

**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, 14 January 2015

Time: 5.30 pm

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

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare:

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

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

2. Minutes (Pages 3 - 10)

To approve and sign the minutes of the meeting held on 26 November 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 13 January 2015 at 5.30 pm.**

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4. 2014/15 Second Quarter Financial, Performance & Equalities Monitoring Report-Health & Wellbeing (Pages 11 - 20)

This report analyses the latest performance for 2014/15 and forecasts the financial outturn position, by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care, and the Public Health services falling under the responsibility of the Director of Public Health.

5. Feasibility Report into Proposed Scrutiny Report of NHS Funding in York (Pages 21 - 40)

This report presents the Health Overview & Scrutiny Committee with information to help Members decide whether to undertake a scrutiny review on the impact of efficiency savings and underfunding on NHS services in York.

6. The Care Quality Commission's Presentation on New Approach to the Inspection of Care Homes (Pages 41 - 70)
This report presents information on the principles that will guide how the Care Quality Commission (CQC) inspects and regulates care services in the future and asks Members to consider how the Committee can support the inspections and provide feedback of information from local people to the Clinical Commissioning Group (CCG).

7. Chair's Report- Health and Wellbeing Board
(Pages 71 - 74)

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 Health and Wellbeing Board would bring regular updates on the work of the Board to the Health Overview and Scrutiny Committee. This report focuses on the areas currently most relevant to the Committee's work plan.

8. Update Report on Re-procurement of Musculoskeletal (MSK) Services (Pages 75 - 76)

This report informs the Committee of the plans for the re-procurement of Musculoskeletal (MSK) Services in York.

9. Work Plan (Pages 77 - 82)

Members are asked to consider the Committee's work plan for the municipal year.

10. Urgent Business

Any other business which the Chair considers urgent.

a) Urgent Business-Accident and Emergency

The Chair of the Committee has agreed to accept this item onto the agenda as a matter of urgent business, in accordance with the provisions of Section 100B(4)(b) of the Local Government Act 1972, in view of the increasing pressures upon local and regional Accident & Emergency Departments being reported, currently, in the media. The Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust will provide a report in due course and be in attendance to answer Members' questions.
[Report to follow]

Democracy Officer:

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

HEALTH OVERVIEW AND SCRUTINY COMMITTEE**Agenda item 1: Declarations of interest.**

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

Councillor Doughty	Member of York NHS Foundation Teaching Trust. That his partner works at the Retreat.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS A Non Executive Member of Be Independent
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.

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City of York Council

Committee Minutes

Meeting	Health Overview & Scrutiny Committee
Date	26 November 2014
Present	Councillors Doughty (Chair), Funnell (Vice-Chair), Burton, Runciman, Douglas and Watson
Apologies	Councillor Hodgson

Vote of Thanks

The new Chair of the Committee, Councillor Doughty, gave thanks to the previous Chair, Councillor Funnell for all the hard work she had done in the role.

39. Declarations of Interest

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

Councillor Funnell declared a personal interest in Agenda Item 6 (Chair's Report- Health and Wellbeing Board) as she had attended a recent Joint Stakeholder Event around innovative Health and Social Care hosted by the Health and Wellbeing Board.

Councillor Runciman declared a personal interest in Agenda Item 7 (Update Report of Castlegate Centre for Young Adults) as a member of the YorOK Board.

No other interests were declared.

40. Minutes

Resolved: That the minutes of the Health Overview and Scrutiny Committee held on 15 October 2014 be signed and approved by the Chair as a correct record.

41. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

42. Residential, Nursing & Homecare Services - Quality Standards

Members received a six monthly monitoring report which provided details of the performance by York based providers against Care Quality Commission (CQC) 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.

Officers outlined the new requirements and highlighted that the CQC Lead Inspector had offered to attend a future meeting to outline the new inspection model and expectations for performance if Members wished.

They informed the Committee that there was a decent compliance level of standards but concerns still remained over a small number of providers.

The Chair commented that he would like for care providers in the city to attend a Health Overview and Scrutiny Committee meeting in order to answer any questions that Members might have.

Resolved: (i) That the performance and standards of provision across the care service in York along with an offer from CQC to attend a future meeting to give a presentation to Members on the new inspection process be noted.

(ii) That care providers be invited to attend a future Health Overview and Scrutiny Committee to answer Members' questions regarding issues around performance monitoring.

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.

43. Report on the closure of the Monitor investigation into York Teaching Hospital NHS Foundation Trust

Members received a report which informed them of the decision by Monitor to close their investigation into York Teaching Hospital NHS Foundation Trust.

Mike Proctor, the Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust was in attendance to answer questions from Members. He confirmed that Monitor were satisfied that the Hospital Governing Board has addressed previous concerns. A Powerpoint presentation was shown, slides of which were attached to the agenda which was republished following the meeting.

It was noted that the cancer referral figures related to all hospitals in the Trust area and numbers varied between GP practices. It was acknowledged that recruitment of staff at Scarborough hospital had always been problematic but this was now appearing in York. The Deputy Chief Executive suggested this might be as a result of the general effect of the public inquiry into Mid Staffordshire NHS Foundation Trust.

Members asked a series of questions relating to the possible development of a Community Hub in York along similar lines to the one set up at Selby and how the Hospital linked up with training schools in regards to nurse recruitment.

It was reported that if the Community Hub in Selby was successful then the Hospital would be happy to repeat the scheme in York. Regarding recruitment from nurse training schools, the Deputy Chief Executive confirmed that the Hospital did commission from them, while also hiring more mature candidates with wider life skills and experience.

Members agreed to ask for a report on nurse workforce planning and recruitment.

The Chair thanked the Deputy Chief Executive for his presentation and attendance at the meeting.

Resolved: That the presentation provided by the Deputy Chief Executive of York Hospital NHS Foundation Trust and information provided in Annexes A and B be noted.

Reason: To ensure compliance with scrutiny procedures and protocols.

44. Chair's Report - Health and Wellbeing Board

Members received a report from the Chair of the Health and Wellbeing Board which updated them on the work of the Health and Wellbeing Board.

The Chair of the Health and Wellbeing Board, Councillor Cunningham-Cross, commented that there had been progress and willingness to recognise that a whole system approach was needed in Health and Social Care in the city. This she felt was a key and most important part of the Health and Wellbeing Board's work.

One Member asked Councillor Cunningham-Cross how she felt the Care Act would affect the Council. She stated that it was unclear what the impacts would be but that as the Council now had a statutory duty to concentrate and improve people's wellbeing when providing all services that the new approach would take time to embed. York would be affected by the Care Cap as it had a high number of 'self funders' (those who paid for their own care) and from a longer term basis because of changing demographics, such as an elderly population.

Resolved: That the Chair be thanked for her attendance at the meeting and that her report be noted.

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

45. Update Report of Castlegate Centre for Young Adults

Members received a report which updated them on the situation regarding the Castlegate Centre, which provided information, support, advice and counselling to young adults aged 16-25 who lived in the City of York.

The Committee were informed of the outcome of the Cabinet Call-In meeting which had been held on 25 November 2014 to consider the Cabinet's original decision to close the Castlegate centre and transfer the service to West Offices.

The Director of Adult Social Care stated that the meeting concluded that more consultation should take place and that time be taken to consider alternative proposals and options for the continuation of services provided at Castlegate. He suggested that as a result of the decision, Members might wish to contribute to the further consultation which would take place. He also suggested the Committee might wish to nominate a named Member to contribute to the consultation on the Committee's behalf.

The Director of Adult Social Care suggested that if a representative from the Committee took part in the consultation this could allow for Members to influence a recommendation to possibly extend the timing of the consultation.

Following further discussion it was;

Resolved: (i) That the report and outcome of the Cabinet Calling-In meeting be noted.

(ii) That Councillor Douglas be nominated as the Committee's representative in the consultation on Castlegate's future.

Reason: To ensure that the Committee are aware of developments around Castlegate and to have a role in shaping any further recommendations in regards to its future direction of Castlegate.

