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, 19 February 2014

Time: 5.30 pm

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

A G E N D A

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 - 10)

To approve and sign the minutes of the meeting held on 15 January 2014.

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 18 February 2014** at **5:00 pm**.

Please note that this meeting, including public speakers, will be sound recorded to allow members of the public to listen to the proceedings without having to attend the meeting. The sound recording will be uploaded onto the Council's website following the meeting.

4. **Further update on Implementation of Recommendations from the previously completed End of Life Care Review - 'The Use and Effectiveness of DNACPR Forms'** (Pages 11 - 18)
   This report provides Members with a further 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. **Vale of York Clinical Commissioning Group Community Services and Out of Hours GP Services Commissioning Plans**(Pages 19 - 52)
   The Chief Operating Officer from the Vale of York Clinical Commissioning Group (CCG) will present reports on the re-procurement of Healthcare in the Community and GP Out Of Hours Services.

6. **Draft Final Report- Night Time Economy Scrutiny Review** (Pages 53 - 76)
   This report presents updated information on the work completed to date by Members of the Health Overview and Scrutiny Committee (OSC) in relation to the corporate review into York's Night Time Economy and their recommendations to the Corporate Scrutiny Management Committee (CSMC).

7. **Work Plan** (Pages 77 - 78)
   Members are asked to consider the Committee's work plan for the municipal year.

8. **Urgent Business**
   Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts
Telephone – 01904 551078
E-mail- judith.betts@york.gov.uk

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

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

Contact details are set out above

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Agenda Annex

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If you would, you will need to:

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- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
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Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

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interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

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The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

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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- All public agenda/reports can also be accessed online at other public libraries using this link http://democracy.york.gov.uk/ieDocHome.aspx?bcr=1

Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item 1: Declarations of interest.

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

Councillor Doughty	Member of York NHS Foundation Teaching Trust. That his partner works at the Retreat.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.
Councillor Jeffries	Director of the York Independent Living Network.
Councillor Wiseman	Member and past employee of York Teaching Hospital NHS Foundation Trust.

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City of York Council	Committee Minutes
Meeting	Health Overview & Scrutiny Committee
Date	15 January 2014
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Wiseman and Ayre (Substitute for Councillor Jeffries)
Apologies	Councillor Jeffries
In Attendance	Councillor Richardson

62. 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 had business on the agenda.

Councillor Ayre declared two personal interests in the remit of the committee. He was an employee of York MIND and sat on the Mental Health and Learning Disabilities Board (which sits under the Health and Wellbeing Board).

Councillor Doughty asked that his standing declarations of interest be amended to remove the mention of him as a volunteer for York and District MIND.

No other interests were declared.

63. Minutes

Resolved: That the minutes of the last Health Overview and Scrutiny Committee held on 18 December 2013 be approved and signed by the Chair subject to the following addition;

Minute Item 61: It was suggested that future topics for consideration could include, delayed discharges, access to Outpatient Services, the process of making a hospital appointment for

physiotherapy services and *the way people book out Outpatient Appointments*.

64. Public Participation

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

Siân Balsom from Healthwatch York spoke in relation to Agenda Item 5 (Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee). She believed that both the Health and Wellbeing Board (HWBB) and Health Overview and Scrutiny Committee (HOSC) could do more to show that members of the public could be at the heart of planning, delivery and review of health and social care services in the city. She commented that both bodies needed to be more explicit about public engagement and use whatever mechanisms could achieve this, to commit genuinely with the public.

65. Night Time Economy Scrutiny Review-Draft Interim Report

Members considered an interim report on the work undertaken to date in relation to the corporate review into York's night time economy and seeking their views on any potential recommendations for submission to the Corporate Scrutiny Management Committee.

Discussion took place around the data which showed alcohol related attendances at York Hospital's Emergency Department (ED).Some concern was expressed about the figures shown in the report since they dated back to 2011. These, however, were the most recently published figures. It was noted that there had been no specific new data released on what percentage of attendances were due to alcohol. It was pointed out that there was a spike in ED attendance to due alcohol admissions. Whilst the data did not show whether there was or not a correlation to ED admissions being as a result of alcohol consumption specifically in York city centre, it did demonstrate that attendances due to alcohol could not be traced back to pubs and clubs in York specifically.

Discussion then took place on the focus of the review and report to date.

Members agreed to provide details of potential recommendations for inclusion in the draft report, as appropriate.

Resolved: That the report be date be noted and recommendations be provided for incorporation by Members, as indicated above.

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

66. Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee

Members received a report which asked them to consider their working relationship with the Health and Wellbeing Board (HWBB). The report put forward some suggestions as to how this relationship could be progressed.

In relation to the points raised under Public Participation about the need to hear the patient voice more clearly, it was strongly felt that both HOSC and HWBB needed to be driven by patients and residents of the city.

In regards to how the relationship between the two could be progressed, it was suggested that the Chair of the HWBB should attend meetings of HOSC on a more regular basis. Some Members also felt that a greater number of joint meetings should be scheduled rather than the number suggested in the report.

Discussion took place on the accountability of the HWBB. It was noted that Officers were not sure whether the Committee could hold the Board itself to account, as the Board was another Committee of the Council. Officers confirmed that they would seek legal advice on this.

Some Members were concerned about the reference to Healthwatch undertaking the patient voice role in any developed framework between HOSC and HWBB, as it was only a small organisation and the 'patient voice' itself was made up of disparate groups. They added that a piece of work needed to take place on what current engagement took place with the patient voice in the city.

Other Members agreed that Healthwatch could not represent the whole patient voice itself but pointed out that Healthwatch already had a framework for how they would work with HWBB and HOSC. It was therefore suggested that Paragraph 24 of the report be reworded to "It is therefore suggested that the Committee consider asking Healthwatch York to *take the lead* of the patient voice in any framework developed".

Officers suggested topics that had been or were due to be discussed at HWBB meetings that could be scrutinised by the Committee. These included;

- The consequences that could arise out of the HWBB's priority to have a financially stable health and social care system in the city.
- How the Better Care Fund would have an affect on acute health services provided in the city.

Some Members suggested that perhaps HWBB could consider information from HOSC's ongoing Night Time Economy Review and examine alcohol harm reduction.

Resolved: (i) That the report be noted.

(ii) That clarification be sought as to the legal role of the Health and Overview and Scrutiny Committee in holding the Health and Wellbeing Board to account.

Reason: In order to establish a strong working relationship between HOSC, HWBB and the patient voice in York.

67. Work Plan

Members considered the Committee's work plan.

During discussion the following amendments were agreed;

- That the Annual Report on the Carer's Strategy be considered at the Committee's March meeting.
- That an item on the recommissioning of services by the Vale of York Clinical Commissioning Group be put on the agenda for the February meeting.

Resolved: That the work plan be noted with the aforementioned amendments.

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 6.40 pm].

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Health Overview and Scrutiny Committee **19 February 2014**

Report of the Assistant Director, Governance & ICT

Further update on Implementation of Recommendations from the previously completed End of Life Care Review – 'The Use and Effectiveness of DNACPR[1] Forms'

Summary

1. This report provides Members with a further 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.

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[1] Do Not Attempt Cardiopulmonary Resuscitation

4. In March 2013, the Cabinet approved the recommendations arising from the review and in September 2013 the Committee received its first update on the implementation of the recommendations. The Committee resolved that the recommendations remain outstanding as the work was ongoing and asked for a further report in six months.

Consultation

5. The Chief Clinical Officer of the Vale of York Clinical Commissioning Group has provided the update information contained within Annex A.

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

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

Risk Management

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

Recommendations

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** 4/2/2014

Wards Affected: **All** ☑

For further information please contact the author of the report

Background Papers: None

Annex

Annex A – Further Update Information on End of Life Care Review

Abbreviations in report and annex

DNACPR – Do Not Attempt Cardiopulmonary Resuscitation
CCG – Clinical Commissioning Group
GP - General Practitioner

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Annex A

Further Update on the Implications of Approved Recommendations Arising from the End of Life Care Review – 'The Use and Effectiveness of DNACPR Forms'

Approved Scrutiny Recommendations	Update on Implementation as of September 2013	Update of recommendations as of February 2014
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.	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	The "Let's Talk about End of Life Care" programme is being developed to support the refresh of the local End of Life Strategy. A series of consultations are being planned through local media, focus groups and online surveys. On 25 March West Offices is hosting an event "Palliative Care Funding Project: Data Collected and What's Next?" this aims to share learning with commissioners on the joint costs of care across health/care economy.

	end of life pathway in response to the recent Liverpool Care Pathway review.	
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 forms) and explore whether there are further improvements that can be made in relation to information sharing	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.	The new updated DNACPR forms are being issued regionally, and have changed to accommodate this issue. The CCG has a representative on the Yorkshire and Humber Regional DNACPR Strategic Working Group and are able to influence developments in this area and inform providers/partners of new developments/concerns/learning from other areas etc.
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 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.	Further improvements to the coordination of care are planned through the CCG led negotiations of the NHS Community Services contract.

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.	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.	
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.	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	On the 5th of May a Care Homes Forum is planned at West Offices focusing on End of Life Care, and including roll-out of the updated DNACPR forms. The CCG is also developing plans through the Better Care Fund for an integrated care home team.

	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.	
v) Once a DNACPR form is in place: 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.	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.	

