



Notice of a public meeting of

Health Overview & Scrutiny Committee

- To:** Councillors Doughty (Chair), Funnell (Vice-Chair),
Burton, Runciman, Douglas, Hodgson and Watson
- Date:** Wednesday, 26 November 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 interestswhich they may have in respect of business on this agenda.

2. **Minutes** (Pages 3 - 8)
To approve and sign the minutes of the meeting held on 15 October 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 25 November 2014** at **5:00 pm**.

Filming, Recording or Webcasting Meetings

Please note this meeting may be filmed and webcast and that includes any registered public speakers, who have given their permission. This broadcast can be viewed at:

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http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

4. Residential, Nursing & Homecare Services - Quality Standards (Pages 9 - 14)

This six monthly monitoring report provides details of the performance by York based providers against Care Quality Commission standards and the Adults Commissioning Team's Quality Assessment Framework together with details of the Care Quality Commission's new approach to the regulation and inspection of care homes.

5. Report on the closure of the Monitor investigation into York Teaching Hospital NHS Foundation Trust (Pages 15 - 30)

This report informs Members of the Committee of the decision by Monitor to close their investigation into York Teaching Hospital NHS Foundation Trust.

- 6. Chair's Report - Health and Wellbeing Board** (Pages 31 - 34)
This is one of the regular update reports provided by the Chair of the Health and Wellbeing Board agreed as part of the working protocol between Health Overview and Scrutiny Committee and the Health and Wellbeing Board.
- 7. Update Report of Castlegate Centre for Young Adults**
(Pages 35 - 38)
This report, provided at the request of the Chair, updates Members on the situation regarding the Castlegate Centre which provides information, support, advice and counselling to young adults aged 16-25 who live in the City of York.
- 8. Merger of Practices - Gillygate Surgery and Jorvik Medical Practice York** (Pages 39 - 50)
This report from NHS England (North Yorkshire and the Humber) provides details of proposals to merge Jorvik Medical Practice with Gillygate Surgery to become Jorvik Gillygate Practice on 31 October 2014.
- 9. Healthwatch: Performance Update 2014/15 - First 6 months report** (Pages 51 - 78)
This report updates Members on the current progress of Healthwatch York in delivering the service set out in the contract with the Council.
- 10. Update Report on Membership of the Supporting Older People Task Group** (Pages 79 - 82)
This report informs Members of the need to amend the membership of the Supporting Older People Task Group and requests delegation of agreement of the aims and objectives for the review to the Task Group.
- 11. Work Plan 2014/15** (Pages 83 - 86)
Members are asked to consider the Committee's work plan for the remainder of the municipal year.
- 12. 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

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.
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	15 October 2014
Present	Councillors Funnell (Chair), Burton, Doughty (Vice-Chair), Hodgson, Watson and Firth (Substitute Member)
Apologies	Councillor Douglas

30. **Declarations of Interest**

At this point in the meeting, Members were asked to declare any personal or disclosable pecuniary interests they might have had in the business on the agenda.

Councillor Doughty requested that his standing declaration of interest be amended as his partner no longer worked at The Retreat.

No other interests were declared.

31. **Minutes**

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 10 September 2014 be signed and approved by the Chair as a correct record.

32. **Public Participation**

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

David Smith made a number of comments relating to the recent Cabinet decision to relocate services currently based at Castlegate to West Offices and more generally to the reduction in provision of mental health support for 18-25 year olds in the city. He was keen to see full scrutiny of this decision.

The Chair thanked the speaker and clarified that the decision referred to had already been called in for consideration by Corporate and Scrutiny Management Committee on 31 October 2014.

33. Annual Report of the Chief Executive of Leeds and York Partnership NHS Foundation Trust

Members received an Annual Report from the Chief Executive of Leeds and York Partnership NHS Foundation Trust, setting out key areas of service development in the last year and areas for focus on further improvements in the coming months.

Members asked the Chief Executive a range of questions relating to the vulnerability of Bootham Park Hospital as premises, waiting times for mental health services and the impact of relocating services from Lime Trees, to which the Chief Executive responded in some detail. Specifically in relation to the effect of waiting times on mental health services in York, the Chief Executive agreed to report back on the current position.

Resolved: That the Chief Executive be thanked for his report and the annual report be noted, subject to the further information referred to above on mental health services in York and Improving Access to Psychological Therapies (IAPT) patient waiting times, being made available to Members of the Committee.

Reason: To ensure the Committee is aware of developments in the Trust.

34. Merger between York Medical Group and 32 Clifton Practices

Members received a report which provided background and an outline of the consultation process regarding a proposal to merge two GP practices, York Medical Group and the Surgery at 32 Clifton.

The Assistant Head of Primary Care for North Yorkshire and the Humber and the Practice Manager for York Medical Group presented their report and answered Members questions.

Members raised concerns about how far disabled patients were being involved in the patient consultation, particularly in the light of a recent Healthwatch report which had identified a lack of engagement with disabled people from GP practices.

The Chair suggested to the Assistant Head of Primary Care for North Yorkshire and the Humber and the Practice Manager for York Medical Group that work be carried out with Healthwatch in regards to patient consultation.

Resolved: That NHS England be thanked for their report and arrangements for the merger be noted with a request for improved consultation with Healthwatch and an annual update report on all mergers.

Reason: To update Members on the merger of the two GP practices.

35. Update on Implications of Deprivation of Liberties Safeguards (DoLS)

Members received a briefing note from the Acting Director of Adult Social Services providing information on DoLS and specifically highlighting the financial impact on City of York Council, as a result of new legislative requirements.

A full discussion took place on the financial implications and the Acting Director confirmed that Cabinet had agreed additional funds to deal with the increased pressure arising from the anticipated number of assessments received during 2014/15. He explained cost and process differentials between those undertaken in house and where external support was required. It was hoped that the vast majority of work could be done in house as the level of assessments began to plateau.

Resolved: That the report be received and the current position noted.

Reason: In order to keep Members informed of the resource impact arising from legislative interpretations around the assessment of DoLS.

36. Update Report on Lunchtime Meal Arrangements for Sheltered Housing Residents

Members received a report from the Acting Director of Adults and Social Services which briefed them on the budgetary decision to remove the meals service, the numbers of people affected, alternative provision and ongoing engagement.

Some Members expressed deep concerns at the process used to decide the removal of the hot meals service, including the decision apparently having been an Officer one. Whilst the Acting Director had not been with the Authority at the time of this decision having been taken, he explained the background to the budget saving being agreed and Officers implementing the basis for that saving.

The Chair felt that whilst the initial consultation surrounding the decision to remove the meals service had clearly led to confusion, the Council needed to learn from this and make sure consultation practices around similar decisions in the future improved.

One Member expressed significant concern with the decision making process and the lack of apparent transparency, calling for an immediate reconsideration by Cabinet. The Chair indicated that the Member's concerns would be noted.

Resolved: That the report be received and the position be noted.

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

37. Verbal Update Report on Supporting Older People Scrutiny Review

Members received a verbal update report on the Supporting Older People Scrutiny Review.

It was noted that the topic, which had previously been proposed for a cross cutting Corporate Review to be carried out by all the scrutiny committees may now be unlikely to take place in that form, subject to the views of Corporate and Scrutiny Management Committee (CSMC). At this stage only one other Scrutiny Committee had agreed to start a review on a topic based around Supporting Older People. Members of the Committee were asked whether they wished to continue with a standalone review on a topic related to Supporting Older People, if CSMC decided not to proceed with the corporate one originally planned.

The Committee agreed to progress with a standalone topic. It was suggested that Members arrange membership and meeting dates between themselves and the Scrutiny Officer.

Resolved: That the review commissioned by this Committee be proceeded with and dates for a Task Group meeting be finalised with Officers.¹

Reason: In order to keep Members informed of the progress of the scrutiny review.

Action Required

1.To co-ordinate a Task Group meeting.

SE

38. Work Plan

Members considered the Committee's work plan for 2014-15. The Chair suggested that if the Supporting Older People's Task Group met before the next Health OSC meeting in November that an item be added on to the work plan.

Under this item, a Member raised the need to discuss, at this meeting, under urgent business, the recent decision made by Cabinet to relocate the services provided at Castlegate to West Offices. For statutory reasons, Officers advised that only the Chair could accept on to a published agenda for a meeting urgent business.

The Chair had indicated at the start of the meeting, that she was not minded to accept it on the basis that it had already been called in to the Corporate and Scrutiny Management Committee and ought more appropriately to be considered in that forum. After that meeting and depending on the outcome, consideration could be given as to whether this matter ought to be raised at a future meeting of this Committee and added to its work plan.

Resolved: That the work plan be noted with the following;

- An item informing the Committee on the work of the Supporting Older People's Scrutiny Review Task Group.
- A future update on the position relating to Castlegate being received, if necessary, following the outcome of the CSMC Calling In meeting on 31 October 2014.

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 6.35 pm].



Health Overview and Scrutiny Committee**26th November 2014**

Report of the Commissioning & Contracts Manager, Adults
Commissioning, Modernisation & Provision

Residential, Nursing & Homecare Services – Quality Standards**Summary**

1. Members of the Health Overview Scrutiny Committee will recall the last report they received in April 2014 detailing the performance by York based providers against Care Quality Commission standards and the Adults Commissioning Team's Quality Assessment Framework. Members will also recall the processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission.
2. From October 2014, the Care Quality Commission (CQC) has commenced a new approach to the regulation and inspection of care homes. Their recent consultation "A New Start" set out the principles that will guide how CQC will inspect and regulate care services in the future and included;
 - Intelligent use of data, evidence and information to monitor services
 - Expert inspections
 - Additional information for the public on its judgements about the quality of care including a rating to help people choose services.
 - Detailing the action they will take to require improvements and where applicable the action they will take to make those responsible for poor care to be held accountable.
3. The new model has been rolled out from October 2014, and providers will all get a published rating. Providers who had an inspection in the pilot phase prior to October received a rating but these pilot inspection ratings are not published. The CQC will also assume a Market Oversight function from April 2015 and are

envisaging all providers to have a published rating by March 2016. The new inspection model will work on asking five key questions of services;

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well led?

4. The new ratings system that will be adopted by CQC is detailed below;

- Outstanding
- Good
- Requires Improvement
- Inadequate

Background

5. All services are regulated by the Care Quality Commission and, as the regulator, it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.
6. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team also undertake visits jointly with colleagues from the Partnership Commissioning Unit (PCU) and the Vale of York Clinical Commissioning Group where it feels necessary or there are safeguarding concerns.
7. Members will also recall from the April meeting that we were evaluating a pilot approach with Healthwatch regarding a joint consultation model to be adopted within the Adult Commissioning

Team's Quality Assessment Framework. The purpose being the aim of identifying and agreeing a joint consultation approach for the future. It was agreed by all parties that the pilot was very useful and a joint consultation approach is now embedded within the Quality Assessment Framework (QAF) approach by Commissioning.