46. Merger of Practices - Gillygate Surgery and Jorvik Medical Practice York

Members received a report from NHS England (North Yorkshire and the Humber) which provided details on proposals to merge Gillygate Surgery and Jorvik Medical Practice. A representative from NHS England, Chris Clark, was in attendance to present the report and answer any questions that Members' might have had on the merger.

Discussion took place on the patient consultation on the proposals and what further services could be offered by the joint practice.

It was reported that although some services such as podiatry were privately commissioned by the Vale of York Clinical Commissioning Group, a joint practice would have better access to counselling services.

Resolved: That the report be noted and Chris Clark from NHS England (North Yorkshire and the Humber) be thanked.

Reason: To keep Members informed of the future merger of Gillygate Surgery and Jorvik Medical Practice.

47. Healthwatch: Performance Update 2014/15 - First 6 months report

Members received a report which informed them of the current progress of Healthwatch York in delivering the service set out in the contract with the Council. The Manager of Healthwatch York was in attendance to present the report and to answer questions.

Healthwatch York were praised by Members for the service they provided. The number of new issues logged with Healthwatch York in the last quarter was queried by some Members.

The Manager of Healthwatch York responded that although full details of issues received were confidential the trends could be identified within their six monthly monitoring reports. The Chair felt it would be useful for the Committee to have sight of the monitoring report.

Resolved: That the Manager be thanked for her attendance and the report be noted.

Reason: To help monitor the service received under the contract and to note the service issues that Healthwatch are dealing with.

48. Update Report on Membership of the Supporting Older People Task Group

Members received a report which informed them of the need to amend the membership of the Supporting Older People Task Group.

Following discussion it was;

Resolved: (i) That Councillors Doughty and Runciman be appointed to the Supporting Older People Task Group.

(ii) That authority be delegated to the Task Group to agree the aim and objectives for the review.

(iii) That a Task Group meeting be arranged for the afternoon of Wednesday 17 December.

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

49. Work Plan 2014/15

Members considered the Committee's work plan for the remainder of the municipal year.

The Chair suggested that the next scheduled meeting of the Committee be cancelled due to a lack of business and a clash of attendance for Members who were also on the Local Plan Working Group. Another Member suggested that the Committee might like to invite the NHS Partnership and Commissioning Support Unit back to a future meeting. The Scrutiny Officer suggested that a report from the Care Quality Commission (CQC) and Nurse Training school be added on to the work plan to be considered in January.

Resolved: That the work plan include the following;

- The cancellation of the meeting on 17 December 2014.
- The attendance of the Lead CQC Inspector for the North to give a presentation and answer Members' questions on the new inspection and process for Residential, Nursing and Homecare Services.

- A report on nurse workforce planning and recruitment from nurse training schools.
- That care providers be invited to attend a future Health Overview and Scrutiny Committee meeting.

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

Councillor P Doughty, Chair

[The meeting started at 5.32 pm and finished at 7.05 pm].



Health Overview & Scrutiny Committee

14 January 2015

Report of the Director of Adult Social Care and the Director of Public Health

2014/15 Second Quarter Financial, Performance & Equalities Monitoring Report- Health & Wellbeing

Summary

- 1 This report analyses the latest performance for 2014/15 and forecasts the financial outturn position, by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care, and the Public Health services falling under the responsibility of the Director of Public Health.

Financial Analysis

- 2 A summary of the service plan variations is shown at table 1 below.

**Table 1 – Health & Wellbeing Financial Projections Summary
2014/15 – Quarter 2 - September**

	2014/15 Latest Approved Budget			Projected Outturn Variation	
	Gross Spend £000	Income £000	Net Spend £000	£000	%
Adult Assessment & Safeguarding	40,353	13,802	26,552	+189	+0.7%
Adult Commissioning, Provision & Modernisation	28,503	5,067	23,436	+823	+3.5%
Director of Adult Social Care	418	-	418	-	-
Public Health Services	7,862	466	7,397	+183	+2.5%
Public Health Grant	-	7,305	-7,305	-	-
Total Health & Wellbeing	77,136	26,640	50,497	+1,195	+2.4%

- 3 Table 1 shows that Health & Wellbeing budgets are reporting overall net financial pressures of £1,195k. This is an improvement of £485k compared to the £1,680k overspend reported at quarter 1.

Adult Assessment & Safeguarding (+£189k / 0.7%)

- 4 In common with councils across the country, there is a significant budget pressure in respect of meeting increased demographic demand for adult social care and the increasing complexity, and therefore cost, of care packages for the ageing population. The recently published ONS (Office for National Statistics) Population Projections show that the 65-69 year old population of the City of York expanded by 18.9% (1,738 people) between 2011-2013, while the over 90 year old population expanded by 14.3% (337 people) in the same 2 years. The on-going implications of the significant overspends in 2013/14 and the estimated increase in numbers for 2014/15 result in projected pressures across a number of budgets that are £91k in excess of the amount of growth and contingency funding that the council was able to allocate to the service over the two financial years.
- 5 Staffing costs are currently projected to overspend by £98k due mainly to additional safeguarding staff hours required in the first half of the year to deal with a backlog of cases, and additional management capacity over and above the amount provided for in the budget.
- 6 An additional pressure, that was not evident at the time the budget was set, is in relation to DOLS (Deprivation of Liberty Safeguards). All councils with adults responsibilities have been impacted by a recent court ruling that is dramatically increasing the number of formal applications that must be processed. This increase could not have been foreseen at the time that the 2014/15 budget was set. Cabinet has now agreed to allocate one-off contingency funding to cover the net additional costs in 2014/15.

Adult Commissioning, Provision & Modernisation (+£823k / 3.5%)

- 7 There is a significant projected overspend of £864k within the Elderly Persons Homes (EPH) budgets. The vast majority of this is due to overspends and pressures that were identified during 2013/14 but were not covered by the additional growth funding allocated to Adult Services as part of the 2014/15 budget process:

- Utilities, cleaning, catering and Repair & Maintenance. This is the largest projected variance for this area and reflects the actual increase in costs to 2013/14 for essential services at the residential homes, which continues into 2014/15. (+£314k)
 - Increased staffing ratios. The budgeted staffing ratios do not fully take into account either the impact of the move to the household model of provision in the two dementia care homes, nor the changing client mix within the remaining five homes. Both of these changes have increased the ratio of staff to residents and result in a continuing overspend in 2014/15. (+£180k)
 - Temporary staffing costs. The nature of the service provision has meant that the use of temporary staff has increased in recent years, for which there is no specific budget provision. (+£214k)
 - Undelivered 2013/14 budget saving following changes to the EPH reprovision project. (+£165k)
 - Net additional income. The residential homes receive income from beds commissioned by health partners and from charges to residents who do not have their care fully funded by the council. Based on current patterns, there is a projected surplus for 2014/15. (-£9k)
- 8 Other minor variations within Small Day Services, Contracted Services, SHECs (Sheltered Housing with Extra Care), Home Care Nights Service and staffing budgets contribute to a net projected underspend of £41k.

Public Health (+£183k / 2.5%)

- 9 The former PCT (Primary Care Trust) budget for GU (Genito-urinary) Activity was allocated on a population basis (25% to CYC and 75% to NYCC). However in practice the actual activity has been closer to 50:50, leading to a significant overspend on this budget in 2013/14 which is projected to continue into 2014/15 (+£658k). In addition there is a one-off backdated payment of £125k outstanding for 2013/14. For 2014/15 a one-off budget virement of £488k has been made from other Public Health budgets to help offset the pressure. For future years, work is underway to retender this contract from July 2015 with the aim of delivering a new service within the available budget.
- 10 More minor savings and variations within a number of other contracts contribute to a net projected underspend of £112k across all other Public Health budgets.

Performance Analysis

Adult Social Care

- 11 The performance for **delayed transfers of care** (DTC) from hospital is showing a small increase in line with the national trend, against a background of unprecedented demand for acute services.
- 12 The Quarter 2 **Home Care Satisfaction Survey** for York shows a 1% increase in satisfaction, from 89% to 90%, and we will be working with our partners to increase levels further in the next quarter.
- 13 Work to implement the changes required by the **Care Act** is making good progress, and the government is currently consulting on a number of changes to the way data is collected in 2015-16, in order to monitor the effectiveness of the Care Act reforms.

Public Health Indicators.

