Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

To: Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson

Date: Tuesday, 26 January 2016

Time: 5.30 pm

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

A G E N D A

1. Declarations of Interest (Pages 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 22 December 2015.

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 **Monday 25 January 2016** at **5:00 pm**.

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: https://www.york.gov.uk/downloads/file/6453/protocol_for_webcasting_filming_and_recording_council_meetingspdf

4. Implementation of CQC Action Plan by York Teaching Hospital NHS Foundation Trust (Pages 11 - 30)
This report and its annex present the Health & Adult Social Care Policy & Scrutiny Committee with details of actions taken by York Teaching Hospital NHS Trust in response to the action plan agreed with the Care Quality Commission following the inspection in March 2015.

5. Healthy Child Service (Pages 31 - 40)

The purpose of this report is to provide the Committee with an update on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Trust to City of York Council and progress with the development of a new Healthy Child Service.

6. Safeguarding Vulnerable Adults Six Monthly Assurance Report (Pages 41 - 86)

This six monthly update report outlines the actions taken to further improve the arrangements in place to ensure that the Council is able to discharge its responsibilities to keep adults with care and support needs within the City protected from the experience, or risk of experiencing abuse or neglect, whilst maintaining their independence and wellbeing.

7. Work Plan (Pages 87 - 90)

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

8. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts
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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**

Agenda Item 1

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

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

Councillor S Barnes	Works for Leeds North Clinical Commissioning Group
Councillor Cannon	Member of Health and Wellbeing Board
Councillor Craghill	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust.
Councillor Douglas (Substitute)	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Richardson	Niece is a district nurse. Undergoing treatment at York Pain clinic and awaiting surgery for knee operation.

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City of York Council Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	22 December 2015
Present	Councillors Doughty (Chair), Cuthbertson (Vice-Chair), S Barnes, Cannon, Craghill and Richardson
In Attendance	Councillor Warters

55. Declarations of Interest

Members were asked to declared any personal, prejudicial or disclosable pecuniary interests which they might have had in respect of the business on the agenda.

No interests were declared.

56. Minutes

Resolved: That the minutes of the meetings held on 24 November and 1 December 2015 be signed and approved by the Chair as a record subject to the following amendment;

1 December 2015

- Minute Item 48 (Healthwatch Six Monthly Performance Update Report) ~~Leigh Ringfield~~ for Lee Greenfield

Further discussion took place on issues raised under the Work Plan item in the 1 December minutes, namely Local Authority Precepts and co-option of an independent member on to the Committee. It was reported that Finance Officers were currently examining Local Authority precepts and the Executive would be the correct forum for discussion of the topic. Regarding co-opting an Independent Member on to the Committee, it was noted that this would need Full Council approval and the Chair felt it was best to co-opt to the Committee when needed rather than on a full term basis.

57. Public Participation

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

Councillor Warters spoke on a recent issue which had been raised in the media about an incident that had happened at Glen Lodge Care Home where a resident had been alleged bitten by a rodent. He gave a potted history of the Council's Pest Control Team and the reduction in their budgets. He questioned why inspections were not conducted at night in the home or proactively. He asked for Members to make strong representations through their group budget setting meetings towards pest control.

The rest of the registered public speakers spoke regarding Agenda Item 5 (Update to Bootham Park Hospital).

Chris Brace spoke as a representative of a newly formed group, Mental Health Action York. He referred to the plans for engagement that had been outlined for the re-procurement of community equipment and wheelchair services led by the Vale of York Clinical Commissioning Group (CCG) in the previous agenda item that had been discussed, and asked that they and Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust organised similar drop in consultation events. He informed Members that Historic England felt that mental health was a significant part of the Bootham Park Hospital building and that it would be placed at significant risk of remote management through the proposed plans.

Joanne Lazenby, a carer, spoke about how Bootham Park Hospital felt like a home from home for her sister. She added that she could not see the reasoning for the reduction in the number of beds in York whilst the city had a growing population and how a petition to save the hospital from closure had now attracted 8000 signatures. The site itself needed to be saved to develop a new unit.

Mick Hickling spoke on behalf of Mental Health Action York and as a carer of an outpatient at Bootham Park Hospital. He felt that the closure was the result of turf wars between different sections of the NHS and the patients had been the last people to be considered. He felt that the reasons given by the Care Quality Commission(CQC) for the closure were trivial, and had a detrimental affect on dementia patients at Peppermill Court. He could not see how the small defects that had been identified by the CQC could not be rectified.

Dr Bob Adams, a former senior consultant psychiatrist at Bootham Park Hospital questioned why a written report had not been produced by the CQC on the closure of the hospital. He wondered where the rehabilitation services would go whilst TEWV were upgrading Peppermill Court, and what were their plans for a new mental health hospital in York. Finally, he asked if Bootham Park Hospital was sold if any of the money would go towards a new mental health hospital or if it would go towards paying off the NHS deficit.

58. Re-procurement of Community Equipment and Wheelchair Services

Members received a report on the progress associated with the re-procurement of community equipment and wheelchair services, across North Yorkshire, led by Vale of York Clinical Commissioning Group (CCG).

Linsay Springhall, Senior Delivery Manager and Fiona Bell, Deputy Chief Operating Officer from Vale of York CCG presented the report and were in attendance to answer Members questions.