8. This report informs Members both of the processes that are in place to ensure services are monitored appropriately and that measures are in place should performance and quality fall below the standards expected by the Council. Members will note that the Council adopts its own high level of expectation from Providers and at times takes action even if providers are deemed to be CQC compliant.

Residential Care

9. Of the 43 homes registered in York, 6 currently have compliance actions listed against them (2 providers not yet inspected). This equates to 16 action points across all standards inspected (41 providers meaning a compliance level of 94.2%).
10. Of the 6 homes with identified actions, one (Specialist Disability Provider) is currently non-compliant in eight standards and another (Nursing Home) in three. The Council has been working closely with both providers who are on improvement plans and it is envisaged that the position should improve in the near future. One home is non compliant in two standards and the other 3 homes including one City of York Council Service all have one action.
11. We are however aware of a recent inspection that has not been published to date, of a home which will be reported as having compliance issues and the Council is already working with this provider and CQC colleagues to address the concerns.
12. There is an expectation that across the sector some providers may initially get 'needs improvement' ratings, as providers come to terms with the new requirements. Therefore, officers along with CQC will be monitoring this closely in the coming months. In order to try and prepare providers for the changing requirements, the Contracts and Commissioning Team held a workshop with CQC in July for all the registered providers in the City, to support them to understand and prepare for the new inspection framework. We do though anticipate it may still take some time for providers to adapt to the new inspection methodologies.

13. It has also been recognised by CQC that the new stringent methodology will mean that for providers to get a 'good' rating, they will have to demonstrate particularly good overall practice, as there is no adequate rating. They also anticipate very few providers getting an 'outstanding' rating initially.
14. The Lead CQC Inspector for the North has offered to come along to a scrutiny meeting to give a short presentation to Members on the new inspection process and answer questions from Members on the new process.

Home Care

15. Of the 35 providers registered in York, 2 currently have compliance and enforcement actions listed against them (3 providers not yet inspected). This equates to 3 action points and two enforcement notices across all provision (32 providers inspected) meaning a compliance level of 96.7%.
16. We have been advised by CQC colleagues that 1 of the above providers with only 1 compliance action has been re-inspected and is fully compliant, which will be reflected on the CQC reports website shortly.
17. The other provider which, at present, has compliance actions in two areas and two enforcement notices is one of the Council's existing framework providers. Issues were evident and identified through the Council's monitoring processes prior to a CQC inspection and whilst there were significant concerns during the late summer, the position has improved as a result of additional investment from the organisation, and sustained intervention by the Commissioning Team alongside colleagues from CQC. The provider remains on an improvement plan and regular enhanced monitoring, as it is acknowledged that they still have further work to do to embed and sustain these improvements. A follow up inspection by CQC is in progress using the new methodology.

Summary

18. The last report received by Members in April identified that 67 out of 77 services were recorded as being fully compliant, a compliance level of 87%. The current position shows that 64 out of 73 services inspected to date or 88% in York are fully compliant.

19. Members may also wish to note the outcome of the latest Customer survey on Homecare undertaken by the Adults Commissioning Team. Out of a total of 200 customers surveyed, 89% stated that they were satisfied with the quality of the services they received.
20. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and QAF process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed. Currently there is only one Residential provider where placements are suspended and two where new placement numbers are restricted with a further home restricted to 6 per month. This does in essence reduce capacity within the sector and may have a hugely significant impact depending on bed numbers and type of service(s) offered.
21. There is concern however regards the reduction in capacity that has occurred across residential care services and the potential implications of this. As detailed a pro-active approach is being taken to address issues the Council and Health colleagues have identified as giving concern.
22. A number of the capacity and quality concerns identified of late are linked to the recruitment and retention of care staff across the city and the sector in general. Providers are facing a “crisis” in terms of recruiting suitable carers across home care, residential and nursing care services. Officers have held two workshops in October with providers, the Independent Care Group and Workforce Development and are now working with internal Council colleagues to look at what assistance we can give to assist with retaining staff and supporting additional recruitment.

Implications

Financial

23. There are no finance implications associated with this report.

Equalities

24. There are no direct equality issues associated with this report

Other

25. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

26. There are at present no risks identified with issues within this report.

Recommendations

Members to note the performance and standards of provision across care service in York and consider the offer from CQC to attend a future meeting to give a presentation to Members on the new inspection process.

Reason: To update Members on the new approach being taken by the Care Quality Commission in relation to the regulation and inspection of care homes.

Contact Details

Author:	Chief Officer Responsible for the report:
Gary Brittain	Guy Van Dichele
Commissioning & Contracts Manager	Director
Adult Commissioning Team	Adults Social Care
01904 554099	Report Approved ✓
	Date 10th November 2014

Specialist Implications Officer(s)

Wards Affected: **All** ✓

For further information please contact the author of the report

Annexes - None



Health Overview & Scrutiny Committee**26 November 2014**

Report of the Assistant Director, Governance and ICT

Report on the closure of the Monitor investigation into York Teaching Hospital NHS Foundation Trust**Summary**

1. This report informs Members of the Health Overview & Scrutiny Committee of the decision by Monitor to close their investigation into York Teaching Hospital NHS Foundation Trust.

Background

2. The investigation was opened in early September 2014 as a result of breaches of the four hour emergency access and cancer targets, in particular the two week wait target for symptomatic breast patients.
3. The situation was explained to Members at a meeting of Health OSC on 10 September 2014 when the Annual Report of York Teaching Hospital NHS Foundation Trust was considered.
4. Members were informed that although the Trust has performed well against the majority of targets there were two exceptions, emergency waiting times and 18 week referral for cancer treatment targets.
5. In respect of the cancer treatment targets Members were informed that although there had been a significant increase in the number of referrals this has not been reflected in an increase in the number of cancer cases and that the number of referrals was not uniform across GP practices in the city.
6. Members asked that they be kept informed about the situation.
7. In late October 2014 Monitor released a statement confirming that the formal investigation was being closed.

Consultation

8. The information in Annex A and Annex B has been provided by York Teaching Hospital NHS Foundation Trust and Michael Proctor, the Deputy Chief Executive Officer will be attending the meeting to answer any questions members may have.

Analysis

9. This report is provided for information only.

Council Plan

10. This report supports the protect vulnerable people element of the Council Plan 2011-15.

Implications

11. There are no financial, human resources, equalities, legal, crime and disorder, information technology, property or other implications associated with this report.

Risk Management

12. There are no risks associated with this report.

Recommendations

13. That the Committee note the information provided in Annexes A and B and ask questions on any matters arising.

Reason: To ensure compliance with scrutiny procedures and protocols.

Contact Details

Author

Steve Entwistle
Scrutiny Officer
Tel: 01904 554279
steven.entwistle@york.gov.uk

Chief Officer responsible for the report

Andrew Docherty
Assistant Director Governance and ICT
Tel: 01904 551004

**Report
Approved**



Date 10/11/2014

Wards Affected:

All



For further information please contact the author of the report

Annexes

Annex A - York Teaching Hospital NHS Foundation Trust - Licence
Compliance Investigation by Monitor

Annex B – Statement, dated 31 October 2014, from York Teaching Hospital
NHS Foundation Trust regarding closure of the monitor investigation

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ANNEX A

York Teaching Hospital NHS Foundation Trust

Licence Compliance Investigation by
Monitor

Health Overview and Scrutiny Committee
November 2014

York Teaching Hospital 
NHS Foundation Trust



Context

- York historically a good performer
- Scarborough considered to be in significant failure
- 2 years post acquisition of Scarborough, 5 year programme agreed
- Significant progress
 - Quality & safety, cultural development, governance
 - Improving infrastructure, resourcing and IT
 - Robust performance management
- Ongoing risks
 - Exposed true underlying performance in Scarborough
 - Legacy issues
 - Deteriorating national and local environment

Monitor quarterly targets: Performance over the last 2 years

Targets	Target	Actual 2011 12		Actual 2012 13				Actual 2013 14				Actual 2014 15	
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Referral to treatment time, 18 weeks in aggregate, admitted patients	90%	91.4%	83.7%	93.1%	91.1%	91.3%	90.5%	90.2%	90.4%	90.8%	84.7%	90.9%	81.6%
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	95%	98.1%	97.8%	97.8%	96.3%	96.5%	96.0%	95.0%	95.3%	95.7%	95.9%	96.8%	95.9%
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	90.9%	93.9%	92.2%	92.0%	92.1%	92.0%	92.0%	92.0%	92.0%	95.0%	93.3%	93.4%
A&E Clinical Quality- Total Time in A&E under 4 hours	95%	96.7%	96.7%	97.1%	95.7%	93.9%	92.6%	96.3%	94.1%	93.4%	96.2%	93.9%	92.6%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	87.1%	85.5%	86.2%	87.6%	92.9%	91.6%	92.1%	91.4%	89.1%	84.6%	87.8%	87.8%*
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	96.0%	95.2%	86.6%	96.2%	93.2%	100%	98.2%	91.4%	92.4%	93.4%	96.6%	95.8%*
Cancer 31 day wait for second or subsequent treatment - surgery	94%	94.1%	94.3%	94.0%	97.9%	95.9%	97.9%	95.5%	97.8%	97.1%	95.2%	96.4%	94.8%*
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	99.5%	99.0%	98.8%	99.1%	100%	100%	100%	99.5%	99.6%	99.6%	100%	99.1%*
Cancer 31 day wait from diagnosis to first treatment	96%	98.7%	98.7%	99.8%	99.5%	99.3%	99.0%	99.3%	99.3%	99.3%	97.0%	98.6%	98.2%*
Cancer 2 week (all cancers)	93%	95.5%	95.2%	94.0%	94.8%	94.9%	95.8%	95.6%	94.2%	95.9%	93.0%	86.1%	85.8%*
Cancer 2 week (breast symptoms)	93%	95.7%	94.3%	94.8%	95.5%	94.6%	95.8%	94.7%	93.1%	85.6%	81.7%	45.6%	78.6%*
Clostridium Difficile -meeting the C.Diff objective		7	10	8	18	12	16	21	12	21	13	12	10
C-Diff due to lapse in care	15											Met	TBC
MRSA - meeting the MRSA objective		0	5	0	1	0	0	0	2	0	0	0	0
Community care - referral to treatment information completeness	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Community care - referral information completeness	50%	74.9%	74.7%	75.6%	72.8%	71.9%	72.6%	72.0%	73.5%	73.3%	72.7%	71.7%	71.2%
Community care - activity information completeness	50%	98.4%	99.1%	99.7%	99.7%	99.8%	99.8%	99.7%	99.8%	99.7%	99.7%	98.9%	97.9%

