



Notice of a public meeting of

Health Overview & Scrutiny Committee

- To:** Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Douglas, Hodgson and Watson
- Date:** Wednesday, 15 October 2014
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

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 3 - 10)

To approve and sign the minutes of the meeting held on 10 September 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 14 October 2014 at 5.00 pm.**

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- 4. Annual Report of the Chief Executive of Leeds and York Partnership NHS Foundation Trust** (Pages 11 - 20)
Leeds and York Partnership NHS Foundation Trust (LYPFT) provides specialist mental health and learning disability services for children and adults who live within York, Selby, Tadcaster and Easingwold; as well as providing certain specialist services across the whole of North Yorkshire and beyond. This report sets out key areas of service development in the last 12 months and areas for focus on further improvement over coming months.

- 5. Merger between York Medical Group and 32 Clifton Practices** (Pages 21 - 32)
This report on the proposed merger of the York Medical Group and 32 Clifton Practices has been prepared to provide Members with both the background for the merger and a briefing to outline the consultation process undertaken by the Practices to support the merger.

- 6. Update on Implications of Deprivation of Liberties Safeguards (DoLS)** (Pages 33 - 36)
This briefing note provides Members with the new financial implications of the Deprivation of Liberties Safeguards (DoLS).
- 7. Update Report on Lunchtime Meal Arrangements for Sheltered Housing Residents** (Pages 37 - 40)
This report briefs members on the decision to remove the meals service, the numbers of people affected, alternative provision and ongoing engagement.
- 8. Verbal Update Report on Supporting Older People Scrutiny Review**
This item updates Members on the progress made on the Supporting Older People Scrutiny Review.
- 9. Work Plan** (Pages 41 - 44)
Members are asked to consider the Committee's work plan for the 2014-15 municipal year.
- 10. Urgent Business**
Any other business which the Chair considers urgent.

Democracy Officer:

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে । (Bengali)

**Ta informacja może być dostarczona w twoim
własnym języku. (Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

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 A Non Executive Member of Be Independent
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.

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City of York Council

Committee Minutes

Meeting	Health Overview & Scrutiny Committee
Date	10 September 2014
Present	Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Hodgson, Watson, Horton (Substitute) and Runciman (for Councillor Jeffries)
Apologies	Councillor Douglas

Councillor Lynn Jeffries

The Chair made reference to the recent death of Councillor Lynn Jeffries and invited all Members and those present to stand and take part in a moment of silence as a mark of respect. During the course of the meeting tribute was paid to the contribution that Councillor Jeffries had made to health, disability and equality issues within the city.

19. Minutes

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 2 July 2014 be signed and approved by the Chair as a correct record.

20. Public Participation

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

David Smith spoke regarding agenda item 5 (Update on the implementation of recommendations from the previously completed Personalisation Scrutiny Review). He stressed the importance of ensuring that the recommendations were actioned quickly. He expressed concern as to whether the training that had previously taken place had been effective and stated that there had to be a culture change within the Authority to address issues in respect of personalisation.

John Yates spoke in relation to agenda item 10 (Discrimination against Disabled People in York Report). He gave examples of problems faced by those with disabilities when trying to travel by

bus. He also drew Members' attention to issues in respect of obesity, particularly childhood obesity.

Andrew Butler spoke regarding Agenda Item 7 (York Hospital NHS Foundation Trust Annual Report 2013/14). He clarified that although he was a governor of the hospital he did not speak on their behalf. Referring to the recently released Monitor report, he gave contextual information regarding the targets that had been missed in respect of cancer treatment and Accident and Emergency and explained that the targets related to waiting times and there had been no suggestion of poor care. Details were also given of the Trust's financial situation and the savings that had had to be implemented.

21. Bootham Park Hospital (BPH) Update Report

Members received a report which briefed them on the review of inpatient accommodation at Bootham Park Hospital. It informed them of the recent multi-agency decision to agree an interim solution for the inpatient accommodation to cover the next three years.

The Chief Executive from Leeds and York Partnership NHS Foundation Trust and the Chief Clinical Officer from the Vale of York Clinical Commissioning Group (CCG) were in attendance to present the report and answer questions from Members.

Details were given of the proposals and the interim arrangements that would be put in place. It was noted that guidance was awaited from NHS England before a decision was taken on the new purpose built mental health inpatient facilities. In response to questions from Members details were also given of the timescales involved.

Members stressed the importance of ensuring that there was continuity in care for patients during the process and that there were no gaps in provision. Particular reassurance was sought in respect of the Children and Adolescents Mental Health Service.

- Resolved: (i) That the interim solution for Bootham Park Hospital be endorsed.
- (ii) That work be carried out with the CCG in the development of longer term plans for new purpose-built, mental health inpatient facilities for service users from York and the Vale of York.

- Reasons: (i) The urgency and seriousness of the Care Quality Commission (CQC) report, has meant that the CCG has had to rapidly identify an interim solution for inpatient services at Bootham Park Hospital. During the interim period the CCG can then fulfil its statutory obligations by holding a full public consultation and wider stakeholder engagement events regarding the longer term, future provision of inpatient services.
- (ii) The CCG feels that the people of the Vale of York deserve a 21st century facility for the delivery of inpatient mental health services. There are 3 options for a suitable site; a new build on the Bootham site, a new build on The Retreat site or a new build on the old Clifton Hospital site.

22. Update on implementation of recommendations from the previously completed Personalisation Scrutiny Review

Members received a report which provided an update on the implementation of the recommendations arising from the previously completed Personalisation Scrutiny Review and progress arising from the review.

Officers gave details of the action that had been taken, including details of the Support Planning Toolkit event that had taken place. Officers were questioned about the uptake of Direct Payments and of the targets that had been set.

Concerns were expressed that the pace of progress in implementing the personalisation agenda was not as rapid as Members would wish. It was agreed that there was still work to be done to ensure that individuals had the key role in designing the care that best met their needs. Officers confirmed that action was being taken to escalate the rate of progress.

Resolved: That the report be noted and all recommendations signed off as complete.

Reason: To complete the scrutiny review.

23. Annual Report from Chief Executive of Yorkshire Ambulance Service

Members considered an annual report from the Chief Executive of Yorkshire Ambulance Service (YAS) which included the YAS Annual Summary and the report on the Quality & Performance report for the Vale of York.

The Head of Emergency Operations from North and East Yorkshire Ambulance Service was in attendance at the meeting to present the report.

Members' attention was drawn to the increasing demand for the service and details were given of performance against the performance indicator targets that were in place. Members were also informed of the 2014-15 key priorities for the service, as outlined in the report.

In response to questions from Members, details were given of the Community Medical Unit which was intended to operate in St Helen's Square, York on Friday and Saturday evenings and race days. The reasons why this was not always possible were noted. Partners were working together to tackle issues in respect of alcohol related issues in the city centre.

Resolved: That the report be noted.

Reason: So that Members are kept informed of the performance of Yorkshire Ambulance Service.

24. York Teaching Hospital NHS Foundation Trust Annual Report 2013/14

Members considered a report which presented them with the Annual Report of the Chief Executive of York Teaching Hospital NHS Foundation Trust which detailed the performance and challenges faced by the hospital during financial period 2013/14.

The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust and the Directorate Manager from the Emergency Department at York Teaching Hospital NHS Foundation Trust were in attendance at the meeting.

A number of issues were highlighted in respect of the report including:

- The current level of partnership working between those involved in health across the city was the best it had ever been.
- There had been a 50% reduction in cases of C-difficile at the hospital.
- Significant progress had been made in respect of community services
- Concerns still existed over the continued increase in demand for the services offered.
- Staff recruitment, particularly in respect of A&E consultants and staff, continued to be difficult. Details were given of the strategies that were being developed to address this issue, including offering flexible working. Consideration was being given to recruiting from overseas should this prove necessary.

