



Notice of a public meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

Date: Wednesday, 11 September 2013

Time: 5.30 pm

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

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 - 12)
To approve and sign the minutes of the meeting held on 24 July 2013.

3. **Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 10 September 2013 at 5:00 pm.**

- 4. Update on Implementation of the recommendations arising from the End of Life Care scrutiny review** (Pages 13 - 20)

This report provides Members with their first update on the implementation of the recommendations arising from the previously completed End of Life Care scrutiny review which falls within the remit of the Health Overview & Scrutiny Committee.
- 5. Annual Report from the Chief Executive of York Teaching Hospital NHS Foundation Trust** (Pages 21 - 24)

This annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust provides information on:

 - Liverpool Care Pathway
 - Francis report progress
- 6. Annual Report from the Chief Executive of Yorkshire Ambulance Service**

The Head of Operations for North Yorkshire will be in attendance at the meeting to present verbally the Annual Report from the Chief Executive of Yorkshire Ambulance Service.
- 7. Update on the implementation of the NHS 111 Service** (Pages 25 - 26)

Members will receive an update report on the NHS 111 Service from the GP lead for NHS 111 York and Selby.
- 8. Joint Update on the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together.**

Members will receive a joint verbal update from the Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together.
- 9. Verbal Report on Public Health Service Plan**

Members will receive a verbal report from the Director of Public Health and Wellbeing on the Public Health Service Plan.

10. First Quarter CYC Performance and Monitoring Report (Pages 27 - 34)

This report analyses the latest performance for 2013/14 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

11. Verbal Report from Director of Public Health and Wellbeing on the work of the Health and Wellbeing Board and how it works together with Health Overview and Scrutiny Committee

Members will receive a verbal report from the Director of Public Health and Wellbeing on how the Health and Wellbeing Board works together with the Committee.

12. Night Time Economy Review-Scoping Report (Pages 35 - 44)

This report presents additional information in support of the agreed Health related Night Time Economy scrutiny review, and asks Members to agree a timeframe and scope for completing their work on the review.

13. Financial Update on the Vale of York Clinical Commissioning Group (Pages 45 - 48)

At the 26 April 2013 meeting of the Health Overview and Scrutiny Committee Hugh Bayley MP for York Central and Julian Sturdy MP for York Outer attended the meeting to share their thoughts in respect of the Vale of York Clinical Commissioning Group's (CCG) inherited debt from NHS North Yorkshire and York.

Following that meeting the Council's Director of Public Health and Wellbeing wrote to Secretary of State, on behalf of the Health OSC, expressing concern at the financial position of the 4 Clinical Commissioning Groups in North Yorkshire and York, particularly in relation to the North Yorkshire and York Primary Care Trust deficit for 2012/13.

A response has now been received from Jeremy Hunt, Secretary of State for Health, a copy of which is attached, for Members information, at Annex A of this report.

14. Work Plan Update (Pages 49 - 52)
Members are asked to consider the Committee's work plan for the municipal year.

15. Urgent Business
Any other business which the Chair considers urgent.

Democracy Officer:

Name- Jayne Carr
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For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting:

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

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 & Scrutiny Committee**Agenda item 1: 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. Member of York Teaching Hospital NHS Foundation Teaching Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital Member of UNISON

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City of York Council

Committee Minutes

Meeting	Health Overview & Scrutiny Committee
Date	24 July 2013
Present	Councillors Funnell (Chair), Douglas, Burton, Hodgson, Jeffries, Wiseman and Richardson (Substitute for Councillor Doughty)
Apologies	Councillor Doughty

11. Declarations of Interest

At this point in the meeting, Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests attached to the agenda, that they might have in the business on the agenda.

Councillor Wiseman declared a personal interest in the remit of the Committee as a member of York NHS Foundation Trust.

Councillor Jeffries declared a personal interest in the remit of the Committee as the Chair of York Independent Living Network.

Councillor Hodgson declared a personal interest in the remit of the Committee as he worked for a partner of the Criminal Records Bureau (CRB) checking service.

No other interests were declared.

12. Minutes

Resolved: That the minutes of the meeting of the Health Overview and Scrutiny Committee held on Wednesday 26 June 2013 be approved and signed by the Chair as a correct record.

13. Public Participation

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

Katie Smith from York Carers Forum spoke about a review of the Liverpool Care Pathway. She informed the Committee that the review would look at end of life care for ethnic minority groups and also concerns that relatives had not been asked whether they wished for the dying patient to be put on this method of care.

14. Attendance of the Cabinet Member for Health, Housing and Adult Social Services

The Cabinet Member for Health, Housing & Adult Social Services, attended the meeting and presented her annual report to the Committee.

She gave the following specific updates not included in the published report;

- The current state of the 111 non emergency number service.
- Expected pressures on Accident and Emergency Services over Winter.
- The use of other budgets, such as the new Homes Budget, which had been used to fund Adult Social Care but which would now have to fund Local Enterprise Partnerships (LEPs).

Following questions from Members, the Cabinet Member responded that;

- The Telecare Living Flat had been launched, and had attracted visitors but needed greater advertisement. It was confirmed at the meeting that York Older People's Assembly (YOPA) would contain information about the Flat in their next newsletter.
- That a proposed debate on the overspend in Parliament had not been successful, but that questions were raised and a meeting had been arranged between the two York MPs and the Minister for Health, Dan Powter, which Doctor Paul Edmondson Jones, the Director for Health and Wellbeing would also attend. Also, that a further follow up letter had been written to the Secretary of State requesting that the Vale of York Clinical Commissioning Group's (VOYCCG) inherited debt be written off.

- That a business case had been agreed between Leeds and York Partnership NHS Foundation Trust and the VOYCCG to provide a place of safety at Bootham Park hospital, although this was still subject to timelines set down by NHS Property Co.
- In the meantime, the Place of Safety would remain a police station.

The Chair thanked the Cabinet Member for her attendance. The Cabinet Member offered to respond to any further queries and concerns raised on the report outside the meeting by email.

Resolved: That the report be noted.

Reason: To keep the Committee up to date with the Cabinet Member's annual priorities in her portfolio.

15. 2012-13 Finance and Performance Year End Report- Adult Social Services

Members received a report which analysed the outturn performance for 2012/13 and the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Public Health and Wellbeing.

Questions from Members related to;

- If the increase in referrals from the hospital for discharge support over the last two years was part of a national trend?
- Timeliness of social care assessments.

It was noted that there was a national trend for faster discharges from hospitals, which was something that the CCG wanted to encourage. The hospital was also aware of the pressures that this brought.

In relation to timeliness of social care assessments, Members were told that Officers were aware of the length of waiting lists but that development was taking place to not duplicate figures from older indicators.