- 14 A new suite of **smoking indicators** has been published with mixed outcomes for York. Positive indicators for York include comparatively fewer lung cancer registrations and smoking related hospital admissions and an improving trend for smoking in pregnancy. Smoking prevalence, however, has gone up in York for the second year running especially amongst people in routine and manual occupations. One in three people in York working in routine and manual occupations are now estimated to smoke compared with one in four two years ago. With regards to the effectiveness of smoking cessation services, York has one of the lowest rates in the country for 4 week quitters as a proportion of estimated smokers.
- 15 New data on **excess winter deaths** is positive for York in relation to the national average. In 2012/13 there were 15.3% more deaths in York in the winter period, compared with the non-winter period. This is lower (better) than the England average of 19.8%.
- 16 Information on **health checks for people with Learning Disabilities** has been released for Clinical Commissioning Groups (CCGs). The Vale of York CCG has a lower GP participation rate in the programme, 55% compared with 65% nationally and a lower health check rate, 33% compared with 44% nationally.

- 17 **Seasonal flu vaccine uptake** by GP patients to October 31st 2014 is better in the Vale of York CCG compared with the national average e.g. 63% of patients aged over 65 have been vaccinated to date compared with 57% across England.
- 18 The latest figures (2013/14) for the **National Child Measurement Programme** (NCMP) have been issued for York. The proportion of obese children remains about 20% lower than the national average for both reception year and Year 6 children. The figures also show there is a lower prevalence of children who are overweight (including obese) in Year 6 and a higher prevalence of healthy weight children in Year 6. While City of York Council welcomes the latest NCMP figures being below the national average they are still a call to action. Nearly 8% of children starting school (reception year) are obese and by the time they are in their final year of primary school (Year 6) this has doubled to nearly 16%.
- 19 **Life Expectancy** at birth in York is **79.4** years for men and **83.5** years for women according to the latest data (2011 to 2013). These figures are similar to the national average and better than the regional average. For those people in York who have reached the age of 65, life expectancy is **83.4** years for men and **86.6** years for women. (This figure for women is higher than the national average).
- 20 **Under 18 conception rates** are falling in York in line with national and regional trends. Analysis of aggregated three year ward level data allows identification of those wards in York with positive trends e.g. Westfield and those where under 18 conception rates appear to be increasing e.g. Micklegate.

Equalities Update

- 21 Members will recall at their meeting in September that they agreed that they would monitor progress on key equality performance indicators in relation to the Single Equality Scheme that come within the remit of this committee. The Equality Score Card is attached at Annex 1 which shows performance for those indicators where data is available. Excluded from these indicators are those indicators where data is only available annually which are predominately in relation to health. Members should also note that indicators in relation to customer satisfaction are also collected annually and are therefore not included as updates were given at the September 2014 meeting.

- 22 The number of adults and older people and carers receiving self directed support via a direct payment in the year to 31st March as a % of all clients receiving community based services and carers receiving carer specific services. Performance has reduced from 9.39% to 7.66%. To try and improve performance all new customers are offered a Personal Budget as a default position. The introduction of the cash cards and the support planning toolkit and culture shift should make it easier for people to access a personal budget. There is on-going work through reviews with existing customers to look at people having the option to move to a personal budget. Self Direct Support Planning Training has been implemented.
- 23 In terms of implementing the Equality Scheme members should not that:
- Extensive consultation has taken place in the development of Burton Stone Lane Community Centre as a hub for people with Autism and complex needs.
 - The production of an Alcohol strategy is underway.
 - Consideration is being given to use two units of accommodation at Howe Hill to meet the gap in providing accommodation for teenage mums/parents and their child, or pregnant teenagers. Safeguarding issues are currently under consideration.
 - The Special Educational Needs Partnership Service has been integrated into the Trust Unit and the service is now known as SENDIAS (Special Educational Needs Information and Advisory Service) and provision has been extended to young people aged 25.
 - A Summer Safety campaign was launched in July centred around the 'Plan Safe, Drink Safe, Home Safe' campaign developed by the University of York St. John Students' Union. Measures included bus, mobile screen and poster advertising campaigns and distribution of beer mats to riverside venues.

Council Plan

- 24 The information included in this report is linked to the Protect Vulnerable People and Build Strong Communities elements of the Council Plan 2011-15.

Implications

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

Risk Management

- 26 Adult Social Services budgets are under significant pressure. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2014/15 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.
- 27 Looking ahead for 2015/16 and beyond, due to the increasing demand and increasing complexity of people requiring care and support, the implications of the Care Act, the Better Care Fund and general reductions in central government funding, further transformation will be required to address the challenging budget position.

Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2014/15.

Contact Details

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Chief Officers Responsible for the report:

Guy van Dichele
Director of Adult Social Care

Julie Hotchkiss
Director of Public Health

**Report
Approved**

Y

Date 5 January 2015

Specialist Implications Officer(s) None

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

All

Y

For further information please contact the author of the report

Background Papers

Second finance and performance monitor for 2014/15, Cabinet 16 December 2014

Annexes

Annex 1: Health Overview Scrutiny Committee Quarter 2 Progress Report
Equality Indicators

Annex 1: Health Overview Scrutiny Committee Quarter 2 Progress Report Equality Indicators

Supporting Independence	2011/12	2012/13	2013/14	2014/15	Trend	Y&H	GB	Comparators
People supported to live independently through social services PREVENTION	N/A	2822	2570	2552 (Qtr 2)				
People supported to live independently through social services PACKAGES OF CARE	N/A	1751	1753	1824				
Adults with learning disabilities in settled accommodation	73.10%	63.20%	82.60%	24.83% Qtr 2		77.90%	73.50%	
Number of adults and older people and carers receiving self directed support in the year to 31st March as a % of all clients receiving community based services and carers receiving carer specific services	N/A	31.50%	33.85%	34.86% Aug 2014			62.1%	
Number of adults and older people and carers receiving self directed support via a direct payment in the year to 31st March as a % of all clients receiving community based services and carers receiving carer specific services	14.40%	12.40%	9.39%	7.66%			19.1%	

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Health Overview & Scrutiny Committee**14 January 2015**

Report of the Assistant Director Governance & ICT

Feasibility Report into Proposed Scrutiny Review of NHS Funding in York**Summary**

1. This report presents the Health Overview & Scrutiny Committee with information to help Members decide whether to undertake a scrutiny review on the impact of efficiency savings and underfunding on NHS services in York.

Background

2. At a full meeting of City of York Council on 11 December the Council agreed the following motion proposed by Cllr Fraser:

“Council welcomes the Government’s policy on integrated health and social care and local efforts to make this a reality for people in York, who should be central to NHS provision.

Council notes, however, the damaging impact of the £3billion Tory-Lib Dem Government’s top down reorganisation of the NHS, which is forcing local health economies to waste millions of pounds on pointless procurement exercises as they compete with the private sector for patient contracts.

This is all against a backdrop of severe financial pressure and significant historical underfunding of York’s healthcare system and mental health services in particular.

The cumulative effects on York patients include:

- Restricted access to certain treatments and procedures due to the Government’s insistence that the Vale of York Clinical Commissioning Group (VoYCCG) take on the historic debt of the

former Primary Care Trust (PCT);

- The excessive waiting times for access to talking therapies for those experiencing mental ill health; and
- The imposition of funding cuts to York Hospital including reduced payment to the hospital for in-patient readmissions within 30 days and the imposition of an arbitrary threshold for A&E patient numbers above which the hospital only receives a percentage of the full tariff for emergency admissions.

Council resolves:

- To request the Chair of the Health Overview and Scrutiny Committee to make arrangements for Health Overview and Scrutiny Committee to consider conducting a review on the impact on local health services based on so called 'efficiency' savings and chronic underfunding of the NHS in York, to enable residents to understand what future services will look like over the period 2015-2020;
- To call on the city's two MPs to lobby for a fairer deal in funding for York's NHS;
- To publicly condemn the estimated £3bn unwanted and ineffective top down reorganisation of the NHS;
- To publicly support the NHS (Amended Duties and Powers) Bill which is being debated in Parliament and aims to halt privatisation in the health service by repealing sections of the Health and Social Care Act 2012 that enforce competition in the NHS;
- To note the Labour Party's commitment to increase NHS spending by £2.5bn per year mid way through the next parliament."