Members noted that although the Trust had performed well against the majority of targets there were two exceptions to this:

- Emergency Department waiting times
- The 18 week referral to treatment target

Members questioned officers regarding the missed targets. They were given details regarding the number of patients who used the services of A&E each day, many with non-urgent conditions. Generally the survey results from those using A&E were good.

In respect of the cancer treatment target, Members were informed that although there had been a significant increase in the number of referrals, this had not been reflected in an increase in the number of cancer cases. It was noted that the number of referrals was not uniform across GP practices in the city.

Details were given of the Trust's financial position. Referring to a recent article in the media, the Chief Clinical Officer from the Vale of York Clinical Commissioning Group clarified that the CCG had not "fined" the hospital and would not be withholding funding.

Resolved: That the report be noted.

Reason: To keep the Committee up to date on the work of the Trust.

25. Single Equality Scheme Update and Refresh

Members considered a report to inform Members of the refresh of York's Single Equality Scheme.

It was noted that, since the report had been written, carers and young carers had been included in the Single Equality Scheme Scheme priorities.

Members questioned why there had been no mention within the report of the impact of the rise in the threshold for disabled and vulnerable people receiving social care support. Officers confirmed that they would look at this.

Members requested that the outcome in respect of the percentage of carers who report that they have been included or consulted in discussion about the person they care for should also include the percentage of people who are cared for who report that they have been included or consulted about their care.

- Resolved: (i) That the report be noted.
- (ii) That the priorities and outcomes listed in the report should be the areas of focus in the revised equality scheme, subject to the amendment detailed above.

Reason: To help ensure that relevant equality issues are reflected in the revised Equality Scheme.

26. 2014/15 First Quarter Financial, Performance and Equalities Monitoring Report-Health and Wellbeing

Members considered a report which analysed the latest performance for 2014/15 and forecasted the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health and Wellbeing.

Members were informed that work was taking place to rebase the budget to take into account the demographic trend, the complexity of cases and the financial implications of the Deprivation of Liberty Safeguards (DOLS). In response to the significant pressures an allocation of £600k from the corporate contingency budget had been sought.

At the request of Members, details were given of the implications of a recent court ruling which had resulted in a dramatic increase in the number of formal applications that had to be processed. Members requested that a report on DOLS be presented at a future meeting.

Members' attention was drawn to paragraph 14 of the report, which highlighted differing life expectancy rates within the city.

Members questioned whether the work that the Council was carrying out with the universities to promote better awareness of excessive alcohol consumption was having an impact. Officers confirmed that the universities were becoming more aware of their responsibilities and were providing practical support on the streets. Members suggested that non-alcohol venues should be more readily available for students who did not drink alcohol.

Concerns were expressed that a lunch service provided at four sheltered housing schemes was to cease. Officers explained that the number of people using this service had declined and that it was used by only a quarter of the residents at the homes. A number of issues had been raised regarding choice and quality and the subsidised service was costing the Council £50,000 per annum. Other commercial and community organisations could provide lunches which were of better quality and offered more variety. There were other opportunities for socialising at the venues. Officers stated that those affected would be given appropriate advice and support to make alternative arrangements. Members agreed that they would wish to have a report back on this issue at the next meeting.

- Resolved: (i) That the report be noted.
- (ii) That reports on Deprivation of Liberty Safeguards (DOLS) and an update on the situation in respect of the changes to lunch provision for those previously using the Council's service be added to the workplan.

- Reasons: (i) To update the Committee on the latest financial and performance position for 2014/15.
- (ii) To ensure Members are kept informed of issues identified in the monitoring reports.

27. Discrimination against Disabled People in York Report

Members considered a report written by Healthwatch York into Discrimination against Disabled People in York.

The Manager of Healthwatch York and the author of the report were in attendance and responded to Members' questions.

The report author gave an overview to Members and gave details of issues that had been identified arising from the survey, including access to GP services and public transport. Members suggested that it would be helpful for bus companies to ensure that drivers were fully trained on issues in respect of disability.

It was noted that the recommendations in the report would be considered by the Health and Wellbeing Board in October. It was hoped that this would result in an action plan being drawn up to address the recommendations. The Chair stated that she would also present the report at the next General Pharmaceutical Council meeting.

Members congratulated the report author on the work that she had carried out.

Resolved: That the report be noted.

Reason: To keep the Committee informed of issues faced by disabled people in York.

28. Work Plan 2014-15

Members considered the Committee's work plan for 2014-15.

Resolved: That the work plan be approved subject to the following additions (as agreed under agenda item 9):

- Report on the Deprivation of Liberty Safeguards (DOLS) to be considered at a future meeting.
- Report on the impact of changes to the lunch services at the sheltered housing schemes.

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

Councillor C Funnell, Chair

[The meeting started at 5.32 pm and finished at 7.40 pm].

Annual Report to the City of York Health Overview and Scrutiny Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust

1. Summary

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides specialist mental health and learning disability services for children and adults who live within York, Selby, Tadcaster and Easingwold; as well as providing certain specialist services across the whole of North Yorkshire and beyond. This paper sets out key areas of service development in the last 12 months and areas for focus on further improvement over coming months.

2. Summary of improvements to services since September 2013

2.1 Redesigned community and alternatives to hospital admission

During 2013/14 we have transformed the way in which we currently provide community based services for adult and older people. We have delivered a new locality based service model for community services and a single point of access into our secondary mental health services. At a community level we have ensured that: all GP practices have access to primary care mental health workers; all complex case allocations and care planning involves a multidisciplinary forum; a single and coherent secondary care psychological therapies service embedded in community teams and accessed through a single community MH pathway.

The new service model is still embedding and has struggled to deliver fully integrated care in the absence of estates solutions enabling teams to be collocated. New leadership models are embedding but this is challenging when working with dispersed teams across multiple sites. We are working with NHS Property Services (NHSPS – who own the York estate) and the NHS Vale of York Clinical Commissioning Group (CCG) to identify estates solutions.

2.2 New health based Place of Safety (Section 136 suite)

This service opened at Bootham Park Hospital in February 2014 and represents an important improvement to the experience of mental health service users in York.

It provides a health based place of safety where people who are experiencing a health crisis can be treated, rather than be taken into police custody.

Since the Place of Safety opened there has been a 77% reduction in custody attendance, and in the last six months there have been 15 fewer detentions. With the introduction of the Street Triage team the number of detentions is expected to fall even further (see next section).

2.3 New Care Homes Liaison Team

The care homes team was established in April 2013. Its role is to provide timely and appropriate care to people in residential homes to prevent them becoming unwell and needing admission to hospital. In the first year of this service there is evidence there has been a reduction in admissions to community units for the elderly (CUEs) and reduced delayed discharges from CUEs back to care homes. Avoiding admission for people with dementia is particularly important for their health and wellbeing, as admission to a strange environment is disorienting and can lead to poorer outcomes.

2.4 New Personality Disorder Service

The plan agreed last year for developing this service is being implemented through a partnership group as part of the Trust wide Personality Disorder Network. The service will include specialist care coordinators and dialectical behaviour therapy (DBT) skills groups as well as seeing the continuation of the therapeutic community (two days per week). Transition plans have been agreed for service users and staff so as to minimise disruption.

2.5 Safety and quality improvements at Bootham Park Hospital (BPH)

In December 2013 an unannounced routine inspection was carried out at Bootham Park Hospital by the Care Quality Commission (CQC). The CQC were clear that the current premises were neither safe nor suitable for delivering modern mental health inpatient services.