Resolved: That the report be noted.

Reason: To update the Committee on the final finance and performance position for 2012/13.

16. Adult Safeguarding Report (Annual Assurance of Governance Arrangements)

Members received a report which outlined the arrangements in place to ensure that the Council is able to discharge its responsibility to keep vulnerable adults in York protected from violence and abuse, whilst maintaining their independence and wellbeing.

Officers informed the Committee that they were confident that measures were in place to show that the Council was taking safeguarding seriously. During previous years, the Council had not investigated all safeguarding alerts, this had been done by the Council's partners. However checking, monitoring and follow up action was now carried out by Council Officers. An increase in the number of alerts relating to 'institutional' abuse was highlighted by Members but was suggested that this did not necessarily reflect an increase in instances of abuse, but rather demonstrated an increase in the awareness of the referral process. The Manager of York Health Watch confirmed that more training in Adult Safeguarding had taken place across the Council and its partners, to raise awareness and this could have led to an increase in the number of referrals.

In relation to the improvements planned for ensuring all statutory agencies were involved with the multi agency partnership, the Chair requested that the wording be amended slightly to positively achieve representation from Health Watch.

Resolved: That the report be and continuing progress be noted, including the positive steps taken to raise awareness of adult safeguarding responsibilities and referral processes.

Reason: To ensure that the Health Overview and Scrutiny Committee are assured of the arrangements for Adult Safeguarding within the Council.

17. Six Monthly Quarter Monitoring Report-Residential, Nursing & Homecare Services

Members received a six monthly update report on the summary of the current performance of providers of Residential/Nursing Care and Home Care in York, against Care Quality Commission (CQC) and the Council's own standards for performance and quality.

Members were advised that the inspection process for acute services had recently been reconfigured which could have a potential knock on effect on other services. It was suggested that the Committee might wish to keep a watching brief on the impact of this reconfiguration, as part of its overview role.

Resolved: That the update report be noted.

Reason: So that Members are informed about the performance and standards of provision of Care Services in York.

18. Verbal briefing on new Scrutiny Topic: Men's Health

The Committee received a verbal update from Councillor Wiseman on her proposal for a review of Men's Health, together with a contextual background paper from the Director of Public Health & Wellbeing, setting out the key issues, which was tabled at the meeting.

The briefing paper highlighted that there was a bottom 20% of men in the local population who had been "cast adrift" and had a significantly different and poorer life expectancy. The Director of Public Health and Wellbeing informed the Committee that this was unique to York in comparison to other areas nationally, and could be due to a culture change of moving from heavy industry (i.e. industrial activities around the railways) to current jobs. In the light of these statistics, Councillor Wiseman had registered her interest in reviewing what could specifically be done to help these men, alleviate their health concerns and specifically improve their life expectancy.

The Committee felt that the topic would be worthy of a review and agreed to form a Task Group to conduct the review.

Discussion took place on the potential remit and on the whole it was felt that the review should focus specifically on the 20% “cast adrift” initially. On the basis, that at a later stage, the information and evidence gathered could be used to broaden the review and any arising recommendations to improve the access of men, more generally, to health and public services.

- Resolved:
- (i) That the verbal briefing and paper on the scrutiny topic on Men’s Health be noted
 - (ii) Members agree that a Task Group be formed to carry out the agreed review, comprising of Councillors Wiseman, Hodgson and Doughty.
 - (iii) That the wording of the remit, including key objectives, for the review be delegated to Officers to determine, in conjunction with Councillor Wiseman.

Reason: To progress this scrutiny review.

19. Verbal Update on Personalisation Scrutiny Review

The Chair gave the Committee a verbal update on the progress of the Personalisation Scrutiny Review Task Group.

She reported that the Task Group had felt that the previous criteria for the review had remained valid, but that there needed to be a greater pooling of data. It was suggested that through the process of reviewing evidence, gaps would be found, on which the Task Group would focus on.

The Task Group had also discovered that the language used to explain personalisation was a potential barrier to understanding and that it could be beneficial to share personal stories about how lives had been changed as a result of a resident being offered a Personal Budget.

Finally, it was noted that the next meeting of the Task Group was being arranged for September 2013.

Resolved: That the verbal update be noted.

Reason: So that the Committee is informed of the work of the Task Group.

20. **Work Plan**

Members considered the Committee's Work Plan. The Chair outlined her proposals to review the format of the work plan to 'theme' the work of the Committee wherever possible, to make it easier for key partners and interested parties to engage on interrelated topics, e.g. one meeting could specifically focus on 'partnership working', another on 'mental health issues'. She also advised that she had asked Officers to look at removing unnecessary monitoring reports from the workplan on areas that were otherwise being addressed now by the Health & Wellbeing Board and its sub-groups.

A revised version of the current workplan would be circulated as soon as possible to all concerned.

Discussion then took place regarding an approach agreed by the Corporate and Scrutiny Management Committee (CSMC) for all the Council's Scrutiny Committees to conduct a review topic based on an overarching theme- the Night time Economy in York.

A briefing note, produced for CSMC and outlining potential remits for each Scrutiny Committee upon this 'theme' was circulated at the meeting.

CSMC had suggested that this Committee might wish, as a starting point, to focus on "looking at the causes for peak times at Accident and Emergency (12 am- 2am), to investigate the causes for this and to work with A & E to address these causes".

In general, the Committee felt that the focus of their review should be about 'identifying issues within the health environment, including the impact on A&E, and what steps could be taken address the health issues'. To help the Committee focus its work on this review, Members wished to receive the briefing report considered originally by CSMC, at their next meeting in September.

It was noted that CSMC had set a timescale for all Committees to report back to them on their work on this review by the end of February 2014.

Resolved: That the revised work plan, to be circulated, be agreed, subject to the inclusion of work on the agreed men's health and night time economy reviews.

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

Councillor C Funnell, Chair
[The meeting started at 5.30 pm and finished at 7.10 pm].



Health Overview and Scrutiny Committee**11 September 2013**

Report of the Assistant Director, Governance & ICT

Update on Implementation of Recommendations from the previously completed End of Life Care Review – ‘The Use and Effectiveness of DNACPR¹ Forms’**Summary**

1. This report provides Members with their first update on the implementation of the recommendations arising from the previously completed End of Life Care scrutiny review which falls within the remit of the Health Overview & Scrutiny Committee.