3 The relevant resolution relating to Health Overview & Scrutiny Committee is:

To request the Chair of the Health Overview and Scrutiny Committee to make arrangements for Health Overview and Scrutiny Committee to consider conducting a review on the impact on local health services

based on so called 'efficiency' savings and chronic underfunding of the NHS in York, to enable residents to understand what future services will look like over the period 2015-2020.

Analysis

- 4 Initial work undertaken to gather some background information and evidence in relation to the motion and suggested scrutiny has been:
 - Discussions with City of York Council's Acting Director of Public Health, and to consider:
 - Information from the Vale of York Clinical Commissioning Group, including its five-year plan;
 - Relevant issues from the Annual Report 2013/14 of York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service;
 - Evidence from Leeds and York Partnership NHS Foundation Trust (LYPFT) and York Health & Wellbeing Board and Healthwatch

Vale of York CCG

5. NHS Vale of York Clinical Commissioning Group is the statutory body responsible for commissioning healthcare services for patients across the Vale of York, including the City of York. It is led by a number of local GPs and other health professionals.
6. Its Annual Report and Accounts for 2013-14 states that the CCG began the year planning for the national 1% surplus target but it became clear that the challenge environment would make this difficult to achieve whilst maintaining quality of services. The target was subsequently amended and the CCG delivered a revised surplus of £2.1m (0.57%).
7. A large part of the financial challenge was the CCG's share of the debt inherited from the legacy of North Yorkshire and York PCT, £3.5m, which had to be paid back in full in 2013-14. The CCG relied on a series of non-recurrent measures to offset this, including two transfers of resources from Running Costs, the first in June at £1.7m and the second in March at £1.2m.

8. The Report stated that excluding the effects of all non-recurrent elements of this year's position, the CCG has a significantly stronger financial position than at the start of 2013-14 with an underlying recurrent surplus of £2.0m moving into the New Year. A breakdown of the CCG budget for 2013-14 is shown at Annex A.
9. In July 2014 Health Overview & Scrutiny Committee considered the CCG's five-year strategy for integrated health care in York. A plan-on-a-page version of the strategy is available at Annex B. A full 186-page version is available at:
www.valeofyorkccg.nhs.uk/...plan/nhs_vale_of_york_ccg_integrated_operational_plan_2014_to_2019-final.pdf

York Teaching Hospital NHS Foundation Trust

10. In the hospital's Annual Review 2013/14, which was presented to Health OSC in September 2014, the Chief Executive states: "Once again this report details our performance during a difficult financial period, and the pressures on the hospitals sector continue unabated. This year, despite the challenges we have faced, we have continued to perform to a high standard, meeting targets and achieving accolades."
11. The report provides the following details of York Teaching Hospital NHS Foundation Trust's income and expenditure for 2013/14

	Plan £ millions	Actual £ millions	Variance £ millions
Clinical income	382.6	387.1	4.5
Non-clinical income	40.4	44.8	4.4
Total income	423.0	431.9	8.9
Pay spend	-286.3	-289.6	-3.3
Non-pay spend	-140.5	-148.3	-7.8
Total spend before dividend, and interest	-426.8	-437.9	-11.1
Operating deficit before exceptional items	-3.8	-6.0	-2.2
Transition Support	12.0	12.0	0
Dividend, finance costs and interest	-5.8	-5.9	-0.1
Net surplus	2.4	0.1	-2.3

12. The Foundation Trust's Strategic Plan document for 2014-19 www.yorkhospitals.nhs.uk/document.php?o=1018 which was approved by the Board of Directors in June 2014, states that the plan includes nationally prescribed efficiency assumptions. The first year of this plan (2014/15) is in fact the fifth year of a sustained 4% year-on-year national efficiency requirement. This assumption continues through to 2018/19. By the close of this plan the Trust will have faced 9 years of 4% efficiency requirements. This efficiency requirement is cumulative in nature and grows by 4% in each year of the plan.
13. In addition to this requirement to maintain activity levels for considerably less income, the Trust is facing activity reductions from commissioners who are actively seeking to manage within their allocated resources.
14. It adds that the national agenda will require the Trust to deliver £96m of savings over the life of the plan. Whilst a significant proportion of these savings are identified there remains much work to do to identify and deliver the full savings requirement.
15. The Trust reviewed its mission and objectives during the year and confirmed the mission to be: *To be trusted to deliver safe, effective and sustainable healthcare within our communities*. The objectives fit into four strategic frames and are:
 - Improve quality and safety - To provide the safest care we can, at the same time as improving patients' experience of their care. To measure our provision against national indicators and to track our provision with those who experience it.
 - Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.
 - Create a culture of continuous improvement - To seek every opportunity to use our resources more effectively to improve quality, safety and productivity. 'Where continuous improvement is our way of doing business.'
 - Improve our facilities and protect the environment - To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible.

Yorkshire Ambulance Service (

16. Last year the Yorkshire Ambulance Service (YAS) Integrated Business Plan for 2013-18 was published http://www.yas.nhs.uk/Publications/Business_Plans.html which sets out the priorities to improve the quality of patient care, maintain the responsiveness of services, ensure value for money and achieve Foundation status. The first year of the service transformation programme is now complete and it will help deliver the aspirations in the five-year plan.
17. The Yorkshire Ambulance Service annual report, again presented to Health OSC in September 2014, states that YAS has to ensure that, across all service areas, it is delivering all contractual targets, improving outcomes for patients and that the Trust can stand on its own feet financially in what is a very difficult financial climate.
18. Recent developments in the Vale of York, which will continue to be supported and built upon, include:
 - Working with York Teaching Hospitals NHS Foundation Trust (YTHFT) to improve handover times - minimising the delay between a patient arriving at hospital in an ambulance and being handed over into the care of the hospital clinicians.
 - Working with YTHFT and local operational teams to minimise turnaround times – the total time between an ambulance crew arriving at hospital and being available to respond to their next call.
 - Working with Vale of York CCG to introduce new Emergency Care Practitioners – paramedics with additional skills and clinical qualification who can provide more care for patients at home. This means that more patients can stay in their own homes and receive treatment or be referred to community services, rather than being transported to a hospital emergency department.

Leeds & York Partnership NHS Foundation Trust

19. Leeds and York Partnership NHS Foundation Trust (LYPFT), has one core purpose; improving health and improving lives. The organisation's ambition is: "Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives".

20. The Trust is the main provider of specialist mental health and learning disability services in Leeds, York, and the surrounding area.
21. Its Operational and Strategic Plans for 2014-19 http://www.leedspft.nhs.uk/about_us/purpose#sthash.C6ztA8Ee.dpuf (under downloads) says of its challenges for the next five years: “We started 2014/15 with strong clinical services and a stable financial position. This platform gives us the resilience we need to manage the challenges we face over the coming years. Despite a difficult funding position for the NHS as a whole, our Operational Plan and Strategic Plan set out how we will maintain, and in many cases improve, the quality of our services.”

York Health & Wellbeing Board

22. In the Board’s strategy for 2013-16 – Improving Health & Wellbeing in York – it is acknowledged that the current financial climate is one that presents a number of challenges. It reaffirms the CCG inherited a deficit from its predecessor PCT, and in its first year of operation managed to repay the historic deficit of £3.5m and carry forward an operating surplus of £2m. However, within the NHS there are continuing efficiency savings targets against a background of demographic growth and health cost inflation, leading to the potential for a £44m funding gap in York by 2021. Equally, in local government there is a continued downward pressure on funding from central government.
23. The Board regularly updates its strategy through revisions to its Joint Strategic Needs Assessment, a comprehensive assessment of the health and wellbeing needs in the city. It has agreed five key priorities to underpin the work to improve health and wellbeing in York:
 - Making York a great place for older people to live;
 - Reducing health inequalities;
 - Improving mental health and intervening early;
 - Enabling all children and young people to have the best start in life and keep them safe;
 - Creating a financially sustainable local health and wellbeing system.