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Overview and Scrutiny Committee (Health)

NHS
Vale of York
Clinical Commissioning Group

Meeting Date: 19/02/2014

Report Sponsor:	**Report Author:**
Rachel Potts, Chief Operating Officer, NHS Vale of York CCG	Ryan Irwin, Senior Delivery Manager, NYH CSU

1. Title of Paper: Healthcare services in the community

2. Introduction

In parallel with the 5 year strategic planning process and ongoing development of commissioning intentions, NHS Vale of York Clinical Commissioning Group is continually reviewing the contracts it holds to ensure it commissions for high quality health and care services that offer value for money. Inter-dependent with the current integration agenda to work with local partners in joining-up health and care services, whilst recognising local joint strategic needs assessments, the CCG is engaging and involving the public, providers and service users in understanding the opportunities for commissioning those services that provide care out-of-hospital in the community.

Community health services were transferred to NHS providers from NHS North Yorkshire and York PCT on 1 April 2011 as part of the transforming community services process with 3-4 year contract terms which are due to expire over the next 2 years. It is important that the CCG considers the options for commissioning services in the community, including community health services themselves, as part of the wider integration agenda and plans related to the better care fund. As part of this process, the CCG wants to hear the views of stakeholders, the public and service users around their views on the type of services it should commission and the important outcomes it should commission for in the community.

3. Joining the Conversation

NHS Vale of York is extremely keen to gain the views of the public, service users, overview and scrutiny committees and wider stakeholders early in the planning of commissioning services in the community, out-of-hospital, in line with best practice guidance and its statutory requirements as a public commissioning

body. As such, both pre-engagement and consultation has and is being conducted respectively to inform the commissioning of services in the community, prior to decisions around any future procurement approach (es). The conversations that the CCG would like to hold about community services fall into three specific areas.

1. Community services that are currently provided;
2. The ways that services in the community could be organised and delivered;
3. What outcomes the CCG should strive to achieve in local services provided in the community.

The CCG is particularly keen to ensure it gains views on the important service outcomes from people and will be combining results from online engagement with public and community health and care provider events to inform future commissioning activity.

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

a) The Service Change Assurance Process
b) Any legislation and regulation relating to Transfer of Undertakings (TUPE), only where relevant
c) Public Contracts Regulations; NHS Procurement, Patient Choice and Competition – No.20 Regulations 2013; Section 75 of the Health and Social Care Act

5. Equality Impact Assessment

An Equality Impact Assessment has been completed for the community services commissioning activity and will act as a live document throughout the commissioning and procurement process.

6. Recommendations / Action Required

The Overview and Scrutiny Committee is asked to note the provided report, discuss its contents and provide any comment or recommendations related to the report content, particularly in relation to ongoing communication related to commissioning services in the community.

7. Other information

Online survey – members of the public can complete the survey around healthcare services in the community online at www.valeofyorkccg.nhs.uk

The CCG is also hosting a range of public drop-in events in the Vale of York CCG area. The events will provide an opportunity for the public to find out more information and express their views directly to the CCG. The events are:

Venue	Date	Time
Community House, Selby	Wednesday 12 February 2014	2-4pm
Riley Smith Hall, Tadcaster	Monday 24 February 2014	5-7pm
Pocklington Arts Centre	Monday 10 March 2014	2-4pm
West Offices, York	Tuesday 18 March 2014	5-7pm
Galtres Centre, Easingwold	Friday 4 April 2014	9-11am

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NHS
Vale of York
Clinical Commissioning Group

Community Services

An overview of current services and potential commissioning plans for the future

The best health and wellbeing for everyone.

Introduction

NHS Vale of York Clinical Commissioning Group (CCG) has big ambitions and wants local stakeholders to play a big role in these. The CCG aims to achieve the best health and wellbeing for everyone in the local community, ensuring access to the right services, in the right place and time.

To do this, the CCG is working with its partners and local communities to improve and join-up systems that support safe and responsive, high quality services that will give local people the opportunity to manage their own health and; when needed, quickly access an integrated system of professional health advice, diagnosis and care.

Responsible for the commissioning (buying) of local healthcare services and the planning and design of many health services, the CCG's work includes:

- **developing an integrated approach to delivering healthcare**
- **commissioning healthcare services that are based on the needs of local people**
- **delivering improved healthcare quality and outcomes in the most appropriate setting**
- **reducing health inequalities and supporting the self-management of health conditions**
- **creating and maintaining positive change in the transformation of local health and social care**
- **close monitoring of healthcare contracts to ensure fair competition, high quality and outcome-focused care through positive relationships.**

The CCG acts openly and responsibly when designing healthcare services. Ensuring the effective planning, buying, monitoring and evaluation of healthcare services that are in line with public regulations and best practice, the CCG aims to secure the best value and benefit for the local population.

Central to driving this are the strong relationships the CCG has with local people, partners and healthcare providers. That's why it is important that the CCG involves everyone; giving them opportunity to be part of the conversation at every stage in its work.

Community Services

Community services include;

Community Hospitals
Community Nursing
Community Rehabilitation
Community Specialist Nursing
Community Fast Response Services
Community Intermediate Care
Community Palliative Care
Community Equipment
Podiatry
Specialist continence services
Other community services

Community services, across both health and social care, need to work together; not only to benefit patients and increase service effectiveness, but to drive the greater personalisation of health and care services through the improved overall access and increased efficiency that the integration of health and social care services offer.

As part of the wider integration programme, the CCG, its partners and stakeholders want to define clear plans to develop integrated health and social care services for the next five years and beyond.

This is one of the drivers behind the CCG's decision to conduct a market engagement exercise, exploring the opportunities that exist within the provider market for commissioning the best possible community services.

The CCG is an open and transparent organisation with practices and procedures that acknowledge its accountability to stakeholders. Critical to this is the CCG ensuring the delivery of cost effective and efficient services. The CCG will do this by:

- **prioritising the quality and cost effectiveness of services**
- **being aware of better ways to deliver services and understanding the capacity of the market**
- **supporting current providers and suppliers to deliver successfully; and demonstrate their ability to provide the best value**
- **making the most of the opportunities to work in partnership**
- **reflecting the views of local patients and the public around the types and standards of services they need.**

That is why; through working in partnership with healthcare providers and other stakeholders, it will secure continuous improvement in the way local health and social care services are provided – benefiting those that need them.

There are a number of community service providers of health and social care that offer innovative services with a focus on delivering measurable outcomes and value for money.

Being accountable to its stakeholders; and having both a responsibility and duty to work within procurement law and best practice guidance to commission services in an anti-competitive, open and transparent way, it is important that the CCG explores these options.

As many current community service contracts are due to come to an end, the CCG has an obligation to ensure fair opportunity for the range of health and social care providers to provide community services locally. This includes providers in the public, private and third sector.

Why the CCG is engaging the market

As a patient-focused organisation, the CCG is committed to ensure that the local population has access to high quality services. In doing so, the CCG needs to understand the full value of what it spends on the services it commissions; set against the intended outcomes.

Example

For those who are recovering from an operation or ill health and benefit from a short period of rehabilitation; without the need of the intensity of hospital services, intermediate care is increasingly being offered in people's own homes.

The National Audit of Intermediate Care 2013[1] looked at care commissioned by over 100 organisations in England and compared the costs of home-based care against hospital-based care.

Studying the average costs across providers of intermediate care, the audit revealed that the average cost for care received at home was £1,134 per person, against £5,218 per person for the same level and length of care in hospital.

Using example like this, the market test will help the CCG to understand current levels and cost of community services and define the outcomes it should be striving for, with opportunity to develop a new community service commissioning strategy and way to pay for community services through new outcome-focused contracts.

[1] National Audit of Intermediate Care 2013. NHS Benchmarking.

Public involvement in plans

The CCG seeks to focus upon the services that are critical to the achievement of local strategic aims and objectives and will be gaining views from the public to inform the way future community services are commissioned (bought).

We will look at the range of community services currently offered, which in turn will provide insight into the type and levels of health and social care that are needed in the community. This will not include major acute hospitals or ambulance services within a review of community services.

To inform the relative types and levels of care that are provided in primary and community health services, the CCG will seek to identify;

- **the current provision of community services and future service options**
- **how community services are, and could be, organised and delivered**
- **the outcomes the CCG should strive to achieve across community services**

Throughout this period there will be a clear and open dialogue with stakeholders; key to success in commissioning services that will provide the best outcomes and services for people, families and communities.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP GOVERNING BODY MEETING	NHS Vale of York Clinical Commissioning Group
Title: Out Of Hours (OOH) GP procurement	
Responsible Chief Officer: Andrew Phillips	**Report Author: Becky Case**
Strategic Priority: Urgent Care Programme	

Purpose of the Report

To update the governing body on the progress of the OOH GP Procurement project.

Recommendations

- That the governing body continue to support this project against the timescales and specification as described.

Impact on Patients and Carers:

Patients will receive an OOH GP service that is at least as safe, effective and accessible as the current service, with the potential for an improved service. It will meet national standards and local priorities.

Impact on Resources (Financial and HR):

Unknown at present; the current contract costs in the region of £3.045M and the expectation is that the new service will be of similar value.

Risk Implications:

The risks of this project are:

- That no providers are found: this will be mitigated by the invitation of potential bidders to a market place event in May 2014. This will enable an assessment of current interest. It is anticipated that the current provider will also bid.
- That the service can only be re-procured for a much larger contract value: this will be mitigated by careful financial analysis of all bids received and strong contract negotiation with the successful bidder.