Background

2. At a scrutiny work planning event held in July 2011 it was agreed that the Health Overview and Scrutiny Committee would do some review work around End of Life Care. This led to a workshop being held in August 2011 between Members of the Committee and a variety of stakeholders to agree a specific focus for the review. Discussions led to this being agreed as the ‘use and effectiveness of DNACPR forms’.
3. In October 2011 the following ambition for the review was agreed:

Aim

The overall ambition of the review was: To ensure that patients’ wishes and instructions are acted upon by health professionals and carers at the end of life, especially in terms of ensuring that instructions in relation to information on DNACPR forms is up to date and adhered to when required.

¹ Do Not Attempt Cardiopulmonary Resuscitation

4. In March 2013, the Cabinet approved the recommendations arising from the review.

Consultation

5. The Chief Clinical Officer of the Vale of York Clinical Commissioning Group has provided the update information contained within the annex and will be present at this meeting to answer any questions arising.

Options

6. Members may decide to sign off any individual recommendations where implementation has been completed, and can:
 - a. request further updates and the attendance of the relevant officers at a future meeting to clarify any outstanding recommendations relating to the above reviews or;
 - b. agree to receive no further updates on those reviews

Council Plan

7. The process of monitoring and ensuring the implementation of the approved recommendations arising from the review will contribute to the 'protecting vulnerable people' element of the Council Plan 2011-2015.

Implications

7. There are no known Financial, Human Resources, Equalities, Legal, ITT or other implications associated with the recommendation made in this report.

Risk Management

8. In compliance with the Council's risk management strategy, there are no known risks associated with this report.
Risk Management

Recommendations

9. Members are asked to not the contents of this report and sign off all recommendations that have been fully implemented.

Reason: To raise awareness of those recommendations which are still to be fully implemented.

Contact Details

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**Report
Approved**



Date

22 August 2013

Wards Affected:

All



For further information please contact the author of the report

Background Papers: None

Annex

Annex A – Update Information on End of Life Care Review

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Update on the Implications of Approved Recommendations Arising from the End of Life Care Review – ‘The Use and Effectiveness of DNACPR Forms’-Annex A

Approved Scrutiny Recommendations	Update on Implementation as of September 2013
<p>i) Key health partners, namely York Teaching Hospital NHS Foundation Trust, Yorkshire Ambulance Service, Independent Care Group and York GPs, led and co-ordinated by the Vale of York Clinical Commissioning Group to look at ways of better publicising the existence of DNACPR forms and in doing this they make use of the wealth of experience and knowledge that already exists within voluntary organisations such as the Carer’s Forum and LINKs (soon to be HealthWatch) to assist them with holding public events.</p>	<p>Vale of York CCG is committed to reviewing and improving the clinical pathway, particularly around communication with patients and carers. A new Joint Commissioning Manager post to support planning across end of life care in health and social care has now been established. Through this post, links are also being made within the wider integration agenda. The next steps are to plan a “Let’s Talk about End of Life Care” event and training package, in collaboration with HealthWatch and the End of Life Care Programme Board to improve public and staff awareness about advanced care planning and DNACPR processes. This will incorporate further discussion of the end of life pathway in response to the recent Liverpool Care Pathway review.</p>
<p>ii) Key health partners namely York Teaching Hospital NHS Foundation Trust, Yorkshire Ambulance Service, Independent Care Group, York GPs and the Out of Hours (OOH) Service led and co-ordinated by the Vale of York Clinical Commissioning Group review whether the redesigned handover forms for the OOH Service GPs have improved the sharing of information around end of life care wishes (including DNACPR</p>	<p>A formal review of the redesigned handover forms for the OOH Service GPs has not taken place. The main change included the requirement for GPs to review and update DNACPR forms which has raised some issues, but is considered to be a key part of the process.</p>

<p>forms) and explore whether there are further improvements that can be made in relation to information sharing</p>	
<p>iii) Key health partners ensure that there are appropriate co-ordination arrangements in place to ensure that patients can discuss their end of life care wishes and those wishes are enacted. The Neighbourhood Care Teams should play a pivotal role in responding to this recommendation, in particular in terms of identifying patients most at risk of health problems and looking at ways of talking to patients about their End of Life Care needs, including DNACPR orders.</p>	<p>The development of the Neighbourhood Care Teams has begun to take shape and from July 2013 has begun focusing on early implementation in specific GP practices. These teams are identifying patients that are most at risk of multiple health problems. DNACPR training will be available for practitioners involved. Further work to improve multi-agency communication around end of life care is also being developed through the Care Homes Working Group led by Dr Andrew Phillips. Based on the available national evidence of what works for patients, it is recommended that this forms the first phase of a multi-agency roll-out of shared documentation around the palliative care pathway.</p>
<p>iv). The Multi-Agency Workforce Development Group within the city to be asked to consider how they can support all care homes within the city to achieve this.</p>	<p>The regional Skills for Care programme of training has been rolled out to care homes in City of York. A nursing home forum has been established by York Foundation Trust, and Emergency Care Planning has been established for end of life care in all nursing homes. The emergency plans enable out of hours and other key partners to make decisions on the best course of action. The Multi-Agency Workforce Development Group is now considering the wider planning of workforce development for end of life care and care homes in managing frail elderly residents.</p>

<p>v. Once a DNACPR form is in place:</p> <ul style="list-style-type: none"> a. there is a known protocol setting out who will undertake the review of the form and when b. the review date should be clearly stated on the front of the form c. there are processes in place within key health partners' internal policies to identify which forms are due for review and how these will be undertaken d. it is ensured that the completion of planned reviews is monitored. 	<p>Standard care planning processes are in place across community NHS services, further work to improve shared care across community, primary care, social care and hospital settings is now required. Coordination of DNACPR Status continues to be an issue for GP practices due to issues with data management; however the documentation and procedures outlined above are now in place across the Vale of York. City of York Council are developing a strategy for the in-house care homes, and as outlined above community nursing services are working with nursing homes to implement agreed protocols.</p>
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York Health Overview and Scrutiny Committee – 11th September 2013**Report from the Chief Executive, York Teaching Hospital NHS Foundation Trust****1. Introduction and background**

This paper provides a report from the Chief Executive which provides information on:

- Liverpool Care Pathway
- Francis report progress

2. Liverpool Care Pathway

Following publication of the Independent Review of the Liverpool Care Pathway by Professor Julia Neuberger, York Teaching Hospitals have carefully considered the implications for our patients.

The report acknowledges that the LCP “when operated by well trained, well resourced and sensitive clinical teams works well”. Although the report recommends the phasing out of the use of the LCP over the next 6 to 12 months the level of negative media coverage that the LCP had received made this difficult in practice. As a result the Medical Director met with Palliative Care Physicians and MacMillan Nurses from across the organisation and recognising that our priority was always to minimise the distress felt by families facing the imminent death of a loved one, our view was that discussing the LCP with the families might add further to this distress. Accordingly it was decided to discontinue use of the LCP throughout York Teaching Hospitals NHS Foundation Trust.