Since January 2014 the Trust has undertaken systematic auditing and monitoring of risk which has been used to generate a full programme of work to address ligature anchor points and other environmental risks. Estate management of the hospital remains complicated by the need to coordinate the programme of work between provider estates services, NHSPS and York Hospitals Trust (who have the contract to carry out routine maintenance). Alongside the environmental work we have used clinical risk assessment and patient safety planning to manage risks individually where changes to the environment have not been possible.

A significant amount of work has been undertaken to improve quality of care. The named nurse system has been reintroduced so every patient has a nurse who oversees their care. There have been improvements to clinical supervision; and training needs analysis has been undertaken to identify a programme of continuous professional development for the clinical workforce. Inpatient service user groups are providing views on the care they receive and this information is used to inform developments.

2.6 Support workers to improve care

A number of support workers across York and North Yorkshire have taken the next step by training to be associate practitioners. The new roles have been introduced to support staff to progress their careers by learning new skills, which will also ensure service users receive competent and compassionate care. Training has already taken place for those who have been appointed to the new associate practitioner posts and there will be more opportunities in our dementia units in the new year.

2.7 Access to dieticians on wards

Our dietitians in York have been working on a project to support adults and older people accessing services on our wards. Prior to February of this year, there had been no dietetic input within these services. A scoping project was subsequently launched which was delivered by a dietitian for two days a week and a lead dietitian for one day a week. As part of the work a nutritional screening tool was introduced in York. Over the past eight months training has been provided to all staff on the wards, meaning that the same nutritional screening tool is now used across all services in the Leeds and York Partnership NHS Foundation Trust.

3. Planned service developments and improvements

Our five-year Trust strategy and two-year Operational Plan sets out the Trust's commitment to improving our York and North Yorkshire services. The main areas of improvement are summarised below.

3.1 Ensuring our York estate is fit-for-purpose

In March 2014, the LYPFT Board of Directors concluded that neither Lime Trees (inpatient services for children and young people) nor Bootham Park Hospital (inpatient services for adults) are suitable for modern day mental health care and that we need to find alternatives as soon as possible. We have been working with NHSPS and commissioners to find suitable interim solutions.

The Lime Trees inpatient child and adolescent mental health services (CAMHS) are commissioned by NHS England specialist commissioners; and the Bootham Park Hospital inpatient services are commissioned by NHS Vale of York Clinical Commissioning Group (CCG).

The CQC identified a number of issues that needed to be resolved to make the premises safe for inpatient care. In the case of Bootham Park Hospital the fact that it is a Grade 1 listed building meant there were restrictions to any improvements that can be made to the fabric of the building. English Heritage and York City Council planners have since agreed to more changes which will allow the Bootham Park Hospital to be refurbished to provide safer inpatient care.

Under an interim plan agreed at the CCG's Governing Body meeting on Thursday 7 August 2014 measures include refurbishing and changing wards at Bootham Park Hospital to make them more suitable for providing inpatient care; and moving Ward 6 (older people's ward) to Cherry Tree House in York. Further work has just been undertaken with staff on the Electro-Convulsive Therapy (ECT) suite to identify the most appropriate solution and the Trust has agreed that it should remain at Bootham Park Hospital. We are working with the Psychology Service which will be displaced by the extension of Ward 1 to identify suitable premises/space for them to deliver comprehensive psychological and therapy services. These plans will improve the environment for service users who access these services.

Specialist mental health services inpatient services (Tier 4) for children and young people, commissioned by NHS England, will move from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and will improve care for more children and young people in inpatient facilities close to their homes and families.

We are working with NHS Properties and the CQC to prioritise estates solutions requirements where these are directly impacting on quality of care and delivery of improved service models. Specifically we have raised concerns about the negative impact of our new integrated community mental health teams being dispersed across multiple sites including Bootham Park Hospital. Secondly we are concerned that our current acute inpatient service for people with dementia are delivered across three sites meaning service users and carers often have to travel a distance from where they live. Two of our wards are currently not dementia friendly environments and one is not fully compliant with single sex accommodation requirements. Staffing three separately sited wards is inefficient and increases risk. Consolidation of our wards would improve safety and deliver efficiencies which would enable us to make necessary service improvements.

3.2 Improving IAPT and primary care mental health services

With investment from the CCG we are doubling the number of people who can access Improving Access to Psychological Therapy (IAPT) services by December this year; and plan to increase access further in 2015.

We have begun a project aimed at improving the way that primary care mental health services are organised and coordinated with the rest of our services so that people who require our support can access it quickly and easily. We want to make sure that there are clear care 'pathways' for our service users and that our newly-improved services operate together in an integrated and efficient way.

Currently primary care mental health services are provided by GP-based counseling, primary care mental health workers and a local IAPT service. The new pathway will be underpinned by the principles of recovery and choice and is guided by a flexible stepped-care approach. It will centre on three 'high-level' changes to the way people will access and use primary care mental health services in future: a single point of access; greater integration; and partnership working.

Having completed our review of current services and initial engagement we are developing more detailed proposals for discussion and engagement with key stakeholders starting in October. Project plans will be finalised in December 2014 once the tender specifications are known and Commissioners have given support for immediate improvements.

3.3 Redesigning cognitive impairment/dementia services

The aim for this project is to develop a clear mental health pathway for people with cognitive impairment/dementia, providing a service which is 'better, simpler and more efficient' and reflects the Trust's goals and values. We will review the care we provide and, working with partners, will enhance our community level support to avoid unnecessary admissions and enable people to be cared for in their own homes or community residence.

The outcome of this review will be to deliver:

- A memory service that provides early diagnosis and comprehensive post diagnostic support for people with dementia, working with GPs and partner organisations to deliver this
- Care in environments that are dementia friendly, safe and meet the needs of service users for purposeful activity, privacy and dignity

- Multidisciplinary care by teams which include specialist staff who are appropriately trained, are knowledgeable about dementia and who have skills to work effectively with individuals
- Partnership working with adult social care, other health and the third sector.
- Enhanced community based services that are able to support people with dementia and their carers in their own homes and communities
- Improved crisis support – so that people are supported in their own community and homes, reducing the need for hospital admission and the time people need to stay in hospital
- An enhanced Care Homes Liaison Team which builds capacity in the existing team to manage challenging behaviours and complex needs
- Consolidation of our inpatient beds to deliver better care, in dementia friendly environments with access to therapeutic activities and psychological interventions
- A single integrated and evidence based care pathway that ensures people access the right care at the right time
- Improving access to information and support for people with dementia and their carers

We have already improved staff resources and skill mix on the wards including access to occupational therapy. Having completed our review of current services and initial engagement we are developing more detailed proposals for discussion and engagement with key stakeholders starting in October. Project plans will be finalised in December 2014 once the tender specifications are known and commissioners have given support for proposed improvements

3.4 Street Triage

The Street Triage service is due to launch on 10 October 2014. LYPFT and North Yorkshire Police have jointly developed the Street Triage team, which will see mental health liaison staff work closely with North Yorkshire Police to identify individuals in mental health crisis. The team will be “on duty” with police officers during busy periods of the day, seven days a week in York and Selby. The two mental health professionals on duty will be able to provide telephone advice to North Yorkshire Police or be dispatched to any incident where someone is experiencing a mental health crisis.

The aims of the initiative are to improve people’s experiences and help them get the right care, as well as reduce the numbers of people who are detained under Section 136 of the Mental Health Act.

This is principally a matter of safeguarding vulnerable people with mental health issues and providing the most appropriate levels of service and response to fit their needs.