This contract expires in April 2015 and there would be significant legal challenge if not retendered and procured.

- That the service procured is found to be not fit for purpose: this will be mitigated by robust contract negotiations and clear KPI's.
- That the service procurement runs behind time: this will be mitigated by close monitoring of the project timescale by the project team and escalation to this body if there is significant slippage against the timescale.
- That there are legal challenges to the process which delays implementation: this will be mitigated by following the guidelines closely, keeping communication logs up to date, taking expert advice from the NE Procurement Team and ensuring that conflicts of interest are managed effectively.
- That there is insufficient clinical input into the specification when conflicts of interest restrict this: this will be mitigated by the two clinical advisors that have been recruited to the project team from GP's not involved in the process. Work is ongoing to ensure the specification includes staff competencies, audit and peer review requirements.

Equalities Implications:

The re-procurement will have an equal impact on all users. There is some current inequality in the geographical spread of the service bases, but this will always be an issue with services of this type. There will be standards around the maximum time to access which will be required to be adhered to in both urban and rural locations.

Sustainability Implications:

It is anticipated that this contract will give financial stability over the life of the agreement. There are no changes to the current environmental or social implications.

GOVERNING BODY MEETING: (Insert Date)

OOH GP procurement

1. Purpose of the Report

1.1 To update the governing body as to progress of this project

1.2 To recommend the continuation of this project against predicted timescales

2. Background

The CCG initially considered the re-procurement of these services in Spring 2013; however this was delayed whilst the CCG received a commissioned report for additional research from York University. This investigated whether a model involving a direct integration with Emergency Department (ED) services at York District Hospital, part of York Teaching Hospitals Foundation Trust would be beneficial. The evidence base around this model was found to be inconclusive and so the decision was made to recommence the re-procurement. Potential providers would be asked to describe a model around required national and local outcomes; giving the opportunity for new and innovative ideas to be included as part of the programme.

3. Evidence base

Already covered in previous reports. Re-tender and procurement is necessary before the cessation of the current contract in April 2015. The OOH procurement team are continuing to work with the University of York/Clinical Research Department (part of the National Institute for Health Research) to understand the clinical evidence around the expectations of the procurement. Current work is reviewing the specification against those of comparator CCG's to ensure that appropriate levels of service are specified.

4. Content of the report/ Issues to Consider

Summary of progress:
Pre-tender phase: a project board group has been set up and meetings commenced. The initial draft of the specification is being completed with input from HR, IT, Contracting, Business Information, leads for primary care and community services and others. Additional procurement expertise has been obtained from the North-East procurement hub and meetings are ongoing. Clinical expertise has been considered and a number of individuals invited to participate. The specification will be completed by the end of March 2014.

The tender phase will commence in May 2014

5. Stakeholder/ Public Engagement *(to date or proposed)*

Patient engagement events are ongoing until the end of February 2014, a stakeholder statement has gone to the public and the questionnaire has been reissued. Over 100 responses were initially obtained to the questionnaire and these will be also considered.

Specific focus groups have been set up for key demographic sections of the population; such as parents of young children, care homes and students.

Please see the attached public engagement document for detail.

6. Financial Implications

Currently the financial implications of this project are unknown. It is hoped to re-tender and procure the service for a similar value to the current service.

7. Legal Implications

All legal implications around the previous delay in procurement have been worked through. There are no ongoing legal implications.

8. Equalities Implications

None

8. Recommendations

That the governing body continue to support this project against the timescales and specification as described.

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Urgent Care Programme

Out of hours (OOH) GP services communications and engagement plan

A conversation with local stakeholders, interested parties and service users

Introduction

NHS Vale of York Clinical Commissioning Group (CCG) is exploring the opportunity to commission an integrated Out of Hours (OOH) Urgent Care Service. This new approach will provide professional health advice, diagnosis and treatment without patients needing to attend A&E services in a hospital

Remaining true to its engagement promise – '**no decision about me, without me**', it is important that the CCG works closely with patients, the public, partners, and other stakeholders to develop and shape services.

The following plan will ensure the CCG engages and involves the local community as widely as possible.

The CCG's duty to involve

Due to the very nature of Out of Hours care, the service is accessed by a wide range of people. The views, opinions and experiences of Out of Hours Care service users / patients have been captured by the CCG in various formats in recent months. Where relevant, this activity will be included in the final outcomes from this plan, providing the baseline for decision making.

Satisfying the CCG's duty to involve patients and the public in its decision making processes*, this plan supports and complements the overall strategic vision of the CCG, its clear and credible plan and associated communications and engagement and equality strategies and impact assessments.

This communications and engagement plan is not fixed – it is designed to be interchangeable to fit with any micro, meso or macro influences that may occur throughout its course.

* section 242 of the NHS Act 2012

Communication and engagement objectives

Underpin the CCG's value driven commitment engage, involve and communicate with courage, empathy, equality, innovation, integrity, measurement, prioritisation, quality and respect, providing the local community with opportunities to have their say about out of hours GP services in the Vale of York.

Be transparent and provide clarity at all times through two-way, open and honest conversations with local people and patients.

Provide robust qualitative and quantitative data that will assist in development of innovation, improvement and commissioning plans that will ensure local people have access to the right care, in the right place and at the best time.

Engage the right audiences and deliver clear communication messages.

Collate important feedback and opinions for analysis and evaluation; which can be used to help shape the CCG's decisions

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trategic communication messages

rovide clear messages about what urgent care / OOH GP services are and are not:

OH GP services and A&E **are not** an alternative to a GP appointment.

/hen a condition **does not** require immediate attention, wait for an appointment with a GP or go to a harmacist

OH GP Services and A&E **are not** an extension of the usual service provided at local practices.

lany pharmacies are open until midnight (is this correct in Vale of York please?)

rgent care/ A&E / OOH GP services **are** for patients with a sudden illness or injury that cannot wait to e treated by a GP or pharmacy or managed at home.

rgent care OOH GP services **are** for illnesses and injuries that are not considered to be a 999 mergency

Strategic communication messages

The CCG has a responsibly explore; openly and transparently, the quality and suitability of healthcare services and aims to secure the best value and benefit for the local population, ensuring the effective planning, buying, monitoring and evaluation of healthcare services that are in line with public regulations and best practice.

The opinions and needs of the community are central to any decisions that are made around how local healthcare services are delivered. This is why the CCG wants to talk to as many local people as possible and understand the public's view of local OOH GP services.

The CCG is focusing on the services that are critical to the achievement of local strategic aims and objectives and will be gaining views from the public to inform the way future community services are bought (commissioned).

Improving the patient experience when using urgent care services is one of the main drivers for CCG, such as reducing waiting times and the need for patients to be redirected to other services.

Strategic communication messages

There will be a clear and open dialogue with stakeholders and members of the community.

This is key to success in delivering services that will provide the best outcomes and services for people, families and communities.

Central to the work around OOH GP services are the strong relationships that the CCG has with local people, partners and healthcare providers. That is why it is important that the CCG involves everyone giving them opportunity to be part of the conversation at every stage in its work.

The CCG needs to know what 'good' out of hours GP services looks like, i.e. what meets their needs.

This is an appropriate time to change as the current contract expires soon.

The views and opinions of stakeholders will be used to develop a specification that will be used to secure a healthcare service provider for OOH GP services.

The CCG will be publishing the feedback it collects from the people who give their views and opinions.

trategic communication messages

rgent care / OOH GP services have shorter waiting times than if you were to attend A&E

is important to reduce the pressure on A&E departments by encouraging patients with minor
juries and illnesses to use other ways to treat or care for these.

&E doctors can dedicate their time to treating patients with serious health needs

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SELF CARE AND STAY WELL

Strategic communication messages

Provide messages around self care that will enhance a support other work around winter pressures and on-goi service improvement schemes, campaign work and communications in 2014.

The best health and wellbeing for everyone.

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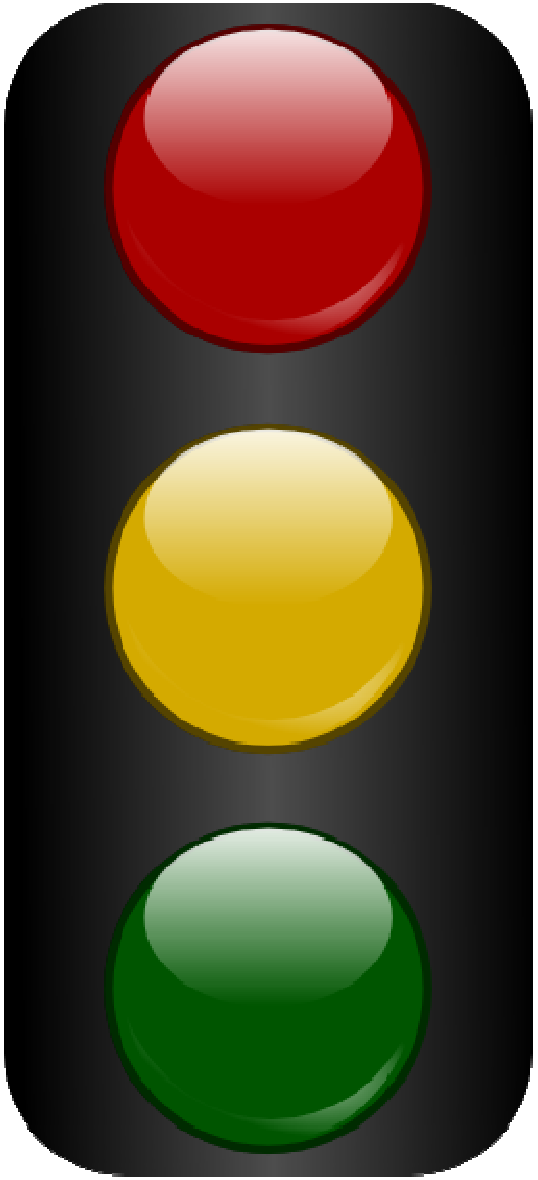
Strategic communication messages

Provide messages around admission / attendance avoi ce
that enhance and support other work and messages



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Strategic communication messages

Develop materials that can help the public make an informed
decision about the need to call OOH GP Services and link
messages around admission / attendance avoidance and
care.

i.e. a traffic light decision making tool as suggested by Dr Phillip

(NY CCG comms leads do not seem interested in being part of developing materi
for a wider North Yorkshire message. Perhaps the wider involvement could be
encouraged by linking directly with GP leads and Project Managers instead?)

