangements to support the emotional and mental of young men in the City. Such a review could be undertaken within the context of the draft CAMHS Strategy 2012 – 2015.

(b) The committee undertakes a more focussed review on the prevalence and local arrangements for responding to the mental health and care issues associated with children who harm.

Recommendations

A wider review of local arrangements to respond to the mental health needs of children and young people in York has recently been completed (Annex 1). This work will inform York's CAMHS strategy for the next three years.

Addressing the issues associated with 'children who harm' will, of course, feature in the final strategy. However, a more immediate and sharper focus on this issue through further review by this committee would be helpful and is recommended.

Contact Details:

Author: Eoin Rush ext 4212

Assistant Director – Childrens Specialist Services

10/07/12

Health Overview & Scrutiny Committee Work Plan 2012/2013

Meeting Date	Work Programme
11 th December 2012	<ol style="list-style-type: none"><li data-bbox="524 225 1693 268">1. Report from NHS North Yorkshire & York – Merger of GP Surgeries<li data-bbox="524 288 1704 331">2. Update on Yorkshire Ambulance Service Patient Transport Services<li data-bbox="524 352 2051 395">3. Remit- Scrutiny Review into Community Mental Health Services in Care of Young People<li data-bbox="524 416 943 459">4. Workplan for 2012-13

19th December 2012

1. Results of Consultation on Closure of Mill Lodge (CCG, PCT, CYC to attend)
2. Verbal Report from Leeds & York Partnership NHS Foundation Trust (Mental Health Services)
3. Update Report on Proposed Changes to Children's Cardiac Services and Formation of a Joint Health Overview and Scrutiny Committee to respond to A National Consultation on Adult Cardiology Services
4. Health Watch Procurement Monitoring Report
5. Second Quarter CYC Finance & Performance Monitoring Report
6. Update on the Recent Review of Services for Homeless Patients at Monkgate Health Centre
7. The Local Account for Adult Social Care
8. Update Report on the Carer's Strategy and Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review
9. Scoping Report – Personalisation Review
10. Workplan for 2012-13

16 th January 2013	<ol style="list-style-type: none"> 1. Health Watch Procurement Monitoring Report 2. Safeguarding Assurance report 3. Report – Care Quality Commission – Quality Monitoring – Residential, Nursing and Homecare Services 4. Update on the North Yorkshire Review 5. Update on Implementation of the NHS 111 Service 6. Update from Leeds & York Partnership NHS Foundation Trust (Access to Talking Therapies/Improving Access to Psychological Therapy(IAPT)) 7. Workplan for 2012-13
20 th February 2013	<ol style="list-style-type: none"> 1. Health Watch Procurement Monitoring Report 2. Final Report of End of Life Care Review 3. Workplan for 2012-13
13 th March 2013	<ol style="list-style-type: none"> 1. Health Watch Procurement Monitoring Report 2. Third Quarter CYC Finance & Performance Monitoring Report 3. Annual Report of the Director of Public Health 4. Workplan for 2012-13
24 th April 2013	<ol style="list-style-type: none"> 1. Health Watch Procurement Monitoring Report 2. Workplan for 2012-13

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