The main discussion of the report took place around service user engagement and the consultation process. Some Members raised concerns regarding the timing of the drop in sessions. It was reported that the promotion of the re-procurement events had originally started in November but would restart in January and an additional date would be added for York. Communication regarding the dates was underway with service users. There would be also be specific plans for events for service users with learning disabilities.

It was noted that there would be opportunities for service users to feed into the service specification before it was approved and the CCG would be working with Healthwatch to achieve this. When Members learnt that there would be over 15000 service users in North Yorkshire who would be affected, it was suggested that perhaps those with the greatest need be invited to the consultation events.

In response to one Member’s question about Key Performance Indicators in contracts Members were told that it would be an evolutionary process, in partnership with service users, and would be less about numbers and more about commissioning services for certain outcomes.

The Chair thanked Linsay Springhall and Fiona Bell for answering Members' questions and for acknowledging present concerns and hoped that these would be managed. It was suggested that they returned to update the Committee after the next phase of consultation events had ended.

Members suggested that a written report be produced in regards to what changes had been put into effect following the roll out phase.

Resolved: (i) That the report be noted.

(ii) That a further written report be received on the status of the roll out of the re-procurement of the North Yorkshire community equipment and wheelchair services.

Reason: To provide an update for Members on the provision of community equipment and wheelchair services in the Vale of York area.

59. Update on Bootham Park Hospital

Members received a report which updated them on information surrounding the closure of Bootham Park Hospital and plans that had been made to return services to York as soon as possible.

The Chair stated that he was delighted with the news that the Section 136 suite had been reopened at Bootham Park. It was hoped that outpatients could return to Bootham.

Dr Steve Wright, Deputy Medical Director, Elizabeth Moody, Deputy of Nursing and Governance and Ruth Hill, Director of Operations from Tees, Esk and Wear Valleys NHS Foundation Trust gave an update on the current situation and were in attendance to answer Members' questions.

In addition to the Chair's introduction, Dr Wright started by saying it was hoped that outpatients could return to Bootham, and a lot of thought had gone into how the room space could be used effectively and safely.

It was also noted that

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were looking at longer term solutions for ECT provision, which was currently being provided at York Hospital.
- It was hoped there would be a safe facility for adults at Peppermill Court in Summer 2016.
- There would be full consultation on long term plans.
- Worsley Court would be used as a male dementia unit.
- A cashier's service had been set up in York to refund the travel expenses of those carers who had to travel out of the city to visit loved ones.

Dr Mark Hayes, Chief Clinical Officer from Vale of York Clinical Commissioning Group (CCG), in response to a Member's question as to whether the CCG felt that Bootham Park was the correct place for the new mental health hospital in York, he said that it was on a long list of sites being considered. He felt that the Bootham Park site was not big enough for a modern mental health facility, and pointed out that it was the only 250 year old mental health hospital still in use in Europe. He added that all those involved in healthcare were committed to a new hospital. In response to another Member's question about sale money from Bootham Park Hospital, he stated that although NHS Property Services had a duty to make sure that this went to Central Government, the CCG were taking steps to ensure that the money remained earmarked for a new mental health hospital.

Councillor Cannon requested that the Committee receive the CQC report on the Bootham Park Hospital closure in the future. She also referred to the fact that she had submitted and gained approval of a motion to Full Council, which endorsed a call for an independent enquiry into the reasons for the closure of the hospital. The Chair pointed out that the motion was also supported by the two local MPs.

In regards to consultation with patients and carers, the Manager of Healthwatch York said that they were keen to hear from carers and could co-ordinate and collate views and share what they had with the provider Tees, Esk and Wear Valleys NHS Foundation Trust to provide solutions to any problems that had been encountered. Healthwatch's email address was healthwatch@yorkcvs.org.uk or they could be contacted by telephone on 01904 621133.

Members felt a further update report was needed to inform them of the work being undertaken in regards to achieving an interim solution moving forward and that this was best done via email.

Resolved: (i) That the report, its annexes, information provided by Officers and plans that have been made to return services to York as soon as possible be noted.

(ii) That the information provided within the report and its annexes should be referred to the agreed scrutiny review for consideration as part of its investigations into the closure of the Bootham Park Hospital.

(iii) That a further update report on the work being undertaken to achieve an interim solution for Bootham Park Hospital, moving forward is circulated via email.

Reason: So the people of York and the Vale of York are not deprived of acute mental health inpatient services.

60. Work Plan 2015-16

Consideration was given to the Committee's work plan for the municipal year.

The Chair referred to an Internal Audit report which had been considered at a recent Audit and Governance Committee which included an audit opinion of Public Health which was for limited assurance. He said that Members might like to discuss this within the Public Health Grant Spending Scrutiny review and that he would like copies of such reports brought to Scrutiny Members, possibly by email.

The Interim Director of Public Health welcomed consideration of the Public Health internal audit report but felt that a cover report should be added to provide assurances around public health capacities and the impact of that going forward.

The Chair also requested that a full report from the Head of Safeguarding be received by the Committee in respect of the recent events at Glen Lodge. The Assistant Director of Adult Social Care questioned whether Members wanted just the Adult Safeguarding Board's report on Glen Lodge itself or one on wider issues. He added that he would talk to the Director of Communities and Neighbourhoods for instance about pest control, and it was noted that Glen Lodge were flats not a Care Home.

Further discussion took place on additional items to be added to the workplan.

