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Introduction

Introduction

The Older People's Charter Monitoring Groups (OPCMG) were established in 2004 to monitor the Older People's Charter. The Charter sets out the standards older people have a right to expect from health and social care providers within the region. The Charter is endorsed by the East Riding of Yorkshire Council (ERYC) and the local Health Service Trusts. The initial groups were established by ERYC and the Pensioners Action Group East Riding (PAGER). Funding for the groups will finish in March 2014.

The OPCMG monitoring of Health and Social Care issues within the region is achieved through a number of groups which meet every month with local representatives from the ERYC Adult Services Teams, the Humber NHS Foundation Trust and invited speakers. The OPCMG fulfils its role in a number of distinctly different ways:

- The primary role of the groups is to monitor health and social care services within their area and ensure that the standards of the charter are being met.
- The groups become proactive when it is identified that further information is needed or the standards of the charter are not being met.
- The groups may become involved in an issue through their views being sought as part of a consultation process.
- There are issues which are not directly involved with the charter but come under the category of the "general health and wellbeing" of older people. In these cases the groups may become pro-active in identifying and resolving issues.

Structure and Aims of the Report

As the OPCMG will not be funded beyond March 2014 it has been agreed that this report will review the work of the groups over the past five years. The report will cover the work of the last 12 months, provide an overview of the most significant changes and activities of the groups during the last 5 years and include comments from members. The aim of the report is to not only discuss the activities of the groups but to highlight the changes that have happened and where appropriate pass comments on the progress and performance of service providers. It should be noted that the OPCMG and this report aims at highlighting areas of good practice and suggesting where improvements could be made. In previous reports the work of the groups has been discussed from a functional point of view (ie monitoring activities, issues (regional & local), consultation, etc). To prevent repetition this year's report will be structured around service providers. This will allow readers to better understand the issues and the progress that has been made.

Members Comments

Throughout the document we have included a few comments by members of the OPCMG

The Charter Groups

This year (2013/4) there was a reduction in the number of groups from 8 to 4 which reflected the change in funding. Over the previous four years the number of groups, and membership, had steadily increased reaching 8 groups in 2012/3 (Bridlington, Beverley, Driffield, Haltemprice, Market Weighton, Goole, Pocklington and South Holderness) with an active membership of 78 people. This year there have been a total of 36 local group meetings with the Steering Group meeting 3 times. A name change to “Older People’s Consultation Monitoring Groups” (OPCMG), with revised terms of reference, was agreed but not implemented. The groups have had good support at their meetings from ERYC Adult Services and Humber NHS Foundation Trust. This year’s activities were curtailed at the end of December 2013 to allow for the writing and review of the final report and the organisation of an Enhanced Steering Group meeting early in March 2014. Over the past five years there have been 319 local group and 27 steering group meetings with over 200 invited speakers – many of whom attended more than one local group meeting.

Health Services

The Health service has undergone a substantial transformation since 2009 with the implementation of the Health White Paper. Primary Care Trusts (PCTs), who were responsible for the commissioning of services, have been replaced by GP led Clinical Commissioning Groups (CCGs) with community nursing services being transferred to other trusts or forming a social enterprise business. In addition there has been an emphasis in streamlining management, moving services closer to the patient and working more closely with other organisations.

Commissioning of Health Services.

On the 1st April 2013 the responsibility for commissioning health services was transferred from the PCTs to the CCGs. Most GP practices, and hence patients, in the East Riding became part of the East Riding of Yorkshire CCG (ERYCCG). The exception was the Pocklington Surgery which elected to join the Vale of York CCG (VYCCG). In addition, the number of staff working in the CCG was significantly less than in the PCT with additional support being provided, on an as required basis, by the North Yorkshire and Humber Commissioning Support Unit (NY&HCSU).

The East Riding of Yorkshire PCT (ERY PCT) in 2009 was regarded by many as a secretive organisation which appeared to believe the public should only be informed, or consulted, about services as a measure of last resort. Although there were many hardworking individuals within the organisation the management structure appeared to be over bureaucratic, risk averse and react to issues very slowly. The OPCMG observed a major transformation of ERY PCT during the next four years (2009-2013) with it becoming more proactive, consultative and reacting to issues in a more timely manner. This trend has continued with both CCGs, and contrary to many predictions, the transfer of responsibility to the CCGs has been transparent to the vast majority of patients. The CCGs now have a statutory obligation to demonstrate that the community has been involved in decision making. The OPCMG has had

contact with members from the Board of both local CCGs and is encouraged by the positive attitude there is to delivering a first class service for the people of the East Riding. However there are two broad issues with regard to the CCGs and commissioning that need to be noted:

- The CCG commissions most services through tendering and as such the OPCMG has seen the number of service providers increase. On at least one occasion this has caused a significant issue when the contract was awarded to a new provider (Bridlington hospital & the wounds clinic – discussed later in the report). As part of the process for tendering for services the CCG should ensure that the impact of changing providers is fully investigated, and where appropriate, contingency plans are put in place.
- The OPCMG has commented on a number of occasions that a significant number of issues, with regard to patient care, occur as patients are transferred from one provider to another. This was graphically illustrated by a report from the East Riding of Yorkshire LINK (ERY LINK) - Joined up Discharge project. The CCGs need to be pro-active in ensuring that all service providers have a contractual obligation to ensure that patients are transferred to other providers in an effective and timely manner.