Agreed 'planned failure' of target

* all Q2 cancer targets are provisional



Causal Factors

- Accident & Emergency
 - Whole system investment
 - Scarborough locality
 - York locality
 - External Support
- Symptomatic breast service
 - Rescuing a collapsed service
- Increase in referrals under 2 week rule



Returning to Compliance

- Accident & Emergency
 - Reintroducing measures that worked in Q4 2014
 - Galvanising a whole system response
 - Redesigning acute care
 - Reconfiguration of inpatient facilities
 - workforce
 - Strategic capital investment
 - Turnaround, assessment, wards
 - Increased inpatient capacity
 - Bridlington, wards, workforce
 - Implementing the learning from ‘Perfect Week’
 - Community Hubs



Returning to Compliance

- Symptomatic breast service
 - Strategic commitment to Scarborough service
 - Approved investment
 - Recruitment
- 2 week urgent referrals
 - Commissioners support and investigation
- Clostridium Difficile
 - Improved but no complacency



Performance Undertakings

- Accident & Emergency
 - Improved performance, projecting compliance Q4
- Symptomatic Breast Service
 - Improved performance, projecting compliance Q3
- 2 week urgent referrals
 - CCG intervention to be agreed, projecting compliance
- Clostridium Difficile
 - Compliant Q1, Q2

Risks

- Further deterioration in Primary Care service
- Activity increases (local, national)
- Loss of key workers (e.g. A&E consultants)
- Recruitment of key workers
- Commissioner support and intervention



Summary

- Historical good performance, improving quality and safety record but with some significant challenges
- Recognised need to increase management capacity
- Recognition of whole system accountability
- Strategic development and innovation
- Confidence in restoring performance in all areas



Monitors Conclusions

- We consider that there is not sufficient evidence at this time to amount to a breach of the Trust's licence.
- Monitor is satisfied that the Board understands the causes of the performance issues. The Trust has analysed the factors contributing to the target breaches and has identified the root causes, including those within the Trust's immediate control and those impacted by wider system or national issues.
- We consider that there is not evidence of significant governance concerns and that the Board was adequately sighted on the performance issues.
- We consider that the Board understands the actions required to sustainably address the performance issues and has sought external support to inform and assure its recovery plans.

Statement

DATE: 31 October 2014

Closure of Monitor Investigation

Monitor, the Foundation Trust regulator, has announced that it is closing its formal investigation into York Teaching Hospital NHS Foundation Trust's compliance with its licence.

The investigation was opened in early September 2014 as a result of breaches of the four hour emergency access target and cancer targets, in particular the two week wait target for symptomatic breast patients.

As part of its investigation, Monitor looked for evidence of the nature and strength of the Trust's governance arrangements, and aimed to gain assurance that the Board and wider management team are competent to manage the Trust's performance and deliver improvements in these areas.

The Trust provided evidence of its monitoring and governance processes, and executive and non-executive directors met with Monitor to discuss this evidence and their concerns in further detail.

Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust, said: "I am delighted with Monitor's decision, and I am pleased that we have been able to provide the evidence and reassurance to our regulators with regard to the running of our organisation.

"Whilst our performance regarding cancer targets has improved, and we were able to demonstrate to Monitor that we have plans in place to reduce waiting times in our emergency departments, we must nonetheless continue to play our part in improving performance against the four hour target alongside our commissioners and our partners in primary care and social care.

"Neither I, nor Monitor, can be complacent about our current performance, and we must continue to strive to meet our obligations in this regard."

ENDS

**For further information contact Lucy Brown, Head of Communications:
01904 721417 or lucy.k.brown@york.nhs.uk**

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Health Overview and Scrutiny Committee**26 November 2014**

Report of the Chair of the Health and Wellbeing Board

Chair's Report – Health and Wellbeing Board**Summary**

1. It was agreed as part of the working protocol between Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board (HWB) that the Chair of the HWB would provide regular updates on the work of the Board. Members are asked to note the contents of this report.

Background

2. The joint working protocol between the Health and Wellbeing Board and Health Overview and Scrutiny Committee was agreed at the Health and Wellbeing Board meeting held on 16 July 2014. As part of the protocol, it was agreed at Annex A that the Chair of the Health and Wellbeing Board would attend Health Overview and Scrutiny Committee on a regular basis to inform the Committee of the work of Board.
3. At the regular bi-annual meeting between the Chairs held on 10 October 2014, it was agreed that the Chair of the Health and Wellbeing Board's report would focus on the areas currently most relevant to the HOSC work plan.

Consultation

4. Not applicable to this report.

Options

5. Not applicable to this report.

Analysis

6. The following topics that were discussed on 22 October may be particularly relevant to Health Overview and Scrutiny Committee:

Together York

7. DCC Tim Madgwick gave a presentation on the work of Together York, an initiative that looks at pathways into mental health services for a number of service users with complex needs including mental health and alcohol issues who have historically been hard to reach. Through personalised interventions, the project in its pilot stage will focus on approximately 30 people and through the development of clear pathways, will reduce pressures on the emergency services and contribute towards greater integration between partners providing services.

Winterbourne Update

8. An update on residents or former residents with learning disabilities or long-term mental health conditions who are in residential care was presented by Janet Probert, Director of Partnership Commissioning at the NHS Partnership Commissioning Unit, who discussed the programme of work being undertaken in the wake of the Winterbourne View enquiry. In particular, all hospital patients have been reviewed, and all patients are reviewed every 6 months.
9. As this is a programme of national interest, with specific relevance to adult safeguarding, there will be further updates to the Health and Wellbeing Board on this subject.

Health and Wellbeing Strategy refresh

10. The current strategy covers the period 2013-16, and has had an update to cover changes to activities needed to deliver the priorities, as well as changes to some of the contextual material. In particular, the links between the Adult and Child Safeguarding Boards and the Health and Wellbeing Board have been made explicit, and the need for safeguarding highlighted.
11. The original priorities were decided upon during 2012-13 after extensive consultation with residents and partners. For the update, the priorities have remained the same, but the activities to deliver

such priorities have been updated to reflect changes such as the passing of the Care Act in 2014.

Overview of the Care Act provisions

12. The recent changes to adult social care legislation, set out in the Care Act 2014, will have a considerable impact on local authorities, both in terms of expenditure and in terms of work required in order to be ready for the implementation of the legislation in 2015 and 2016. The full government guidance was issued at the end of October 2014.
13. The changes are far-reaching, and include changes to provision for carers, for safeguarding, and for those funding their own care, who from 2016 will be subject to an overall cap on care costs.
14. Responsibility for implementing the provisions of the Act at CYC rests with the Care Act Project Board, which has 5 working groups developing a plan against all of the enabling functions, which is aligned to the Rewiring Programme of adult social care transformation and is looking to integrate with partner transformation programmes where appropriate.

Other issues

15. Members of the committee may also wish to know that the Pharmaceutical Needs Assessment, which examines the location of pharmacies and the services they provide, is going out to public consultation shortly. The consultation will be open for 60 days, and the findings are to be reported to a future meeting of the Health and Wellbeing Board.

Council Plan

16. This report relates to the “Protect Vulnerable People” element of the Council Plan.

Implications

17. There are no known implications attached to this report. Implications arising out of any of the reports referred to can be found in the original papers of the Health and Wellbeing Board’s

meeting on 22 October 2014 – see the link in “Background Papers” below.

Risk Management

18. There are no known risks attached to this report.

Recommendations

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

Reason: To keep the Committee updated on the work of the Health and Wellbeing Board.

Contact Details

Author:

Cllr Linsay Cunningham-Cross
Chair,
Health and Wellbeing Board
City of York Council

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

The Health and Wellbeing Board meeting papers for the 22 October 2014 meeting are available here:

<http://democracy.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8338&Ver=4>

Annexes - None



Health Overview & Scrutiny Committee**26 November 2014**

Report of the Assistant Director, Governance and ICT

Update Report of Castlegate Centre for Young Adults**Summary**

1. At the request of the Chair, this report updates Members on the situation regarding the Castlegate Centre which provides information, support, advice and counselling to young adults aged 16-25 who live in the City of York.

Background

2. The Castlegate Centre is funded by City of York and among the services it offers is a counselling service to encourage good emotional health and wellbeing in the young people of York. A young person's mental health worker, based at Castlegate, works with a small case load of young people aged 16-19 who are worried about their mental health or emotional wellbeing.
3. At a meeting in early October, Cabinet voted to close Castlegate Centre as part of the programme to rewire public services with the services offered by Castlegate being moved to the Council's headquarters at West Offices.
4. The decision was called in by Councillors and discussed at a meeting of the Corporate & Scrutiny Management Committee in late October. Members of CSMC voted unanimously to ask Cabinet to reconsider its original decision relating to the future of Castlegate and its services. Specifically, CSMC asked Cabinet to look again at alternative venues more appropriate as a base for the services provided. That meeting is due to take place on 25 November 2014.
5. Prior to CSMC, the issue had also been raised at a meeting of this Committee on 15 October when concern was expressed about the relocation of services from Castlegate to West Offices and more generally to a reduction in the provision of mental health support to young people in the city

6. The Chair of this Committee has requested this brief information update report to keep Members informed of progress. A verbal update will be given at the meeting of this Committee on the outcome of the above referred to the Cabinet Call-in Meeting.

Petition

7. Since considering the initial call-in, Members of CSMC have also received a petition on this issue, in line with the new Council arrangements agreed by Council itself on 9 October 2014. CSMC decided to refer the petition, which contained in excess of 1600 signatories, to the Cabinet Call In meeting on 25 November, for it to reconsider its original decisions and consider the petition at the same time.

Options

8. This report is provided for information only.

Analysis

9. Not applicable for this report.

Council Plan

10. This report is linked to the supporting vulnerable people element of the Council Plan 2011-15.

Implications

11. There are no financial, HR, equalities, legal or other implications associated with the recommendations in this report.

Risk Management

12. There are no known risks associated with the recommendations in this report. Although, Members of this Committee are reminded that this matter is now being dealt with by Cabinet, as a result of the appropriate scrutiny call-in procedures being applied.

Recommendations

13. Members are asked to note the contents of this report and the outcome of the Cabinet Call In meeting.

Reason: To ensure the Committee are aware of developments around the Castlegate Centre.