Councillor Barnes suggested an item on the devolution of Primary Care Commissioning, particularly given that the CCG had applied for full delegation of commissioning services and that someone from the Vale of York CCG and regional NHS England be invited to attend the meeting. He suggested that the report be added in for the January meeting, as the CCG would take on commissioning responsibility in the new financial year.

The Scrutiny Officer had received a request from the Healthy Child Service Project Board who had responsibility for School Nurses to provide an update report in January. In response to a question from a Member about the Committee's review into Bootham Park Hospital, the Scrutiny Officer pointed out that a report written by the Chief Nurse would hopefully be written before Christmas, if not in January, and that a former Chief Executive of North Yorkshire County Council would assist in the review.

Councillor Barnes asked whether a Memorandum of Understanding (MOU) in regards to a review on Bootham Park Hospital had been agreed by all partners. The Scrutiny Officer stated that they would wait for the NHS England report to be released, as it was not known whether an MOU had already been agreed.

Resolved: (i) That the work plan be noted and the following amendments be made;

- A report on the roll out of the reprocurement of the North Yorkshire community equipment and wheelchair services.
- A report on the devolution of Primary Care Commissioning to Vale of York Clinical Commissioning Group be added to January's meeting.
- An update report from the Healthy Child Service Board be received in January's meeting.

(ii) That a Public Health internal audit report be circulated to Members of the Committee.

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

Councillor P Doughty, Chair
[The meeting started at 4.05 pm and finished at 6.35 pm].

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Health& Adult Social Care Policy & Scrutiny Committee **26 January 2016**

Report of the Assistant Director Governance and ICT

Implementation of CQC Action Plan by York Teaching Hospital NHS Foundation Trust

Summary

1. This report and its annex present the Health & Adult Social Care Policy & Scrutiny Committee with details of actions taken by York Teaching Hospital NHS Trust in response to the action plan agreed with the Care Quality Commission following the inspection in March 2015.

Background

2. The Care Quality Commission (CQC) took part in a planned inspection of York Teaching Hospital NHS Trust from 17 to 20 March 2015 and undertook unannounced inspections on 30 and 31 March 2015 and 11 May 2015. The CQC reports are based on a combination of its inspection findings, information from CQC's Intelligent Monitoring system and information provided by patients, the public and other organisations.

3. Overall York Teaching Hospital NHS Foundation Trust was rated as 'Requires Improvement'. The trust was rated as Good for whether its services were caring and effective, and rated as Requires Improvement for whether its services were safe, responsive and well-led.

4. York Hospital was given an overall rating of Requires Improvement. It was rated Good in six of the eight inspection categories – medical care; surgery; maternity and gynaecology; services for children and young people; end of life care and outpatient and diagnostic imaging, and Requires Improvement in the two remaining categories – urgent and emergency services and critical care.

5. Community Health Services were rated Good both in the overall assessment and in the four inspection categories – community health services for adults; community inpatient services; community end of life care and community services for children and young people.

6. Full reports including ratings for all the trust's core services are available at: http://www.cqc.org.uk/location/RCB00

7. The CQC presented its findings to a Quality Summit at York Teaching Hospital on 2 October 2015. This included NHS commissioners, providers, regulators, City of York Council and other public bodies. The purpose of the Quality Summit was to develop a plan of action and recommendations based on the inspection team's findings.

8. The Hospital's Deputy Chief Executive attended a meeting of the Health & Adult Social Care Policy & Scrutiny Committee in November 2015 to report on the CQC inspection (the Chief Executive had attended the October meeting but the item was deferred because of the time taken to discuss the closure of Bootham Park Hospital). The Deputy Chief Executive confirmed that the four-hour waiting time in the Emergency Department was still a challenge and that the root cause of the hospital's quality and financial performance issues was lack of staff.

9. He stated that the Action Plan would be received by the Hospital Board and agreed to return in January 2016 to update the Committee.

Summary

10. York Teaching Hospital NHS Foundation Trust provides a range of acute hospital and specialist healthcare services to a population of approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale. The trust provides community-based services for people living in Selby, York, Scarborough, Whitby and Ryedale.

11. In their inspection report the CQC noted that across the trust, the inspection team found several areas where the trust must take action including:

    - The trust must ensure there are sufficient numbers of suitably skilled, qualified and experienced staff on duty at all times in line with best practice and national guidance.

12. At York and Scarborough hospital:

    - The trust must ensure all patients have an initial assessment of their condition carried out by clinical staff within 15 minutes of the arrival at the Accident and Emergency Department.

Consultation

13. The information in this report and its annex has been provided by the Chief Executive of York Teaching Hospital NHS Foundation Trust. A representative from the trust will be at the meeting to answer any questions Members may have.

Analysis

14. The Committee needs to consider the information provided in Annex 1 to identify which actions in the plan have been fully implemented and whether the level of implementation of ongoing actions is sufficient to satisfy Members that these will be fully addressed.

Options

15. Members can:

    i. Note the information received in this report and;

    ii. Consider any further information they may wish to receive to satisfy themselves that appropriate actions have been taken by the trust in implementing the Action Plan.

Council Plan

16. This report and its annex are directly linked to the Protect Vulnerable People element of the Council Plan 2011-2015.

Implications

17. There are no implications associated with this report.

Risk Management

18. There are no risks associated with this report.

Recommendations

19. Members are asked to:

i. Note the contents of this report and its annex and:

ii. Decide whether to invite hospital representatives to a future meeting of this Committee to further explain progress against the Action Plan to improve services provided by the trust.