Reputation management

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Carrying out this engagement exercise will:

- Prevent any risk of intervention from NHS England / Area Team for not upholding section 242 of the NHS Act
- Encourage support from stakeholders (being open and transparent)
- Avoid local resistance, lobbying, adverse media interest and activity through digital / social media platforms
- Uphold the CCG values, engagement promise and mission
- Help towards creating a solution that local patients, service users and other stakeholders have helped to shape decision making and can feel part of.

Stakeholder management

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Organisation/group	Stake in project	Engagement/communication approaches
CYC, NYCC, East Riding councils as well as Selby, Pickering and Pocklington town councils	Councillors and cabinet members are interested parties as are council leaders	• Health and Wellbeing Scrutiny Committee updates • Face-to-face meetings with interested members and officers
Healthwatch	Position statement to Healthwatch leads Councillors and cabinet members are interested parties as are council leaders	• Face-to-face meetings • Email updates • Position statements
MPs	As above	• Face-to-face meetings • Written briefings
Current NHS providers of urgent care	The current provider of urgent care services need to be kept updated in order to inform affected members of staff.	• Face-to-face meetings • Bulletin updates • Close links with provider comms managers
Current provider	Need to know what the CCGs intentions are and why this engagement is taking place – position statement? Need to be included in messages of progress updates	• Face-to-face meetings • Bulletin updates for onward cascade to staff
Yorkshire Ambulance Service (YAS)	Any conversation with the public about urgent care provision should be shared YAS – position statement?	• Bulletin updates • Close links with provider comms managers

Stakeholder communication approaches

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Clinical Commissioning Group

anisation/group	Stake in project	Engagement/communication approaches
ent Care Board	This board will need to be kept informed of developments around the project.	• Urgent Care Board meetings
bers of the public quent users of nt care services	We know that certain demographics use urgent care services more often than others, such as families with young children, people aged 18-24 (students) A&E as the first port of call for treatment.	• Targeted engagement with these group using focus groups/interview • Visits to Sure Starts, two universities and local colleges • Messages to Care Homes – D&V, Traffic Light System • Messages on local university websites, engagement throug
staff	CCG staff will need to understand the impact of the proposed changes on their own areas of work. They will also need to know about the main aspects of the project in order to relay accurate information to other stakeholders.	• Team meetings • Email updates
ia	The media will expect timely information about the project at key milestones of delivery.	• Briefings • Press releases • Invitations to events
rella voluntary or organisations	York CVS, York Mind, Older Peoples Forum etc (see contact list)	• Briefings • Updates for inclusion in newsletters/websites
Practice staff	GP Practices will need to be aware of any change to urgent care services in order to signpost patients appropriately	• GP Practice newsletter
l universities	Known as regular service users	• Targeted engagement and messages in January and February 2014
Patient reps p	The CCG's patient reps group will expect to be informed of progress. They will also be able to relay information to their own GP Practice group.	• Updates at patient reps meetings

Communications and engagement plan – high level detail

Task	Start date	Lead
Engagement to start	6 January	SH/ES
Online survey live and past OOH service user phone surveys	From 6 January	SH / ES
Urgent care / OOH service user face to face surveys	w/c 13 January (at least five nights)	SH / ES / CSU engagement support
Focus group with local parents of young children	Mid February	SH/ES/BC/A M
Focus group with students, student support staff and student union reps	24 February	SH/ES/BC/A M
York Healthwatch Assembly – briefing to members and staff. Bulletin.	21 February	SH / BC
Communication messages via bulletin One to one briefing to care homes (via Becky Allright?)	Throughout January and February	SH / ES / BA?
Messages to local community through council's resident newsletters, promoting self care, D&V, and encouraging views on services 'what does good look like?'	December, January and February	SH
SMS text service – tell your views by text	Jan and Feb	SH / ES
Media releases, twitter messages, online content	Dec, Jan and Feb.	SH
Evaluation report of findings	End of February?	SH/ES

Materials required

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- Briefing papers and position statements
- General survey (hard copy and online) to understand user needs and ‘what good looks like’
- Stakeholder letter(s)
- Web content – CCG and partner sites
- Regular media releases / social media activity
- Articles and adverts in PPE newsletters.
- A feature in CCGs new supplement in York Press
- Posters in practices
- Development of traffic light system info leaflet that is easy to understand for patients, the public and target audiences.

Vale of York CCG - GP Out of Hours procurement - DRAFT 03.02.2014

Phase	Activity Ref	Activity	Start Date	Duration	End Date	Completed By	RAG	Relevant Documents	Responsible	Actions/Comments/Issues
Pre-Procurement	1	Initiate Project Group	01/09/13		Becky Case /Karen Mazingha		G	Work request form/Project Charter	Karen Mazingham	Project team set up: Senior Responsible Officer: Becky Case Clinical Lead: Andrew Phillips
	2	Terms of Reference for Project Group	29/01/14		Linda Brady/ Karen Mazingham			Terms of Reference	Linda Brady	
	3	Complete Project Initiation Document (PID)	21/01/14			Karen Mazingham				
	4	Develop Risk Register	29/01/14		Linda Brady/ Karen Mazingham					
	5	Approval to commence project by Governing body			01/10/13	Becky Case	G	Case for change		
	6	**Communications and public engagement.**								
	7	Identify stakeholders	01/12/13		23/12/13	rron Hegarty/Karen Mazingham				
	8	Send out stakeholder briefing/ media update	31/12/13		10/01/14	Sharron Hegarty				
	9	Plan and delivery focus groups	10/01/14		28/02/14			Strategy for delivery of focus groups.		
	10	Complete Communications and Engagement report	28/02/14		03/03/14	Sharron Hegarty		Report	Sharron Hegarty	Stakeholder brief, plan for focus groups and report to complete.
	11	Develop first draft specification	31/10/13	4 weeks	30/11/13	Karen Mazingham				
	12	Complete Confidentiality/COI Forms			28/02/14	Karen Mazingham		Confidentiality/COI Forms		
	13	Clinical /stakeholder Workshops			28/02/14	Project team		To develop the Service specification		
	14	Conduct Market Analysis	17/02/14			TBC		Market Analysis SOP		
	15	Request for Information (RFI) developed	02/02/14	3 to 4 weeks	28/03/14	nda Brady/ Karen Mazingham		RFI Information Doc and RFI Response	Linda Brady	
	16	Complete final draft of service specification to issue with RFI			14/03/14					
	17	Complete activity and financial modelling to issue with RFI			14/03/14					
	18	Letter to current providers - confirm one year notice period			14/03/14					
	19	Request for TUPE information								
	20	RFI Documents Quality Assurance Check	14/03/14	2 weeks	28/03/14	NECS			Linda Brady	
	21	Issue Prior Information Notice	31/03/14	1 day	31/03/14	NECS				
	22	Request for Information (RFI) issued and completed by providers	31/03/14	4 weeks	25/04/15	NECS/Project Team				
	23	Analysis of RFI and arranging appointments	28/04/14	2 days	29/04/15	NECS/Project Team				
	24	Market Engagement Event / Face to Face interviews with Providers	01/05/14	2 days	02/05/14	NECS/Project Team		Market Analysis SOP		
	25	Analysis of outcome from Market Engagement Event	07/05/14	2 days	08/05/14	NECS/Project Team				
	26	Market Engagment Strategy Report	09/05/04	2 days	12/05/14	NECS				
	27	Board sign-off for Market Engagement Strategy		1 day	16/05/14	NECS				
	28	Develop Procurement and Evaluation Strategy			17/04/14	NECS/Project team		Procurement Strategy Template		
	29	Finalise Specification	08/05/14			Project team				
	30	Finalise Evaluation Panel	08/05/14			Project Team		Board Meeting Front Sheet		
	31	Develop Evaluation Questions			Project leads/Evaluation Panel					
	32	Develop Capability and Capacity Assessment				NECS/Project team				
	33	Develop Evaluation Criteria/Weightings				Project team/NECS		Capability and Capacity Template		
	34	Finalise Financial Methodology/FMT				Finance leads				
	35	Submit Procurement and Evaluation Strategy to Board for Approval			23/05/14	NECS/Commissioner		Financial Model Template	COMMISSIONER	
	36	Populate Contract Documents				Contract lead		Standard NHS contract	COMMISSIONER	
	37	Finalise Procurement Documents				NECS		Procurement Document(s) Template		
	38	Prepare Online Adverts				NECS				
	39	Signoff of documentation by CCGs		10 days	12/06/14	Commissioner		Governing body meeting on xx/06/2014		
	40	Develop Bravo templates and Bravo for project		2 weeks		NECS				
	41	Procurement Documents Quality Assurance Check		2 weeks		NECS		Procurement Documents	NECS	
Procurement	42	Publish Advert		1 day	02/06/14	NECS			NECS	
	43	Bidder Event (if applicable)		1 day		NECS/Commissioner			NECS	
	44	Clarification Query Deadline (for Bidders)		4 weeks		Bidders		Clarifictaion Query Log	NECS	
	45	Clarification Response Deadline		5 weeks		Commissioner/NECS		Clarifictaion Query Log	NECS	
	46	Set-up AWARD Project				NECS		AWARD Template	NECS	
	47	Tender Submission Deadline		6 weeks	11/07/14	NECS			NECS	
	48	Tender Opening		1 day	14/07/14	NECS		Tender Opening Log	NECS	
	49	Compliance Checks		4 days	18/07/14	NECS			NECS	
	50	Download Third Party Credit Reports		2 days	18/07/14	NECS		Equifax Log-in Details	NECS	
	51	Evalutation Software (AWARD) training for panel		1/2 day		NECS/Evaluation Panel				
	52	Financial Evaluation Period	21/07/14	2 weeks	01/08/14	Financial Evaluation Panel				
	53	Evaluation Period	04/08/14	2 weeks	15/08/14	Evaluation Panel			PANEL	
	54	Consensus Meeting	18/08/14	4 days	22/08/14	NECS/Consensus Panel				
	55	Bidder Presentations	26/08/14	2 days	29/08/14					
Post Procurement	56	Draft Recommended Bidder Report	01/09/14	5 days	05/09/14	NECS		Recommended Bidder Report Template	NECS	
	57	Submit Recommended Bidder Report to Board		2 days	12/09/14	Commissioner/NECS		Board Meeting Front Sheet	NECS	
	58	Send Successful/Unsuccessful Bidder Letters	15/09/14	2 days	16/09/14	NECS		Successful/Unsuccessful Bidder Letters	NECS	
	59	10-Day Standstill Period		10 days	29/09/14	NECS			NECS	
	60	Send Contract Award Letters to Bidders		1 day	30/09/14	NECS		Contract Award Letters	NECS	
	61	Finalise Contract Signature(s)		5 days	10/10/14	Commisioner		NHS (or other) Contract	COMMISSIONER	
	62	Mobilisation/Transition Phase		6 months		Commissioner			COMMISSIONER	
	63	Contract Commencement			01/04/15	Commissioner			COMMISSIONER	
	64	Contract Expiry Date				Commissioner			COMMISSIONER	