Contact Details

Author

Steve Entwistle
Scrutiny Officer
Tel: 01904 554279
steven.entwistle@york.gov.uk

Chief Officer responsible for the report

Andrew Docherty
Assistant Director Governance and ICT
Tel: 01904 551004

**Report
Approved**



Date 12/11/2014

Wards Affected:

All

For further information please contact the author of the report

Annexes - None

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**REPORT TO THE HEALTH OVERVIEW & SCRUTINY
COMMITTEE - CITY OF YORK COUNCIL**

NHS ENGLAND (NORTH YORKSHIRE & THE HUMBER)

**Merger of Practices – Gillygate Surgery and Jorvik Medical
Practice York**

**REPORT TO THE HEALTH OVERVIEW & SCRUTINY COMMITTEE -
CITY OF YORK COUNCIL**

NHS ENGLAND (NORTH YORKSHIRE & THE HUMBER)

**Merger of Practices – Gillygate Surgery and Jorvik Medical Practice
York**

SECTION 1 - BUSINESS CASE

1.1 Background Information

Jorvik Medical Practice is proposing to merge with Gillygate Surgery to become Jorvik Gillygate Practice on 31 October 2014.

The practices will establish the Jorvik Gillygate Practice and will work from Woolpack House, The Stonebow York YO1 7NP (the current main premises of the Jorvik practice) and the current branch surgery site of Jorvik Medical Practice at South Bank Medical Centre, 175 Bishopthorpe Road, YO23 1PD.

The merger will also involve the closure of the Gillygate Surgery and centralising services at Woolpack House later in the year subject to the sale of Gillygate. Gillygate will continue as a branch surgery for the immediate period

1.2 Reason and Benefits Supporting the Merger

The merger is viewed by both practices as an opportunity to consolidate and develop services. The clinical team will have a broader base of clinical skills and resilience to maintain plans for service development and to manage the emerging *market* for primary medical care services.

The Gillygate surgery is unlikely to remain compliant with current regulatory and NHS standards for surgeries. The scope for further improvement and development of this surgery is extremely limited and unlikely to present a feasible or viable option going forward given the location, layout and planning restrictions.

The option to relocate and centralise services to Woolpack House in due course both optimizes the use of accommodation and potential of the premises, addresses the concerns with the Gillygate building as well as securing ongoing access to GP services in a central location for the Gillygate patients. For the immediate period Gillygate will remain open as a branch surgery.

Woolpack House is purpose built and meets all current requirements for primary medical care premises. The premises provide a more future proof solution in that they are large enough to accommodate more patients and also offer scope for the development of services.

SECTION 2 - PRACTICE INFORMATION

2.1 Contact Details of Both Practices

Jorvik Medical Practice Woolpack House The Stonebow York YO1 7NP (01904 72 43 43)	Gillygate Surgery 28 Gillygate York YO31 7WQ (01904 624404)
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2.2 Patient List Size (as at October 2014)

Jorvik Medical Practice	14,780
Gillygate Surgery	6,200

2.3 Number of Employees

Jorvik Medical Practice:

23, plus 10 GP Partners and 2 salaried GPs, and including 2 nurses and 2 Health Care Assistant's

Gillygate Surgery:

10, plus 4 GP Partners and including 3 clinical staff

2.4 Locality Information

There are a number of Practices based within the immediate locality. The Practices are able to register any patients that are unhappy with the

merger and would like to change practices. The table also includes details for the surgeries operated by the new practice.

Practice	Address
Jorvik/Gillygate Practice B82082	The Woolpack House , Stonebow York
	28 Gillygate , York
	Southbank Medical Centre , 175 Bishopthorpe Road York
York Medical Group B82083	Monkgate York
	St John University Lord Mayors Walk York
Priory Medical B82005	Belcombe Way Water Lane York
	Clementhorpe Health Centre Cherry Street York
East Parade Practice B82103	89 East Parade Heworth York
Clifton B82006	Clifton Health Centre Water Lane York

SECTION 3 - COMMUNICATION & CONSULTATION STRATEGY

3.1 Introduction

Since January 2014, a Merger Working Group has developed, introduced and managed a communication and consultation strategy. This included staff consultations in accordance with current Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Patient representatives past and present from each practice were consulted on the merger plans and informed the practice's publicity strategy.

3.2 Staff Consultation

The TUPE process for consulting with staff has been adhered to with both practices benefiting from professional legal support. Whilst the process was applied to Gillygate Surgery staff, the principles of TUPE were applied also to staff at Jorvik Medical Practice.

3.3 Patient Consultation (Gillygate Surgery)

3.3.1 On Site

The practice has maintained & updated display boards in both waiting rooms detailing the reasons for the proposed merger, along with Q & A sheets and a newsletter.

3.3.2 Letters to Patient Households

The practice followed up an article in the York Press on 17/4/14, about the merger proposal, by writing to all households to inform them of the plans and asking for their feedback. The letters outlined the reasons for the proposed merger and explained how patients would be kept informed: via notice boards, newsletters and on the Gillygate surgery website www.gillygatesurgery.co.uk. As well as opportunity for feedback through the website or paper survey

3.3.3 Feedback from Patients

Feedback was initially sought from Patient Participation Group members. Gillygate Surgery also contacted all previous Patient Group members in this connection, including providing the information pack in a form suitable for a patient with sight problems. Patients were invited to raise their queries or provide their feedback via: an on-line survey, a manual in-house survey, website email address or by contacting staff or the Managing Partner. Many patients discussed plans with practice staff when visiting the surgery and a small number of patients phoned, emailed or wrote to the Practice Manager commenting on access, continuity of care, appointment systems.

Whilst some expressed their regret for the need to merge, they were supportive of the practice and the plans.

'Sad as it will be to lose the character of the Gillygate building, the warmth and professionalism of the people providing a better provisioned medical service is more important. The changes seem to be a worthwhile, pragmatic response to the changing requirements for quality 21st century General Practice. Careful thinking has already gone into planning a merger. With trust that enacting them further can be positive, I wish well for the achievement.'

The additional freehand survey comments that were made reflected the survey results. Seeing the doctor of your choice - 83.6% - and seeing the same staff - 68%- were of greatest importance and 17.2% of those who wrote additional comments emphasised this. All permanent clinical and administrative personnel are transferring to the new practice, an important decision that has remained constant from the planning phase. 62% of the survey responses indicated the importance of more flexible appointments and extended access and again this was reflected in the freehand comments

'More appointment times evening, weekends=Brilliant! Thanks'. Ease of access to the new surgery site was also important to the majority who responded, with a 70% ranking. For some the new location was preferable and 39 patients advised that it would be less accessible for them.

3.3.4 Website Advice

All information published about the proposed merger was also included on the practice's website www.gillygatesurgery.com .

3.3.5 Patient Representative Group (PRG)

The practice discussed the merger proposal with current Patient Group members and wrote with information to past patient group members before publishing it to the wider population. They were generally supportive of the plans and advised on the survey and patient information wording. Patient group members were pre-advised of the survey results and Open Morning.

3.3.6 Patient Open Morning (Saturday 4 October 2014) & Media Advice

The practice issued another press release on 1/10/14 and displayed posters inviting patients from both practices to attend an Open Morning at Woolpack House, to have a look at the new premises and meet doctors and staff from both practices. Despite poor weather many patients attended and welcomed the opportunity to meet Jorvik Practice GPs and most of the Gillygate Team and have a look at the new facilities. Many said they received a warm welcome and that the building was impressive.

3.4 Stakeholder Consultation

Regulatory and contractual stakeholders have been advised of the merger since January 2014; in particular, the Vale of York Clinical Commissioning Group and the Care Quality Commission. The cessation of contracts relevant to Gillygate Surgery have been managed in accordance with existing contractual arrangements and the revision of Jorvik Medical Practice contracts to accommodate the requirements of Jorvik Gillygate Practice has been managed as part of the overall merger.

SECTION 4 - RESULTS OF COMMUNICATION & CONSULTATION STRATEGY

4.1 Staff

For Gillygate Surgery staff, representatives were nominated to discuss merger issues with management and individual one-to-one meetings were held with every member of staff to clarify accurately their contractual terms and conditions of employment, which were duly passed to Jorvik Medical Practice management. At the same time, Jorvik Medical Practice staff were consulted to clarify their existing contractual terms and conditions of employment. These were appreciated when the organisational structure of the Jorvik Gillygate Practice was developed so that appropriate roles could be offered to all Gillygate staff. On 2 October 2014, all Gillygate Surgery staff were offered positions in Jorvik Gillygate Practice commensurate with their existing employment. Jorvik Medical Practice staff were confirmed in their current roles with the Practice Manager being offered an alternative role in the new practice. For over 6 months, staff have been engaged and consulted appropriately, whilst being kept informed of progress on the organisational development of the Jorvik Gillygate Practice.

4.2 Patients

4.2.1 Summary & Results

In April 2014, following advice from both practices to their respective patient groups, the views of patients from both practices were sought via a survey which was accessible on-line and in paper form. In addition, Gillygate Surgery patients were contacted by letter advising them of the Partners' intent to merge with Jorvik Medical Practice and move from

their current location. The patient survey was available to all patients for over 3 months until mid-June 2014.

In total 321 survey responses were received, 80% of which were from Gillygate patients, approximately 4% of the practice population. The responses to each question are set out below. Most of the accompanying comments to the survey and communications in other formats also came from Gillygate patients. Highest priority was given to being able to see the doctor of your choice for continuity of care and availability of more same day appointments. Ease of access to Woolpack House was important, with much interest in public transport links. Although many patients expressed sadness at leaving the current premises, the comments overall, were positive.

Survey Questions:

Combined ranking by importance to the patients that responded - Highest ranking 5:

Seeing the doctor of your choice	4.18
Availability of more appointments that can be booked on the day	3.95
Ease of access to Woolpack House,	3.51
Familiar reception staff to support you at the practice	3.40
Information about the 2 practice sites: Stonebow & South Bank	3.08
Availability of on-line appointments to book	2.95
Availability of Saturday morning appointments	2.91
Choice of more doctors	2.64
Availability of Monday evening appointments	2.58
Name of the new practice	2.17
See/ speak to a doctor on the same day for urgent problems	1.45

4.3 Stakeholders

The Vale of York Clinical Commissioning Group, along with NHS England (North Yorkshire & The Humber) Area Team are supportive of the merger.