3.5 Emergency Department Liaison Service

This a joint initiative between our Trust and York Teaching Hospital NHS Foundation Trust, with some funding during 2014 coming from the York Better Care Fund. The new service will deliver 24/7 access to mental health nurses in the York Hospital Emergency Department. It is due to launch on 20 October, initially running from 8am to midnight and moving to a full 24 hour service once recruitment is complete. The full cost of the service will be funded by the CCG from 2015/16.

3.6 Clifton House

We have recently opened a new forensic low secure unit providing modern facilities specifically catering for women's needs. The purpose built mental health and personality disorder unit is designed to meet a full range of needs, including treatment choices, and creative therapies, and will focus on much better community engagement and integration.

3.7 Working with Adult Social Care (Section 75 agreements)

York's community services have health and social care staff working in integrated teams. We have been working positively and constructively with City of York Council to put in place a Section 75 agreement, establishing a Partnership Board to progress this work. This is being through our contracting and legal departments and is due for sign off in October 2014. We will be delivering joint engagement events with staff from both organisations to introduce agreements that are being put into place.

Informal work with North Yorkshire City Council (NYCC) has begun. They are positive about the work we have done with City of York Council and are committed to putting a Section 75 agreement in place. A Partnership Board with NYCC will be established and we expect a Section 75 agreement to be finalised in the next few months.

3.8 Recovery, Person Centred Care and Partnerships

As part of our Recovery, Person Centred Care and Partnerships Programme, we have established a Collaborative working group bringing together third sector and service user representatives.

The group is working to consider and analyse what service users, carers and professionals are saying about service provision, gaps, and issues, and to constructively translate those points into plans and service models. This positive approach to change will propose a collaborative service model that identifies alternative and supportive third sector provision that works in partnership with statutory services.

3.9 Community Hub partnership working

We are involved in the piloting of a Community Hub in Selby. Initial work is funded by the Better Care Fund and supported by the CCGs, with York Hospitals leading the work. This work will deliver integrated community support for people with complex needs including cognitive impairment and dementia. The project initial phase will put into place a health staffed intermediate care team whose aim is to avoid admissions to hospital and facilitate early discharge. The services will work as part of a virtual hub bringing together health, social care, third sector and mental health services. Opportunities for collaborative and integrated working of the Intermediate Care Hub team (due to be in place by October 2014) with our services have been prioritised and will be progressed through our continued engagement with the service development and a mental health focused workstream which will ensure joined up working and integrated pathways

3.10 Improving services for people with learning disabilities

In partnership with the Vale of York CCG we are working to reduce the number of learning disability service users placed out of area and to enable our inpatient services to accept people with a learning disability and complex needs, including autism, dementia and challenging behaviour.

3.11 Service user network and involvement

We will be learning from the successful establishment of an active service user network (SUN) in Leeds to develop a YNY Network with dedicated support from a social inclusion and recovery worker. In October 2014 we will be setting up an information booth at Bootham Park Hospital (staff by volunteers) which will improve access to resources and information for service users.

3.12 Child and Adolescent Services (CAMHs)

The Tier 4 inpatient CAMHs service will be relocating from an 11 bedded unit to a 16 bedded unit. The new unit has been specifically refurbished to meet the needs of children and adolescents who require hospital care.

The changes have involved and been led by service users to create a modern environment much more suitable to a 21st century CAMHs service. We have also seen a significant increase in activity in our community CAMHs service and we have moved to a sector model to better meet the needs of this increasing group of young people

3.13 Improving carers support in our community teams

We will be improving our support for carers in line with delivering our model of enhanced community support which aims to avoid unnecessary hospital admissions and support service users and their carers in their own home or place of residence. This will be achieved through increasing the number of carers support workers in our community hub teams, building their skills and knowledge (especially around dementia) and improving access to information and other support services.

3.14 Rolling out our clinical information system, Paris

As part of the Paris Development Programme, Paris will be rolled out across all York and North Yorkshire services by the end of the 2014. This will enable all Trust services to use the core clinical information system and will enable York staff to benefit from the additional services Paris provides users to benefit from the products developed as part of the Better Paris Project.

4. Tender for mental health and learning disability services

NHS Vale of York Clinical Commissioning Group has been working with the Partnership Commissioning Unit to scope an approach to retendering mental health and learning disability services to be completed by September 2015. The final service specifications are due out in the next few weeks and will form the backbone of the tender in which providers will have to set out how they are going to deliver these. Initial feedback from our recent CQC visit has praised the quality of care across a number of services we provide, such as the quality and speed of response of our Crisis Assessment Service, the service user involvement processes we have initiated and our Deaf CAMHs provision. We are concerned, and have highlighted as an extreme organisational risk, the risk to the sustainability and continued improvements we have made that the tender process will pose for services in York.

Chris Butler
Chief Executive

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**Application to Merge
Practices – York
Medical Group and 32
Clifton , York**



Prepared by:

Chris Clarke, Assistant
Head of Primary Care
North Yorkshire &
Humber Area Team

And Barnaby Roe
Practice Manager,
York Medical Group



Application to Merge Practices
York Medical Group York and 32 Clifton York

Prepared by Chris Clarke
Assistant Head of Primary Care
North Yorkshire & Humber Area
Team
NHS ENGLAND

Barnaby Roe
Practice Manager
York Medical Group

Report to York Health Overview and Scrutiny Committee

15 October 2014

Application to Merge Practices – York Medical Group and 32 Clifton, York

1. Introduction

This report has been prepared to provide both the background for the merger and briefing to outline the consultation process undertaken by the Practices to support the merger.

1.1 The Proposal is to merge the GP Practices – York Medical Group (YMG) and The Surgery at 32 Clifton York

1.2 Both Practices have applied to the Area Team for a variation to contract to enable the merger of their practices.

1.3 The new practice will operate across the following sites:

35 Monkgate York

199 Acomb Road Acomb York

St John University Lord Mayors Walk York

40 Moorcroft Road Woodthorpe York

32 Clifton York

1.4 The Practices are looking to merge of the practices from 1st November 2014. This will mean that they will operate as one practice from multiple surgery sites across the city as set out above in 1.3.

1.5 The Practices will maintain the existing surgery at 32 Clifton as a *satellite* surgery but patients will be able to access services from all sites (surgeries) if they wish. The Acomb surgery will operate as the main service and administration hub for the Practice.

1.6 An engagement exercise has been undertaken to obtain the views of patients registered with 32 Clifton and key stakeholders.

1.7 Staff currently employed at 32 Clifton have been made aware of the plans and have the opportunity to feedback on the proposals.

2. Background

2.1 The structure and demographics of the Practices are as follows:

Practices GPs and Patient List Demographics	32 Clifton	York Medical Group	New Practice
No of GPs (Partners)	3	11	14
No of Salaried GPs	2	6	9
No of surgeries	1	4	5
Nurses	3	14	17
No of Patients	7050	24400	31450

2.2 The Proposals for 32 Clifton to merge with another practice was discussed with the Area Team earlier in the year. The Practice had experienced significant difficulty in the replacement of key staff following resignation and retirements from the practice's clinical and management team.

2.3 The Practice considered that a merger into a larger unit would ensure greater resilience for the future.

2.4 The merger would help facilitate progress with service development plans to support the provision and access to a broader range of services for their patients.

2.5 32 Clifton will be retained as a surgery within the practice group. However it is recognised that significant investment will be required to refurbish and upgrade the surgery premises to ensure compliance of facilities are meeting the requirements for the delivery of primary medical services for the future.

3. Staffing

3.1 The new practice will retain the existing staff at 32 Clifton. No redundancies or reduction in staffing capacity is planned.