DELAYED
IN PROGRESS
COMPLETE

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AQP Risk Log

Risk Log	
Project Lead	
Project No.	

Version Number	Reviewed by:	Review Date

Date Raised	Risk description	Consequence	Likelihood	Risk Rating	Impact	Risk Owner	Controls to Manage Risk (Mitigation)	Due Date	Update on Mitigation	Last Updated	Risk Status
		Major	Possible	Medium							Open
		Medium	Not likely	Low							Open
		Medium	Not likely	Low							**Open**
		High	High	High							**Open**
			Not likely	Low							

Linda Brady/ Karen Mazingham

Related SOP - Risk Register PM03

Consequence	RAG Rating	Likliehood	RAG Rating	Risk Rating (Matrix Score)	RAG Rating	Risk Status	RAG Rating
Catastrophic		Almost Certain		Extremely High		Open	
Major		Likely		High		Closed	
Moderate		Possible		Moderate			
Minor		Unlikely		Low			
Insignificant		Rare		Very Low			

Linda Brady/ Karen Mazingham

Stakeholder Prioritisation

PROJECT NAME:

PROJECT REF:

HIGH POWER	**Satisfy**			**Manage**		
					Linda Brady/ Karen Mazingham	
LOW POWER	**Monitor**			**Inform**		
	LOW IMPACT/STAKE HOLDING			**HIGH IMPACT/STAKE HOLDING**		

Health Overview & Scrutiny Committee 19 February 2014

Report of the AD Governance & ICT

Night Time Economy Review – Draft Final Report

Summary

1. This report presents updated information on the work completed to date by Members of the Health Overview and Scrutiny Committee (OSC) in relation to the corporate review into York's Night Time economy and their recommendations to the Corporate Scrutiny Management Committee (CSMC).

Background

2. At its meeting on 24 June 2013, CSMC expressed interest in developing a theme around the Night Time Economy worthy of 'corporate review', and received a briefing paper in support.

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 review remit in line with their individual terms of reference.

4. The Health OSC acknowledged that the Night-Time economy presented a number of challenges from a health standpoint, in particular a peak in violent crime and anti-social behaviour in the city centre in the evening and night (particularly on Saturdays).

5. They recognised the strain this was putting on resources at York Hospital's Accident and Emergency Department (A&E - now the Emergency Department) between midnight and 2am, and at their meeting on 11 September 2013 therefore agreed the following review remit:

Aim

6. ‘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’

Objectives

7. To support the aim above, the Committee agreed the draft timetable shown at Annex A and the following objectives:

   i. 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

   ii. Investigate potential health risks to residents and visitors to York City Centre at night and early morning

   iii. Evaluate responses from staff consultation and a hospital questionnaire 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

Consultation

8. The Director of Public Health provided a list of key organisations that could be consulted to support the review including representatives of the Emergency Department (ED) at York Teaching Hospitals NHS Foundation Trust (YTHNFT); the Vale of York Clinical Commissioning Group (CCG); the GP Out of Hours Service; Yorkshire Ambulance Service (YAS) and York Street Angels.

9. Health OSC agreed to consult with ED attendees during planned night visits to the Emergency Department (ED) as well as a survey of ED staff.

Information Gathered

York Hospital Emergency Department

10. In support of Objective (i) two committee Members met with the Programme Director - Service Development and Improvement, the Directorate Manager for York Emergency Department and a Consultant in Emergency Medicine.

11. They provided information on the ED's "flag system" used to record reasons for attendance using a number of categories, including mental health, domestic violence and alcohol.

12. In 2007 the National Bureau of Statistics reported that a quarter of York's population were in the higher risk category related to alcohol. However, because of the way attendances were being coded in the flag system, the statistics were found to be not properly reflecting the true picture e.g. someone admitted to the ED with a head injury was being coded as such, not as someone who was under the influence. At the time clinical coding of alcohol was anecdotal and unreliable.

13. In order to address this issue, in 2011 the ED carried out an alcohol audit within York ED. Data was collected for one week per quarter throughout the year from January to December, based on date, arrival time, sex, age, partial postcode, arrival method, disposal type, alcohol involvement and diagnosis. The findings from the audit were published in the Emergency Medicine Journal in 2013 and presented as "Are you being served? The estimated burden of alcohol on York Emergency Department", on 25 April 2013).

14. During 2011 total ED attendances were 74,128 and in the four weeks audit period total attendances were 5,704. Of the total in the audit period, just 46 were flagged under the old criteria as being related to alcohol. Using the audit results, that figure rose to 533 for the same period, accounting for 6% of the total number of attendances during the day and almost 20% at night.

15. Based on the data collected during the audit period the estimated burden on the ED indicated 9.8% of total attendances were due to alcohol, i.e. 7,265 alcohol related ED attendances from a total attendance of 74,128.

16. Of the 553 alcohol related attendances in the audit period the following diagnoses were made:

    - 34% (186) trauma[1];
    - 19% (103) adult medical;
    - 18% (98) mental health;
    - 11% (62) social / behavioural;
    - 11% (63) head injuries.

17. As part of the new flagging system the partial postcode data collected showed that 62% of the total number of alcohol related attendances were from the City of York with a significant percentage of the remainder coming from neighbouring areas (11% from Selby, for example).

18. At the weekend the percentage for York postcodes dipped to 54%, still more than half the total number of alcohol related attendances.

19. To further support Objective (i) statistics were provided which showed the highest percentage of alcohol related attendances at ED were at night.

    <u>Attendances: Day (9am-9pm) v Night (9pm v 9am)</u>

	No alcohol	Alcohol related	Total	Proportion
Day	3,914	249	4,163	5.98%
Night	1,237	304	1,541	19.73%
Total	5,151	553	5,704	9.69%

20. The audit period review revealed the rise in alcohol related admissions at night led to a spike in these admissions from 11pm to 5am peaking at 1am.