Commissioning of Community Health Services

Having had several recent experiences of my husband being taken into A & E and admitted to hospital for short periods with a long term respiratory condition I have found that after discharge if there are any problems, as his carer, I do not have the necessary support. There is definitely a need for more Community Specialist Nurses as at the moment the area they are covering makes it difficult for them to work properly. Doctors do not want to visit and Practice Nurses have not the necessary experience. We are told that more money is being taken from acute services and put into community services so that people can be looked after at home to prevent hospital admissions but the right services need to be available - CCG need to look at commissioning this type of service in order to keep the link with carers. *J.W.*

Acute Hospital Services

Patients from the East Riding are usually referred to one of 3 acute hospital trusts:

- Hull and East Yorkshire Hospitals NHS Trust (HEYHT)
- York Teaching Hospitals NHS Foundation Trust (YH) (includes the old Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY)).
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLG)

The majority of patients are referred to HEYHT with those living north of Driffield going to what was SNEY. Patients from Pocklington and Stamford Bridge tend to go to YH with NLG taking patients from the Goole area. There have been a significant number of developments over the last five years at HEYHT and YH.



Hull and East Yorkshire Hospitals NHS Trust (HEYHT)

In 2009 HEYHT had a relatively poor reputation within the local community primarily due to the performance of Hull Royal Infirmary (HRI). The second hospital in the trust (Castle Hill) has always had a good reputation. Historically HRI has had issues with A&E, AAU, Patient discharge, the Ophthalmic Outpatients unit, nurse training and the perceived overall standard of non medical care offered to patients. The OPCMG has communicated with the trust and had several meetings with staff from HRI on a number of these matters. In particular the Hessle Group visited the Ophthalmic Outpatients unit whilst the Beverley Group have progressed issues around nurse training, inappropriate discharges, bed ulcers and the overcrowding of A&E.

Eye Hospital/ Ophthalmic Outpatients unit – Hull Royal Infirmary

Concerns have been raised about the eye hospital being behind with appointments, and they still are, but clinically and socially as a patient I find the service excellent. *WC*

There have been a number of significant developments at HEYHT over the years that have seen improvements in the level of service which include:

- The redevelopment of the A&E department.
- The introduction of CAYDER boards for real-time patient and bed management.
- The implementation of procedures to better monitor and reduce bed ulcers.
- The implementation of procedures to identify and care for patients with dementia.

Notwithstanding the above, one of the more positive changes within the trust was the appointment of a new CEO who appears to be committed to providing a patient orientated service albeit against a background of tight financial budgets and rising demand. Although the OPCMG still has a number of concerns about the plans to reduce the number of beds by 300 and the non medical care provided by some wards the overall trend over the last five years has been positive.

Hull Royal Infirmary and Castle Hill Hospitals

I would like to have added about my hospital experiences: Very impressed with the HRI Acute Assessment Unit - highly efficient and professional, HRI Ward 70 excellent nursing and other staff, a veritable army of cleaners throughout the day. The Haematology Clinic at Castle Hill is a model of efficiency and clarity. Took less than 2 hours for me to have my bloods taken, the results to come through and to have my appointment with the Director of the Unit. He explained thoroughly what he thought had happened and how he wanted to proceed. Today I had a copy of the letter that went to my GP explaining very clearly exactly the situation. Most impressive. *J.D.*



York Teaching Hospitals NHS Foundation Trust (YH) (includes the old Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY)).

Undoubtedly one of the trusts that caused most concern to the OPCMG has been Scarborough and North East Yorkshire Healthcare NHS Trust (SNEY) which was responsible for Scarborough and Bridlington Hospitals. There were significant issues with regard to the standard of medical and non-medical care, patient discharges and the running down of the hospital in Bridlington. With the realisation that SNEY would not gain “Foundation” status it began merger talks with YH. The OPCMG worked closely with PAGER and ERYLINK on this matter and became involved in several public meetings to ensure that YH was aware of the strength of support in the local area for Bridlington hospital and the need to improve the performance of Scarborough Hospital. The OPCMG exchanged letters with the CEO at Scarborough and had discussions with several senior managers on progress across a range of matters. On balance the OPCMG supported the merger.

YH and SNEY were merged on 1st July 2012 and initial reports are positive. There has been a number of recent investments made in Scarborough and Bridlington hospitals including £400,000 on mammography, the refurbishment of A&E, the recruitment of consultants in areas such as A&E, paediatrics and neurology, the refurbishment of the operating theatres at Bridlington and a £900,000 CT scanner. In addition there are plans at Bridlington to build a second operating theatre, develop a “Health and Well Being” area, open a pharmacy and the reception being staffed full time - all of these developments are supported by the OPCMG. The OPCMG had reservations about the proposed implementation of a “partial booking system” for out-patient appointments and the relatively poor service afforded by the Patient Advice and Liaison Service (PALS). However, there have been relatively few issues with either of these over the past year. Notwithstanding the above, there are three significant issues with regard to Bridlington Hospital that need resolving – the future of Buckrose ward, the location of the wounds clinic and the management of the hospital. The first two items will be discussed later in the report.

- The OPCMG, either as a group or as individual members, has met with staff from YH on a number of occasions with regard to the appointment of a manager for Bridlington Hospital. For several years there has not been an established on-site manager at the hospital which has resulted, in the opinion of the OPCMG, to several issues not being given the appropriate attention. This is particularly the case on issues which involve more than one service provider. The trust has used a number of reasons as to why a permanent on-site manager has not been appointed, the latest being HR advise not to recruit until the outcome of a review of matrons is complete. The OPCMG would urge YH to resolve this issue at the earliest opportunity.






Community Health Services.

Community Health Services provide support, in the community, to patients with physical and mental health issues and also include the Community Hospitals, Minor Injuries Units (MIU’s) and Access Centres. Over the last five years the community health services provided by ERY PCT have been merged with Humber Mental Health Trust to form Humber NHS Foundation Trust. In addition City Health Care Partnership (CHCP), a Hull based social enterprise, has taken on a number of services in the East Riding. A new community hospital has been built in Beverley, although this has resulted in the closing of the inpatient wards at

Driffield and Hornsea. There is no doubt that the workload on staff is at times excessive and this is one topic that has been commented on several times by the OPCMG.