4. Medication

4.1 There are a number of pharmacies covering both locations and are accessible to patients.

5. Alternative Local Provision

5.1 There are alternative GP Practices (within an approx. radius of 2km from 32 Clifton) should patients wish to opt to change practices. The surgeries are listed below and a map is attached at Appendix 1 for further reference:

Practice	Address
B82048 32 Clifton	32 Clifton York
B82085 York Medical Group	35 Monkgate York St John's University, Lord Mayor's Walk York
B82006 Clifton	Clifton Medical Practice , Clifton Health Centre, Water Lane , York
B82082 Gillygate *	28 Gillygate York
B82005 Priory Medical Centre	Belcombe Way, Water Lane York Clementhorpe Health Centre Cherry St York
B82098 Jorvik Medical Practice	Woolpack House, The Stonebow , York
B82103 East Parade Medical Practice	89 East Parade Heworth York
B82021 Dr Brown and Partners	Dalton Terrace York
Appendix 1 for the map	

6. Engagement

6.1 The Proposal for the merger has been agreed in principle with NHS England, and is now subject to agreement on the financial terms and completion of the appropriate contractual variations.

6.2 The Practices developed and implemented a Consultation and Communication Plan.

6.3 Consultation and communication formally commenced in January 2014

Staff

6.4 All the staff within the Practices have been informed and advised of the plans and are supportive of the merger

6.5 The Practice has held meetings at both sites initially, and had representation from YMG at the 32 Clifton staff meetings and vice versa, to ensure staff were kept up to date of developments and to reiterate that there would not be any redundancies throughout this process.

6.6 Staff have been briefed and understand the the rationale behind the necessity to merge.

6.7 Further dates have been arranged for them to feedback any concerns that they might have. The plans have been included within staff appraisals and also informally via internal meetings held at both sites, to give ALL staff members from both practices opportunity to attend to discuss and air their views. The outcomes of these meetings were formalised, and information fed back to the respective sites and staff teams.

6.8 Progress has been reported through internal newsletters, information going out with wage slips, team catch up meetings, and as before invites requesting anyone to come forward with concerns or queries relating to the merger.

Patients

6.9 The Patient Participation Groups (PPGs) for both York Medical and 32 Clifton were consulted.

6.10 All members were written to and emailed, informing them of the potential merger, and were subsequently invited to attend separate meetings to discuss this.

6.11 They were asked them to come with any queries or concerns that they might have, and any wider patient issues that they could think of.

6.12 The responses from both PPGs were very positive, and endorsed the merger.

6.13 Communications with patients was identified as a priority within the consultation process. This has involved updates on the Practice website, and in the patient newsletter and a patient survey has been completed to gauge the views from a wider audience.

6.14 Newsletters with details of the proposed merger were circulated at both surgeries and comments invited. Details were also put on the surgery websites. A survey was circulated to 32 Clifton patients requesting opinion on the proposed merger. Meetings were held with both Patient Participation Groups when merger was discussed.

6.15 Summary of Survey Returns at 32 Clifton

400 leaflets were taken. 300 were returned.

50% agreed with merger. 12% were not in favour of the merger. 38% were unsure. In the Patient Participation Group following the survey all 30 patients were unanimously in favour of the merger following discussion.

7. Timeline

7.1 A timeline was developed to ensure engagement and transition of systems

- Patient consultation and engagement exercise commenced January 2014. To be completed August 2014.
- Consideration and review of Feedback – March 2014.
- Agreement of Practice budget March 2014
- Agreement of Contract variation documents- October 2014
- Merger of Clinical system and patient database to be completed by October 27th 2014.

8. Overview of Service Development Priorities and Opportunities for the new Practice

8.1 York Medical Group and 32 Clifton have identified a number of areas that the merger will benefit both the practice and patients, these include:

8.2 The merger will provide more convenient to access services through the spread of practice surgeries across the city.

8.3 The new practice will have a stronger and more resilient staff base to cover any future service change through retirements and resignation within the workforce together with more operational consideration to cover holidays and sickness leave.

8.4 Avoid the duplication of activity and focus of resources into the development of patient services such as enhanced management of vulnerable individuals, increased care planning for long term conditions and timely access to appropriate health services.

8.5 The new Practice will have capacity to resource a comprehensive programme of staff development as well as engagement with local commissioning responsibilities through the CCG.

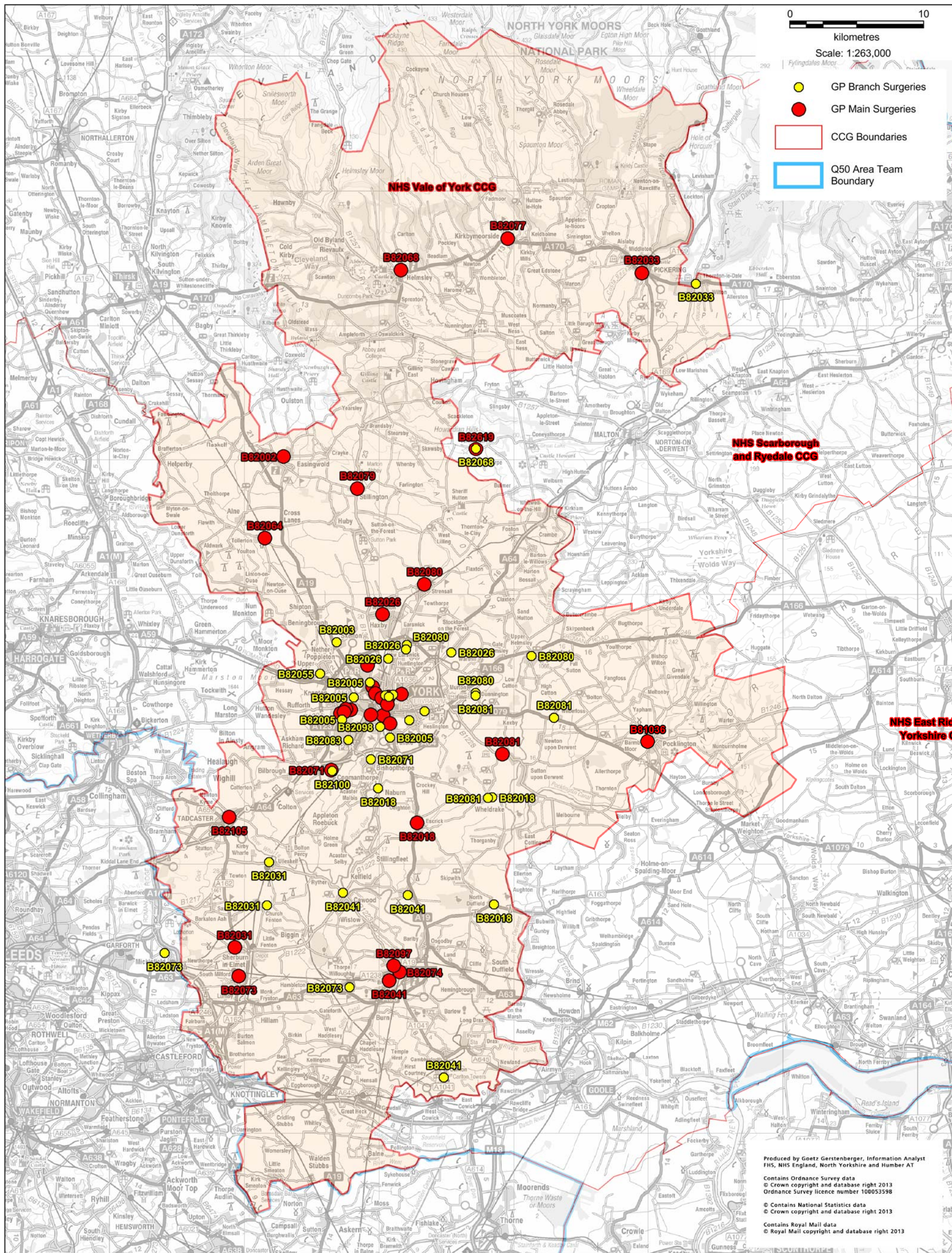
8.6 Improving patient access to services through the development of a dedicated call 'hub' located at Monkgate for all patient to use and respond to difficulties reported by patients in calling the practice at 32 Clifton in the past. Patients' initial contact is with a team of receptionist at the call hub where requests can be dealt with or routed to the appropriate site if more complicated. This provides easy and appropriate telephone access and will prevent the current problems at 32 Clifton of getting through on the telephone. It will also enable receptionists at the GP sites to focus on patients at the desk and deal with their immediate needs.