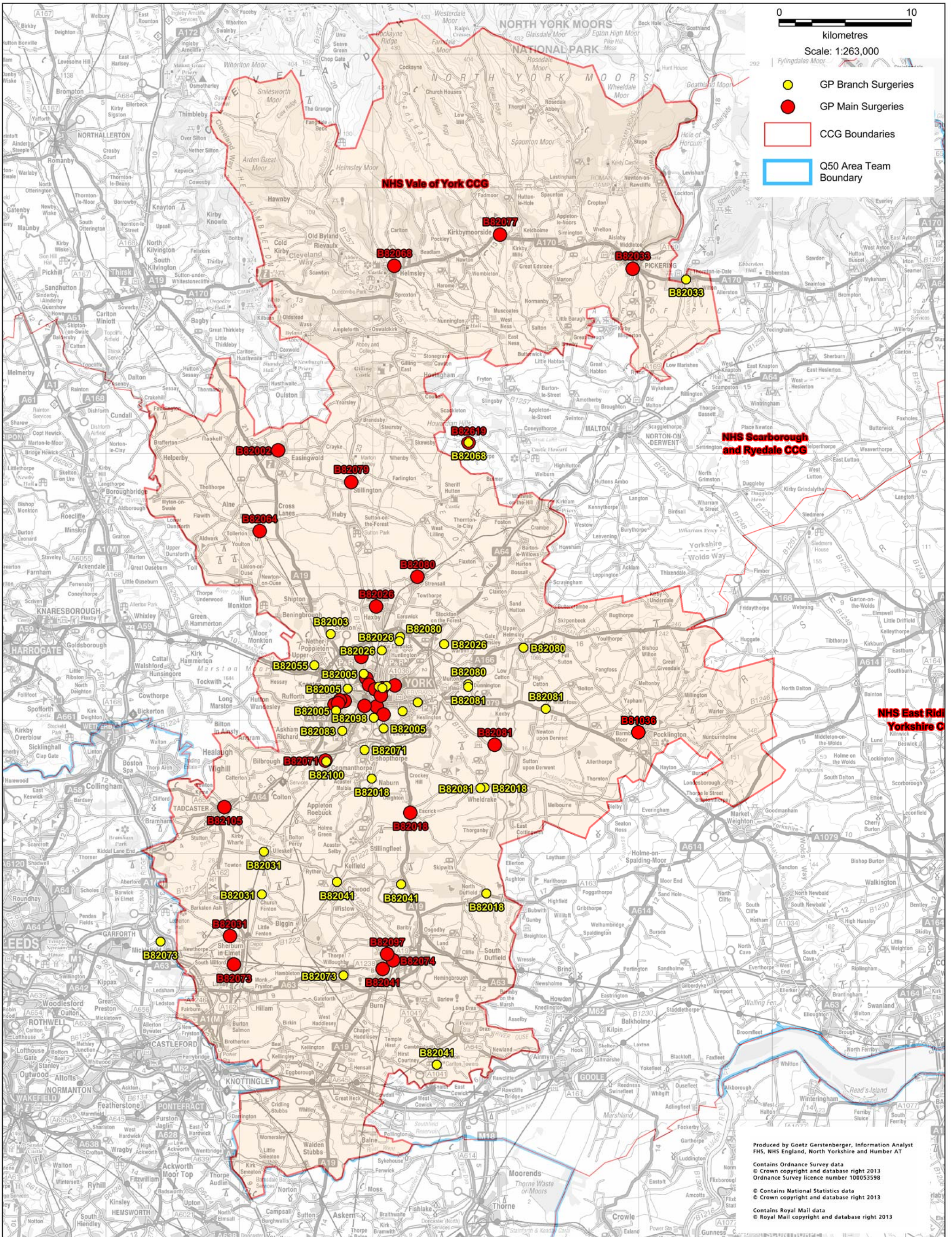
SECTION 5 - APPENDICES

Appendix A – Locality Map.

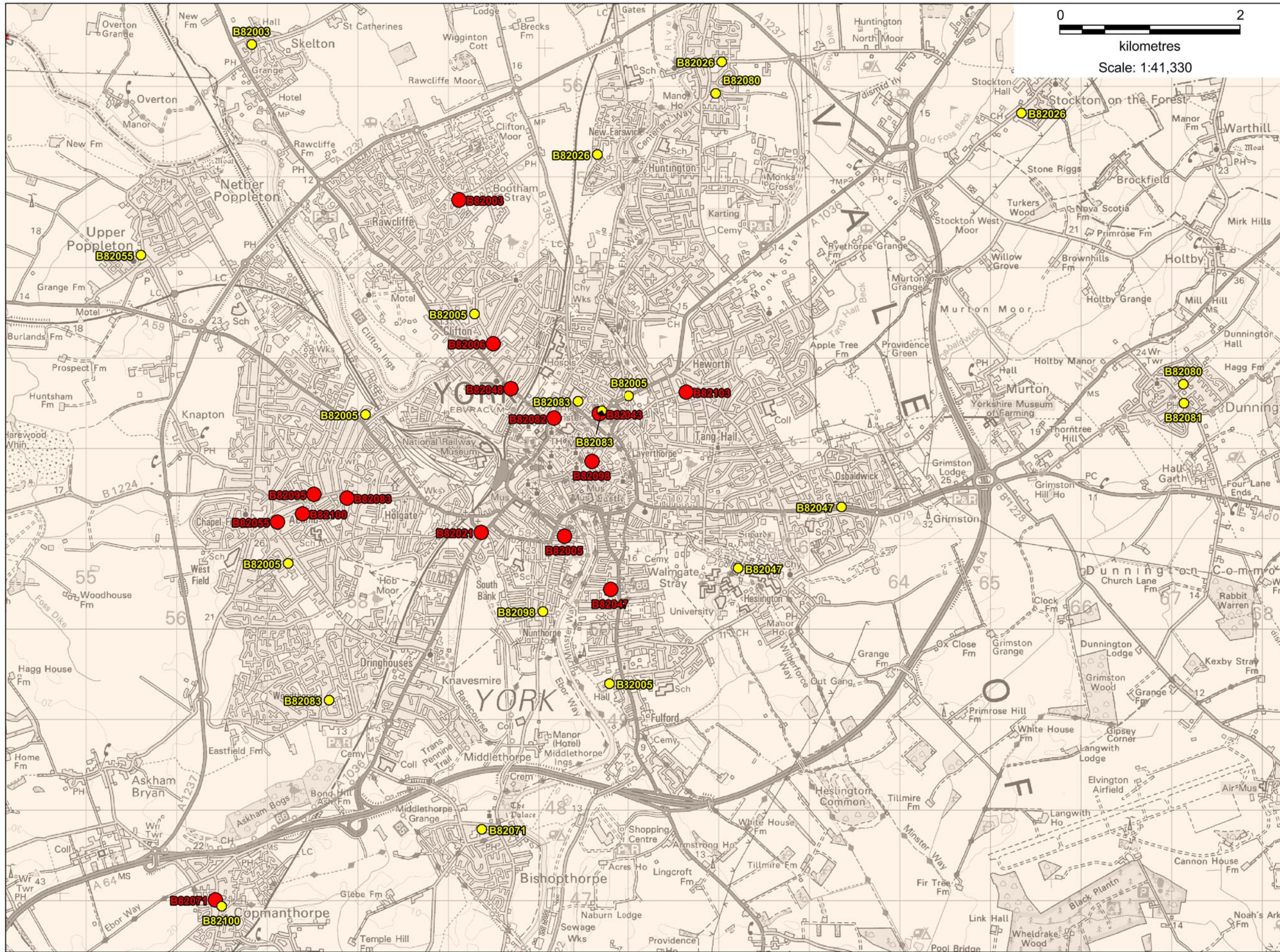
Main & Branch Surgery Distribution within the Region of NHS Vale of York CCG (03Q) - (Nov 2013)



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 26th November 2014

Report of the Assistant Director (Communities, Culture & Public Realm)

Healthwatch: Performance Update 2014/15 - first 6 months report

Summary

1. This report updates members on the current progress of Healthwatch York in delivering the service set out in the contract with the Council.

Background

2. The Health and Social Care Act 2012 which gave local authorities direct accountability for health improvement also required all local authorities in England to commission a Healthwatch service from 1st April 2013.
3. Following a competitive tendering exercise the Council contracted with York Council for Voluntary Service (CVS) for provision of the service. The contract commenced on 1 May 2013 and runs initially to 31 March 2015; however, the Council has given notice of exercising its right to extend the contract by one year, to 31 March 2016.
4. The service specification, setting out what is required under the contract, is attached at Annex 1. Monitoring has previously been undertaken at officer level; however, given the importance of the service provided it is considered that a report should be made twice a year to scrutiny, in line with other externally funded bodies. The first report, which covers the first 6 months of 2014/15 is attached at Annex 2. As this reporting regime develops it will be possible to add further information on particular issues that Healthwatch is dealing with.

Options

5. This report is for information and there are no options to consider.

Council Plan

- 6. Healthwatch contributes to Building Strong Communities, and Protecting Vulnerable People.

Implications

- 7. **Finance:** The contract sum for 2014/15 is £140k. For 2015/16 this will reduce to £115k.
- 8. The report has no additional implications relating to: Human Resources, Equalities, Legal, Crime and Disorder, IT or Property.

Risk Management

- 9. This report is for information and there are no risks to consider.

Recommendations

- 10. That Members comment upon the performance of Healthwatch York.
Reason: To help monitor the service received under the contract and to note the service issues that Healthwatch are dealing with.

Contact Details

Authors:

Charlie Croft
Assistant Director
(Communities, Culture
and Public Realm)

Ext. 3371

Siân Balsom
Manager,
Healthwatch York
01904 621133

Chief Officer Responsible for the report:

Charlie Croft
Assistant Director (Communities, Culture
and Public Realm)

**Report
Approved**

Date 17.11.14.

Wards Affected:

All

For further information please contact the author of the report

Annexes:

- 1. Service Specification
- 2. Healthwatch York Manager's report

SERVICE SPECIFICATION

1. INTRODUCTION AND CONTEXT

York is an attractive and prosperous City with rich a heritage and in general a good quality of life. Life expectancy is higher than the national average and limiting long-term illness is lower, as are infant mortality and early death rates from heart diseases, stroke and cancer.

Although the majority of York's residents enjoy better health than the national average there are still some inequalities between different parts of the City. People's background and income have a significant influence over a whole range of outcomes, including their physical and mental health.

Whilst two fifths of York's population live in areas that are in the least deprived 20% in England, eight areas of the City are in the most deprived 20%. There is a well recognised link between health and deprivation with the least deprived men in York living on average 10 years longer than the most deprived men (the equivalent gap for women is on average 4 years).

The population of York, like the population in general is ageing. The proportion of the population of the City over the age of 80 years is projected to increase by around 30% by 2021. This changing demographic profile will have implications for health and social commissioning decisions in the future.

Mental health has also been identified as a potential challenging area. Based on national level data the York Joint Strategic Needs Assessment (JSNA) estimated that in the region of 25,000 people living in York experience mental health problems ranging from depression to dementia, with approximately 1,400 people suffering from enduring mental illness. In the process of compiling York's JSNA one of the most consistently articulated themes has been to develop a better understanding of mental health needs and to improve the ability to meet those needs.

The JSNA provides a local picture of the health and wellbeing needs of many of the citizens of York, but recognises that some groups are under-represented which will need considering in the future. The

JSNA will be part of the evidence used to inform the development of the new Health and Wellbeing Strategy, as well as other strategies, local priorities, and commissioning decisions.