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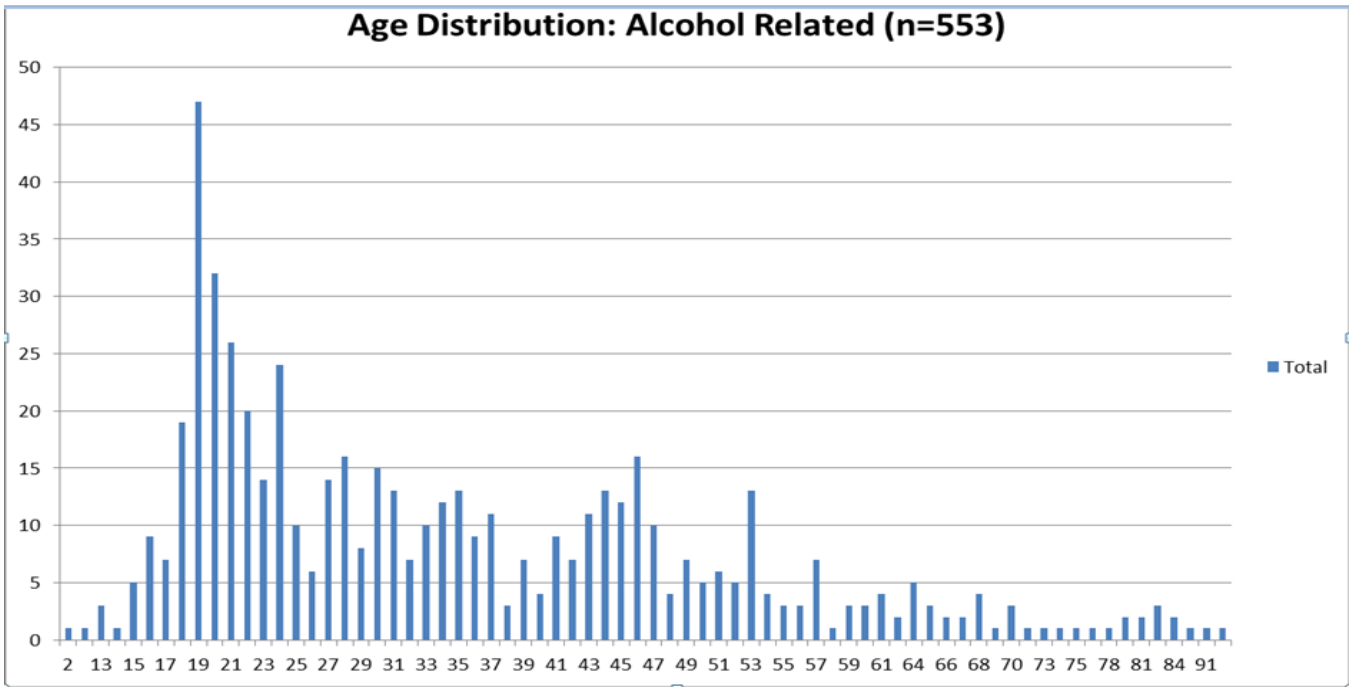
[1] Trauma is defined as a physiological wound caused by an external source. It can also be described as a “physical wound or injury, such as a fracture or blow”.

21. In the audit period the average age of the total 5,704 ED attendees was 40.4 years while the average for the 553 alcohol related attendees was 34.6 years, covering a span from 2 to 91 years, as shown in the graph below:



22. It is evident there was a spike in alcohol related admissions at age 19 and 20 but the graph shows this is not just a young person's problem.

Under 30	30 or over
Total attendances = 2,411	Total attendances = 3,293
Due to alcohol = 263	Due to alcohol = 290
10.91%	8.81%

23. And it was not just men. Of the total number of alcohol related admissions 36% were women. Results from the audit period found:

Female attendances = 2,725	Male attendances = 2,979
Due to alcohol = 199	Due to alcohol = 354
7.3%	11.88%

24. Effect on length of Stay

    Alcohol related attendances during the audit period accounted for 9.6% of admissions staying in the department between two and three hours; 13.7% between three and four hours; 14.9% between four and six hours and 20% over six hours. It means a disproportionate number of patients go into breach i.e. over four hours. Many of the alcohol related attendances were not considered to be a healthcare issue but a protection issue.

25. In addition, half of all patients coming to ED with mental health issues are under the influence of alcohol. Before they can be seen by a psychiatrist they have to be sober, and can block a cubicle or a bed for several hours.

26. The case of a 29-year-old man was cited to highlight the way cubicles and beds can be blocked. He was brought in by ambulance and was too drunk to speak or stand. He slept in a cubicle for two hours and it was a further two hours before he was sober enough to stand – with two security men in attendance to stop him wandering off around the department and falling over. When he was finally able to stand properly he needed to pass water but was still too drunk to fill a bottle and urinated all over the cubicle. He had money and keys for accommodation and left after five hours following an ambulance journey, multiple observations, a security presence, and a blocked cubicle.

27. Effect on Hospital Staff and Other patients

    Staff had to deal with many instances of intoxicated people who were often confused, unable to stand up and abusive. In many instances these people were accompanied by friends in a similar state. Some ED staff also reported to their managers that they were not keen to stay in the department because of the abuse they got. However, this did not stop them giving all their patients the care they needed.

28. Effect on Ambulance Service

    Information provided showed that 18% of the 1,655 ambulance attendances at ED during the audit period were alcohol related.
    Of the alcohol related arrivals at ED during that period 54.6% (302 people) arrived by ambulance while of the non-alcohol related arrivals 26.27% arrived by ambulance.

Yorkshire Ambulance Service NHS Trust

29. As part of the Review, Members met the York Ambulance Service (YAS) Head of Emergency Operations for North Yorkshire to gather further evidence in support Objective (ii).

30. Demand on YAS increases by 28% at the weekends and staff in the Emergency Operations Centres see a noticeable increase in the number of people calling for an ambulance where alcohol is believed to have been a factor.

31. Ambulance crews working night shifts at the weekends, particularly those who operate in the city, expect to spend much of their time dealing with alcohol-related incidents such as falls, assaults and alcohol poisoning.

32. Below are the numbers of calls by category from York City centre between 10pm and 4am on Friday/Saturday and Saturday/Sunday over a full 12 month period from December 2012 to November 2013. Included in the figures are the numbers of calls to people who were not transported to hospital, which are identified separately in the final column of the tables below.

Friday night (20:00 to 04:00 Saturday)

	Call Category							
Month	Green1	Green2	Green3	Green4	Red1	Red2	Grand Total	Number not transported
2012								
Dec		8	8	5		13	**34**	13
2013								
Jan		5	2	3		6	**16**	8
Feb	1	5	1	2		5	**14**	3
Mar		10	3		5	6	**24**	9
Apr		5	2	4	1	14	**26**	10
May		4		1		6	**11**	2
Jun		6	3	1		17	**27**	12
Jul		11	1	2		10	**24**	12
Aug	1	7		3	1	11	**23**	12
Sep	1	5	1	2		8	**17**	6
Oct	1	10	3			17	**31**	14
Nov		15	4	2	1	12	**34**	11
Grand Total	4	91	28	25	8	125	**281**	112

Saturday night (20:00 to 04:00 Sunday)

	Call Category								
Month	Green1	Green2	Green3	Green4	Red1	Red2	NULL	Grand Total	Number not transported
2012									
Dec	1	18	8	4	2	12	1	**46**	16
2013									
Jan		9	3	2	1	17		**32**	16
Feb		16	4	2	2	10		**34**	9
Mar		5	5	5		11		**26**	9
Apr	1	8	1	5		5		**20**	5
May		9	1	2	2	17		**31**	15
Jun	2	10	6	1	1	19		**39**	18
Jul	1	8	3	3	1	13		**29**	11
Aug	2	7	3	1	1	14		**28**	10
Sep	2	9	4	5	1	11		**32**	12
Oct		10	1	6	2	21		**40**	17
Nov	1	12	4	5		13		**35**	16
Grand Total	10	121	43	41	13	163	1	**392**	154

33. In the full year period from December 2012 to November 2013 the Ambulance Service transported a total of 673 people from the city centre to York Hospital on Friday night/Saturday morning and Saturday night/Sunday morning with a further 266 calls which did not involve transportation.

34. A breakdown of the figures show that a total of 281 people were taken by ambulance from the city centre to hospital on Friday nights/Saturday mornings with a further 112 not transported and 392 were taken to hospital by ambulance on Saturday nights/Sunday mornings with a further 154 not transported.

35. As it is imperative that the most serious, life threatening calls are dealt with first, calls are prioritised according to nationally agreed categories and are colour-coded red or green. Red coded calls are classed as life threatening and require emergency response (with blue lights).

Red 1	Red 2	Green 1	Green 2	Green 3	Green 4
Response within 8 minutes 19 minute transport standard Most time critical which may be immediately life threatening and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction.	Response within 8 minutes 19 minute transport standard Calls that are serious and may be life threatening but are less immediately time critical and cover conditions such as stroke and fits.	Response within 20 minutes Serious calls but not life threatening Diabetic problems or suspected stroke with no serious symptoms	Response within 30 minutes Serious calls but not life threatening Suspected fractured arm or leg with injuries that may hamper mobility	Telephone assessment within 20 minutes or on-scene response within 50 minutes Overdose with no symptoms or a non serious assault injury	Telephone assessment within 60 minutes pr on-scene response within 90 minutes Minor scalding, a fall with no apparent injuries of someone in pain but with no urgent symptoms.

36. To highlight the impact on ED (Objective i) the Head of Emergency Operations told members that he had seen as many as 14 ambulances parked outside the hospital on a weekend night.

37. The Trust has been working closely with its healthcare partners and the police to address the difficulties it experiences in dealing with city centre incidents. A joint initiative has seen police and paramedic teams in rapid response vehicles operating in the city centre.