- Appendix 1 –locality map

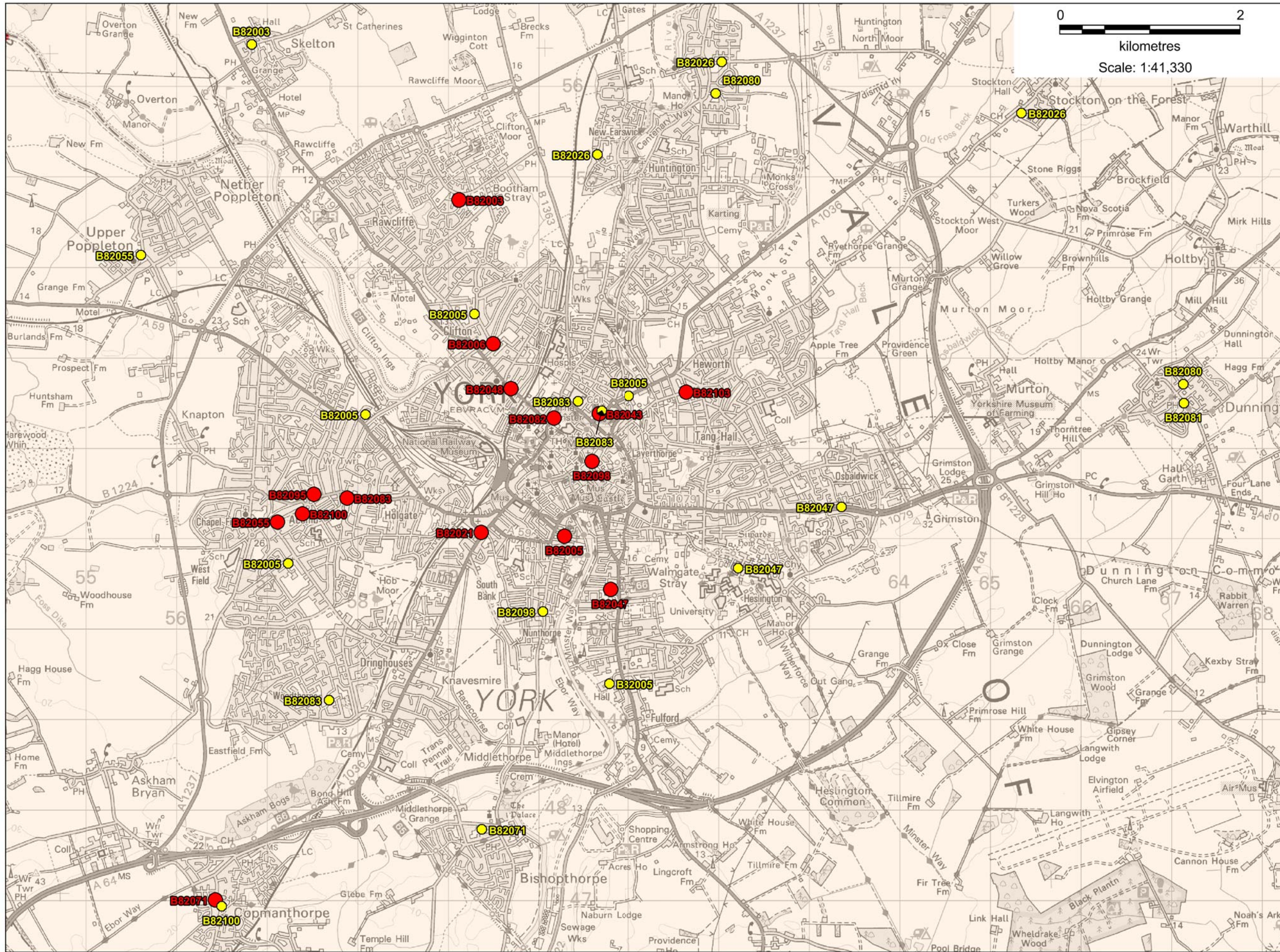
Main & Branch Surgery Distribution within the Region of NHS Vale of York CCG (03Q) - (Nov 2013)



England



Main & Branch Surgery Distribution within the Region of NHS Vale of York CCG, York Details (03Q) - (Nov 2013)



- GP Branch Surgeries
- GP Main Surgeries
- CCG Boundaries
- Q50 Area Team Boundary

Produced by Goetz Gerstenberger, Information Analyst
 FHS, NHS England, North Yorkshire and Humber AT

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NHS Vale Of York CCG (03Q)

Main Surgeries

<i>Practice Code</i>	<i>Practice Name</i>	<i>Partnership Name</i>	<i>Premises Name</i>	<i>UTLA Name</i>
B81036	Dr Brooke J P And Partners	Dr Brooke JP & Partners	Pocklington Group Practice	East Riding of Yorkshire
B82002	Millfield Surgery	Dr Millfield Surgery PL & Part	Millfield Lane	Hambleton
B82003	Petergate Surgery	Dr Hammond DJ & Partners	The Petergate Surgery	York
B82005	Priory Medical Group	Dr Priory Medical Group PL & P	Clementhorpe Health Centre	York
B82006	Clifton Medical Practice	Dr Calder ASC & Partners	The Clifton Health Centre	York
B82018	Escrick Surgery	Dr Butlin SJ & Partners	Escrick	Selby
B82021	Dalton Terrace Surgery	Dr Dalton Terrace PL & Partner	Glentworth	York
B82026	Haxby Group Practice	Dr Haxby Group York PL & Partn	Haxby Wigginton Health Centre	York
B82031	Sherburn Group Practice	Dr Peel AJ & Partners	Sherburn Group Practice	Selby
B82033	Pickering Medical Practice	Dr Pickering Medical PL & Part	Southgate	Ryedale
B82041	Beech Tree Surgery	Dr Williams ME & Partners	Beech Tree Surgery	Selby
B82043	Minster Health	Dr Jones MH & Partners	Monkgate Health Centre	York
B82047	Unity Health	Dr Unity Health PL & Partners	Wenlock Terrace Surgery	York
B82048	Clifton Surgery	Dr The Surg At Thirty Two Clif	The Surgery	York
B82055	Gale Farm Surgery	Dr Bell-Syer JW & Partners	Gale Farm Surgery	York
B82064	Drs Potrykus And Utting	Dr Potrykus M & Partner	The Tollerton Surgery	Hambleton
B82068	Dr N J Wilson & Dr J F Matthews	Dr Wilson NJ & Partner	The Medical Centre	Ryedale
B82071	The Old School Medical Practice	Dr Iredale JL & Partners	Horseman Lane	York
B82073	South Milford Surgery	Dr Mackenzie ACM & Partners	The Surgery	Selby
B82074	Posterngate Surgery	Dr Reid JD & Partners	Posterngate Surgery	Selby
B82077	The Kirkbymoorside Surgery	Dr Hughes TR & Partners	Tinley Garth	Ryedale
B82079	Drs P R Jones And B Mcpherson	Dr Jones PR & Partner	The Surgery	Hambleton
B82080	My Health	Dr Lyall IM & Partners	Strensall Medical Centre	York
B82081	Elvington Medical Practice	Dr Dudek U & Partners	York Road	York
B82082	Gillygate Surgery	Dr Snape CJ & Partners	Gillygate Surgery	York
B82083	York Medical Group	Dr Evans JCH & Partners	York Medical Group	York
B82095	Beech Grove Medical Practice	Dr Schofield SJ & Partners	Acomb Health Centre	York
B82097	Scott Road Medical Centre	Dr Lord ER & Partners	Scott Road Medical Centre	Selby
B82098	The Jorvik Medical Practice	Dr Fair DS & Partners	The Jorvik Medical Practice	York
B82100	Front Street Surgery	Dr Orr GD & Partners	The Surgery	York
B82103	Dr A C Murray	Dr Murray AC	89 East Parade	York
B82105	Tadcaster Medical Centre	Dr Tadcaster Med Centre PL & P	Tadcaster Medical Centre	Selby
B82619	Terrington Surgery	Dr Terrington Surgery PL	Terrington Surgery	Ryedale
B82639	Dr J A Boffa (Pms Pilot)	Dr Boffa JA	Pms Pilot	York