The production of the JSNA has been overseen by York's Shadow Health and Wellbeing Board. Further details of the remit of the Board, including its vision and values, plus the draft constitution that contains its full membership, can be accessed via the following weblink:

<http://www.york.gov.uk/health/yorknhs/healthandwellbeingboard>

The York JSNA can be accessed via the following weblink:

<http://www.york.gov.uk/health/yorknhs/healthandwellbeing>

2. LEGISLATIVE BACKGROUND

The Government's health reforms are broad and far-reaching. In future GPs will be responsible for commissioning the majority of health services, which will result in the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities in their present form.

Following the introduction of the Health and Social Care Act 2012, local authorities have a new, direct accountability for health improvement, and the public health function will transfer from PCTs in 2013. Local authorities also have responsibility for ensuring that the commissioning of health and social care is joined up.

The Government's health and social care reforms are centred on the principle that service users and the public must be at the heart of all health and social care service delivery.

The Health and Social Care Act 2012 replaces the current public and patient engagement mechanism Local Involvement Networks (LINKs) with a new local body called Healthwatch. The Healthwatch organisations will carry forward LINKs statutory activities set out in the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012 Act). The Health and Social Care Act 2012 requires all local authorities to commission a Healthwatch for their local area from 1st April 2013.

Healthwatch will strengthen the collective voice of local people across both adult and children's health and social care, influencing Joint Strategic Needs Assessments and joint health and wellbeing strategies - on which local commissioning decisions will be based.

The Health and Social Care Act 2012 has also led to the creation of Healthwatch England, as a statutory committee of the Care Quality Commission (CQC). Healthwatch England will be key to enabling the collective views and experiences of people who use services to influence national policy making, and will provide leadership and support for local Healthwatch organisations.

The overarching purpose of these changes is to help achieve the aims described in the Government's white paper "*Liberating the NHS*" where:

- People are at the heart of all health and social care services.
- Health and social care outcomes in England are among the best in the world.
- There is promotion of the joining up of local NHS services, social care and health improvement.
- Views and feedback from patients and carers are an integral part of local commissioning across health and social care.

3. SPECIFICATION SUMMARY

3.1 Summary of the Service

The Provider has been commissioned by the Council to establish and deliver a Healthwatch in York (**Healthwatch York**) in accordance with this Agreement and more, particularly the requirements of this Service Specification.

Healthwatch York is for anyone who uses or who wishes to use adult and children's health and social care services in York - or anyone who cares for or represents individuals who have access to health or social care services in York.

Healthwatch York has a duty to assist local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research and information on local people's views and experiences of health and social care, in order to drive up standards of service provision.

Healthwatch York must also be able to signpost local people with any complaints they may wish to progress in relation to NHS service provision to the York Independent NHS Complaints Advocacy Service which has been procured by the Council under a separate contract with a provider (in a simultaneous procurement exercise) expressly for these purposes.

3.2 Vision

- Healthwatch York shall be the independent consumer champion for adult and children's health and social care in the City of York.
- Healthwatch York shall be representative of the diverse communities that exist within the City of York. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of publicly-funded health and social care. It will also provide information and advice to help people access and make choices about health and social care services.
- Healthwatch York shall be a robust and credible player in the local health and social care economy by demonstrating that it has the appropriate level of skills and competencies required to deliver its statutory functions to the highest possible level. It will gain the trust of the general public as well as other health and social care stakeholder groups by being responsive and acting on concerns when things go wrong.
- It will operate effectively and efficiently so that the Council can demonstrate value for money against an agreed set of outcomes (see Section 5 of this Schedule 1 (Service Specification)).

3.3 Summary of Healthwatch York Functions

In line with Section 2 of the Health and Social Care Act 2012 the functions of Healthwatch York shall be as follows:

- Provide information and advice to the public about accessing health and care services, and promote choice in relation to aspects of those services.
- Obtain the views of people about their needs for and experience of local health and care services and make those views known to those involved in the commissioning, provision and scrutiny of local care services.
- Make reports and recommendations about how those services could or should be improved.

- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and care services.
- Represent the collective voice of patients, Customers, carers and the public on the York Health and Wellbeing Board.
- Make the views and experiences of local people known to Healthwatch England.
- Where appropriate make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.
- Carry forward the current Local Involvement Networks (LINKs) enter and view functions i.e. enter health and social care premises to observe and assess the nature and quality of those services, obtain the views of people using those services – and make recommendations for improvement where necessary.

* **NB:** It is currently our understanding that Healthwatch York will **not** be able to use its powers of entry to visit premises that provide social care to children and young people. It is anticipated that Healthwatch England will provide further guidance about 'enter and view' to local Healthwatch organisations in due course.

3.4 Key Attributes of Healthwatch York

Healthwatch York shall be:

- **Independent** - respected for its independence and trusted by residents, Customers and stakeholders.
- **Clearly recognised** – a body with a clear identity which is strong and distinctive from existing local organisations. It will embrace and utilise the Healthwatch brand developed at national level.
- **User-focused** – relentlessly championing the voice of services users, carers and the wider community in the health and social care system.
- **Inclusive** – an organisation which finds ways to work with the many different patient and Customer representative groups across the Council/City area.

- **Well-connected** – able to signpost people to sources of good quality information to help them make choices about health and social care; with access to established networks to gather comprehensive patient views and proactive in creating new networks.
- **Evidence based** – a body which uses evidence to underpin its priorities and target its efforts.
- **Technically competent** – an organisation that can demonstrate the relevant skills and competencies required to deliver its functions.
- **Influential** – able to make an impact on the local commissioning of health and social care, able to provide constructive challenge from a patient and public perspective - and able to support patients and residents with signposting to sources of information about the quality of local health services.
- **Flexible** – an organisation which can work in partnership with key decision-makers (including the York Health and Wellbeing Board, the Council, the Vale of York Clinical Commissioning Group and other strategic bodies e.g. City of York Council Health Overview and Scrutiny Committee) while still being able to listen to individual patient concerns, represent them effectively, and challenge those same decision-making bodies when necessary.
- **Self-aware** – an organisation which actively seeks feedback on its own performance and critically assesses its strengths and weaknesses.
- **Accountable** – working to a clear set of standards against which the Council and the residents it serves can appreciate its success.
- **Good value for money** – an organisation that makes the best use of its resources by seeking to avoid duplication with other bodies in the City of York, and where possible, working creatively with them, and other relevant organisations, to deliver the most cost effective solutions to achieve its chosen priorities.

4. SCOPE OF SPECIFICATION

4.1 Function One: Gathering views - understanding the experiences of people who use services, carers and the wider community

Healthwatch York shall:

- Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care needs and provision.
- Gather information that is already available and work with other local voluntary, community and service-user led groups to understand local views and experiences of health and care services.
- Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services.
- Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle.
(Commissioners include Adult and Children's Social Care teams at the Council, York Teaching Hospital NHS Foundation Trust, Vale of York Clinical Commissioning Group and Leeds and York Partnership NHS Foundation Trust).
- Use a broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say.
- Actively seek the views of those who generally don't come forward.
- Develop the skills to understand and interpret different kinds of data and information.
- Build on the work and legacy of York LINK, ensuring that relevant intelligence and information is retained.

4.2 Function Two: Making people's views known - supporting the involvement of local people in the commissioning, provision and scrutiny of local care services

Healthwatch York shall:

- Communicate the local community's views to health and social care commissioners in a credible fashion.

- Be authoritative, credible and influential with commissioners and service providers.
- Demonstrate how people's views have been represented to decision makers, and demonstrate how this has made a tangible difference to commissioning plans and service delivery.
- Promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services.
- Give input to new or proposed services. Scrutinise the quality of service provision.
- Identify the need for changes or additions to service provision and inform commissioning processes.
- Have excellent relationships with commissioners and providers, acting as a critical friend.

4.3 Function Three: Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission

Healthwatch York shall:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence.
- Exercise their enter and view powers judiciously by working collaboratively with other inspection regimes.
- Ensure local intelligence gathering systems complement those established by Healthwatch England.
- Have robust protocols for keeping Healthwatch England up to date with issues and concerns relevant to wider public health agendas.

4.4 Function Four: Providing advice and information (signposting) about access to services and support for making informed choices

Healthwatch York shall:

- Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to

good quality impartial advice and information relating to health and social care services available to them.

- Identify what information already exists and where to access it.
- Identify unmet needs so gaps in information can be plugged.
- Build people's knowledge of Healthwatch York as an information and signposting resource, ensuring visibility and ease of access.
- Have its finger on the pulse of the latest information and news and know where to direct people.
- Have the capacity and systems to direct people to the services they require.
- Ensure people can get information in different formats e.g. electronic, hard copy, Braille, preferred language translations.
- Ensure that it provides feedback to individual members of the public and other partners.
- Work in collaboration with other information and advice giving agencies across the City, effectively signposting individuals to existing services and addressing current gaps in provision.

4.5 Function Five: Foster a broad range of constructive relationships with local health and social care commissioners, service providers and other partners.

Healthwatch York shall:

- Work closely with the York Health and Wellbeing Board and the Council's Health Overview and Scrutiny Committee (Health OSC), sharing information and consulting with these bodies on a regular basis around the alignment of work programmes and priorities.
- Have a good understanding of local voluntary and community groups, other patient and public groups within the field of health and social care, and how they complement each other.
- Effectively represent the views of local people through its role on the local Health and Wellbeing Board (e.g. to assist in developing the joint health and well being strategy).
- Act as an active, pragmatic member of the Health and Wellbeing Board, able to report back decisions, understand the reasons for the prioritisation of services and cascade this information across wider health and care networks.

- Work closely with the national body, Healthwatch England, to deliver a strong public voice.
- Foster a broad range of relationships with local health and social care commissioners and with provider agencies in the voluntary, public and private sectors.
- Nurture partnerships with local service-user groups (and existing Voluntary and Community Sector networks) and other Healthwatch organisations to ensure high quality feedback and research.
- Play an integral part in the preparation of statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based.
- Develop a work programme which will be demonstrably based on priorities identified through comprehensive stakeholder engagement - with patients, residents and service providers (and which reflects the priorities identified in York's Joint Strategic Needs Assessment).
- Establish a Report Writing Protocol (agreed with key partners) which outlines key standards Healthwatch York will adhere to when compiling engagement and research reports.
- Work closely with the York Independent NHS Complaints Advocacy Service provider in order to identify trends, patterns and issues arising from complaints data. Also establish strong working relationships with neighbouring Healthwatch organisations to share best practice and disseminate information.

5. OUTCOMES / KEY PERFORMANCE INDICATORS

The Provider shall demonstrate to the Council its performance of this Agreement and the delivery of the Services by the fulfillment of Key Performance Indicators (as set out in Schedule 2 (Contract Management)) which will lead to the outcomes set out below:

Outcome 1

Health and Social Care Services in York are improved and influenced by the impact of the public, patient and carer voice – as a direct result of Healthwatch York intervention.