Making the diagnosis that a patient is within the final few days of life requires careful, skilled clinical assessment by a senior clinician with a sound knowledge of treatment options available. The Trust very much supports the recommendation within the Neuberger Report that making such key clinical decisions should not take place out of hours or over the weekend unless unavoidable, urgent or clearly in the patients’ best interests. Such a decision we have made clear should lie with the responsible clinician in consultation with the entire healthcare team and once this diagnosis has been made this must always be discussed fully with relatives, carers and the patient if appropriate. The Trust has been clear that it is imperative all discussions around the plan of care and clinical decisions regarding issues such as hydration, nutrition, DNACPR etc are all clearly documented.

Providing excellent end of life care for our patients and support for their families

remains an absolute priority for the hospitals. We recognise that withdrawal of the LCP poses risks in this respect and accordingly our Palliative Care Teams have worked to develop clear, specific and patient centred guidelines which have been disseminated to all staff around the clinical management of patients in the last few days of life. This allows us to retain that which was best in the LCP along with the ability to tailor care to individuals and their families.

This interim guidance compiled by the Specialist Palliative Care Team has been distributed and will evolve over weeks to come. It is available to support clinicians and ward staff and the Palliative Care Teams themselves are available to advise on the ongoing management of patients' symptoms.

A new set of documentation is being drawn up to allow careful, clear recording of symptoms and the treatments initiated as a result. These will be disseminated in due course. It is important to be clear that they are not "the Liverpool Care Pathway" by another name but rather a means of documenting good practice and supporting clinical decision making. They emphasise the importance of involving patients and their carers in decisions and responding swiftly to changes in patients' symptoms.

Our belief is that throughout the organisation the LCP has previously been implemented generally very effectively and has successfully supported excellent care in the last days of life both in the acute hospitals and in many areas of the community and care homes. The new guidance and the documentation to support this will do the same and provide us with an opportunity to ensure that this guidance is consistent throughout the enlarged organisation. Clinical algorithms have been revised and commented on by specialist pharmacists and are now widely disseminated. The Palliative Care Teams in Scarborough and York are working to create a "last few days of life" care plan that will be applicable throughout our care settings and both our staff and governors have been briefed to this effect. The Community Teams have been briefed and at a meeting in early August chaired by Dr Saxby, Consultant in Palliative Medicine at St Catherine's Hospice, Scarborough there was good representation from all relevant stakeholders, allowing a discussion of the content and format of a new care plan. This will incorporate recommendations of the review whilst providing clinical guidance, accompanying that which is being drawn up by the National Team. A further meeting is planned with the final document anticipated by mid September.

Throughout this process our priority has been to ensure that the best elements of the LCP are retained whilst implementing the recommendations of the review in a way that allows us to continue consistent, compassionate and high quality care over those critical last few days of life and mindful that this is a change in process it is one that we will continue to monitor most carefully.

3. Francis Report Progress

3.1 Introduction

The Francis Report made 290 recommendations following the Public Inquiry into the Mid Staffs Foundation Trust public inquiry into the failings of care at the hospital.

The recommendations implicate the need for a structure of fundamental standards and measures of compliance.

- Requires openness, transparency and candour throughout the healthcare system, underpinned by statute.
- Improved support for compassionate, caring and committed nursing with stronger patient centred healthcare leadership.
- For accurate, useful and relevant information to allow effective comparison of performance by patients and the public.

3.2 York Teaching Hospital NHS Foundation Trust Action To-date

Prior to and following the publication of the Francis report a number of actions were taken in response to the recommendations, these included:

- Review of key risk management processes
- Review of local Serious Incident processes
- Further development of compliance review systems
- Changes to senior nursing structure
- Introduction of It's My Ward programme - focus on nursing leadership
- Senior Nurse walkabouts & peer review planned
- New roles introduced to support teams in high volume areas (ACP)
- Weekly review of complaints by CEO & Chief Nurse
- Changes to care indicators to measure the quality of care at ward level
- Changes in Nursing management structure to ensure clear lines of accountability

In addition, and in order to undertake a robust and detailed review of organisational systems, the Trust has established a Task and Finish Group to examine the recommendations, assess the organisations current position, identify any gaps and to identify priorities and actions in response to the publication '*Patients First and Foremost*' the Government's initial response to the Francis report.

The report was published in April of this year and was signed up to by all key system organisations.

All healthcare providers' were asked to respond to the publication.

The 5 key domains in the work of the Task and Finish Group will mirror those in '*Patients First and Foremost*' are listed below:

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring that staff is trained and motivated.

Each member of the group has undertaken a review of the key domains from the perspective of the service area or function that they represent these include Nursing, Human Resources, Operations, Governance, Patient Safety, Applied Learning and Research.

The review included:

- A statement on the current position
- Identification of any gaps and an associated risk rating developing the organisational priorities
- Establishing action plans where required to mitigate risk

This first part of this critical piece of work has now been completed and has been summarised into key themes, with three priority actions in each category.

In addition, the Chief Nurse sought views and responses to the Government's initial response to the Francis Report from Matrons, Clinical Directors, Directorate Managers, Corporate Directors and the Corporate Nursing Team. Meetings and briefings have also taken place with the Governors, and with the Board of Directors.

The Group will continue its work and report to the October meeting of the Board of Directors on progress made. Detailed action plans re the delivery of re the delivery of the priority actions are either already in place, or in the process of being developed.

4. Recommendation

The Committee is asked to note the report.

Author	Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust
Owner	Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust
Date	August 2013

NHS 111 Update by Dr Nigel Wells, GP lead for NHS 111 York and Selby

NHS 111 went live for call handling and triage of the GP out of hours service in York on 2nd July. NHS111 was live in the area before this date and this was replacing NHS Direct calls; NHS111 is now taking calls from 18.30 until 08.00 on weekdays and from 18.30 on Friday until 08.00 Monday for patients registered to GPs in York and surrounding areas.

NHS 111 works on a clinical pathways triage model and is staffed by call handlers and clinical advisers; call lengths vary between 7 and 15 minutes on average; the outcome is determined by the clinical scenario, the input from the clinical advisers and then a possible direction to a service outlined on the directory of service (DOS). The delay in roll out allowed the DOS in our area to be repeatedly tested and upgraded before going live.

NHS111 in our area seems not to have increased the A&E attendance or 999 calls but it is hard to make firm statements at this early stage. Complaints and incidents have been low in number.

Commissioners continually monitor NHS111 service across Yorkshire and Humber and this allows areas of concern to be highlighted for action. One area that is being worked upon on a regional level at present is access for palliative care patients in order to streamline services and care.