Humber NHS Foundation Trust (HFT)

HFT, since its formation in 2010/2011, has been undergoing a period of change, particularly at the managerial level. In addition the community health staff went through a period of reorganisation into “Neighbourhood Care Teams” prior to being transferred from the then PCT. During the last 2 years there have been a number of changes and developments which have been well received by the groups.









-  **Management Structure.** The managerial changes have resulted in a “slimmed” down structure which appears to be more in touch with local organisations/patients and responds positively to issues with a determination to improve services. Several of the new service managers have attended group meetings on a regular basis.
-  **The Out of Hours (OOH) doctors.** This service was heavily criticized between 2009 and 2011 as on many occasions the doctor was unable to visit the patient and the patient was advised to call for an ambulance. Initially plans were implemented that improved the service followed by HFT, over the last 18 months, developing a 24hr community nursing service to supplement the out-of-hours doctors service. Initial feedback is very positive.
-  **Integration of Services.** Plans are being implemented to bring together all older peoples services, both physical and mental. This will help reduce duplication and the number of separate home visits a patient may have in any one week. The aim is to eventually migrate towards treating patients in a more holistic way. This represents a significant change in the culture of community health that currently operates a “medical” model.
-  **Developing a Single Point of Contact (SPOC) for Health and Social Care.** This would eventually involve the integration of the ERYC SIDT with the 8+ SPOCs which already exist within Humber NHS Foundation Trust. Initial emphasis is being placed on developing one SPOC for all mental health and older people issues and then extending it across the full range of services.
-  **House bound.** The definition of “house bound” has been re-evaluated to help identify those patients who genuinely cannot get to a clinic or the surgery. Too often patients are being discharged from hospital and automatically receive a visit from a community matron even though they are able to travel to a nearby clinic. Dealing with patients at clinics instead of their own homes is being piloted with “wound care” which has resulted in a significant number of patients attending local clinics and a “freeing up” of staff time.

Humber NHS Foundation Trust & OPCMG

I fully realised the role of the OPCMG when a senior member of Humber NHS FoundationTrust referred to us as their “conscience”. *W.H.*

-  **Additional Staff.** ERYCCG has authorised the recruitment of an additional 20 nurses to support the NCT. This will increase the nursing complement of the NCT from 123 full time equivalent (fte) staff to 143. However given the number of people in the East Riding and working on the national average the staffing should be 153 fte.

Although HFT is implementing many good initiatives there are a number of issues that the trust has been slow to address:

-    **Buckrose Ward.** For the last 5 years the future of Buckrose ward at Bridlington Hospital has been in question. The failure to decide the future of this ward has hampered the long term planning for the hospital and resulted in uncertainty about the mental health facilities that are available in the East Riding. Although the OPCMG is aware that a review of the wards future took place just prior to the end of 2013 the members would encourage HFT to make a decision soon.
-    **Wounds Clinic.** In 2009 the wounds clinic at Bridlington Hospital was located at the rear of the building, could only be accessed by walking around the outside of the building and had no adjacent parking facilities. Access was difficult during poor weather conditions for patients with mobility issues. After a long campaign of over 2 years, and numerous letters, the wounds clinic was moved to the front of the Hospital. In 2012 the contract for the Minor Injuries Unit and Access Centre at Bridlington hospital was tendered and awarded to City Health Care Partnership (CHCP). This resulted in the wounds clinic being moved to its original location at the back of the hospital. There are two disappointing aspects about this situation. Firstly the ramifications of awarding the new contract should have been thought through, the impact on other services should have been identified and provisional plans agreed for their relocation. Secondly, the wounds clinic has been moved back to its original location - it had been agreed several years previously that this particular location was totally unsatisfactory. The OPCMG understand that the final location of the clinic cannot be decided until a decision is made about the future of Buckrose ward.
-   **Podiatry Service.** The OPCMG has been receiving reports for over 18 months about a significant deterioration in the Podiatry service. The main issues have been the time between appointments and the difficulty for house bound patients to get a home visit. The OPCMG has had a number of meetings with staff from the Podiatry service, brought the situation to the attention of the PCT and one of the lay members of the ERYCCG. What is disappointing is that 5-7yrs ago the Podiatry service underwent a major review, because it was overloaded, which resulted in the introduction of an eligibility criteria and many thousands of patients having the service withdrawn. It is disappointing that the service has been allowed to drift back into a similar situation. It is important to note that poor feet result in mobility issues that then result in a number of additional issues such as a requirement for home care.

Podiatry - Hessle

The Service at Hessle has improved. I attend this clinic and future appointments can now be booked when attending for treatment. The gap between appointments has been reduced. *A.W.*


Community Hospitals

Community hospitals are an important element of care in the community. A short stay in one of these hospitals can prevent admission to an acute hospital or act as a half-way house when a patient is being discharged from an acute hospital to home. The community hospitals in the East Riding have undergone many changes over the last five years with the opening of the New Hospital in Beverley and the closing of in-patient wards at Driffield and Hornsea. The Beverley and Driffield OPCMGs visited the new hospital in October 2012 and two members of the OPCMG were involved in the various consultation groups formed during the design and building phase. In addition the Beverley group has had a number of discussions with staff from the hospital particularly towards the end of 2013 when the number of beds was reduced after a visit from the Care Quality Commission. Notwithstanding the CQC report the OPCMG still supports the views expressed in the 2012/3 annual report:

“The in-patients wards were most impressive as was the attitude of the staff. The whole emphasis was on giving the wards and the staff a “patient centred” focus. It was commented that many of the acute hospitals in the area could use this unit as an example of good practice.”