Reason: To keep the Committee updated on the performance of York Teaching Hospital NHS Foundation Trust

Contact Details

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Chief Officer Responsible for the report:
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Report Approved ✓ **Date** 15/01/2016

Wards Affected: **All** ✓

For further information please contact the author of the report

Annex

Annex 1 – Update on implementation of agreed Action Plan

Glossary of abbreviations used in report and annexes
A& E- Accident and Emergency
CE- Chief Executive
CCG- Clinical Commissioning Group
CQC- Care Quality Commission
ECIP- Emergency Care Improvement Programme
ECIST- Emergency Care Intensive Support Team
ED- Emergency Department
EME- Electronics and Medical Engineering
EU- European Union
MD- Medical Director
NHS- National Health Service
NICE- National Institute for Clinical Excellence
RN- Registered Nurse

ANNEX 1

CQC action plan following CQC visit in March 2015

Regulation: Regulation 12(1), (2)(a), 2(b) & 2 (e) HSCA (RA) Regulations 2014 Safe care and treatment				
How the regulation was not being met	**Action plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
The provider must take action to ensure that all patients in A & E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011	The organisation took immediate action post inspection to ensure that all patients in A&E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011. This action is complete	**This action is complete** The improvement has been made and has been sustained. Performance is regularly reported to the Board. Resources have been identified and are in place		Finance and Performance Committee

ANNEX 1

The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting	The organisation has an agreed programme with commissioners that aims to improve performance against national targets for, referral-to-treatment time targets, and achievement of	The organisation is working to a trajectory of improvement of performance against national targets which is monitored weekly and	This action continues and will be reviewed monthly	Finance and Performance Committee
How the regulation was not being met	**Action plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
time targets to protect patients from the risks of delayed treatment and care.	cancer waiting time targets to protect patients from the risks of delayed treatment and care. It is also working with ECIST to improve A&E performance and most recently been identified as one of 28 communities receiving support through the Emergency Care Improvement Programme.	reported to the Board of Directors on a monthly basis The organisation is outsourcing work to third party providers to assist with the delivery of some backlog of activity, additional outpatient clinics and operating lists are also being used to manage volumes of activity	Currently, Gynaecology work has been outsourced to Hull and temporary waiting list initiatives are being run	

ANNEX 1

The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.	The organisation has an Acute Strategy which details the multi faceted approach to improving patient flow throughout the organisation. Some facets of the plan have been delivered and others are still in progress. This is led by the Medical Director together with the Chief Operating Officer and Clinical Directors responsible for the acute care pathway.	Completion date **31st January 2016** The organisation has already taken steps to improve flow by looking and piloting models of ambulatory care Resource requirements to be established	Ambulatory care unit is in place as is the Frailty Unit A further risk has been added to the MD risk register around reviewing different workforce models	Board of Directors and Finance and Performance Committee

ANNEX 1

How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.	A review is to be undertaken of current resources within the dietetics team with a subsequent options appraisal being made to the Board. A business case for the establishment of an Acute Pain Team in Scarborough is under development and will be considered by the Board of Directors	Review completed Completion date **28th February 2016** An option appraisal for dietetics and business case for an Acute Pain Service in Scarborough is to be considered by the Board of Directors. Resources identified through options appraisals and business cases.	We can confirm that the dietetics service fully meets the standards of support for critical care. No further action required for this element	Board of Directors
The provider must ensure all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.	The organisation has a well-established programme of planned preventative maintenance checks for EME, and the same is replicated for non-clinical equipment.	**Actions are already in place** Improvement will be measured on these issues through regular audit and review with outcomes being reported into the Board	This action is completed	Environment and Estates Committee

	Domestic staff are responsible for the monitoring of food fridges, and nursing staff are responsible for the monitoring of drugs fridges.	of Directors No additional resource implications		
How the regulation was not being met	**Action plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
The provider must ensure all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.	A collaborative process between nursing and pharmacy staff is being established to ensure that the monitoring of fridges takes place and is escalated when necessary. The daily checking of rhesus equipment is the responsibility of nursing staff and compliance with this will be monitored and escalated	**Actions are already in place** Improvement will be measured on these issues through regular audit and review with outcomes being reported into the Board of Directors	This action continues to be reviewed on a monthly basis	Quality and Safety Committee

The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels: • nursing staff on medical and surgical wards; • consultant cover within the A & E; • registered children's nurses on children's wards, and other	The organisation has successfully recruited an additional 73 RCNs who take up post in October 2015 to work in its acute sites. It has an open and centralised rolling recruitment campaign for RNs which will be reviewed on a monthly basis. We also have an active recruitment campaign targeting nurses from the EU.	**Completed by October 2015** Partly actioned , the organisation has recruited 73 additional nurses with a further 60 planned , progress will be reported to the Board of Directors on a monthly basis	This item continues to be reviewed. at the point of writing the report. of the further appointment of 60 nurses 31 have been appointed and work continues to recruit additional nurses	Workforce Strategy Committee and Quality and Safety Committee
	The Trust is engaged in a continual recruitment programme for ED Consultants and most recently has.	Aim to recruit additional ED Consultants–**June 2016** Process of continuous recruitment and looking at	The action is linked to the amendment in the MD risk register. Further workforce models are	