Better Care Fund

24. The Better Care Fund (BCF) was announced by the Government in the June 2013 Spending Round, to support transformation and integration of health and social care services to ensure local people receive better care. The BCF is a pooled budget that shifts resources into social care and community services for the benefit of the NHS and local government.
25. Formerly known as the Integrated Care Fund, the BCF has been set up to support Councils and CCGs to deliver their local plans for integrating health and social care. The fund amount is £3.8 billion nationally. This represents a top slice (3%) of CCG budgets to be reinvested in local integration plans (it should be noted that this is not new money).
26. Supporting the integration of health and social care services is a core purpose of Health and Wellbeing Boards. This is a key theme running through York's Health and Wellbeing Strategy 2013-16 and is related to all five priorities, with particular relevance to 'Creating a financially sustainable local health and social care system'. Integration is a fundamental element in the Vale of York CCG Strategic Plan 2014-19 and their Operational Plan 2014-16.

Healthwatch

27. Healthwatch York is the way in which residents can influence local health and social care services such as hospitals, care homes, GP surgeries, home care services and many others.
28. It can help people get the best out of local health and social care services, giving local residents the opportunity to be involved in shaping these services according to community needs.
29. Healthwatch York also:
 - Provides information about local services to make sure local people know how to access the help they need;
 - Signposts residents to independent complaints advocacy if they need to support to complain about a service they have received;

- Listens to residents' views about local services and makes sure these are taken into account when services are planned and delivered. They are interested in knowing what works well and what does not.

Public Engagement

30. In addition to the work of Healthwatch there are various mechanisms people can use to understand developments in the health service in the city. York's health partners have delivered a series of public consultation events. The Health and Wellbeing Board holds two engagement events a year to which people are invited to attend; the CCG has held consultation on issues such as urgent care; commissioning and the Better Care Fund while Health OSC has been kept up to date on matters such as the developments around Bootham Park Hospital and the rewiring of public services.
31. The strategic plans of health organisations are also available to the public.

The National Picture

32. The latest Office for National Statistics analysis published in April 2014 looks at healthcare spending in the UK and shows that spending in 2012 was £144.5 billion, up 1.9% since 2011.
33. There are many reasons why healthcare spending is so high and why in the UK there has been continual growth over recent years. For instance, the population of the UK is ageing and older people need more treatment, also new drugs and technologies are expensive to research and develop. Overall, healthcare represented around a third of government spending today. However, compared with the rest of the G7 countries, UK healthcare spending as a percentage of GDP is actually relatively low at 9.2%.
34. In the analysis, healthcare includes spending by the Department of Health, military, charities and households. In 2012, the UK spent a total of £144.5 billion on healthcare, three times as much as in 1997 when it was £54.6 billion. This rapid increase mostly occurred between 1997 and 2009 when the annual average growth was 8%. However, since the economic downturn there has been a slow down in healthcare spending because government budgets have been under pressure.

The annual average annual growth after the economic downturn (2009-12) has been 1.6%.

NHS England

35. Following a Board meeting on 17 December 2014 NHS England published the CCG and primary care allocations for 2015-16 and the notional split to CCG level to support the primary care co-commissioning agenda and the notional specialised commissioning balance for 2015-16.
36. The allocations include the recently announced £1.98bn of additional funding for frontline health services and to help kick start the transformation agenda set out in the NHS Five Year Forward View <http://www.england.nhs.uk/ourwork/futurenhs/> The NHS England announcement states:
 - NHS England is passing £1.5 billion to frontline health services including primary care, local CCGs, and specialised services. Every CCG will get real terms budget increase. More of the extra funding for local health services is being used to more rapidly increase NHS budgets for those parts of the country with the greatest health needs, where the population is growing rapidly, and where services are under greatest pressure.
 - £480 million of the extra funding (on top of the £1.5 billion described above) will be used to support transformation in primary care, mental health and local health economies;
 - Spending on GP and primary care services will for the first time in a number of years grow in real terms at a higher rate than for other local health services, in recognition of the pressures in primary care.
 - To begin tackling relative underinvestment in mental health services, every CCG will be expected to use its extra funding to increase funding for local mental health services in real terms next year by at least the level of the CCG's overall funding growth. In addition a further £110 million of dedicated purchasing power is being injected nationally to improve services for people with severe mental health problems, with anxiety and depression, and with eating disorders particularly children and adolescents.

37. NHS Chief Executive Simon Stevens said: “We are allocating extra cash for towns, cities and villages across England to help the local NHS meet the rising demands and changing needs of the patients we’re all here to serve. Frontline nurses, doctors and other staff are working incredibly hard – including over this holiday period – but with a growing population and an ageing population it’s clear the health service can’t just keep running to catch up. Instead we need to begin to radically reshape the way we care for patients, which is why there is such widespread support and enthusiasm for the NHS Five Year Forward View.”

To Progress any Potential Review

38. In relation to the future services part of the motion, Members may take the view that, from the evidential documentation referred to within and annexed to this report, clear plans, strategies and objectives are in place already for the next 5 years from the various health providers, defining what services might look like over that timescale.
39. In regard to the financial element of the motion, Members should consider what can be done locally to influence the national agenda. Health funding is decided nationally, not locally, and we can only ensure that we are spending the money we have locally in the most efficient way.
40. York Health OSC has already tried to influence the national position. In April 2013, Hugh Bayley MP for York Central and Julian Sturdy MP for York Outer, attended a Health OSC meeting to share their thoughts in respect of the Vale of York Clinical Commissioning Group’s inherited debt from North Yorkshire and York PCT.
41. Following that meeting the Council’s then Director of Public Health and Well-being wrote to Secretary of State, on behalf of the Health OSC, expressing concern at the financial position of the 4 Clinical Commissioning Groups in North Yorkshire and York, particularly in relation to the North Yorkshire and York PCT deficit for 2012/13.
42. A response from Jeremy Hunt, Secretary of State for Health, confirmed that the deficit would be factored into future 2013/14 CCG plans and that it should not impact on the future financial performance of the CCGs. However, it was pointed out that the CCGs are required to provide services within their financial allocations and develop long term sustainable strategies to provide quality services to meet the needs of local people.

Conclusions

43. In light of the information provided in this report, Members of this Committee may feel that the motion agreed by Council is too broad as currently drafted for scrutiny. In addition to the service areas mentioned above “the impact on local health services” involves a multitude of topics from GPs and mental health services to screening and flu jabs.
44. While the Council’s health partners acknowledge they are facing difficult challenges in the current economic climate they state that they have continued to perform to a high standard and are meeting targets.
45. To add real value, any scrutiny review needs to be clear about its focus and be able to assist in the delivery of achievable outcomes. This is recommended good practice by the Centre for Public Scrutiny (CfPS). Specifically, CfPS recommend reviews should:
 - be **evidence based**, specific and realistic;
 - with a clear focus on **outcomes ‘on the ground’**;
 - focus on delivering **measurable** change in service;
 - establish a **value in ‘return’** on scrutiny effort;
 - recognise cost implications;
 - be developed, wherever possible, in partnership to ensure that what is proposed is **robust and realistic**
46. If this Committee is minded to undertake a review on any of the aspects suggested in the motion, it is suggested that Members consider focussing upon a remit which will satisfy our guiding principles above (these were re-endorsed by Corporate & Scrutiny Management Committee as recently as June 2014). One possibility might be to focus on what is spent to aid joint commissioning, health and social care integration plans and arrangements for pooled budgets. However, further conversations would need to take place to establish how useful and timely this would be. We already have a collaborative transformation board which, among other things, will be looking at joint commissioning in the future.

In any case, whatever aspect Members may choose to focus upon, it would be particularly important to work with our health partners and conduct a review which is both thorough and realistic.

47. Again, if this Committee decides to proceed with a health service focused review Members should note that, under normal practice, it would need to be completed in time for the final Health OSC meeting of the current municipal year on 25 March 2015. The agenda for that meeting is published on 17 March 2015. So, focussing upon a realistic and achievable remit would again be beneficial to Members.