Minor Injuries Units

There are 6 minor injuries units across the East Ridings (Bridlington, Beverley, Driffield, Hornsea, Goole and Withernsea) operated by 4 providers. Each appears to have a slightly different service and opening hours. During the last 2 years there have been some unscheduled closures of the Minor Injuries Units (MIUs) due to staff shortages. Although ERYCCG has supposedly started a review of the MIU's progress is very slow. The OPCMG note that at Bridlington, where the MIU and Access Centre are effectively co-located and run by the same provider, there has been some very positive feedback about the service.

 **X-Ray Machine at Withernsea.** A disappointing issue that highlights the problem of working across a number of providers is the X-Ray machine at Withernsea. A number of years ago a legacy had been left to the Withernsea Community Hospital that had been earmarked for the purchase of a new X-Ray machine. Progress on commissioning the machine had effectively stalled. In July 2012 the South Holderness OPCMG became concerned about the delays and contacted ERY PCT and HFT about the situation. The response from both organisations was positive and quick. It was agreed that the money could be released for the project and the PCT started the commissioning process. Unfortunately with the transfer of responsibility to ERYCCG the process stalled again and it was another intervention by the OPCMG that seemed to get it back on track. It is understood that the new X-Ray machine will be installed and working in early 2014.

GPs Surgeries

A theme that has been highlighted in most reports during the last 5 years has been the considerable variability the OPCMG and patients have experienced with GP surgeries, particularly with regard to the attitude and response of some staff. Although there has been a trend of improving the patient experience, appointments still remain an issue at some surgeries with many of the complaints being directed at support staff. The number of surgeries which have established active Patient Participation Groups (PPG) is disappointing although a number of initiatives instigated by GPs have been very positive. With GPs



becoming responsible for commissioning it is important that all surgeries adopt best practice as patient involvement is a fundamental part of the planned changes to the health service.




Emergency Ambulance and Patient Transport Service.

Both of these services have caused significant concern to the OPCMG during the last five years. The Emergency Ambulance Service, operated by the Yorkshire Ambulance Service (YAS), met the national response time targets for emergency calls. Although the response times in the Urban areas were very good this was at the expense of some very poor response times in the rural areas such as Withernsea and Market Weighton. YAS also operated the Patient Transport Service (PTS) which had a reputation for collecting people late from their homes, getting them to hospital late for their appointment and not collecting them for their return journey until several hours after the appointment had finished. The OPCMG and individual members have had regular contact with YAS and the commissioners over the years with the aim of highlighting issues, and cases of good practice, with a view to seeing an improvement in services to the rural communities of East Yorkshire

The OPCMG has seen a steady improvement in services since 2011. However, although the PTS should be able to sustain this improvement those made by the Emergency Ambulance Services were based upon temporary deployments of vehicles. Toward the end of 2013 the South Holderness OPCMG were briefed about plans that potentially could provide a long term solution. These involved permanently re-deploying some vehicles and changing the way ambulances are allocated to calls. Some of these changes were based upon views expressed by the OPCMG over 2 years ago. It is hoped that the YAS senior management agree to implement these changes and remember that in a changing world being open with the public and reviewing operating procedures can bring significant benefits.

East Riding of Yorkshire LINK (ERYLINK) and Healthwatch, East Riding of Yorkshire (HERY).

  Both of these organisations are the voice of the patient, with HERY being the successor to ERYLINK. Although the OPCMG was initially critical of the performance of ERYLINK it is pleasing to note that by the time it was superseded by HERY on 1st April 2013 the views of the members had changed. It is concluded that ERYLINK made a significant contribution to highlighting health/care issues, monitoring and influencing the development of the new structures needed to support the PCTs/CCGs and kept the public informed of developments. In addition it produced a number of excellent reports such as the Joined up Discharge project, Community Services – Health and Social Care Pathways and Pioneering Relationships in Developing Excellence (PRIDE).

   Although the OPCMG appreciated that HERY would be a different organisation it was assumed that it would benefit from the legacy left by ERYLINK. The OPCMG made early contact with HERY and was so concerned by the performance of the organisation over the first 6 months that members took the exceptional step of writing to the leader of the council about the matter. It is pleasing to note that now members of the board have become more pro-active in the running of HERY, and staffing levels have been improved, the OPCMG has detected an improvement in the way HERY interacts with the public and other organisations. However, HERY needs to ensure that it is representing the views of the public/patient as opposed to the views of other organisations who are supposedly in contact with grass roots opinion – there is usually no alternative to meeting and talking to

the public. In addition, the OPCMG notes that the current draft delivery plan seems to lack detail and fails to mention many of the issues that concern people in the East Riding.

Pharmacies.


Over the last five years the OPCMG has had a number of complaints about pharmacies, particularly those operated by Boots. To their great credit managers from Boots have met with several of the groups, discussed the issues and put in place plans to improve the level of service. The OPCMG has also noted a trend of opening pharmacies in GP's surgeries (Hessle and Market Weighton) with one planned for Bridlington Hospital. In addition, several supermarkets are providing pharmacy services (ie. Sainsbury's in Hessle). Many of these new pharmacies have extended opening hours and provide more competition to the established outlets. In the main this trend is supported by the OPCMG as it has improved the level of service to the customer.


Care Services

Community Services have been under pressure for most of the last five years with the majority of services being provided, or funded, by the East Riding of Yorkshire Council (ERYC). There have been a significant number of changes in this area over the reporting period with the most important being a change in culture and emphasis. Culturally there has been a move away from ERYC and other institutions providing what they assessed the client needed to support centred "on" the client with the client being in the driving seat and outlining what type of care they required. In addition there has been a move to keep people out of residential homes and in their own home as long as is safe. Both of these have resulted in a considerable number of changes to the way community care services are provided.