ANNEX 1

How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
appropriate clinical areas and • radiologists • community inpatient services.	introduced a recruitment and retention premia to enhance this. The Trust is also working with ECIST, ECIP and its Acute Board to explore the potential for alternative models of care that reduce the reliance on the ED consultant Workforce	alternative roles	being reviewed by the MD	Workforce Strategy Committee
	There is an open rolling recruitment for Paediatric Nurses	Paediatric Nurse interviews by **31st December 2015** Paediatric Nurses recruited to establishment		

The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels: • nursing staff on medical and surgical wards; • consultant cover within the A & E; • registered children's nurses on children's wards, and other appropriate clinical areas and • radiologists • community inpatient services.	The organisation is staffed to establishment on radiologists	**Action Complete**		Workforce Strategy Committee
	The organisation has taken steps to increase staffing in community inpatient services	**Action complete**		

ANNEX 1

Regulation: Regulation 17 (1), (2)(b) & (2) (e) HSCA (Regulated Activities) Regulations 2014 Good governance.				
How the regulation was not being met	**Action plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
The provider must take action to ensure that the governance and risk management arrangements are strengthened to ensure risks are identified and acted upon in a timely manner.	The organisation is currently undertaking the Monitor 'Well Led' review and will act on any subsequent recommendations	The review will report to the **31st January 2016**. Resources already in place	Draft report being reviewed by CE and Chair. Final report to be presented to the Board of Directors	Board of Directors
The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service.	The organisation has taken steps to develop a local clinical strategy for critical care	**Completion date 31st January 2016** Local strategy completed. External review taking place in November 2015 to report January 2016 Resources already in place	The draft report is expected during January and will be presented to the Executive Board	Executive Board

	Each individual division has a its own strategy for the management of outpatients, There is a strategy for Radiology	**Completed** Resources already in place		Finance and Performance Committee
	The organisation has jointly commissioned a review of critical care services across North Yorkshire which will	**Completion date 31st January 2016** On an interim basis, the Vale of York CCG have	This is linked to the item above about local strategy and will be completed once the	Finance and Performance Committee

How the regulation was not being met	**Action plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
	inform the new clinical strategy. The review is due to conclude on 12 November with a report being expected in January 2016	agreed to fund one additional critical care beds in York , with a proviso of reviewing this position once the review of Critical Care Services across North Yorkshire has concluded and recommendations agreed.	report has been completed and received by the Executive Board	

		Resources already in place bed		
The provider must ensure that pathways, policies and protocols are reviewed and harmonised across the trust, to avoid confusion among staff, and address any gaps identified.	The organisation already has a programme of harmonisation and review of policies. It is looking to appoint a Clinical Improvement Fellow (interviews W/C 2 Nov) and a Deanery Leadership Fellow for a year to lead on the project of harmonising and reviewing clinical guidelines. Deanery Leadership Fellow to be advertised in November 2015.	**Completion date 31st March 2017** Clinical guidelines in existence which conform to NICE Guidelines will continue to be used and will be relaunched as they are updated. Resources will be dependent on recommendations and commissioner funding	1st new appointment is expected to be in post by the end of January. The second appointment will be in post from March/April 2016.	Quality and Safety Committee

ANNEX 1

How the regulation was not being met	Action plan	Status and on-going compliance	Update as at January 2016	Assurance Committee
The provider must ensure that patient records are fully secured when stored, specifically within the school nursing records.	Action has been taken to undertake a new risk assessment of the building containing school nursing records. As a result some minor adjustments have been made to this facility that provide additional security	**Completion date 30th November 2015** The facility is secure and patrolled by the organisations Security Team Resources: the Quality Improvement Lead is part funded by the department. The Deanery Leadership Fellow post is part funded by Deanery funds and part by post grad work Reported to the Board as completed (December 2015)	This action is completed. Additional security has been put in place for the building.	Environment and Estates Committee

ANNEX 1

Regulation: Regulation 18(2)(a) HSCA (RA) Regulation 2014 Staffing				
How the regulation was not being met	**Action Plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
The provider must ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.	The organisation has taken steps to ensure that all staff complete statutory and mandatory training with compliance being reported regularly to the Board. Compliance is currently at 81%. Current training levels for • Safeguarding Adults Awareness - 91% • Safeguarding Adults level 1 -76% • Safeguarding Adults level 2 - 74% • Safeguarding Children level 1 - 89% • Safeguarding Children Level 2 - 77% • Safeguarding Children Level 3 -72%	**Achieved annually** Improvements have been established, are measurable and are reported to the Board Resources are in place.	This action is completed. The system for an annual review is in place	Workforce Strategy Committee

	• Basic Life Support - 82% The organisation has implemented a new process that will ensure that all staff receive annual appraisals			
The provider must review arrangements to support staff working alone in the community to ensure their safety.	The organisation is currently engaged in re drafting its lone worker policy to more	**Completion date 31st January 2016** Resource implications will be considered as part of the re-development of the policy.	This action is on target for completion at the end of January. It is expected that the re-developed	

ANNEX 1

Regulation: Regulation 10(1) and 10(2)(a) HSCA (RA) Regulation 2014 Dignity and Respect				
How the regulation was not being met	**Action plan**	**Status and on-going compliance**	**Update as at January 2016**	**Assurance Committee**
The provider must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16 at York hospital.to the up to date requirements and good practice.	The organisation has taken steps to ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit on Ward 16. Whilst it is at times unavoidable from a patient safety perspective for patients to experience being in a mixed sex environment patients are advised if this is the case, and given an option of being nursed on the NEU or elsewhere. Patients are also given information informing why they might find themselves on a mixed sex environment.	**Completion date 30th November 2015** This will be monitored via regular audit and reported to the Board. Resource requirements not applicable. Reported to Board that action completed (December 2015)	This action has been completed. The process put in place is the same as that used by the Vascular Imaging Unit	Quality and Safety Committee

ANNEX 1

Health and Adult Social Care Policy and Scrutiny Committee **26 January 2016**

Healthy Child Service

Summary

1. The purpose of this report is to provide the Committee with an update on the transfer of health visiting, school nursing and the National Child Measurement Programme from York Teaching Hospital NHS Trust to City of York Council and progress with the development of a new Healthy Child Service.