Outcome 2

Customers, carers and the wider community in York have easy access to the support, advice and information they need when making health and social care choices. The advice received is appropriate, helpful and accessible.

Outcome 3

Individuals, groups and communities know about Healthwatch York, and feel that Healthwatch York has accurately reflected their views.

Outcome 4

Healthwatch York works positively and effectively at a strategic level, particularly through its place on the York Health and Wellbeing Board. All health and social care stakeholders report that Healthwatch York carries out its role and activities effectively.

Outcome 5

Healthwatch York is a well managed, inclusive organisation with clear lines of governance, structure and communication. The running of Healthwatch York is open and transparent.

6. ESTABLISHING HEALTHWATCH YORK

The Council does not have a preference for the delivery model used for Healthwatch York. **However, the Council must be satisfied with the independent nature of Healthwatch York in terms of its ability to set its own strategic direction and work programme and to manage its own finances.**

Please note that the Council's understanding in relation to the permissible organisational structures and governance arrangements of local Healthwatch organisations may be subject to change pending further clarification from the Department of Health which may subsequently be issued in due course following the Commencement Date. Such clarification and/or guidance may have an impact on both the delivery model required or permitted for Healthwatch York and/or

any other aspects of this Agreement. The Council will keep the Provider informed of any such clarification or guidance.

The Provider shall be accountable to the Council for establishing Healthwatch York and for the delivery of this Agreement. The Provider shall ensure that Healthwatch York will have two distinct levels of participation as follows:

Executive Board: Appointed or elected for a specific term and responsible for the strategic, operational and financial management of Healthwatch York.

The Provider shall ensure that the Executive Board shall:

- Adhere to the seven principles of public life (as outlined in Appendix A attached to this Schedule 1(Service Specification)).
- Have the skills, knowledge and experience required to oversee the effective delivery of the service.
- Be rigorous and transparent about how decisions are taken.
- Engage appropriate staff and engage a range of volunteers in order to meet its statutory duties.
- Ensure effective financial management and accountability.
- Meet its statutory duties and comply with standards set by Healthwatch England.
- Operate to the principles of good Healthwatch governance as set out in Appendix B (attached to this Schedule 1(Service Specification)).
- Agree its overall priorities and annual work plan.
- Produce an annual report showing how Healthwatch York has identified and met the needs of the public and other stakeholders.
- Ensure board members declare any interest(s), where necessary, to mitigate any potential conflicts.
- Enable appropriate representation on external boards and networks including the statutory place on the City of York Health and Wellbeing Board.
- Arrange appropriate training and security checks for staff, Provider Personnel and volunteers in order to carry out their responsibilities.
- Organise and hold Annual General Meetings.

Wider Membership or Network: A strong local voice, with the ability to express their needs, views and experiences to better influence health and social care outcomes.

7. FUNDING

The Contract Price for this Agreement is £280,000 i.e. £140,000 per annum with the possibility of extension for a further 12 months (at the Council's sole discretion).

8. INCLUSION AND DIVERSITY

The Provider and Healthwatch York must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication.

The Provider shall, and shall procure that Healthwatch York shall provide a Service appropriate to people's needs and shall not discriminate on the grounds of their disability, race, culture, religion, faith or belief, sexual orientation, age, gender or socio-economic situation, in terms either of participation or of obtaining and representing people's views and experiences.

The premises from which the Provider and Healthwatch York operates and any proposed venues for meetings arranged by Healthwatch York must be fully accessible and compliant with all prevailing Equalities legislation and must maintain a safe and clean working environment in compliance with all relevant Health and Safety at Work legislation. Healthwatch York will be subject to public sector duties as detailed in the Equality Act 2010.

The Provider shall, and shall procure that Healthwatch York shall, comply with both the Data Protection Act 1998 and the Freedom of Information Act 2000 and ensure that Healthwatch York's participants are aware of their responsibilities under both of these Acts.

The Provider shall, and shall procure that Healthwatch York shall, be committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment, and to be effectively trained in all aspects of safeguarding legislation and practice.

Following the Service Commencement Date the Provider will be expected to undertake an Equalities Impact Assessment to

demonstrate how Healthwatch York will carry out its duties and functions in a way which takes into account the needs of all minority groups and communities of interest.

9. CONTRACT MONITORING, KEY DELIVERABLES AND SUCCESS CRITERIA

The Provider shall report on the activities and finances of Healthwatch York to the Council in accordance with the requirements and timetable set out below and as more particularly described in Schedule 2 (Contract Management).

The Provider shall submit Healthwatch York's annual reports on activity and achievements to both the Council and the York Health and Wellbeing Board.

The Provider will be expected to report on Healthwatch York's activities and financial position in relation to this Agreement. All funds provided as a result of the contract award and in relation to this Agreement are to be spent on fulfilling the obligations and requirements as set out in this Agreement. No funds may go towards any costs incurred which are not contract-related.

Service Reviews will also take into account feedback and recommendations from Healthwatch York's governance arrangements.

Quarterly monitoring meetings will be organised by the Council to review information gathered through the contract monitoring process, to review the Service Specification and the delivery and performance of the Services by the Provider.

Representatives of Healthwatch York's governance arrangements will be full partners in this process.

The Provider will need to be able to demonstrate to the Council its performance of the Services and its obligations under this Agreement by the fulfilment of Key Performance Indicators (See Schedule 2 (Contract Management)).

The Provider shall benchmark its performance (and the performance of Healthwatch York) against national quality indicators to be developed by the Department of Health.

The Provider and Healthwatch York shall be accountable to the Council. The Provider is required to undertake regular reviews or audits of the service and development plans for Healthwatch York.

Both the Provider and Healthwatch York must have a written complaints procedure which should include a role for a person who is independent of the organisation, as either an investigator or decision-maker at an appeal stage.

Where either the Provider or Healthwatch York's own management reporting, stakeholder feedback, review process or other contract management activities reveal the need for remedial action, the Provider shall, and shall procure that Healthwatch York shall, produce an action plan within one month of being formally notified by the Council, with a timetable to be agreed with the Council, outlining:

- Detailed information on issues and associated risks
- Appropriate solutions, including financial analysis
- Responsible owners for all remedial actions required
- Timescales for all remedial actions to be implemented
- Monitoring arrangements to ensure remedial actions are completed

The Provider shall, and shall procure that Healthwatch York shall, have its own internal quality assurance system, which should include standard setting, monitoring, management and review processes, to ensure the required service quality is maintained. The Provider shall be required to confirm how improvement will be communicated on completion.

The Provider shall ensure the Healthwatch York shall fully engage and demonstrate compliance with all quality standards to be developed by Healthwatch England in due course.

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Healthwatch York: Performance Monitoring / Quarterly Review

Name of Provider	York CVS
Service Provided	Healthwatch York
Contract Start Date (Service Commencement Date)	01 April 2013
Contract Finish Date (Expiry Date)	31 March 2015

The aims of the performance monitoring / quarterly review process are to:

- Review the achievements of the Service in delivering the agreed outcomes
- Consider how the Service might be developed going forward
- Identify how beneficiary needs are being delivered
- Establish that the Service is being managed in accordance with the Agreement

The information contained in this report will be used as a basis for the Annual Service Review, in conjunction with that information provided on a regular basis during each year of the Term.

Quarterly performance monitoring reports will include a mixture of qualitative and quantitative data to ensure that the process is not simply a mechanistic one, but feeds into a continuous cycle of improved performance. Quarterly reports will be presented to Performance Management Group meetings on dates to be agreed.

In addition, a quarterly performance management meeting will be held between representatives of the Council and Healthwatch York. The performance management group meetings will:

- Agree additional Key Performance Indicators that will constitute quarterly performance summaries
- Set annual milestones for each Key Performance Indicator as appropriate

- Receive quarterly performance summaries, define any gaps in performance and discuss how these might be rectified.

In addition to the quarterly reporting process it is proposed that 360 degree feedback on Healthwatch York activity is invited from all key stakeholders annually.

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Section 1: To be completed quarterly

Section 2: To be completed quarterly

Section 3: To be completed quarterly

Signature on behalf of Provider		
Signature Siân Balsom	Name Siân Balsom	Date 30/10/2014

SECTION 1: Service Provided (Quarterly Update) 30/09/14

What have been the main focus areas of Healthwatch York during the last quarter?

- Attended the National Healthwatch England Conference, where we won our award for Media and Publicity for our work in publicising the Access to Health & Social Care Services for Deaf People report
- Held our first AGM which highlighted the breadth of work we have undertaken in our first year and provided the first opportunity to hold workshops to feed into our discharge report.
- Set up regular outreach posts within the community – at Lidgett Grove, St Sampson's, Spurriergate Centre, Sainsbury's Monks Cross, Sycamore House.
- Published our autumn newsletter, which has a focus on mental health issues.
- Signed up to the Time to Change organisational pledge and submitted an action plan outlining how we will work to make Healthwatch York an environment that encourages conversations about mental health.
- Supported one of our volunteers, Louise Sangwine, in putting together a guide for people in York beginning to experience mental ill health and those that support them.
- Held a Development Day for staff and volunteers to consider how we take forward the recommendations from the Year 1 Evaluation report.
- Finalised and published our Loneliness report, which pulled together a range of existing ideas and information and made recommendations for further progress.
- Purchased an online feedback centre which should be up and running later in the autumn.
- Completed 3 Care Home Assessment visits as part of our now mainstreamed council-led Care Home Assessors programme.
- Recruited more volunteers.
- Attended the Vale of York CCG AGM and spoke with Radio York's breakfast programme about their first year.
- Began work with the Partnership Commissioning Unit on involving people who use services and carers in the retendering of mental health and learning difficulties services for York.
- Met with a representative of NHS England (national not area team) to discuss proposals for improving access to health services for deaf people.
- Presented the Discrimination Against Disabled People report completed by Emma Hersey during her social work placement to Health OSC and Vale of York CCG's Quality and Finance meeting.
- Planned for our first Enter & View visit which will take place early in Quarter 3.

Key Performance Indicators to include:

- The impact of Healthwatch activity on community / commissioners / service providers – including progress towards Public Engagement Reports, involvement in key strategic meetings.
- Feedback mechanisms used by Healthwatch to inform participants and the wider public on the outcomes of the issues covered by Healthwatch.
- Communication and Reach - evidence of public, patient, carer and user-group engagement with / participation in Healthwatch
- Financial / Spend monitoring
- e.g. The number, frequency and type of methods used by the Host to engage with individuals, organisations and groups. (captured in quarterly Information and Signposting Reports)
- The outcomes of any visit to Health and Social Care premises in York.

What progress has been made during the last quarter in respect of the above?
Have you identified any barriers to achievement of agreed outcomes?