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Health Overview & Scrutiny Committee

11 September 2013

Report of the Director of Adults, Children & Education

2013/14 FIRST QUARTER FINANCIAL & PERFORMANCE MONITORING REPORT – HEALTH & WELLBEING

Summary

- 1 This report analyses the latest performance for 2013/14 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

Financial Analysis

- 2 The new Directorate of Health & Wellbeing comprises the Adult Social Care budgets formerly within the Directorate of Adults, Children & Education, and the new Public Health budget amalgamated with some sport and active leisure and Drug and Alcohol Action Team (DAAT) budgets formerly within the Directorate of Communities and Neighbourhoods. A summary of the service plan variations is shown at table 1 below.

**Table 1 – Health & Wellbeing Financial Projections Summary
2013/14 - Monitor 2 (Q1) July**

	2013/14 Budget £000	Projected Outturn Variation	
		£000	%
Adult Assessment & Safeguarding	27,401	+1,188	+4.3%
Adult Commissioning, Provision & Modernisation	23,759	+664	+2.8%
Public Health	826 *	-250	+30.3%
Total Health & Wellbeing	51,986	+1,602	+3.5%

* Net of £6.441m Public Health Grant

- 3 In Adult Social Services, demographic pressures continue to be evident in relation to demand for care, despite significant investment of £2.5m in the 2013-14 budget.

At present, forecasted pressures include demographic pressures (£386k), a continued increase above forecast level in the number of customers taking up Direct Payments (£360k) and use of external placements for emergency and short term breaks (£243k).

- 4 A number of unachievable budget savings also contribute to the forecasted pressure including reablement (£300k), EPH reconfiguration (£175k) and the Night Care team (£113k).
- 5 A number of other minor pressures are offset by a significant forecasted underspend on External Residential Care (£434k) due to a lower number of required placements than anticipated.
- 6 The Public Health grant for 2013/14 is £6.641m and there is currently a forecast surplus of £458k. It is proposed that £250k of this will be used as mitigation against overspends in adult social care where there are elements that can be funded by the public health grant, particularly around prevention work. The remaining surplus is a contingency for continuing uncertainties around the transferred contracts from the PCT. In addition to this there is a general fund budget for public health of £826k which is primarily for sport and active leisure and some DAAT functions. No significant variations to this budget are currently expected.
- 7 The directorate management team are committed to containing expenditure within their budget for 2013/14 and are therefore exploring the following options to further mitigate the current overspend projection:
 - Undertake a thorough review of the most expensive care packages, with a view to exploring all options for delivery of the required care at a lower cost.
 - Review the level of, and secure additional, continuing health care contributions where appropriate.
 - Review all 2014/15 savings proposals with a view to stretching and implementing as many as possible earlier in the 2013/14 financial year.
 - Continue to hold recruitment to vacant posts wherever possible and safe to do so.

Performance Analysis

- 8 Performance in Quarter 1 shows a positive picture with 12 of the 20 reported indicators meeting or exceeding the Q1 targets. 5 indicators have fallen below tolerance and have been reported as red.

Code	Description of PI		13/14				
			Qtr 1	Qtr 2	Qtr 3	Year End	
A&S1C (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	25.0 %	27.0 %	29.0%	30.0 %	Meets or Exceeds Target
		Actual	25.32 %				
A&S1C Part2 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments ONLY)	Target	5%	9%	14 %	20.0 %	Meets or Exceeds Target
		Actual	6.71 %				
A&S1C Part3 (NPI 130)	Customers & Carers receiving Self Directed Support (Direct Payments and Individual Budgets)	Target	70.0 %	70.0 %	70.0%	70.0 %	Meets or Exceeds Target
		Actual	79.75 %				
A&S1C Part4 (NPI 130)	Of part 1C Part 3, percentage with DP	Target	15.0 %	17.0 %	19.0%	20.0 %	Meets or Exceeds Target
		Actual	17.75 %				
A&S1E (NPI 146)	Adults with learning disabilities in employment	Target	2%	4%	6%	9.0 %	Within tolerance at Q1
		Actual	1.7%				
A&S1E (NPI 146) Part 2 Local	Adults with learning disabilities in employment - includes Supported employment (less than Min. Wage)	Target	2%	4%	6%	9.00 %	Meets or Exceeds Target
		Actual	3.58 %				

A&S1G (NPI 145)	Adults with learning disabilities in settled accommodation	Target	18%	37%	55%	80.0%	Missing Target
		Actual	4.63%				
A&S1G (NPI 145) Part 2 Local	Adults with learning disabilities in settled accommodation - includes Res and Nursing care	Target	18%	37%	55%	80.0%	Missing Target
		Actual	6.95%				
A&S2A	Permanent admissions to residential & nursing care homes per 100,000 population	Target	31.00	61.00	92.00	122.00	Meets or Exceeds Target
		Actual	20.60				
Delayed Discharges 1	Average number of Acute delayed discharges	Target	8.25	8.25	8.25	8.25	Missing Target
		Actual	12.00				
Delayed Discharges 2	Average number of reimbursable CYC delays (people) at period end	Target	4.00	4.00	4.00	4.00	Missing Target
		Actual	9.00				
Delayed Discharges 3	Average number of CYC bed days	Target	173.81	173.81	173.81	173.81	Missing Target
		Actual	188.33				
Delayed Discharges 4	Total CYC bed days cost	Target	£52,500	£105,000	£157,500	£210,000	Meets or Exceeds Target
		Actual	£40,400				

132 - part 6	OT/OTA assessments - to be completed within 28 days	Target	90.00 %	90.00 %	90.00 %	90.00 %	Meets or Exceeds Target
		Actual	94.5 %				
A&SNPI 133	Timeliness of social care packages	Target	90.0 %	90.0 %	90.0 %	90.0 %	Meets or Exceeds Target
		Actual	92.86 %				
A&S NPI35	Carers receiving needs assessment or review and a specific carer's service, or advice and information	Target	6%	12%	17 %	25.0 %	Within tolerance at Q1
		Actual	7.4%				
A&SD39	Statement of Needs	Target	95.0 %	95.0 %	95.0 %	95.0 %	Meets or Exceeds Target
		Actual	97.61 %				
A&SD40	All services Reviews	Target	30%	60%	80 %	90.0 %	Meets or Exceeds Target
		Actual	38.46 %				
RAP A6	Assessments missing Ethnicity	Target	.<5%	.<5 %	.<5 %	.<5 %	Within tolerance at Q1
		Actual	5.29 %				
RAP P4	Services missing Ethnicity	Target	.<5%	.<5 %	.<5 %	.<5 %	Meets or Exceeds Target
		Actual	3.27 %				

- 9 Adults with learning disabilities in settled accommodation: Work is underway to identify the number of people who are in settled accommodation which falls out of this indicator. We know that we have high numbers of people living in their own tenancies (44% compared to 15% nationally).
- 10 Average weekly number of CYC Acute delayed discharges, Bed Days and CYC reimbursable delays. Delayed discharge rates continue to be a challenge. Analysis of data shows an improvement in this area in recent months in the Elderly care acute discharge pathway. Further data is

being analysed for non acute pathways where numbers are high and action can be taken to affect a change in these rates to improve performance.