East Riding of Yorkshire Council (ERYC)


The OPCMG would like to congratulate ERYC adult services for the excellent work they have undertaken over the last five years against a background of financial constraint, increasing demand and changes in the ways services are delivered. The move towards closer working with health staff, keeping people in their own home longer and making discharges from the acute hospitals safer have been welcome developments. It is only when the projects undertaken by the service are listed that the magnitude of the changes can be fully appreciated. Some of the most significant changes/projects include:


 **Personal Budgets.** Personal Budgets can be regarded as a development of "direct payments". One of the most demanding elements of the new system was a change in culture. The OPCMG was kept well informed of progress with regular briefings from the Transformation and Adult Services teams. Although Personal Budgets were introduced by the Adult Services Staff the work of the Transformation Team in facilitating the implementation warrants particular praise. The team have been successful in implementing a change of "culture" and ensuring that Personal Budgets will allow clients to be provided with support tailored to their needs.

 **Re-enablement/Re-ablement Centres.** This was a jointly funded (ERYC & ERY PCT) pilot project that established a "Re-enablement Service" based in Pocklington. The

aim was to provide a half-way house for people being discharged from an acute hospital who needed a few weeks additional support to prepare them for living at home. The aim being to prevent re-admission to hospital or unnecessary referrals to residential care homes. The success of the project resulted in ERYC establishing two re-ablement centres in Pocklington and Bridlington.

 **Single Intake Duty Team (SIDT).** A client's initial contact with any service needs to be dealt with in a timely, effective and professional manner. To help improve the response to clients Adult Services trialled, and have now introduced, a SIDT. The team is the initial point of contact for all new callers and aims to ensure that they are sign posted to the service best able to provide the support they need.

 **Lifeline.** Over the last five years ERYC has been proactively developing and marketing their "Telecare" services with the aim of supporting people in their own home. The rationalisation of the service and development of a number of levels of support with different price structures was most welcome. Although many older people are still wary of the intrusive nature of "Telecare" it is seen as an effective way of safely supporting people in their own home and delay any move into residential care. The OPCMG was kept well informed of progress with regular briefings from the Lifeline team and Adult Services.

 **Safe discharges from acute hospitals.** The discharge of patients from an acute hospital back into the community has caused significant issues over the last five years. ERYC has undertaken a number of initiatives to ensure a patient's discharge is planned and the necessary support is in place. Some of these initiatives include the "Enhanced Hospital Team" and "Practical Home Support". ERYC staff are now working closely with staff from both the acute and community health services resulting in safer discharges.

Over the last year the OPCMG groups have had briefings from ERYC adult services staff on the assessment process, the funding of care and various elements of the mental health act. The groups were impressed with the professional and sympathetic manner staff approached their work and the way the needs of the client were always high on the priority list. Recent initiatives on highlighting the "dignity" agenda and the introduction of the "just checking" scheme to help assess a person's ability to live in their own home are positive developments supported by the OPCMG.

However the OPCMG's main concern with regard to ERYC Adult Services is similar to those expressed last year. We see an overstretched staff base combined with an expansion of services and a policy of active vacancy management. This is a strategy that can only work for a limited amount of time before significant issues begin to develop. The OPCMG has detected on occasions that staff have been stretched too far.

Notwithstanding the work of the Adult Services teams there are a number of other departments/services within ERYC which have impressed the OPCMG with their professionalism and support of people in the community, these include the:

- Adult Safeguarding Team
- Carer Support Service
- Disability Resources/Sensory Impairment Team
- Medibus

Domiciliary Care Agencies (DCAs).

ERYC has changed the way clients are allocated to DCAs with a greater emphasis on the agency meeting the needs of the client as opposed to fitting in with the DCAs schedule. This has resulted in an improvement to the services available to clients. However in the last 18 months it has been noted that there has, at times, been a shortage of service providers. Over the last five years the OPCMG has met with a number of DCAs with the majority trying to provide a good quality of service in difficult circumstances. It should be noted that although the CQC inspects the DCAs this does not absolve ERYC from ensuring these agencies provide a good level of care to their clients.

Residential Care Homes.

The OPCMG has met with the managers and owners of a number of residential care homes and believes the vast majority are providing a good service. It has been noted that the age of people going into residential care has significantly increased over the last 20 years as has the complexity of their health issues - this invariably increases the level of care needed. In addition the amount of money ERYC will pay for care has, in the opinion of the OPCMG, not kept pace with costs. This has placed pressure on the resources of residential care homes and resulted in the established practice of using private paying clients to effectively support those funded by ERYC. The OPCMG has been made aware, on a number of occasions, about issues within residential care homes and has noted that there appears to be a reluctance by ERYC and Healthwatch to become involved. Both of these organisations need to realise that although the CQC has a responsibility to inspect care homes and respond to issues raised by people this does not absolve them of their duty of care to people in care homes.

Other Health/Care Issues

The OPCMG only becomes pro-active when there is a need for further information or members believe that the provider is not delivering an acceptable level of service. By the very nature of the type of organisation the OPCMG is monitoring there are rarely any significant changes which happen rapidly. The emphasis of the OPCMG has been to work with these organisations over a prolonged period to influence and encourage change. Over the years there have been a number of issues, over and above those discussed previously, that the groups have become involved with, some of these are summarised below:

Transient Holiday Population – South Holderness.