Partner Programme

We have now signed up 29 voluntary and community sector organisations to become Healthwatch partners;

Age UK York
Alzheimer's Society
CANDI – Children and Inclusion
Friends of St Nicholas Fields
Get Cycling CIC
IDAS – Independent Domestic Abuse Service
Independent Living Scheme
MS Society – York & District Branch
Myasthenia Gravis Charity
National Osteoporosis Society: York Support Group
North Yorkshire & York Neurological Alliance
Older Citizens Advocacy York
Priory Street Nursery
Royal Voluntary Service
Volunteering York
Wilberforce Trust
York Advocacy
York & District CAB

York & District Pain Management Support Group
York Carers Centre
York Carers Forum
York Independent Living Network
York LGBT Forum
York Older People's Assembly
York People First
York Rheumatoid Arthritis Support Group
York Wheels
Young Carers Revolution
YUMI

We continue to encourage organisations working with seldom heard groups to apply.

Volunteers

We now have 36 volunteers covering a range of volunteer roles.

Engagement

- Community engagement has taken place at a variety of events throughout the city – see list.
- 1 quarterly newsletter produced and distributed by post to 248 organisations and 261 individuals and by email to 218 organisations and 504 individuals, as well as being available through our website
- @healthwatchyork now has 1,093 followers.

Logging issues

76 new issues were logged in this quarter, bringing the total to 373 – see issues log. This includes a small number of reports from York Press, Patient Opinion and NHS Choices, which we are scanning to build up a more complete picture of health and social care services in York. The majority are still received either direct from the public or via a third party, rather than from these sources.

Signposting and advice

We continue to record signposting activity through the issues log. There is still minimal formal activity. However, we have found that the Directory has been very popular, and we understand this has been used by a number of GP

practices, pharmacies, and City of York Council staff to signpost customers to support.

We continue to use our newsletter to improve public awareness of services available to them. Our Autumn newsletter, a mental health special edition, provided information about the new street triage scheme, the acute liaison psychiatric service (ALPS), Together: for Mental Wellbeing, York Mind, Elefriends, Leeds & York Partnership NHS Trust, the Saneline, Childline, Rethink, Mainstay and Samaritans. We also featured City of York Council's Sport and Active Leisure Team's work with disabled people, including inclusive walks, powerchair football, and visually impaired running.

Strategic Impact

We have been approached by NHS England following our Access to Health and Social Care Services for Deaf People report. They are setting up a working group to look at recommendations for GP surgeries, and have asked us to consider joining that group.

At the invitation of NHS Vale of York Clinical Commissioning Group, we have taken up an advisory position on their Governing Body. This enables us to directly feed in views and concerns brought to us by members of the public.

What future improvements or developments do you expect/hope to implement in the next quarter?

- We will submit our first three reports to the Health and Wellbeing Board, and will receive our report back on how these are handled within the quarter
- We will be launching a new feedback centre, providing the opportunity to complete 'trip advisor' type reviews of health and social care settings in York. We hope to sell this to partners in the city, to generate income to meet the budget needs of Healthwatch York
- We will hold a Mental Health Conference that will highlight good work going on in the city already, and feed into our report on Mental Health in the city. We will also launch surveys into Adult Mental Health services and Child and Adolescent Mental Health Services
- We will hold undertake our first Enter & View visit at York Hospital, looking into discharge processes. We will then follow this up with telephone calls and letter to individuals to find out if discharge plans were implemented
- We will be meeting with members of the Deaf community to understand if anything has changed since we wrote our report, and so that the hospital can share their plans to improve access for Deaf patients
- We will be undertaking further Care Home Assessment visits. Our next newsletter will have a focus on Care Homes and dementia support services
- We will be updating our directory
- We will be installing a new database that will simplify our record keeping and provide automatic updates and information to Healthwatch England

SECTION 2: Staff training and development / Healthwatch Volunteers

Details of all training courses undertaken in the last Quarter:

Course title	No's Of Staff / volunteers Attended	Refresher	
		Yes	No
• Enter & View	4 v		✓
• Safeguarding Level 1 Alerter Training	5 v		✓
• Dementia Friends	1 s		✓

- Please provide a brief update on the roles / achievements of staff and Healthwatch Board members during the last quarter.

Carol Pack, Information Officer, has led on our information work, including our quarterly newsletter, and our monthly volunteer and partner bulletin. She was also heavily involved in bringing our Annual Report to life at our Annual Meeting in July. Carol has been very involved in the Care Home Assessor programme, including training volunteers and accompanying them on their first visit.

Helen Patching, Project Support Officer, has returned from adoption leave from 22nd September. Her first two weeks have been spent getting up to speed on developments since she went on leave, and supporting with administrating the Care Home Assessor programme. She had two KIT days with the team prior to her return.

Philip Tebble, Project Support Officer, has maintained our information records regarding issues and engagement activities, and continues to share these with relevant partners. He has also provided administrative support for a wide range of meetings.

Barbara Hilton, Project & Volunteer Development Officer, has led on events logging and attendance at community events. She has also continued to update our database of interested organisations. She has developed a regular information presence at three locations in the city – Lidgett Grove, St Sampson's and Sycamore House – which we now attend monthly supported by volunteers.

Siân Balsom, Manager, has attended a wide range of strategic meetings, maintaining the Healthwatch presence at Health and Wellbeing Board and other partnership boards within the City of York area, and taking up the seat on the Vale of York CCG Governing Body. She also represented Healthwatch York at the Healthwatch England conference.

John Clark, our Chair, has continued to chair our Leadership Group meetings, creating a helpful and supportive environment within which to discuss the challenges of delivering a successful Healthwatch. He also chairs our Assembly meetings, ensuring volunteers, partners and key stakeholders have opportunity to debate key issues in health and social care, and raise matters of concern or interest.

Staff Support	
How often are staff meetings held?	There have been 2 staff team meetings this quarter, plus a full staff team meeting for all York CVS staff
How often do staff receive supervision from a senior?	Every 6-8 weeks.
How often are staff formally appraised?	We have an annual appraisal system, which involves a full appraisal, and a mid-year review.
Number of staff appraised in last quarter:	0
Complaints/Commendations	
How many informal complaints have been received?	0
How many formal complaints have been received?	0
Further detail: We are not supporting people to make complaints but are signposting these to the right organisations, and recording issues people raise with us. See issues log attached for more details.	
SECTION 3: Additional Comments	
Please list any additional details/comments/recommendations that you wish to make.	
<p>We are seeing an increasing number of complex cases that, despite signposting to the relevant agencies are not coming off our workload. This is sometimes due to capacity issues within the agencies signposted to, for example, York Advocacy are currently operating a waiting list due to demand for their services, and sometimes due to a failure within other agencies to deal with the presenting issues. For example, City of York Council Safeguarding Team. This has meant providing intensive support to vulnerable or needy individuals, which has had a significant impact on our ability to manage our day to day work.</p> <p>Further, the Care Home Assessor programme is taking off brilliantly, but the initial training for volunteers is intense, and we are still recruiting sufficient volunteers to manage the number of visits. This has also had a significant impact on the staff team's <i>capacity</i>.</p>	

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Health Overview & Scrutiny Committee**26 November 2014**

Report from the Assistant Director, Governance and ICT

Update Report on Membership of the Supporting Older People Task Group**Summary**

1. This report informs Members of the need to amend the membership of the Supporting Older People Task Group.

Background

2. At a scrutiny work planning event in early May 2014 Members considered and expressed an interest in developing a theme around “supporting older people” as being worthy of corporate review.
3. In late May 2014 the Health Overview and Scrutiny Committee agreed a range of potential topics for scrutiny review during the municipal year and agreed their priorities would be Improving Access to psychological Therapies; Personalisation with a narrower remit focused around mental health and a topic based around Older People’s Services subject to confirmation of the topic by the Corporate & Scrutiny Management Committee.
4. At a meeting in June 2014 the Corporate & Scrutiny Management Committee agreed this review be carried out and all scrutiny committees be asked to consider their suggested remits and undertake the work.
5. It was subsequently agreed by Health OSC Members that the three task Groups should comprise:
 - Improving Access to psychological Therapies: Cllrs Funnell, Douglas and Doughty;
 - Supporting Older People: Cllrs Funnell, Burton, Hodgson and Watson

- Personalisation: Cllrs Funnell, Jeffries and Doughty.
6. After a series of delays in agreeing a date for the first meeting of the Supporting Older People Task Group, Members decided to meet on 30 October 2014. However, before this meeting could take place Cllr Burton felt that because of changes to the scrutiny committee Chairs he was no longer able to be a member of this Task Group.
 7. The Task Group meeting went ahead on 30 October with Cllr Doughty, the new health OSC Chair, attending and taking part in preliminary discussion ahead of the Task Group recommending a remit, but his position on the Task Group needs to be endorsed by the Committee.
 8. The Committee should also note that at a meeting on 10 November 2014 the Corporate & Scrutiny Management Committee agreed to abandon the corporate scrutiny review identified for this municipal year.

Analysis

9. This report is provided for information only.

Options

10. The Committee can:
 - i. Appoint Cllr Doughty and / or another Member of the Health OSC to the Supporting Older People Task Group and proceed with the review;
 - ii. Not appoint any further Members to the Task Group and proceed with the review;
 - iii. Not proceed with the review.

Council Plan

11. The work on this review will support the protect vulnerable people element of the Council Plan 2011-15.

Implications

12. There are no financial, human resources, equalities, legal, crime and disorder, information technology, property or other implications associated with this report.

Risk management

13. There are no risks associated with this report.

Recommendations

14. That the Committee:

- i. appoints Cllr Doughty and / or another Member of Health OSC to the Supporting Older People Task Group;
- ii. delegates to the Task Group authority to agree the aim and objectives for the review.

Reason: To enable the Task Group to progress the work needed to complete the review.

Contact Details

Author:

Steve Entwistle
Scrutiny Officer
Tel: 01904 554279
[steven.entwistle@york.gov.u](mailto:steven.entwistle@york.gov.uk)

Chief Officer Responsible for the report:

Andrew Docherty
Assistant Director Governance and ICT
Tel: 01904 551004

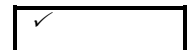
**Report
Approved**



Date 11/11/2014

Wards Affected:

All



For further information please contact the author of the report

Annexes - None

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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>Scrutiny and Task Group reports:</p> <ol style="list-style-type: none"> 1. Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 2. Closure of Monitor Investigation into York Teaching Hospital 3. Health & Wellbeing Board Update Report 4. Update report on Castlegate Centre 5. Report on the merger of the Gillygate and Jorvik practices 6. Healthwatch York Performance Monitoring report 7. Update report on Task Group Membership <p>Managing the Business</p> <ol style="list-style-type: none"> 8. 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. 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 <p>Managing the Business</p>

	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