Options

48. Members can decide to:
- i. Agree to carry out a scrutiny review of local health services in York and set up a Task Group to carry out this work on behalf of the Committee;
 - ii. Should the Committee decide to carry out a review, invite Cllr Fraser (who put the original motion to Council) to take part as a co-opted Member of the Task Group and delegate the Task Group authority to set the aim and objectives of the review;
 - iii. Agree not to carry out a scrutiny review of local health services in York.

Council Plan

49. A scrutiny review of local health services in York would be linked to the Protect Vulnerable People element of the Council Plan 2011-15.

Implications

50. There are no financial, HR, Equalities, Legal, IT, Property or other implications associated with this feasibility report.

Risk Management

51. There are no risks associated with this feasibility report, other than the need to develop a remit which enables the Council to work productively with key affected health partners.

Recommendations

Members are asked to note the contents of the report and consider whether to carry out a scrutiny review of local health services in York, or not.

Reason: To ensure compliance with scrutiny procedures and protocols.

Contact Details

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Report Approved



Wards Affected - All



Date 05/1/2015

For further information please contact the author of the report

Annexes

Annex A – Vale of York CCG Budget breakdown 2013-14

Annex B – Vale of York CCG five-year plan on a page

Background papers

Vale of York CCG's five-year strategy for integrated health care in York
www.valeofyorkccg.nhs.uk/...plan/nhs_vale_of_york_ccg_integrated_operational_plan_2014_to_2019-final.pdf

The York Teaching Hospital NHS Foundation Trust's Strategic Plan document for 2014-19

www.yorkhospitals.nhs.uk/document.php?o=1018

Yorkshire Ambulance Service Integrated Business Plan for 2013-18

http://www.yas.nhs.uk/Publications/Business_Plans.html

Leeds and York Partnership NHS Foundation Trust Operational and Strategic Plans for 2014-19

http://www.leedspft.nhs.uk/about_us/purpose#sthash.C6ztA8Ee.dpuf

NHS England Five Year Forward Plan

<http://www.england.nhs.uk/ourwork/futurenhs/>

Abbreviations

A&E – Accident and Emergency

BCF – Better Care Fund

CCG – Clinical Commissioning Group

CfPS – Centre for Public Scrutiny

HR – Human Resources

IT – Information Technology

LYPFT – Leeds and York Partnership NHS Foundation

NHS – National Health Service

PCT – Primary Care Trust

VOYCCG – Vale of York Clinical Commissioning Group

YAS – Yorkshire Ambulance Service

YTHFT – York Teaching Hospital NHS Foundation Trust

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Finance

To deliver our priorities, the CCG has set robust budgets. Meeting the requirements of the “Everyone Counts” framework, we have had the platform to develop our Financial Strategy.

Through sound governance measures and strong financial control we will continually review the overall budget plan which will identify key issues and potential major risks.

Throughout the financial planning process we will set realistic budgets and ensure that we provide sufficient resource to meet the CCG’s local priorities.

We will also apply this guiding principle throughout our Quality, Innovation, Productivity and Prevention plan (QIPP) to ensure that whilst challenging, it is deliverable. The main focus will be around the

strategic redesign of services that will enable us to create significant reductions associated with secondary care activity.

Benchmarking data from many sources including, Better Care Better Value; Standard Admission Rates and Programme Budgeting alongside audit data and other reports have provided the evidence for where to target the QIPP savings in the NHS Vale of York CCG area. The QIPP plan includes:

- Urgent Care Programme
- Primary Care
- Prescribing
- Elective Care
- Mental health
- Transactional and New Schemes
- Long Term Conditions (including frail, older people)

Our budget for 2013-14

Every penny in our budget is important; providing vital healthcare services for the Vale of York.

Expressed as pence in the pound, the following represents how we spend each £1.

Service	Total budget
Acute Care	199,998,406
Ambulance Services	13,123,500
Continuing Health Care and Funded Nursing Care	28,050,292
Community Services	25,112,147
Mental Health	39,125,272
Out of hours GP Service and GP costs	2,893,501
Prescribing	45,288,800
CCG Running Costs	8,330,000
Total	364,726,698



Key	
Acute Care	55p
Ambulance Services	3.5p
Continuing Health Care and Funded Nursing Care	7.5p
Community Services	7p
Mental Health	11p
Out of hours GP Service and GP costs	1p
Prescribing	12.5p
CCG Running Costs	2.5p

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My Life, My Health, My Way: High quality care, in the most appropriate setting, to meet the needs of our population.

Our work will deliver a sustainable and high quality health service available to all to improve health and wellbeing across the Vale of York. Targeting Health inequalities, increasing parity of esteem between physical and mental health and providing local access to care. The CCG will provide system leadership.

You said, we did	Our strategic initiatives	Enabling work	Our improvement interventions	Outcomes																		
<p>Help people to stay healthy</p> <p>Provide people with the opportunity to influence and change healthcare</p> <p>Ensure access to good, safe, high quality services closer to home</p> <p>Support people with long term conditions to improve quality of life</p> <p>Improve health-related quality of life and end of life care</p> <p>Implement local 'Care Hubs' across the Vale of York</p> <p>High quality mental health services for the Vale of York, with increased awareness of mental health conditions</p> <p>Ensure local healthcare services are sustainable</p> <p>Ensure people have access to world-class complex and specialist care</p> <p>Support health research in the local area</p>	<p>Prevention, Self Care and Wellbeing: help people stay healthy through informed lifestyle choices, support people to self-manage long term conditions where possible</p> <hr/> <p>Integrated Care: coordinate health and social care services around the needs of patients to create a fully integrated out of hospital system of care</p> <hr/> <p>Primary Care Reform: improve the continuity of care and delivering services seven days a week through GP practices working together to support larger populations; enabling the Care Hub Model</p> <hr/> <p>Urgent Care Reform: improve and coordinate of all aspects of urgent care provision that ensure that patients are treated at home wherever possible</p> <hr/> <p>Planned Care: enhance the referral support service to ensure the right care is delivered for patients first time. Improve productivity of elective care</p> <hr/> <p>Transformed Mental Health: improve the management of people with mental health needs and improve their physical health through all new models of care across system</p> <hr/> <p>Children's and Maternity: give children the best start in life possible, promote healthy lifestyles and supporting self-management of their conditions</p> <hr/> <p>Cancer and End of Life: prevention, diagnosis and treatment; carers pathway</p>	<p style="color: #008000;">Co-commissioning of primary care with NHSE</p> <p>Primary care improvement hubs</p> <p style="color: #008000;">Workforce planning</p> <p>IT connectivity across the system</p> <p style="color: #008000;">Shared care record and individual care plans</p> <p>Sophisticated Commissioning and Contracting</p> <p style="color: #008000;">Procurement choice and market readiness</p> <p>Estates and infrastructure</p> <p style="color: #008000;">Clinical data review and analysis</p> <p>Assistive technology (referral support; community equipment)</p> <p style="color: #008000;">Research and innovation</p> <p>Prescribing</p> <p style="color: #008000;">Carers and voluntary sector</p>	<ul style="list-style-type: none"> Drinking interventions and joint delivery of Alcohol Strategy and Wellbeing Business Plan with local authorities Weight Management (Selby) Smoking Cessation <hr/> <ul style="list-style-type: none"> Piloting of four Care Hub Models Community services review and procurement Embedding urgent care, self-care and End of Life pathways in Care Hub Model Patient transport services <hr/> <ul style="list-style-type: none"> Referral support service and care plans for frail old people and complex needs Out of Hours review and procurement Doctor First; Risk stratification Extended role of community pharmacy Dentistry in residential homes <hr/> <ul style="list-style-type: none"> Street triage and emergency care practitioners Psychiatric liaison in A&E Paediatric zero length of stay Front door geriatrician <hr/> <ul style="list-style-type: none"> Systematic service review and pathway redesign – ophthalmology, critical care review New pathways of care in diabetes and neurology; System resilience: planning capacity MSK and elective orthopaedic procurements <hr/> <ul style="list-style-type: none"> Mental health service review and procurement Autism review; dementia service development; IAPT expansion; prescribing Bootham inpatient redevelopment <hr/> <ul style="list-style-type: none"> Children and Families Act: Special educational needs Regional work programme 2014-16 Asthma, CAMHS and health reviews for looked after young people <hr/> <ul style="list-style-type: none"> Palliative Care Review Cancer Pathway Review and Survivorship 	<p>Quality outcomes:</p> <ul style="list-style-type: none"> Delivering on the NHS Constitution Enhanced quality and safety of care Improved patient experience of care outside of hospital (12%) Increase in number of people having positive experience of hospital care <p>Health outcomes:</p> <ul style="list-style-type: none"> Reduce the potential years of life lost (15%) Reduced emergency hospital admissions (by 14%) Increase in proportion of older people living independently at home following discharge Improve the health-related quality of life of people with LTCs Improving physical health of those with mental illness (parity of esteem) Reducing Falls Improve dementia diagnosis <p>Impact on activity 2014/15:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="width: 80%;">Elective</th> <th style="width: 10%;">-£</th> <th style="width: 10%;">27,757</th> </tr> </thead> <tbody> <tr> <td>First appointments</td> <td>-£</td> <td>335,863</td> </tr> <tr> <td>Follow-up appointments</td> <td>-£</td> <td>816,443</td> </tr> <tr> <td>A&E</td> <td>-£</td> <td>782,357</td> </tr> <tr> <td>Non-elective</td> <td>-£</td> <td>1,489,179</td> </tr> <tr style="font-weight: bold;"> <td>Total</td> <td>-£</td> <td>3,451,600</td> </tr> </tbody> </table> <p>Impact on finances:</p> <ul style="list-style-type: none"> Delivering on the NHS Constitution Financial sustainability of the Vale of York health economy. Increase productivity of secondary elective care (target 20% by 2018/19) Ensuring Value for Money for every £ spent. Contribution of QIPP schemes of £5m to financial gap of £9.4m 	Elective	-£	27,757	First appointments	-£	335,863	Follow-up appointments	-£	816,443	A&E	-£	782,357	Non-elective	-£	1,489,179	Total	-£	3,451,600
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Non-elective	-£	1,489,179																				
Total	-£	3,451,600																				