Background

2. The Healthy Child Programme (HCP) is a universal public health programme for improving the health and wellbeing of children and young people. It is currently delivered as two separate programmes:

- HCP from 0 to 5 years is delivered by the health visiting service
- HCP 5 to 19 years is delivered by the school nursing service

Both elements are currently provided by York Teaching Hospital NHS Trust. In addition, the school nursing service is responsible for delivery of the National Child Measurement Programme.

3. The HCP works within a framework of four levels of universal health review and screening, health promotion and early intervention for infants, children, young people and their families that promotes optimal health and wellbeing and with safeguarding being an integrated element. The levels of service provision are outlined below:

Community: The needs of communities are understood through health needs assessment and mapping of the range of services provided for and by communities. Health visitor and school nursing teams have an important role in developing services for health and wellbeing with communities

Universal: Provision of the 0-19 HCP to every child in the City. This includes providing support for parents and access to a range of community services and resources.

Universal Plus: Time limited evidence-based care packages based on identified need and delivery of a rapid response from health visiting and school nursing teams when expert help is required.

Universal Partnership Plus: On-going support provided plus co-ordination of care with a range of local services working together to deal with more complex issues over a longer time.

4. On 27 August 2015, the Council Executive approved the transfer of health visiting, school nursing and National Child Measurement Programme services from York Teaching Hospital NHS Trust to the Council. This provides the Council with an opportunity to integrate elements of the HCP to ensure better service provision. Integration will enable the provision of a strong and comprehensive universal offer to children and young people, whilst ensuring value for money and making decisions based on the best available evidence of what works.
5. The impact of an effective Healthy Child Service will be seen and measured through improved public health outcomes and indicators including: life expectancy, breast feeding, domestic abuse, smoking prevalence in pregnancy and at age 15, school readiness, excess weight in 4-5 and 10-11 year olds, tooth decay and self-reported wellbeing.
6. A core dataset of indicators to measure performance and evaluation of the impact of the service is being developed and will be in place for 2016/17. The aim is to use 2016/17 to establish a baseline position from which targets can be set for continuous service improvement.

Transition of the Services

7. A project group has been established to implement the transition of the health visiting, school nursing and National Child Measurement Programme services from York Teaching Hospital NHS Trust to the Council. There are eight workstreams – ICT, information governance, human resources, workforce development, legal, finance, facilities and communications.
8. The project group has a project plan and timetable with key dates for the transition process.
9. For 2016/17 the transfer is to be effectively a ‘lift and shift’ with the main priority being the stability of the services.

Risk Management Implications

10. The key risks for the Council have been identified as:

Risks	**Mitigating Actions**
Finance: The funding formula for the 0-19 HCP is not needs based. The budget is based on the historical financial allocation that transferred from the NHS to the Council. York is starting from a low baseline position because of historical under-investment in prevention by the old PCT. In addition, the government's decision to cut the Public Health Grant by 6.2% in 2015/16 with further cuts expected to be confirmed shortly, inevitably creates an additional budget pressure. The services are currently wholly funded by the PH grant.	The Council provided evidence to the Department of Health consultation on future PH grant allocations and will be writing again to express our concerns about the likely impact of further budget cuts. We are actively engaging with YTHT to better understand caseload management, skill mix, risk management and mandatory requirements etc. and exploring opportunities for improving cost effectiveness and efficiencies e.g. through better integration. The annual review of PH commissioning intentions will seek to ensure that the cost of the service can be contained within the wider financial envelope on an annual basis. However it should be noted that the cuts to the PH grant impacts on the ability to achieve the Council's Medium Term Financial Strategy by charging the cost of other early help services to the grant.
Legal: There are employment law issues relating to the TUPE of staff. Some elements of the HCP are mandated in government regulations. There are legal requirements relating to other elements of the service e.g. nurse prescribing, issuing of emergency contraception under a Patient Group	Preparation for the transfer includes active input from the legal team. Preparation for the transfer has included input from Public Health England to better understand the requirements for mandatory reporting of HCP activity. Preparation for the transfer has included input from the CCG with further work planned to establish shared clinical governance around nurse prescribing