Council Plan

- 11 The information included in this report demonstrates progress on achieving the council's corporate priorities for 2011-2015 and in particular, priority 4 'Protect Vulnerable People'

Implications

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

Risk Management

- 13 Adult Social Services budgets are under significant pressure. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2013/14 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2013/14.

Contact Details

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Mike Richardson
Performance & Improvement
Manager
Tel No. 554355

Chief Officer Responsible for the report:

Paul Edmondson-Jones
Director of Health & Wellbeing

**Report
Approved**

Date 30 August 2013

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

First finance and performance monitor for 2013/14, Cabinet 3 September 2013

Annexes

None

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Health Overview & Scrutiny Committee
Report of the AD Governance & ITT

11 September 2013

Night Time Economy Review – scoping report

Summary

1. This report presents additional information in support of the agreed Health related Night Time Economy scrutiny review, and asks members to agree a timeframe and scope for completing their work on the review.

Background

2. At its meeting on 24 June 2013, the Corporate Scrutiny Management Committee (CSMC) expressed interest in developing a theme around the Night Time Economy worthy of ‘corporate review’, and received a briefing paper in support, as shown at Annex A.
3. The briefing suggested a number of possible areas for review associated with the Night Time Economy which would support the Council’s current key priorities in its Council Plan 2011-2015. They agreed to proceed with the theme and requested each of the Overview and Scrutiny Committees identify a suitable remit / objectives in line with their individual terms of reference.
4. In July 2013, the Committee considered a possible remit for its Night Time Economy Review in line with a suggestion from CSMC:

‘To look at the causes behind the peak times at A&E (between 12-2am) and work with A&E on how to address the causes of this’
5. However, having acknowledged that the evening and night time economy presented a number of challenges to manage from a health standpoint, in particular a peak in violent crime and anti-social behaviour in the evening and night (particularly on

Saturdays), putting a strain on A&E resources at York Hospital between midnight and 2am, Members expressed a preference to refocus the review remit as follows:

‘To work with key partners to identify the relevant issues within the ‘health environment’ (including the impact on A& E at peak times) and suggest what measures need to be taken in order to address the issues identified’

Suggested Way Forward

6. To support the revised remit above, the following review objectives have been drafted for the committee’s consideration:

Draft Objectives:

- i. Investigate potential health risks to residents and visitors to York City Centre at night and early morning
 - ii. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department
 - iii. Evaluate responses from night time economy consultation to understand people’s perception about visiting A&E at night
 - iv. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York
7. It is also recognised that the committee will need to meet with several key partners. The following have been suggested by the Director of Public Health & Well-being:
- The Emergency Department at York Hospital Foundation Trust - Dr Gill Kelly and Gordon Cooney;
 - The Vale of York Clinical Commissioning Group - Dr Andrew Phillips and Fiona Bell;
 - The GP Out of Hours Service - Dr Mike Holmes;
 - Yorkshire Ambulance service;
 - York Street Angels - volunteers who walk the city streets into the early hours on Friday and Saturday nights caring for, practically helping and listening to people, especially those in vulnerable or difficult situations.

8. As part of the review Members may also want to consider the work of:
 - The York Urgent Care Board - comprised of expert representatives from across the York healthcare community delivering an integrated urgent care centre for the York area.

Timetable for Review

9. A proposed timeframe for the review and a breakdown of the proposed work to be covered is shown in a draft timetable at Annex B. The Committee are asked to bear in mind when identifying any additional future meeting dates required to complete the work on this review that CMSC have asked that all Night Time Economy Reviews be completed by the end of February 2014.

Implications

10. The implications associated with the recommendations arising from this review will be identified and included in the Draft Final Report once work on this review has been completed.

Council Plan 2011-15

10. This review relates to the following key element of the Council Plan 2011-2015: 'to protect vulnerable people'.

Risk Management

12. The risks associated with the recommendations arising from the Review will be identified once the Review has been concluded.

Recommendations

13. Having considered the information provided within this report the Committee are recommended to agree:
 - i. the revised wording of the remit as shown at paragraph 6;
 - ii. a number of objectives for the review, as suggested in paragraph 6 of this report
 - iv. a timeframe and approach for completing the work on the review as suggested in Annex B to this report;
 - v. a number of additional meeting dates, as required to progress the work on the review.

Reason: To ensure compliance with scrutiny procedures, protocols and workplans.

Contact Details

Author:

Steve Entwistle

Scrutiny Officer

Tel No. 01904 554279

steven.entwistle@york.gov.uk

Chief Officer Responsible for the report:

Andrew Docherty

AD ITT & Governance

Report Approved



Date

3 September
2013

Wards Affected:

All



Background Papers: None

Annexes:

Annex A - Briefing report on York's Night Time Scrutiny Review

Annex B - How to progress

Briefing on York's Evening and Night-Time Economy for Scrutiny Management Committee

Overview

- The evening and night time economy of York supports many businesses and jobs in the city centre. This includes 2 cinemas, 2 theatres, 7 ghost walks, 103 bars and pubs, 4 nightclubs, 101 (licensed) restaurants and 28 licensed cafes. This evening and night time attracts thousands of customers to the city centre (including visitors and local residents).
- Footfall cameras indicate that many (around 14,000) people visit the city centre between 6pm and 5am each week. This is about 10% of all weekly footfall in the city centre, with the bulk of night-time activity occurring on Friday and Saturday nights.
- Since the licensing act came into effect in 2005, we have seen a growing number of premises that supply alcohol in the city (despite the demise of the traditional off-licence). Some of this growth is welcome and promotes the vibrancy of the city centre economy. This includes new bars and restaurants – and new city centre retail outlets that sell alcohol (Budgens, Tesco Express, Sainsburys etc)
- However, the evening and night time economy also presents a number of challenges to manage. This includes:
 - A peak in violent crime and antisocial behaviour in the evening (between 6pm and 11pm and between 11pm and 6am), particularly on Saturdays.
 - The peak time for A&E at York Hospital is between midnight and 2am.
 - A number of city centre hotels have poor visitor ratings due to noise and antisocial behaviour from other residents.
 - A rise in the perception of a “drunken job” culture due to the number of irresponsible promotions from licensed premises. This is an issue mid-week in term times due to student promotions as well as at weekends. This impacts negatively

upon the footfall from other markets, including families and others not wanting to encounter this atmosphere.