Branch Surgeries

<i>Practice Code</i>	<i>Practice Name</i>	<i>Partnership Name</i>	<i>Premises Name</i>	<i>UTLA Name</i>
B82003	Petergate Surgery	Dr Hammond DJ & Partners	The Surgery	York
B82005	Priory Medical Group	Dr Priory Medical Group PL & P	Heworth Green Surgery	York
B82005	Priory Medical Group	Dr Priory Medical Group PL & P	Rawcliffe Surgery	York
B82005	Priory Medical Group	Dr Priory Medical Group PL & P	Boroughbridge Road Surgery	York
B82005	Priory Medical Group	Dr Priory Medical Group PL & P	Fulford Surgery	York
B82005	Priory Medical Group	Dr Priory Medical Group PL & P	Priory Medical Centre	York
B82018	Escrick Surgery	Dr Butlin SJ & Partners	Church Cottage	York
B82018	Escrick Surgery	Dr Butlin SJ & Partners	The Surgery	Selby
B82018	Escrick Surgery	Dr Butlin SJ & Partners	Reading Room	York
B82026	Haxby Group Practice	Dr Haxby Group York PL & Partn	The Surgery	York
B82026	Haxby Group Practice	Dr Haxby Group York PL & Partn	The Surgery	York
B82026	Haxby Group Practice	Dr Haxby Group York PL & Partn	The Surgery	York
B82031	Sherburn Group Practice	Dr Peel AJ & Partners	The Chapel Schoolroom	Selby
B82031	Sherburn Group Practice	Dr Peel AJ & Partners	The Methodist Chapel	Selby
B82033	Pickering Medical Practice	Dr Pickering Medical PL & Part	The Old School	Ryedale
B82041	Beech Tree Surgery	Dr Williams ME & Partners	10 Rythergate	Selby
B82041	Beech Tree Surgery	Dr Williams ME & Partners	The Surgery	Selby
B82041	Beech Tree Surgery	Dr Williams ME & Partners	High Street	Selby
B82047	Unity Health	Dr Unity Health PL & Partners	University Health Centre	York
B82047	Unity Health	Dr Unity Health PL & Partners	Huill Road Surgery	York
B82055	Gale Farm Surgery	Dr Bell-Syer JW & Partners	The Old Forge Surgery	York
B82068	Dr N J Wilson & Dr J F Matthews	Dr Wilson NJ & Partner	Dr N J Wilson & Dr J F Matthew	Ryedale
B82071	The Old School Medical Practice	Dr Iredale JL & Partners	The Bishopthorpe Surgery	York
B82073	South Milford Surgery	Dr Mackenzie ACM & Partners	12 Fox Lane	Selby
B82073	South Milford Surgery	Dr Mackenzie ACM & Partners	Churchville Terrace	Leeds
B82080	My Health	Dr Lyall IM & Partners	Huntington Surgery	York
B82080	My Health	Dr Lyall IM & Partners	Stamford Bridge Medical Centre	East Riding of Yorkshire
B82080	My Health	Dr Lyall IM & Partners	Dunnington Surgery	York
B82081	Elvington Medical Practice	Dr Dudek U & Partners	The Surgery	York
B82081	Elvington Medical Practice	Dr Dudek U & Partners	White Surgery	York
B82081	Elvington Medical Practice	Dr Dudek U & Partners	Wilberfoss Community Centre	East Riding of Yorkshire
B82083	York Medical Group	Dr Evans JCH & Partners	Monkgate Health Centre	York
B82083	York Medical Group	Dr Evans JCH & Partners	Woodthorpe Medical Practice	York
B82083	York Medical Group	Dr Evans JCH & Partners	Campus Medical Practice	York
B82098	The Jorvik Medical Practice	Dr Fair DS & Partners	South Bank Medical Centre	York
B82100	Front Street Surgery	Dr Orr GD & Partners	5 The Shopping Precinct	York

Health Overview and Scrutiny Committee**15 October 2014****Briefing Note on Deprivation of Liberty Safeguards (DoLS)****What are DoLS?**

DoLS are a means to safeguard the human rights of some of the most vulnerable people in society.

Where a person is assessed as unable to make a decision about their residence and care in a hospital or care home because of a mental disorder (eg. dementia, brain injury, learning disability etc) these decisions are taken using the legislative framework of the Mental Capacity Act 2005.

For some people the arrangements made for their residence and care may amount to depriving them of their liberty and in such circumstances additional safeguards are required. These are set out in the Deprivation of Liberty Safeguards 2009 which are an amendment to the Mental Capacity Act.

The Safeguards

Care and support regimes in hospitals and care homes which amount to a deprivation of liberty must be authorised by the local authority (the supervisory body) who must commission a series of assessments from social workers (known as best interest assessors (BIA)) and doctors (known as eligibility and mental health assessors). The assessments determine whether the way in which the support is delivered is the least restrictive possible, is necessary to prevent harm, is proportionate to any risk, does not adversely impact on the persons mental health and does not conflict with other legal arrangements (eg. any lasting power of attorney for welfare which a family member holds). The local authority in authorising the arrangements which amount to deprivation are able to specify conditions for the care home or hospital which must be adhered to.

Cheshire West and the Supreme Court

The Supreme Court in March 2014 clarified the circumstances which amount to a deprivation of liberty in a case commonly known as

'Cheshire West' and gave guidance commonly referred to as the 'acid test'.

A person is likely to be deprived of their liberty if they are not free to leave and are under continuous supervision and control.

An example of someone deprived of their liberty could be an older person with dementia living in a care home where, because of their vulnerability they would:

- be prevented from going outside without supervision
- be prevented from leaving (apart from to go to a care home with a similar level of supervision)
- and within the home be provided with support and intervention on a continuous basis (for example to ensure that they eat, maintain hygiene, and don't fall and injure themselves.)

The Importance of the Supreme Court Decision

This is a major change from previous court of protection guidance on the circumstances which amounted to a deprivation of liberty. Previously local authorities were asked to consider issues such as whether the person being cared for objected to the arrangements and whether the arrangements were similar to those made for other people with a similar level of disability.