Our values will underpin everything we do: Quality • Governance • Engagement and co-design • Prioritisation • Equality • Sustainability • Empathy; Integrity • Respect • Courage



Health Overview & Scrutiny Committee**14 January 2015**

Report of the Assistant Director Governance & ICT

Cover Report to the Care Quality Commission's presentation on the new approach to the inspection of care homes**Summary**

1. This report presents information on the principles that will guide how the Care Quality Commission (CQC) inspects and regulates care services in the future and asks Members to consider how the Committee can support the inspections and provide feedback of information from local people to the Clinical Commissioning Group (CCG).

Background

2. At a meeting in late November 2014 this Committee received a Quality Standards Report on residential, nursing and homecare services which detailed a new approach to the regulation and inspection of care homes, first initiated by the CQC in October 2014.
3. Members were told that the Lead CQC Inspector for the North had offered to attend a Health OSC meeting to give a short presentation on the new inspection process and answer any questions Members may have. The Committee resolved to invite the Lead CQC Inspector for the North to a future meeting.
4. The new inspections model will work on asking five key questions of the services:
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they well led?
 - Are they responsive to what people tell them?

5. The CQC presentation at Annex A gives an overview of:
 - the CQC's new strategy
 - the changing approach to regulating, inspecting and rating services;
 - how the CQC wants to work with the Health Overview and Scrutiny Committee

Consultation

6. The CQC wants to use any information available from Health OSCs to support the inspections, especially feedback from local people.

Analysis

7. This report is provided for information only.

Council Plan

8. The information provided in Annex A is linked to the Protect Vulnerable People element of the Council Plan 2011-15.

Implications and Risks

9. There are no Financial, HR, Equalities, Legal, Crime and Disorder, IT, Property or other implications and there are no risks associated with this report.

Recommendations

Members are asked to note the content of this report and its annex, make whatever comments they feel necessary and consider how the Committee can support the inspections and facilitate the feedback of information to the CQC.

Reason: To update the Committee on the CQC's new approach to regulating and inspecting services.

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Report Approved **Date** 6/01/2015

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

All

For further information please contact the author of the report

Annexes

Annex A – Care Quality Commission presentation on the new inspection process

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Scrutiny and regulation working together



Jo Bell
Inspection Manager
14 January 2015

CQC's Strategy for 2013 to 2016 states that

'locally we will focus on developing relationships with local authorities...overview and scrutiny committees'.

Also 'in involvingoverview and scrutiny committees...we will make sure we better share information locally about people's experiences of care.'

“CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source” (47)

These slides give an overview of:

- CQC's new strategy
- Changing our approach to regulating, inspecting and rating services
- How we want to work with your Overview and Scrutiny Committee
- Further information

Our purpose and role



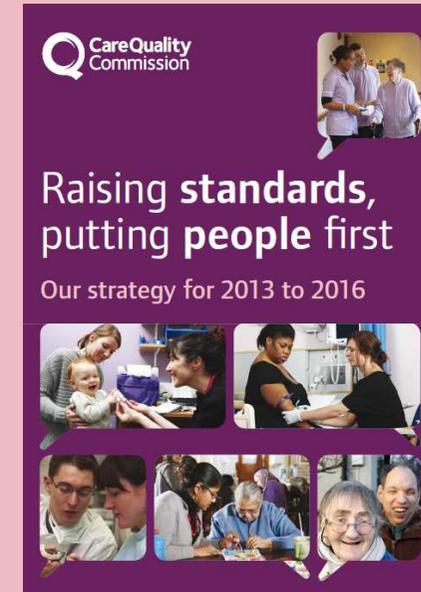
Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

We will be a strong, independent, expert inspectorate that is always on the side of people who use services



'Raising Standards; Putting People First 2013-2016'



- Better information for the public including ratings
- Improved assessments of services and Chief Inspectors
- Stronger national and local partnerships – eg.health and wellbeing boards, Healthwatch, OSCs
- A more rigorous test for organisations applying for registration with CQC
- Changing our approach to the NHS acute trusts and mental health -New fundamental standards
- Improve our assessments of how services work together – for example dementia care



Underpinning our approach



Our judgements will be independent of the health and social care system

We will always be on the side of people who use services.

This is why our relationships with overview and scrutiny committees are an important part of how we work.

Timetable



**Oct 2013 –
March 2014** Co-production and development to shape consultation proposals

**April
2014** Consultation on regulatory approach, ratings and guidance

**June
2014** Evaluation; guidance and standards refined.

**July
2014** Consultation on regulations and enforcement policy

**Oct
2014** New approach fully implemented and indicative ratings confirmed

Five areas of quality and safety in our new approach to inspections



Our new inspections across all sectors ask:

Are services safe?

Are they effective?

Are they caring?

Are they well-led?

Are they responsive to what people tell them?

We want to use any information available from OSCs to support these inspections – especially feedback from local people

By safe, we mean that people are protected from abuse and avoidable harm.

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

By responsive, we mean that services are organised so that they meet people's needs.

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

What we will continue to do



- Inspections at any time in response to concerns
- Reviews on particular areas of care – including a review of emergency mental health care, a review of end of life care and are currently planning a review on care for over 75s
- Regulatory and enforcement action

Our new approach



- Our new approach to acute hospital inspections has been introduced since April following our pilot inspections
- Our inspection programme for October to December 2014 has recently been announced – for acute, community and mental health trust inspections
- We will also carry out inspections for Adult Social Care, NHS GP practices and OOH

- We will start to test out our new approach to inspecting dentists
- Read our plans on the way we will inspect dental care services from 2015 –
<http://www.cqc.org.uk/content/our-plans-regulate-dental-care-services>
- Share your comments about our primary care dental signposting statement by emailing
pdsinspections@cqc.org.uk

- We have inspection teams responsible for:
- Primary and integrated care
- Adult social care
- Acute, community and mental health services

We will maintain local relationships with scrutiny committees

Inspection teams will work together to coordinate their contact with scrutiny committees

We want Overview and Scrutiny Committees to:



- Continue an ongoing relationship with local CQC staff
- Advise us as part of our new inspections of NHS trusts and primary care inspections – sharing evidence and contributing to the Quality Summits
- Know what we have done with your information
- Know about all our inspection activity and where we have concerns about services
- Explore how to use OSC evidence of social care in the new approach to social care inspections