- Anti- social behaviour relating to “pre-loading”; there are a number of people who have been drinking before entering the city-centre. There is feedback from bus and taxi drivers which has indicated that a number of people are being transported into the city who have been pre-loading.

Current approach

- Positively and proactively managing the late night economy is a key issue for the City Council and a priority in the Council Plan Refresh that was approved by Cabinet in June. Several departments including the Policy Team, Economic Development Unit and Safer York are currently developing a vision of what the ideal York evening and night time economy looks like.

Part of our strategy must reflect the potential market for tourism provided by the early evening and night time economy. The emerging tourism strategy for York, led by the Council and Visit York, has identified the evening economy as an important issue to address in order to help deliver the ambition of doubling the value of tourism in York in ten years. Among other objectives, this increase in value can only be achieved by seeking to increase the length of stay of visitors, by attracting more people to stay overnight; including overseas and business visitors, and/or increasing the value of spend by each visitor (i.e. increasing the quality of offer and thus the value of that offer). The promotion of a quality and diverse evening offer will be necessary to encourage this – and will be enjoyed by York residents as well.

- Alongside this tourism activity, the Safer York Partnership is working with partners across the city to address the problems related to the night time economy through the Alcohol, Violence and Night Time Economy (AVANTE) group. Membership of this group includes council officers, environmental protection, the Police and representatives from public health and A&E. This group meets monthly to address all issues of crime and anti-social behaviour which are alcohol related. This includes those issues

which are linked to the night time. The group works to the National Intelligence Model, tackling issues related to victim, offender and location and delivers a multi-agency problem solving approach to addressing those issues.

- On licensing, we:
 - Hold regular enforcement meetings with responsible authorities (police, fire, trading standards, Environmental Protection and planning) where officers share intelligence and plan targeted enforcement work.
 - Have a statement of licensing policy which is reviewed regularly. The latest version is on http://www.york.gov.uk/downloads/file/662/statement_of_licensing_policy_2011.
- Prevention and enforcement –Safer York Partnership is re-visiting the concept of an alcohol restriction zone (formerly known as DPPO) for the area within the bar walls to provide police with the power to seize alcohol when it is linked to anti-social behaviour and crime. Particular issues which occur on a Saturday night are being addressed through Operation Erase, a joint approach between North Yorkshire Police and the British Transport Police. Other initiatives include a code of conduct, tackling problems of alcohol loading and working with the Emergency Department in York Hospital to look at tackling irresponsible drinking.
- Retailers also have a role to ensure that the evening and night time economy is safe and successful. A number of licensed premises in the city have established a Pubwatch Group, the police and licensing authority are represented at the meeting.
- The City Team is also currently working to develop a vision for the city centre of the future and of course includes the future of retailing – which it is recognised needs to develop and change to meet the challenge of the internet and multi-channel shopping.

Recommendations for Scrutiny

- Managing the evening and late night economy is a cross cutting issue and an important element of the Council Plan. We recommend that, if scrutiny are minded to consider this as a topic, they should create a cross cutting committee.
- There are a number of areas which scrutiny could focus their attention on in a review. Below are a number of suggested topics to consider.
 - To develop a vision of what the evening and night time economy in York should look like in five years time.
 - To investigate opportunities to co-ordinate the effective development of the night time economy, to ensure that York's residents, businesses and visitors get maximum value from York's night time economy.
 - To examine the potential for encouraging businesses which are not reliant upon the sale of alcohol as their main attraction
 - To examine ways of reducing the fear of crime
 - To examine ways of enhancing access to and from the City centre at night time

Night Time Economy Review

Aim: To work with key partners to identify the relevant issues within the ‘health environment’ (including the impact on A& E at peak times) and suggest what measures need to be taken in order to address the issues identified

Objective	Method	Meeting Date
1. Investigate potential health risks to residents and visitors to York City Centre at night and early morning	Meet with representatives of Yorkshire Ambulance Service, Street Angels York and Safer York Partnership to identify specific areas of risk	
2. Understand how a peak in violent crime and anti-social behaviour in York City Centre impacts on late night and early morning resources at the A&E department	Meet with representatives of York Hospital Trust, Vale of York CCG, the GP Out of Hours Service and the York Urgent Care Board to identify problems	
3. Evaluate responses from night time economy consultation to understand people’s perception about visiting A&E at night.		

<p>4. Examine the impact of any campaigns previously run in York and elsewhere to encourage a reduction in excessive drinking, in an effort to identify successful campaigns for future use in York</p>	<p>Meet with representatives of Public Health, Police and other support services</p>	
	<p>Consider Draft Final Report and identify suitable recommendations</p>	<p>January 2014 Committee meeting</p>



Health Overview & Scrutiny Committee**11 September 2013**

Report of the Assistant Director, Governance and ICT

Financial Update on the Vale of York Clinical Commissioning Group**Summary and Background**

1. At the 26 April 2013 meeting of the Health Overview and Scrutiny Committee Hugh Bayley MP for York Central and Julian Sturdy MP for York Outer attended the meeting to share their thoughts in respect of the Vale of York Clinical Commissioning Group's (CCG) inherited debt from NHS North Yorkshire and York.
2. Following that meeting the Council's Director of Public Health and Well-being wrote to Secretary of State, on behalf of the Health OSC, expressing concern at the financial position of the 4 Clinical Commissioning Groups in North Yorkshire and York, particularly in relation to the North Yorkshire and York PCT deficit for 2012/13.
3. A response has now been received from Jeremy Hunt, Secretary of State for Health, a copy of which is attached, for Members information, at Annex A of this report.
4. The response confirms that the deficit will be factored into future 2013/14 CCG plans and that it should not impact on the future financial performance of the CCG's. However, it is pointed out that the CCG's are required to provide services within their financial allocations and develop long term sustainable strategies to provide quality services to meet the needs of local people.

Consultation and Options

5. As this report is for information only, no consultation has been undertaken and there are no options for consideration.

Council Plan 2011-15

6. This helps the Council Plan priorities of building strong communities and protecting vulnerable people.

Implications

7. There are no known implications in relation to this cover report.

Risk Management

8. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendation in this report.

Recommendation

9. Members are asked to note this cover report and attached letter from the Secretary of State in relation to the financial position of the Clinical Commissioning Groups.

Reason: In order to update the Committee on the latest financial position of the CCG's.