Direction. The Council does not currently have adequate systems in place for clinical governance. There is a requirement for the Council to be registered with the Care Quality Commission as a provider of health visiting and school nursing services. The Council will need to develop a relationship with the Nursing and Midwifery Council as the Regulator for qualified nurses.	and PGDs. Initial exploration of the CQC requirements has taken place and support will be sought from the local CQC for our application for registration. YTHT is providing expertise as the current CQC registered provider. The Council will register with the NMC as an employer of registered nurses to enable access to employer's support and guidance. Systems are being established to assure the Council that all staff who require effective registration from 1 April 2016 have this in place.
Information Governance: The Council needs to prepare for the transfer of responsibility for Child Health Records. Health visiting service currently uses SystmOne – an electronic records management system. School nursing still uses paper records. Records need to be kept until a child reaches 25th birthday which poses a challenge for safe and secure storage. There are potential safeguarding concerns if child health records are not easily accessible. All information needs to be managed in accordance with the Data Protection Act.	The Council already has robust systems in place for information governance and there is involvement of the information governance team to ensure that there is a safe transfer. Contingency plan is for staff to remain based in current office accommodation post 1 April 2016 until we are confident that an effective solution has been put in place for records storage that provides adequate access and meets IG requirements. Work is underway to put in place a managed support agreement between YTHT and the Council for the continued use of SystmOne for health visiting service and the rollout to school nursing. This agreement is to be in place for 2 years while the Council explores options for integration with other children and young people records in the longer term.

Workforce: There is a possibility that the Council may inherit a workforce with insufficient capacity to deliver the mandated elements of the HCP	Staff will retain their NHS terms and conditions under TUPE. The Council is applying for a Pensions Direction Order that will allow all staff who transfer to retain their entitlement to the NHS Pension Scheme. Staff consultation and engagement is taking place to involve them in planning for transition and development of the new service. Joint recruitment is to take place by YTHT and the Council to fill frontline vacancies during transition. The transfer project includes engagement with Health Education England to plan the future workforce strategy including future training commissions for health visitor and school nurse student placements. Arrangements are being put in place to include mandatory training requirements for health visiting and school nursing workforce in the Council's learning and development strategy.
Safeguarding: The Council will inherit a position in which health visitors receive safeguarding training and supervision from Harrogate and District NHS Foundation Trust and school nurses from York Teaching Hospital NHS Foundation Trust. There is a lack of clarity around funding arrangements.	Preparation for the transfer includes input from the Designated Safeguarding Professional Lead team for North Yorkshire and York. The North Yorkshire and York NHS Partnership Commissioning Unit are undertaking a review of safeguarding training and supervision arrangements across the NHS. The outcome of this review will clarify funding and inform future decision making around arrangements for safeguarding training and supervision of health visitors and school nurses.

	Until such time assurance is being sought from the PCU that the existing arrangements for safeguarding training and supervision of health visitors and school nurses in York will continue post 1 April 2016.
Reputational: The Council will inherit an underperforming service and may be held to account on performance of delivery of mandated 0-5 HCP checks	There is a lack of performance data on the school nursing service in York and nationally so it is not possible to benchmark. Arrangements are being put in place to establish a better system of data collection and reporting of performance against key indicators following the transfer. Performance data for health visiting shows poorer performance in York when benchmarked against regional and national data. However we know that there are issues around data quality and so this may not reflect true position. An audit will be undertaken during 2016/17 to establish more accurate baseline. Performance monitoring to be strengthened against key performance indicators following the transfer. The government public health regulations do make it clear that Local Authorities will only be expected to take reasonable and practicable steps to delivering mandated 0-5 checks and continuous service improvement over time.

Development of new Integrated Healthy Child Service

11. We have high ambitions to ensure delivery of an effective, integrated 0-19 Healthy Child Service. The service will have the child and family at its centre and a strong public health focus, underpinned by a robust evidence base. All mandated requirements will be met; there will be safe clinical practices and strong information governance. Safeguarding will be at the core of all work. There will be robust monitoring systems

that evidence the scale of reach and the impact the service is having on the lives of children and young people.

12. The new service will have contact with all children and young people in the City of York at key points through childhood and adolescence.

13. The service will build on the 6 high impact areas for early years and will use innovative methods to engage children and young people, including those in vulnerable and excluded groups, in accessing health advice, in taking control of their health, preparing them for adulthood and supporting them to make healthier choices for themselves.

14. The service will deliver strong universal provision and early identification of problems to ensure appropriate support is offered. Children will move seamlessly through the 0-19 service ensuring children, young people and their families get the right support, from the right person, in the right way and at the right time, every time. This will require strong partnerships with NHS agencies, community and voluntary sector, education settings, other Council services etc.

15. Key contact points throughout the universal 0-19 Healthy Child Service to offer health review and screening will be:

- Antenatal review
- New baby review
- 6- 8 week assessment
- 1 year assessment
- 2 to 2.5 year review
- School entry staged contact (at 4-5 years)
- Year 6 staged contact (10 to 11 years)
- Mid teens staged contact (16-19 years)

16. All of the above will be supported by evidence based care pathways to ensure quality and consistency of the offer and onward referral as appropriate. A multi-agency Healthy Child Service Steering Group has been established to oversee this process.

17. The service will be responsible for working closely with specialist Looked After Children health provision and undertaking review health assessments in accordance with statutory guidelines and best practice.

Options

18. There are no options for the Committee to consider. The report is intended to be an update on the transfer of the service.

Analysis

19. The project is on track to deliver a safe transfer of the health visiting, school nursing and National Child Measurement Programme services to the Council on 1 April 2016.