We are working with the Centre for Public Scrutiny to develop closer working relationships with scrutiny committees and elected members to:

- Help improve the consistency and quality of local relationships
- Increase evidence gathered and used to inform our regulatory activity
- Increase the use of CQC information in local scrutiny
- Develop information sharing between scrutiny, Healthwatch and Health and Well Being Boards

Top tips for scrutiny committees



- Build a dialogue with CQC – with regular informal contact and chairs able to ‘pick up the phone’
- Let CQC know your committee’s plans and progress of work
- Meet with CQC – as a partner not as a ‘witness’
- Use our information – the registered services in your area, our inspection activity and our findings
- Share information with CQC about people’s experiences of the local health and care system and of individual services
- Information from scrutiny reviews, public meetings, issues from councillors can all be useful to CQC
- Share your findings and recommendations from reviews
- Expect feedback from CQC on how we use your information

In return, your local CQC contact will:



- Aim for a 'no surprises' relationship – regular structured contact
- Meet with OSCs – but as a partner, not an interviewee
- Explain how CQC fits into the local health and care system
- Provide feedback on how we use information from scrutiny
- Explain how services do/don't meet the fundamental standards and what CQC expects of providers
- Have confidential conversations with the chair/lead officer where agreed
- Hold joint meetings where needed with you and the local Healthwatch
- Help councillors understand the inspection process

- We will continue to write to all scrutiny committees as we announce new inspections and alerting committees to public listening events
- You should receive local press releases and updates on our national reports.
- We will commence a two monthly ebulletin for all OSCs– setting out our latest news and ways you can get involved in our work
- We are planning an updated briefing for OSCs about working with CQC (due autumn 2014)
- A new brief on how CQC and district councillors can work together (due autumn 2014)

Reports, alerts and ebulletin for OSCs



On our website, you can now sign up to receive alerts about our inspections of your local care services.

You can subscribe to receive alerts from the profile of any service in England. See our instructions on how you can sign up for these alerts. <http://www.cqc.org.uk/public/our-email-alerts>

As well as subscribing to email alerts, you can find out where we have published reports on the [Our latest reports](#) page

Read the CQC strategy on our website at

[Care Quality Commission www.cqc.org.uk](http://www.cqc.org.uk)

Telephone 03000 616161 if you want to speak to someone at CQC

Email enquiries@cqc.org.uk to send us information from your scrutiny reviews and other work from your programme

Please email involvement.edhr@cqc.org.uk if you want to get involved in national CQC developments. This will take you directly to the involvement team

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Health Overview and Scrutiny Committee**14 January 2015**

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 bring regular updates on the work of the HWB. 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 3 December 2014 may be particularly relevant to Health Overview and Scrutiny Committee:

Director of Public Health Report 2013-14

7. The Director of Public Health, Julie Hotchkiss, discussed the various profiles produced by Public Health England, which show that York on the whole is a healthy place to live, but this picture does not show areas of inequalities in health outcomes at ward level.
8. The main areas of concern for York include: binge drinking, but the numbers of people in alcohol treatment are slowly increasing; smoking cessation, and in particular smoking during pregnancy is to be targeted; data on self-harm show that there has been an increase to 2012-13, the latest year for which data is available, and further investigation into the reasons for this will be required.

Healthwatch Reports

9. During 2014 Healthwatch have produced three reports: “Loneliness – A Modern Epidemic and the Search for a Cure”, “Access to Health and Social Care Services for Deaf People”, and “Discrimination Against Disabled People in York”. These reports made a number of recommendations for action, many of which require partnership working across the city.
10. The Board agreed to take a collective approach towards the delivery of the Healthwatch recommendations and to report progress to a subsequent meeting of the Health and Wellbeing Board.
11. In respect of the recommendation to make changes to the Accident & Emergency waiting areas, it was pointed out that this would be a longer term project, but there were plans to expand since the current waiting areas were already over capacity, in terms of numbers of people being handled.
12. An amendment was requested to the recommendation on the provision of British Sign Language interpreters, since this is a scarce resource, and it was important to make the best use of the time of available interpreters. It was therefore agreed that it would be useful to indicate where interpreters could be made available, but there would need to be a specific request in advance.

Other issues

13. The Board was advised that the latest JSNA “deep dive” research to be published would be on the topic of the frail elderly, and this information is now available at www.healthyork.org.

Council Plan

14. This Report relates to the “Protect Vulnerable People” element of the Council Plan 2011-15.

Implications

15. 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 3 December 2014 – see the link in “Background Papers” below.

Risk Management

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

Recommendation

Members are asked to note the contents of this report.

Reason: To ensure compliance with scrutiny procedures and protocols.

Contact Details

Author:

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

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

All

For further information please contact the author of the report

Background Papers:

The Health and Wellbeing Board meeting papers for the 3 December 2014 meeting are available here:

<http://modgov.york.gov.uk/ieListDocuments.aspx?CId=763&MId=8441&Ver=4>

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NHS VALE OF YORK CLINICAL COMMISSIONING GROUP	 NHS <i>Vale of York</i> Clinical Commissioning Group
Meeting Date: 14/01/2015	
Report Sponsor: Rachel Potts, Chief Operating Officer, NHS Vale of York CCG	Report Author: Stacey Ransome, Innovation and Improvement Manager
1. Title of Paper: Re-procurement of Musculoskeletal (MSK) services	
2. Introduction NHS Vale of York CCG is undertaking a re-procurement of the current Musculoskeletal (MSK) Service due to the expiry of the current contract. Whilst, this it is not a new service elements may change as a result of the engagement process to benefit patients and referring clinicians. The service will continue to provide an accurate triage of referrals, assessment, investigation and treatment of a range of MSK symptoms and also provide onward direct referral when deemed necessary. It is anticipated that the formal procurement process will commence in February 2015 with an expected award date of June 2015 and contract start date of 1 September 2015.	
3. Joining the Conversation NHS Vale of York is extremely keen to gain the views of the public, service users, overview and scrutiny committees and wider stakeholders. As such, both pre-engagement and consultation has and is being conducted to inform the re-procurement of the MSK service. The CCG is particularly keen to ensure it gains views on the important service outcomes and will be combining results from engagement with primary care clinicians, healthcare providers and the public to inform the MSK service specification.	

To date, the CCG has engaged with local GPs via an MSK survey. Additionally, an MSK clinical workshop was held to enable clinical and provider engagement on the service specification – specifically the outcomes, objectives and acceptance and exclusion criteria.

The CCG is hosting a world café event in the Vale of York CCG area. This event will provide an opportunity for the public express their views directly about the current service and inform what outcomes the MSK services should strive to achieve for the local community.

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

N/A

5. Equality Impact Assessment

An Equality Impact Assessment is being completed for the re-procurement of the MSK service and will act as a live document throughout the re-procurement process.

6. Recommendations / Action Required

The Overview and Scrutiny Committee is asked to note the provided report, discuss its contents and provide any comment or recommendations related to the report content, particularly in relation to the engagement process with public, patients and local stakeholders.

7. Other information

N/A

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. Report on the merger of the Gillygate and Jorvik practices 5. Update report on Castlegate Centre 6. Update report on Task Group Membership <p>Managing the Business</p> <ol style="list-style-type: none"> 7. Work Plan Update
17 December 2014	Cancelled
14 January 2014	<ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report. 2. CQC presentation on new inspection process 3. Health & Wellbeing Board Update Report 4. Update report on re-procurement of Musculoskeletal Service. 5. Feasibility Report on proposed scrutiny review of NHS funding in York <p>Managing the Business</p> <ol style="list-style-type: none"> 6. Work Plan Update

18 February 2014	<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. Personal Medical Services Review, NHS England (Liz Sowerby) 3. Health & Wellbeing Board Update Report 4. Report from Health Education Yorkshire and the Humber on nurse training and workforce planning. 5. Safeguarding Adults Assurance Update Report <p>Managing the Business</p> <ol style="list-style-type: none"> 6. Work Plan Update
25 March 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. 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

To check: Kevin Aston re CCG re-procurement of Musculoskeletal Services (email 2/12/14).
July 2015 – Annual Carers’ review

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