People who have suffered a minor injury are seen more quickly as the police have a paramedic immediately on scene. They can deal with incidents there and then. Members who met Ambulance officials were told that the police-paramedic car manages, on average, 15-20 patients per night.

38. YAS also operates a static medical unit staffed by an Emergency Care Practitioner in the city centre on Friday and Saturday nights. Again this is to prevent people being taken to ED. On a busy night the unit deals with 8-10 cases.

39. Any ambulance waiting more than 25 minutes is considered delayed but problems arise with increased volumes of patients as paramedics cannot leave the hospital until beds have been found for their patients.

40. According to statistics published by the Vale of York Clinical Commissioning Group in May 2013, in the 12 weeks up to 24 March 2013 an average of 60% of ambulances were not turned around within 25 minutes of arriving at ED.

    - 40% - less than 25 minutes;
    - 32% - 25-40 minutes;
    - 16% - 40 minutes-1 hour;
    - 8% - 1-1.5 hours;
    - 3% - 1.5-2 hours;
    - 1% - 2-3 hours

41. Ideally, the Ambulance service would like access to somewhere other than hospital on weekend nights and information was provided on an Alcohol Treatment Centre (ATC) housed in a former church in Cardiff city centre which provides additional capacity to offset the high volume of intoxicated individuals attending Cardiff city's ED at the weekend – for further information see: www.vrg.cf.ac.uk/Files/20130118_ATC_final.pdf

42. The Cardiff unit deals with between 15 and 20 patients a night, the majority of whom are able to sleep off the effects of drinking too much resulting in a reduction of ambulance journeys to the emergency department.

43. Yorkshire Ambulance Service confirmed they would welcome such a facility in York where it could be manned by police, paramedics, Emergency Care Practitioners and Street Angels, providing both clinical care and a place of safety.

Emergency Department visits

44. Over the weekend of 15/16 November two Members spent Friday and Saturday nights at York Hospital's Emergency Department followed by a debrief with the Directorate Manager for ED on 26 November 2013.

45. Among other things they witnessed people being sick in the department and people sleeping off the effects of too much alcohol.

46. On the Friday average waiting time between 6pm and midnight was 02:40 hours, rising to 03:45 between midnight and 6am Saturday. On the Saturday average waiting time was 03:07 between 6pm and midnight and 04:08 between midnight and 6am Sunday.

47. Between 6pm and midnight on the Friday there were 60 hospital attendances and eight cases went into breach. There were 20 attendances between midnight and 6am Saturday with eight breaches during that time. On the Saturday there were 48 attendances and 10 breaches between 6pm and midnight and 33 attendances and nine breaches between midnight and 6am Sunday.

48. Due to pressure on staff time the questionnaires distributed in the Emergency Department did not elicit significant data and the department was too busy to provide meaningful evidence from the patient survey.

GP Out of Hours Service

49. The Out of Hours service operates when GP surgeries are closed. It is for urgent and serious medical problems that cannot wait until the next day. The service operates out of York Hospital and is located in the emergency department. Information to the Committee from the acting Clinical Director for Unscheduled Care which covers the GP Out of Hours (OOH) service revealed the Night-Time Economy had almost no impact on the service but accepted it did have a considerable impact on the ED itself. While OOH doctors are at the hospital patients have to be referred to them.

Vale of York Clinical Commissioning Group

50. To further progress work on Objective (i) a meeting was held with the Senior Improvement and Innovation Manager of the Vale of York Clinical Commissioning Manager on 4 October 2013.

51. The Clinical Commissioning Group (CCG) is responsible for the planning and purchasing of the vast majority of health services across the area. This includes hospital care, mental health and community services. CCG has Emergency Care Practitioners based at GP surgeries across the area. One of their roles is to enable patients to be treated in their own home so they do not need to attend ED. The Emergency Care Practitioners are able to carry out minor medical procedures such as stitching and can also administer some medications such as antibiotics.

52. The CCG also compiles data around hospital admissions which revealed that most of their attendance data around alcohol comes in as cuts and minor injuries and most are at night.

53. The figures reveal a peak around the younger part of the population and that half are discharged without treatment, indicating these are the ones who are not medically unwell and do not need to be admitted to hospital.

Street Angels

54. To support Objective (ii) a meeting was held with Street Angels team leaders in November 2013 to discuss their work and how they help ease the strain on the hospital's Emergency Department.

55. Street Angels York is a Church-led initiative that is made up of volunteers who want to help make York city centre a safer and better place. Volunteers walk the city streets in the late evenings on Friday and Saturday and into the early hours of Saturday and Sunday caring for, practically helping, and listening to people, especially those in vulnerable or difficult situations.

56. All the volunteers are trained and the team leaders were keen to stress that they did not go looking for trouble but they work with people who are in trouble. Their role is to look out for people in a vulnerable situation such as those who have had too much alcohol and those who had become separated from their group or party.

57. The Street Angels have two forms of contact ‘casual’ and ‘significant’. Significant contact is where team members spent a lot more time with those people in need and these are recorded at the end of the night. In York centre there are between two and six recorded significant contacts each night they are on patrol.

58. As a result they estimate that their work is able to prevent an average of five ED attendances every weekend, approximately 260 a year. Street Angels consider it their duty to care for these people to enable them to get home safely. A lot of the people they care for are very drunk and the Street Angels sit with them, usually in their minibus, until they are sober enough to make their way home.

59. Example 1: A Street Angels Team needed to help a very drunk girl who it later transpired has just broken up with her boyfriend. She was on anti-depressants and was not supposed to drink, but she did. She was frothing at the mouth and clearly distressed. They called for paramedics to assess her but rather then send her to hospital they stayed with her until she was well enough to get home.

60. Example 2: Volunteers were concerned about a man in his 40s. He was dressed in a suit and had blood on his face. They followed him and he pulled a tag off his wrist and threw it away. The tag revealed he had discharged himself from Bootham Park Hospital. He then broke a bottle and tried to cut his own throat. They called the ambulance services and the police also attended. The police stood back while paramedics spoke to the man and resolved the situation. The Volunteers praised the way in which the police and paramedics regularly work together in this way to achieve best outcomes for people in distress.

61. Example 3: They noticed a young man acting strangely. He was dressed in combat gear and would not speak to the volunteers. He began jumping on the stalls at Newgate Market. The police were called but they told the volunteers there was nothing they could do unless he committed a crime. It transpired the man had mental health issues and had not had his medication that day. It took the volunteers two to three hours to encourage him to take a Mars Bar.

62. Example 4: A man started lashing out and caught one of the Street Angels. They were concerned for their own safety and the safety of passers by. The man lashed out again then fell to the floor and banged his head and was able to be helped and treated.

63. The volunteers have also helped people who have had seizures and others who have threatened to jump off bridges.

64. In support of Objective (ii) the volunteers identified several issues they considered presented health risks.

65. Issue 1: The spiking of drinks is said to be a growing risk to people using licensed premises. Drinks can be spiked by extra shots of alcohol or by drugs. In the main this involves younger females who are sometimes abandoned in the street because people think they are drunk when often they are not.

66. Issue 2: The volunteers reported there was a significant amount of "pre-loading" in York. This is when people drink cheaper alcohol at home or elsewhere before coming to the city centre.

67. Issue 3: Some girls get drunk and become very vulnerable because of the predatory nature of some of the men in the city centre. Street Angels are trained to notice anything unusual and look at the age and attire of people in the city centre. On occasions such as university Freshers' Week they noted an increase in the number of 30-40 year old men in the centre. If the volunteers notice girls in a vulnerable situation they stay with them until they are reunited with their friends or are able to get home safely.

68. Issue 4: There is a lot of broken glass on the city centre streets at night bringing the potential for injury. The night-time patrols are often called to help with minor injuries caused by broken glass. At the end of an evening out women who have been wearing heels often go barefoot, sometimes resulting in their feet being cut.

69. Street Angels – who give flip-flops to these people – highlighted an ongoing national campaign to get glass banned from late-night city centre bars and clubs, - for further information see: www.**pop-campaign**.co.uk/

70. Street Angels confirmed the campaign has been rolled out by some local authorities with a great deal of success. It was launched in 2004 after a worker was assaulted on Christmas Eve when he tried to assist and protect a female colleague. He was attacked with a glass bottle and was left fighting for his life after his face and throat were slashed.

71. They asked that the Committee give their support to this campaign and any other campaigns that address the binge drinking culture, and/or examine how some pubs and clubs are able to offer low priced drinks to attract people to their premises.

72. The team leaders wanted the committee to note that the city centre police, ambulance service and door staff are all helpful and professional but they understood their frustrations.

Campaigns

73. Members received the following information in support of Objective (iv) – to 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.

74. There are many high-profile national media campaigns launched at regular intervals throughout the year involving wide-scale newspaper and television coverage and national advertisements. Most recently these have included the British Liver Trust 'Love Your Liver' campaign in January 2013; the 'Change4life' campaign in February/March 2013 to raise awareness of health risks associated with drinking too much; 'Alcohol Awareness Week in November 2013 and Alcohol Concern's Dry January 2014 campaign 'Dryathlon' which encourages people to abstain from alcohol for a month.

75. In addition, there are numerous leaflets and posters highlighting the risks of alcohol abuse produced nationally and made available from, and displayed in such places as GP surgeries, Health Centres and Hospitals throughout the city.