The South Holderness OPCMG has serious concerns on the impact that long term holiday makers, who reside at caravan parks for up to 11 months of the year, have on the local care and health facilities. A significant number of these residents have long term health issues and are reluctant to register full time with the local surgery. The group undertook a survey of a number of coastal surgeries, located close to large caravan parks, to determine the main issues. Notwithstanding the medical problems of not having the patient's records the main concern of most surgeries was the drain on funding. In addition members of the OPCMG noted the potential drain on the resources of Adult Services. Many of the views expressed to the group were reinforced in the findings of the ERYC "Health and Wellbeing of Caravan and Chalet Park Residents Review Panel" issued in 2009. The OPCMG welcomed this report and fully supports the recommendations. It is pleasing to note that two full time health trainers have been recruited to help identify people who reside on caravan and chalet parks

for the majority of the year and have long term health conditions with a view to encouraging them to register with the local GP.

Pasture Day Services – Goole.

Pasture Day Services is a day care centre for older people and those with learning difficulties. It has only been open for a relatively short time and has a range of modern facilities for use by clients. Access to the building is via an uncovered set of stairs or long ramp. In poor weather conditions many of the clients would get wet when being transferred from the bus into the building. After a letter from the OPCMG, ERYC constructed a cover over the ramp.

Alfred Bean Hospital – Driffield.

With the move of the wards in Alfred Bean Hospital (ABH) to the new East Riding Community Hospital in Beverley there were concerns that this may undermine the viability of ABH. The Driffield OPCMG produced a leaflet to inform people in the area of the large number of clinics and consultants that can be accessed at ABH. The leaflet was completed in March 2011 and distributed to key information points.

Thermo-Cards – Bridlington.

At a meeting of the Bridlington OPCMG Peter Hirschfeld who runs the “Calor FREE Energy Advice project” discussed the merits of having “Thermo-cards” located in the houses of patients with long term conditions. As a result of a letter to the Bridlington Hospital League of Friends supported by the Bridlington Neighbourhood Care Team (NCT) and OPCMG, 1000 cards were part funded with additional money being donated by Calor. The NCT received 750 cards and the Calor Free project 250.

Telephone Appointments System – Beverley.

The automated telephone appointments system at the “Old Fire Station” surgery was misleading to those patients who wanted to make an appointment on the same day. Although the OPCMG had significant difficulty in contacting the surgery, after a number of letters and telephone calls the practice manager eventually attended one of the groups meetings. The automated system has now been changed and is more easily understood.

Wesley Court – South Holderness.

Wesley Court is a sheltered housing scheme owned by ERYC. It is the only sheltered housing scheme in the East Riding with shared bathing facilities. It compares poorly with places like Applegarth Court in Bridlington. Over the last few years the roof has been replaced and certain aspects of each flat (Kitchens, electrics) are improved as and when they are deemed to be the worst in the portfolio. The group has had a number of meetings over the last 3 years with representatives from ERYC about the poor facilities and the need for improvement. It should be noted that most residents at Wesley Court are positive about the place and very complimentary about the warden. It is understood that it will be a number of years before any significant improvements can be made due to financial constraints. It is hoped that ERYC councillors, and their officials, will make every effort to prioritise this very poor facility for refurbishment as soon as funds become available. It is understood that five of the flats are now empty and the OPCMG hope this is part of a long term plan to empty the housing scheme prior to refurbishment.



Hull Health Line – Haltemprice.

Hull Health Line provided telephone access to 200, five minute, recordings about a wide variety of health conditions. It was ideal for those people who did not have access to the internet and wanted to make a discreet enquiry about a health issue. The service was apparently cancelled at very short notice. The Haltemprice OPCMG made extensive enquires with Hull NHS as to why the service was cancelled. After many telephone calls, emails and a freedom of information enquiry, which spanned a year, the group was unable to find out why the service was cancelled and who authorized it. They are left with the opinion that the decision to cancel the service was taken behind closed doors with little or no public consultation.

Other Issues.

The groups were active on a number of other issues over the years that were either on-going for a long time or have been resolved relatively quickly, these include:

- Waiting Times for Hip Operations
- Pathways for dementia Patients
- Closure of Pain relief out-patients clinic at Castle Hill Hospital
- Planned new surgeries at Market Weighton & Pocklington
- Memory Clinic in Withernsea
- Hand Sanitiser at Market Weighton Surgery
- Inappropriate bus used for “Hessle Town Bus (183)”
- Lighting Levels at Cineworld in Hull
- Changes to the ERYC Warden Service and Lifeline
- Fouracre Palliative Care Suite (Withernsea Community Hospital)
- Cost of Phone Calls to NHS hospitals/GPs Surgery’s
- Transfer of Ward 18 (Assessment Unit) to Hull Royal Infirmary
- Zebra Crossing at Castle Hill Hospital
- The lack of a Podiatry Clinic in Market Weighton
- The winter planning policy of Hull & East Riding Hospitals Trust
- Disabled parking spaces adjacent to the disabled toilets in Withernsea

OPCMG – Beverley

At its conception ten years ago the Beverley OPCG consisted of three members who were determined that Beverley should have a voice in the care of older people. The ERYC requested a report on the failings in local domiciliary care following negative publicity. The final report produced by this small group formed the basis of the council’s action plan on domiciliary care. This gave credibility to the group and attracted more members. New members were drawn from Beverley and surrounding villages. For the past five years Beverley has had a vibrant, active and thriving group. Many areas of health and social care have been tackled in an open, often challenging, but always in a cohesive manner with representation from health, social care and other related bodies. Critical analysis has been undertaken on many consultation documents. All members are sorry to see the demise of Beverley OPCG. *J.D.*

Health & Wellbeing Issues

The issues under this category are not directly concerned with the Older People's Charter but do have an impact on extending independent living and a healthy wellbeing. Over the five year period the groups have been active on a number of occasions:

Kirkfield Flats – South Holderness.