Author:

Dawn Steel
Head of Civic and
Democratic Services
Telephone: 01904 551030

Chief Officer Responsible for the report:

Andy Docherty
Assistant Director, Governance and ICT

**Report
Approved**



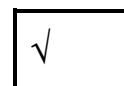
Date 3 September
2013

Specialist Implications Officers

Not applicable

Wards Affected:

All



For further information please contact the author of the report

Background Papers

None

Annexes

Annex A – Letter from Jeremy Hunt, Secretary of State for Health



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

POC1_796324

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SW1A 2NS

Paul Edmondson-Jones,
Director of Public Health and Well-being
Public Health Team
West Office
Station Rise
York
YO1 6GA

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

12 AUG 2013

Dear Mr. Edmondson-Jones,

Thank you for your letter of 25 April 2013 about the financial position of the four clinical commissioning groups (CCGs) in North Yorkshire and York: NHS Vale of York CCG, NHS Harrogate and Rural District CCG, NHS Scarborough and Ryedale CCG, and NHS Hambleton, Richmondshire and Whitby CCG. I apologise for the delay in responding.

I have noted the concerns you have raised on behalf of City of York Council's Health Overview and Scrutiny Committee. I am aware that the financial position of the NHS in North Yorkshire is of concern locally and that the former North Yorkshire and York Primary Care Trust (PCT) recorded a £12 million year-end deficit in 2012/13.

I am aware that, in the past, the PCT relied on significant financial support from the former regional strategic health authority (SHA), totalling over £100 million since 2007/08. This included the SHA absorbing legacy debt, in line with the 2012/13 NHS Operating Framework, which stated that CCGs would not be responsible for resolving the legacy debt of PCTs that arose prior to 2011/12. CCGs in North Yorkshire have not inherited any legacy debt.

It was also made clear that it was the responsibility of PCTs to work with their emerging CCGs to ensure that they did not end the 2012/13 financial year with a deficit. The former NHS North of England advised that the commissioning plans for 2012/13 were led by CCGs in North Yorkshire, using their delegated budgets, in conjunction with the PCT, and therefore responsibility for the resulting financial position is shared jointly.

NHS England published its planning guidance for 2013/14 alongside the financial allocation for each CCG. This stated that any PCT deficits that arose in 2012/13 would be the responsibility of relevant CCGs and direct commissioners.

I am advised that 2012/13 deficits have been factored into the 2013/14 CCG plans, while NHS England will put in place separate arrangements for managing legacy debt (i.e.

balance sheet liabilities which relate to pre 1 April 2013), and the debt should not impact on the future financial performance of the CCGs.

CCGs are required to live within their financial allocations. I am advised that the North Yorkshire and Humber Area Team within NHS England has been closely involved in the financial planning and risk assurance process for the four North Yorkshire and York CCGs to ensure financial plans are robust, and is working with the CCGs to support them to deliver financial balance. NHS England has advised that the four CCGs are planning a surplus for 2013/14.

It is imperative that the local NHS develops long term sustainable strategies that provide high quality services that meet the needs of local people. However, this is a matter for local determination and it would not be appropriate for me to intervene.

You also raise concerns about the allocation of NHS funding for health services in North Yorkshire. As you will be aware, NHS England is responsible for setting allocations to CCGs. The 2013/14 CCG allocations were announced by NHS England on 18 December 2012. Every CCG has received an increase in funding of 2.3 per cent to ensure stability in the first year of the new commissioning arrangements.

NHS England also announced it will review the funding formula for future NHS allocations to ensure that these reflect the needs of local communities and enable the best outcomes for local people.

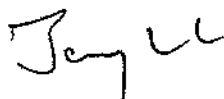
If you have any further concerns about this matter, I would encourage you to raise these with NHS England directly. I am advised that you can do so by contacting Claire Wilson, Head of Office and Professional Network within the Finance Directorate:

Claire Wilson
Head of Office and Professional Network Coordinator
Finance Directorate
NHS England
1N12 Quarry House
Quarry Hill
Leeds LS2 7UE

Email: Clairewilson10@nhs.net

I hope this reply is helpful.

Yours sincerely,



JEREMY HUNT

Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
11 September 2013	<p>New Themed Meeting Approach: Overview of Health Partners</p> <ol style="list-style-type: none"> 1. Update on implementation of the recommendations arising from the end of life care scrutiny review 2. Annual report from Chief Executive at York Teaching Hospital NHS Foundation Trust, including <ul style="list-style-type: none"> ○ Liverpool care pathway ○ Francis report progress 3. Annual report from Chief Executive of York Ambulance Trust. (Verbal report from Phil Bainbridge, Head of Operations for North Yorkshire) 4. Update on the implementation of the NHS 111 service (Report by Dr Nigel Wells). 5. Joint update from Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust on how they are working together 6. Public Health Service Plan (Verbal report). <p>Monitoring Role:</p> <ol style="list-style-type: none"> 7. (a) First Quarter CYC Finance & Performance Monitoring Report (b) Director of Public Health to report on the work of the HWB and how Health OSC and HWB work together <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 9. Briefing Paper on Health OSC Remit for Corporate Night Time Economy Review <p>Managing the Business:</p> <ol style="list-style-type: none"> 10. Workplan Update

23 rd October 2013	<p>New themed approach: Mental Health and Medical Services for Travellers</p> <ol style="list-style-type: none"> 1. Annual report Chief Executive of Leeds and York Partnerships NHS Foundation Trust (LYPFT) 2. Monitor of partnership working and implementation of learning about partnerships (report from LYPFT on the way that older people's mental health services are provided) 3. Report Section 136 of the mental health act – provision of a place of safety 4. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow) <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 5. Draft final report of Community Mental Health & Care of Young People Task Group 6. Presentation on 'loneliness' from JRT (tbc)? <p>Managing the Business:</p> <ol style="list-style-type: none"> 7. Workplan Update
27 th November 2013	<p>Monitoring Role:</p> <ol style="list-style-type: none"> 1 Second Quarter CYC Finance & Performance Monitoring Report <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Draft final report of Personalisation Task Group? (tbc) <p>Managing the Business:</p> <ol style="list-style-type: none"> 3. Workplan Update
18 th December 2013	<p>Managing the Business:</p> <ol style="list-style-type: none"> 1. Workplan Update
15 th January 2014	<p>Managing the Business:</p> <ol style="list-style-type: none"> 1. Workplan Update

19 th February 2014	<p>1. Annual Report on the Carer's Strategy? (tbc)</p> <p>Managing the Business: 2.Workplan Update</p>
12 th March 2014	<p>Monitoring Role: 1.Third Quarter CYC Finance & Performance Monitoring Report</p> <p>Managing the Business: 1.Workplan Update</p>
23 rd April 2014	<p>Managing the Business: 1.Workplan Update</p>

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