Analysis

York Hospital Emergency Department

76. The committee noted that 19.73% of the night time attendances during the audit period were alcohol related. However there was no definitive evidence to prove the spike in Emergency Department attendances on Friday and Saturday nights (as detailed in paragraphs 18 & 19 above) was as a direct result of the city centre's late night economy, as it was not known what percentage of the attendances are as a result of drinking in licensed premises in the city centre, at home or elsewhere.

77. And whilst the Ambulance Service could confirm the numbers of people collected from the city centre there was no evidence to show whether those people had consumed all their alcohol in the city centre or whether people had been pre-loading prior to going out in the city centre.

78. The Committee also acknowledged there was no concrete evidence to confirm the high percentage of alcohol related diagnoses of trauma; social / behavioural and head injuries could be put down to violent crime or anti-social behaviour linked to the city centre night-time economy.

79. Those Members that took part in the ED visits identified the following issues:

    i. Members recognised that alcohol related attendees spent a disproportionate length of time in ED as highlighted in paragraphs 25-27;

    ii. The length of stay for alcohol related attendees had huge implications for staff and other attendees with some patients having to wait in inappropriate places for hours;

    iii. It was unpleasant for other patients to be in a department where people were drunk, and Members agreed that patients with a need to attend ED should expect a better experience.

    iv. The number of people attending ED who should not be there and did not need the expertise of staff in ED. A spot check at midnight on one of the two nights indicated that 20 people should not have been there. They also counted eight people who they considered to be in ED as a direct result of alcohol although they acknowledged there were probably more where alcohol contributed to the ailment / injury.

80. Finally, in light of the postcode data provided at paragraph 17 Members recognised the number of alcohol related attendances was not a tourist problem, a student problem or a stag or hen party problem – it was a York problem.

Yorkshire Ambulance Service

81. Members recognised that an ambulance crew caught up dealing with an anti-social or alcohol-related incident that could have been avoided could be delayed from reaching someone with a more serious life-threatening condition such as a heart attack.

82. In regard to the information provided by YAS and in particular the information they provided on the Alcohol Treatment Centre (ATC) in Cardiff (paragraphs 41-43), the members who met with them acknowledged that a similar facility in York could help ease the strain on York's ED resources, a suggestion that was accepted by senior staff at the hospital.

83. In light of the statistics provided at paragraph 28 regarding the number of ambulance attendances the Committee recognised that if the 18% alcohol related ambulance attendances at ED were removed from the equation the ambulance service would hit all its turnaround targets.

84. Members acknowledged the shared view of the ambulance service and ED that alcohol posed a disproportionate burden on their resources and were pleased to note both were involved in initiatives to manage the problem.

85. They acknowledged ambulance crews' frustrations at their numerous journeys between the city centre and ED on weekend nights and agreed it would be more efficient to manage these people through better access to pathways that do not involve ED.

86. With this in mind and having considered the information provided on the Cardiff Alcohol Treatment Centre Members agreed it would be a good idea for York. Such a unit could help reduce the effect of alcohol-related attendances on the hospital, and would provide an appropriate alternative for people who did not really need ED. Alcohol related attendances were a good example of people who did not need to be there.

Street Angels

87. In regard to the issues raised by Street Angels (as shown in paragraphs 54-72 above) the members who met with them noted their efforts to reduce the numbers attending the ED, expressed their appreciation in the work done by Street Angels, and questioned whether more could be done to support their volunteers. The Committee noted that Street Angels was a voluntary organisation but some funding was provided by Safer York Partnership.

88. In regard to the issue of broken glass on city centre streets, the Committee noted that the NTE Review being undertaken by the Community Safety Overview & Scrutiny Committee would be addressing the issues around city centre street cleaning and the impact of anti-social behaviour associated with commercial waste presentation during the evening.

Campaigns

89. In light of the numerous national campaigns that are run on a regular basis, the Committee agreed it would be better for CYC Public Health officers to ensure York is included in these rather than running local campaigns and that the full array of nationally produced leaflets/ posters continue to be made available across the city.

90. Members who met with Street Angels noted the concerns raised about the use of glass in late-night bars and clubs in the city centre and the ongoing Pop-Campaign. They queried whether the Council Gambling, Licensing and Regulatory Committee could introduce a licensing condition regarding the use of glass and agreed this should be further investigated,

Conclusions

91. While the Committee recognised the adverse effects of alcohol consumption on the work of health partners and the patients they are caring for they concluded it was difficult to identify where the alcohol was consumed although there is anecdotal evidence from Street Angels of preloading before people come into the city centre.

92. However, they agreed it was reasonable to conclude that the huge influx of people frequenting licensed premises in the city centre at the weekend would have a significant bearing on the hospital attendance figures – particularly alcohol related attendances

93. They also concluded that the high number of alcohol related attendances at night was putting an unnecessary strain on staff, their time, beds and cubicles and waiting times at the Emergency Department and on the Ambulance Service, as evidenced in paragraphs 14-20 and 28.

94. Therefore, the Committee would strongly support the further investigation of the introduction of a city centre treatment and recovery centre.

95. The Committee concluded that the cost of running a local alcohol awareness campaign could not be justified given the number of wide-reaching national campaigns and therefore this should not be pursued. In regard to the Pop-Campaign, detailed in paragraphs 68-71, they agreed the ongoing problem of broken glass in the city centre as a result of anti-social behaviour needed to be addressed.

96. Finally, the Committee wished to acknowledge the value of the good working relationships between the key organisations including police, ambulance staff, Street Angels and door staff, working in the city centre.

Draft Review Recommendations

97. Having considered the evidence above the Committee makes the following recommendations:

    i. That the Council and health partners investigate the establishment of a city centre treatment and recovery centre to operate on Friday and Saturday nights to provide both clinical care and a place of safety;

    ii. That the Council continue to support the work of Street Angels, and encourage Safer York Partnership to continue their financial support, whilst working in partnership with them.

    iii. That York Hospital Trust be actively encouraged to continue to monitor the reasons for people arriving in ED and identify what else needs to be done to manage the pressures on ED, both on the services that are provided and the strains on staff;

    iv. That the Council's Public Health team continue to promote any future public health campaigns in relation to alcohol, by proactively linking with NHS England;

    v. Further to the Pop Campaign, the Council's Gambling, Licensing and Regulatory Committee be recommended to investigate the implications of introducing a licensing condition regarding the use of glass in late night bars and clubs in the city centre.

Options

98. Having taken into account the information above, the Committee can identify what, if any, further information may now be required, or it can approve the recommendations and submit them to CSMC for further consideration as part of the wider review on the night-time economy (YorkAfter5) it is undertaking.

Implications

99. The implications associated with the recommendations arising from this review will be will be identified and reported to Health OSC at its meeting on 19 February.

Risk Management

100. There are no direct risks at this stage associated with recommendations in this report. Any risks associated with any implications which may be reported to the Committee will be identified at the meeting on 19 February.

Council Plan 2011-15

101. This review relates to the following key element of the Council Plan 2011-2015: 'To Protect Vulnerable People'.

Report Recommendations

Having considered the information provided within the report the Committee are asked to approve the recommendations set out in paragraph 97.

Reason: To conclude the work on this Review in compliance with scrutiny procedures, protocols and workplans.

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Report Approved ✓ **Date** 7 Feb 2014

Wards Affected: All ✓

Background Papers: None
Annexes:
Annex A – Abbreviations

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Abbreviations used in this report and its annexes

A&E – Accident and Emergency

ATC – Alcohol Treatment Centre

CCG – Clinical Commissioning Group

Cllr - Councillor

CSMC - Corporate Scrutiny Management Committee

ED – Emergency Department

GP – General Practitioner

Health OSC – Health Overview and Scrutiny Committee

OOH – Out Of Hours

OSC - Overview and Scrutiny Committee

NTE – Night-Time Economy

YAS – Yorkshire Ambulance Service

YTHNFT - York Teaching Hospitals NHS Foundation Trust

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Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
18th December 2013	**Themed approach: Community Health Services** 1. Care Quality Commission: Changes to the way they inspect and regulate care services **Monitoring Role:** 2. Presentations from Key Partners on how they work with other partners and how they put together their annual plan 3. Verbal report on Men's Health Scrutiny Review **Managing the Business:** 4. Workplan Update
15th January 2014	**Scrutiny and Task Group reports:** 1. Interim report on Night-Time Economy Scrutiny Review? 2. Report on the work of the HWB and how Health OSC and HWB work together **Managing the Business:** 3. Workplan Update
19th February 2014	**Themed approach:** 1. Further update on implementation of the recommendations arising from the End of Life Care Scrutiny Review 2. CCG Community Services and Out of Hours GP Services commissioning plans. **Scrutiny and Task Group reports:** 3. Draft final report on Night-Time Economy Scrutiny Review **Managing the Business:** 4. Workplan Update

12th March 2014	**Themed approach:** **Monitoring Role:** 1. 1.Third Quarter CYC Finance & Performance Monitoring Report 2. Update report on introduction NHS 111 services 3. Update report on use of additional funding for York Teaching Hospital (likely to have been used to supplement staffing during winter period) 4. Further update on Francis Report 5. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow) **Managing the Business:** 6. Workplan Update
23rd April 2014	**Themed approach:** **Monitoring Role:** 1. Annual Report on the Carer's Strategy 2. Six monthly update report on Residential, Nursing and Home Care Standards 3. Update report from Police on provision of Place of Safety at Bootham Hospital **Managing the Business:** 4. Workplan Update