The Supreme Court has ruled that these factors must not be taken into account when determining whether a deprivation is taking place. Consequently many more people with arrangements made for their care which are not unusual for their level of disability and to which they do not object are eligible for safeguards under DoLS.

The Impact for City of York Council

These changes, although providing safeguards to vulnerable people are having a serious impact on the workload and budget of the council.

In 2013/2014 there were 22 customers assessed for DoLS

To date there have been 90 in 2014/2015 we expect to receive over 240 in the year.

CYC is continuing to meet all its statutory responsibilities in this area

In addition there are approximately to be over 240 people in York who fit the 'acid test' but live in supported living schemes outside of the DoLS scheme which require an application to the Court of Protection (CoP). The Court specified in July how they wish these applications to be made. These have been scoped and the application for the first housing scheme requiring 28 individual applications is being prepared.

Costs to the Council

This increase in demand comes with considerable cost

Approximate costs

480 Assessments required from Doctors x £180 = £86,400
(mental health, eligibility and CoP3)

280 CoP application x £370 = £103,600
(Basic administration/application fee)

Independent BIA payments £450 x 50 = £ 22,500
(In house services and out of area)

Training Programme = £10,000

CYC Staffing costs

2 WTE Best interest Assessor £45000 = £90,000

1 WTE solicitor (internal) £60,000

1 Service Manager £45,000

1 Administrator £20,000

Advocacy Contract to support additional 480 customers £62,500

Total approximate budgetary pressure £500,000

Michael Melvin September 15 2014

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Health Overview & Scrutiny Committee**15 October 2014**

Report from the Assistant Director Health & Wellbeing

Removal of subsidised Meals Service from Sheltered Housing with Extra Care Schemes (SHECs)**Summary**

1. This report briefs members on the decision to remove the meals service, the numbers of people affected, alternative provision and ongoing engagement.

Background

2. CYC has four SHECs across the city, these being Barstow House, Gail Farm Court, Glen Lodge and Marjorie Waite Court. There are a total of 170 flats in these schemes that are designed to provide housing and personal care and support to elderly people. Only 64 people are actually in receipt of a care package, the majority not eligible due to insufficiently high care needs.
3. Historically, a hot meals service was provided to those people that wanted it regardless of their level of needs. This service has not proved popular and numbers taking up this service have diminished over time. There are currently a maximum of 71 people accessing the meals service, with an average of around 50 people a day.
4. Those accessing the meals service pay £3.70 a day for a choice of main meal and pudding. The actual service including staffing costs runs at a loss of approximately 50k a year
5. The council's Cabinet and Full Council approved the overall 2014/15 budget, which included the need to make savings in SHECS, with the detailed saving to be finalised by officers. The decision to look at alternative lunchtime provision, ending the £50,000 annual subsidy of the council lunch service, was an officer one. The current meals service was withdrawn on 1st October.

Consultation

6. Previous consultation was undertaken by officers no longer employed by CYC in May and June 2014. It is fair to say that tenants of SHECs and their families do not feel that this was a true consultation exercise.
7. Extensive engagement and consultation on tenants preferred alternatives has taken place and is still underway. These have been joint events organised within H&WB and Housing Officers and have involved one to one conversations with all tenants using the service. Some tenants and their families have stressed the importance of social isolation and the desire for a meal in a communal setting, but on review a number of tenants said they preferred to eat in their own flat. All schemes have a variety of social activities in place and scheme managers have been arranging further social events.

Options

8. All tenants who were in receipt of a care package and accessed meals have had their care packages reviewed and adjusted. All tenants who were in receipt of a care package but did not access the meals service have been reviewed or offered a review. All other tenants have been offered an assessment should they wish to have one.
9. Two ready meals suppliers, two private companies and two voluntary organisations – Age UK and RVS have made offers and tasting sessions have taken place or have been arranged.
10. CYC is not able to commission meals on tenant's behalf either via the Personal Support Service, or housing but have supported and encouraged a range of choices and options as outlined above. The current situation is not equitable for other residents across the city to whom CYC do not provide any sort of subsidised, hot meal option.

Analysis

11. All tenants who accessed the meals service and have a care plan have alternative arrangements in place. Engagement and taster sessions are ongoing in order for tenants to choose their preferred option at meal times.
12. Both voluntary organisations and the ready meals companies state that they are able to provide a service 365 days a year. Negotiations are ongoing with the other private providers.

Recommendation

13. Members are asked to note the contents of this report.

Reason: To keep Members informed about the removal of the subsidised Meals Service from Sheltered Housing with Extra Care Schemes

Contact Details

Author:

Ian McCartney
Group Manager
Health and Well Being
Tel No. 01904555250

Chief Officer Responsible for the report:

Guy Van Dichele
Assistant Director

Report Approved

Date 1/10/14

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

All

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Health Overview & Scrutiny Committee Work Plan 2014-2015

Meeting Date	Work Programme
28 May 2014	<p>Themed approach</p> <ol style="list-style-type: none"> 1. Presentation by City of York Council Head of Transformation about her work around Adult Social Care 2. Be Independent report about the development of this new Community Interest Company and how it provides community equipment loan and telecare service <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 3. Men's Health Scrutiny Review 4. Possible Topics for Scrutiny Review during the Municipal Year <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update
2 July 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Attendance of Cabinet Member for Health and Community Engagement 2. Year End Finance & Performance Monitoring report 3. Annual Report on Carer's Strategy. 4. Update reports on proposals for mental health services in York including: <ul style="list-style-type: none"> • Proposals for improving inpatient child and adolescent mental health services in York (LYPFT) • The future vision of mental health services across York and the interim solutions for Bootham Hospital to date (CCG) 5. CCG report on five-year strategy for integrated health care in York. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 6. Safeguarding Vulnerable Adults Annual Assurance Report

	<p>Managing the Business</p> <p>7. Work Plan Update</p>
10 September 2014	<ol style="list-style-type: none"> 1. Update reports on interim plans for Bootham Park Hospital: <ul style="list-style-type: none"> • Vale of York Clinical Commissioning Group. • Leeds & York Partnership Foundation Trust 2. Update of implementation of recommendations arising from Personalisation Scrutiny Review 3. Annual report from the Chief Executive of Yorkshire Ambulance Service 4. Annual report from the Chief Executive at York Teaching Hospital NHS Foundation Trust. 5. Update of Refresh of Equalities Scheme inc. introduction to relevant focus areas 6. 1st Quarter Finance and Performance Monitoring Report 7. Healthwatch Discrimination Against Disabled People Report. <p>Managing the Business</p> <p>8. Work Plan Update</p>
15 October 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. Annual report to the Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust. 2. Merger between York Medical Group and 32 Clifton practices (Chris Clark, NHS England). 3. Update on implications of Deprivation of Liberties Safeguards. 4. Update Report on lunchtime meal arrangements for sheltered housing residents 5. Verbal Update report on Supporting Older People Scrutiny Review. <p>Managing the Business</p> <p>6. Work Plan Update</p>

26 November 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report 3. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services <p>Managing the Business</p> <ol style="list-style-type: none"> 4. Work Plan Update
17 December 2014	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update
14 January 2015	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 3. Work Plan Update

18 February 2015	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Health & Wellbeing Board Update Report 3. Safeguarding Adults Assurance Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 4. Work Plan Update
25 March 2015	<p>Themed approach:</p> <ol style="list-style-type: none"> 1. <p>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 2. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 3. Annual report on Carers’ Strategy 4. Health & Wellbeing Board Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 5. Work Plan Update 6. Draft Work Plan for 2015-2016

July 2015 – Annual Carers’ review