New doors had been installed at Kirkfield flats in Withernsea. The old doors could be hooked open to allow easy access for people with mobility issues and particularly those who used mobility scooters. The hooks have now been removed with the doors self closing onto a Yale lock. This was causing issues for some of the residents. The OPCMG contacted ERYC about the matter who agreed to fit a device onto the doors that would delay closure by 30 seconds. It is understood that the situation has not been resolved satisfactorily as some residents are still having problems.

Effective Use of Vehicles – South Holderness.

In 2012/3 ERYC instigated a weekday bus service (Service 243) from Withernsea to Beverley. The service makes use of buses that are used at the beginning and end of the day for transporting adults to Victoria Day Care Centre but would remain idle during the rest of the day. This is an effective use of assets and ERYC must be congratulated in providing transport services to isolated rural areas.

Clothesaid – Goole.

Clothesaid works with a number of charities and specialises in the door-to-door collection of unwanted clothes. From information on the “collection bags” provided by the firm concerns were expressed by the Goole group on the relatively low percentage of income that goes to the charity. In addition, it was not clear that Clothesaid is not a charity but a firm acting on behalf of charities. After protracted discussions with Clothesaid the group received some financial information on the amount of money that went to charities. The group discussed the accounts and concluded that most older people would expect a higher percentage of the money to go to charities. It was acknowledged that for the charities involved with Clothesaid they would not be able to access this type of funding without the company's help. However the group concluded that the most effective way to donate money to good causes is to give the money/items directly to a charity.

East Yorkshire Motor Services (EYMS) - Rural Transport. – Pocklington.

The Pocklington Group had been concerned about the difficulty of older people, living in rural areas without private transport, attending medical appointments and social occasions. The situation has deteriorated with the possibility of some services being cancelled or not running so regularly and the withdrawal of the early bird pass by ERYC. Against this backdrop Peter Shipp, CEO of East Yorkshire Motor Services (EYMS) had a meeting with the Pocklington group. It was evident from the discussions that EYMS is committed to providing the best service possible against a situation of reducing government grants and rising costs. The group concluded that it is the determination of the senior management at EYMS to minimise the impact on services and their commitment to the East Riding that will result in the best possible service being maintained.

State of Repair of Paths and Roads – South Holderness & Pocklington.

Although several groups had noted issues with regard to the state of repair of the roads and paths, in two locations, Withernsea and Pocklington the groups decided that further action was needed. In Withernsea there were a significant number of areas that needed attention and after a meeting with staff from ERYC highways a better understanding of the issues was gained and a number of inspections were undertaken to determine if work was needed. In Pocklington the problem area was along Barmby Road and after writing to ERYC highways and with the support of their local councillor some improvements were undertaken.

Winter Planning & Snow Clearance.

A number of the groups had concerns about winter planning and snow clearance. Beverley OPCMG has had a meeting with staff from Hull & East Riding Hospitals NHS Trust about the high number of clinics that were cancelled during the winter period and the inability of A&E to deal with the workload during poor weather conditions. The South Holderness group had issues with both St. Nicholas Surgery and Withernsea Community Hospital on the lack of any significant snow clearance to paths and parking areas. The Pocklington group had concerns about the lack of any treatment to “Battleflats Way” in Stamford Bridge. After an assessment by ERYC highways department the road was added to the secondary network for future salting.

Free Swimming for the Over 60’s

The group wrote to the ERYC on a number of occasions about the failure of the council to partake in a government scheme to provide free swimming for the over 60’s. Although the group was disappointed with the council’s response the reluctance to commit finances to the scheme is understood

Benches in Hessle Square

Many buses to the local hospitals leave from Hessle Square and there was inadequate seating for passengers. The Council agreed to provide additional seating in the Square.

Parking - Hessle

In addition to more benches in Hessle Square there is now extra parking for the disabled in the weir. [A.W.](#)

Pavements in Market Weighton

After comments by the local group about “dips” and irregularities on the pavement in Hawling Road it was pleasing to note how quickly the Town Council started work on the problem.

Consultation

Consultation is undertaken at a number of levels and can vary from an individual asking the views of a local group to a survey of the whole membership. This activity is regarded as an important function of the OPCMG. Below is a list of some of the more formal consultations, with their sponsor, which the groups have undertaken over the last five years:

- Draft Bill on Adult Care and Support in England – Age UK.
- Draft Older People’s Housing Strategy – ERYC.
- Draft Tenancy Strategy – ERYC.
- Services for Adults Joint Commissioning Strategy - ERYC & ERY CCG.
- Adult Social Care Local Account 2011-2012 - ERYC
- Commissioning of Dementia Services. - ERY CCG
- Built Infrastructure for Older People’s Care in Conditions of Climate Change (BIOPICCC) - Durham University and Heriot-Watt University.
- ERYC & Health Trusts Integrated Falls Strategy.
- ERYC & Health Trusts Equality Objectives.
- Humberside Police Authority – Focus Group.
- Development of Care in the Community. ERYC
- Humberside Fire and Rescue Service. – Focus Groups
- Personal Care Plans - Dr Wendy Barker (NHS ERY - Nurse Consultant for Older People)
- Patient Engagement – Sian Tuttle (NHS ERY - Head of Joint Commissioning - Unscheduled Care).
- Hull University/ERYC Adult Safeguarding Board – Focus Group.
- Safeguarding vulnerable adults in an NHS acute hospital. - Dr Wendy Barker (Nurse Consultant Older People – Yorkshire & the Humber NHS)
- Older People's Strategy - ERYC.

Presentations & Talks

Part of the life blood of the OPCMG is gathering information and the views of those who agree to talk to the various groups. Notwithstanding the support we have had from Adult Services and HFT, who regularly attend meetings, below is a list of those individuals/organisations who have attended the group’s meetings this year. However as mentioned earlier in the report over 200 speakers in the last five years have provided talks to the various groups. The OPCMG thanks all of them for their time and effort as the most we can normally offer in return is a cup of coffee, biscuits and lots of questions.

East Riding of Yorkshire Council (ERYC)

ERYC Adult Services – Maggie Erdman, Sean Hinch, Clare Salt
ERYC Housing – Heather Thompson
ERYC Sensory Impairment – Julie Jewitt

Health

East Riding of Yorkshire Clinical Commissioning Group - Sarah Powell
Vale of York CCG & Pocklington GP Practice – Dr Tim Maycock
Hull & East Yorkshire Hospital NHS Trust – Helen Hudson
Hull & East Yorkshire Hospitals NHS Trust - Tim Horne
Humber NHS Foundation Trust - Ian Tweddell, Jon Duckles and Trish Bailey
Humber NHS Trust (Community Hospitals) – Sian Tuttle
City Health Care Partnership – Clare Ripper & Paul Wray
York Teaching Hospital NHS Foundation Trust (Bridlington Hospital) – Liz Booth,
York Teaching Hospital NHS Foundation Trust (PALS) - Wendy Brown & Gill Rodgers
Yorkshire Ambulance Service – Mark Inman & Andy Hepton
Patient Transport Service – Angela Morley
Healthwatch – Steve Kimberley & Richard Davies

Charities & Business

Stroke Association - Kate Loobly
Bridlington Hospital League of Friends – Margaret Peel
HART – Carolyn Wegrzyn
Independent Complaints Advocacy - Peter Robinson
St John Ambulance – John Thompson
Wilberforce Lodge (Care Home) – Bernard Kennedy
Hull and East Yorkshire MIND – Israa Faraj & Faye Sanderson
York Rheumatoid Arthritis Support Group – Susan Blore
Sue Ryder – David Millican
Allied Health Care – Victoria Gibbs

Summary & Comments

This has been a year of change for the members of the OPCMG. The reduction in the number of groups was not well received by the members although two of the disbanded groups, Driffield and Market Weighton, did engage with their nearest active groups. The transfer of commissioning responsibility from ERY PCT to the CCGs has been relatively transparent to the public and ERYC adult services have continued to provide a robust service in a difficult financial climate. The introduction of an evening/night nursing service by HFT was well received as is the planned increase in nursing staff in the NCTs. However podiatry services, the wounds clinic and the future of Buckrose Ward at Bridlington Hospital still remain a concern. CHCP, who won the contract for the MIU and Access Centre at Bridlington Hospital, have proven to be a good choice. Some of the main concerns of the OPCMG have been the relatively poor performance of Healthwatch in the first 6 months of their contract, the management of Bridlington Hospital and the continuing pressure that is being placed on the staff of the health and care services.

The report has outlined some of the significant changes that have happened during the last five years. The OPCMG has commented on, and had an input into, many of these events. Many of the changes have improved services although at times organisations do not seem to learn the lessons of the past, as is the case with the Podiatry Service. Over the last 5 years the

OPCMG has monitored and commented on a significant number of issues. However there is one recurring theme that has been commented on in every report – the staff who provide the services. Although the OPCMG has on several occasions commented on issues and robustly engaged with senior staff in the health and care services one of the underlying constants has been the dedication of the staff within the services. This was no better illustrated than in the 2010/11 report:

The year 2010 ended with some of the most severe weather conditions seen in the East Riding for a number of years. Many communities were cut off for several days placing many vulnerable older people at risk. To the great credit of ERYC Adult Services, Community Health Staff and carers working for Domiciliary Care Agencies we are not aware of any older people, in need of urgent support, that did not receive a visit from one of these agencies. On a number of occasions staff had to walk several miles through deep snow to visit clients. Those staff that could not get to their place of work supported the nearest “office”. In addition, ERYC provided 4x4 vehicles and co-ordinated snow clearance to help ensure that no vulnerable people were left without support. All of the staff involved in supporting vulnerable people at this time should be congratulated for a job well done.

The OPCMG has been monitoring and commenting on the Health and Social care services for nearly 10 years. As such it is usually the issues that are brought to the attention of the groups by members of the public. However, it is accepted by the groups that in the UK we have one of the best health services in the world which is free at the point of delivery. Similarly although our social care services are means tested it still ensures that the vast majority of vulnerable people receive a good standard of care.

We would like to acknowledge all those people who have supported and helped the groups over the last 5 years. In particular, Lianne Therkelson (ERYC), Julie Arnold (ERYC), Dr Wendy Barker (Humber NHS Foundation Trust), the staff at the venues where we meet (Hessle Town Hall, Market Weighton Town Hall, Withernsea Community Hospital, Treasure House in Beverley, Access Centre Drifffield, Applegarth Court in Bridlington, All Saints Church in Pocklington and Pasture Day Services in Goole), the ERYC Adult Services Teams and the staff of Humber NHS Foundation Trust who regularly attend our meetings. In addition, the thanks of the OPCMG must go to Humber and Wolds Rural Community Council (HWRCC) for the administrative support it has given over the past five years. Finally, we would like to thank all of our members for the time they give to the groups and the experience and humour they bring to the meetings.

A final comment ...

The complete life, the perfect pattern, includes old age as well as youth and maturity. The beauty of the morning and the radiance of noon are good, but it would be a very silly person who drew the curtains and turned on the light in order to shut out the tranquillity of the evening. Old age has its pleasures, which, though different, are not less than the pleasures of youth. – Somerset Maugham