Council Plan

20. The Healthy Child Service specifically relates to the priorities within the Council Plan:

- **A Prosperous City for All** - the new 0-19 Healthy Child Service will be aimed at ensuring that every child and young person in York has the best start in life and is supported to achieve their full potential
- **A Focus on Frontline Services** – by ensuring that all York's younger residents live and thrive in a city which allows them to contribute fully to their communities and neighbourhoods and where every child has the opportunity to get the best start in life and are encouraged to live healthily.
- **A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations** – by ensuring that the new service delivers the mandated elements of the Healthy Child Programme and contributes to the Council's statutory duties for improving health and reducing health inequalities in our residents.

Direct Implications

21. There are no direct implications arising from this report.

Recommendations

22. As the report is for information only there are no specific recommendations.

Reason:

To provide an update on the transfer of health visiting, school nursing and National Child Measurement Programme and progress with the development of a new Healthy Child Service.

Contact Details

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Report Approved √ **Date** 14/01/16

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_107566

Glossary of abbreviations

CCG- Clinical Commissioning Group

CQC- Care Quality Commission

HCP- Healthy Child Programme

ICT- Information and Commmunication Technology

NMC- Nursing and Midwifery Council

NHS- National Health Service

PCU- Partnership Commissioning Unit

PGDs- Patient Group Directions

PH- Public Health

TUPE- Transfer of Undertakings Protection of Employment

YTHT- York Teaching Hospital Trust

Health and Adult Social Care Policy and Scrutiny Committee **26 January 2016**

Report of the Head of Adult Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards.

6 Month Update on Adult Safeguarding in the City of York

Summary

1 Members of Health and Adult Social Care Policy and Scrutiny Committee will recall the annual assurance report was presented on 21 July 2015, alongside the Safeguarding Adults Board Annual Report.

2 The enclosed report is produced on behalf of Adult Social Care, and the Safeguarding Adults Board to provide members of the Health and Adult Social Care Policy and Scrutiny Committee with a six month update in respect of work undertaken to safeguard adults with care and support needs across the City of York.

3 This update report outlines the actions taken to further improve the arrangements in place to ensure that City of York Council is able to discharge its responsibilities to keep adults with care and support needs within the City protected from the experience, or risk of experiencing abuse or neglect, whilst maintaining their independence and wellbeing.

4 Health and Adult Social Care Policy and Scrutiny Committee are asked to accept assurance that arrangements for safeguarding adults and the improvements made over the last six months are satisfactory and effective

Background

5 The Care Act 2014 was introduced on 1st April 2015 and this place adult safeguarding functions on a statutory footing, similar to those in children's services.

There is however a significant difference when working to safeguard adults who have the mental capacity to make decisions about all aspects of their lives, including those associated with abuse or neglect.

6 Making Safeguarding Personal and guidance contained with Chapter 14 of the Care Act Statutory Guidance, makes it clear that adult safeguarding should be led and informed by the views, wishes and outcomes of people who require intervention to maintain their safety and well being.

7 A summary of the key changes introduced by the Care Act 2014 and Making Safeguarding Personal are provided in the report submitted to Health and Adult Social Care Policy and Scrutiny Committee on 21 July 2015.

8 In April 2015 the Local Government Association (LGA) produced a “Councillors briefing” for safeguarding adults where it outlines the crucial role of Councillors in helping to safeguard adults from abuse or neglect, in their role as community leaders, championing the wellbeing of their constituents.

9 The LGA believe that all Councillors play a critical role in examining how safeguarding is experienced by local people, how people were consulted and involved in developing policies and monitoring services, and how they were involved in their own safeguarding plans and procedures.

10 As lead members in Council’s for Social Services responsibilities the LGA confirmed the critical role of the “Portfolio Holder” as providing political leadership, accountability and direction to the Council’s services for adults.

11 The LGA outline the crucial role Members of Overview and Scrutiny play with regard to–

- Ensuring the system works by holding leaders to account;
- Reviewing the Safeguarding Work lead on by the Local Authority and its local partners

- Considering the Safeguarding Adults Board Annual Report to find out how well local residents are safeguarded and work being undertaken to improve local practice.

Analysis

12 The Local Authority (as lead agency for safeguarding adults) and multi agency Safeguarding Adults Board have continued to make improvements to Local Safeguarding practice in the time that has passed since the Annual Assurance report was submitted on 21st July 2015.

The Key Developments that have occurred in the intervening period are summarised as follows –

13 In September 2015 the City of York Council appointed a dedicated Head of Service for Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards

14 The Safeguarding Adults Board has agreed a multi agency budget which is used to fund the activity that arises from the work of the SAB.

15 To ensure all Safeguarding Adults Board meetings remain focused on the experiences of people who require support to stay safe, each meeting starts with a lesson from practice which is presented by a front line practitioner who is represented at the Board. This is supported by the production of quarterly Safeguarding intelligence that allows the Board to understand patterns, themes and trends arising from local safeguarding practice. This is attached in Appendix 3.

16 The Safeguarding Adults Board has agreed a new sub group structure to support effective embedding of the Care Act 2014 and Making Safeguarding Personal. The current groups which will remain under review are –

- Safeguarding Adults Review and Lessons Learnt Group;
- Professionals Practice Group (which meets across York and North Yorkshire);

- Training and Development Group;

17 The Safeguarding Adults Board has not been required to commission any Safeguarding Adults Reviews, but continues to receive assurance and updates about key lessons and improvements to practice arising from the Lessons Learnt multi agency reviews overseen by the sub group.

18 The Safeguarding Adults Board has undertaken a self audit using the Yorkshire and Humber Annual Assurance Framework and there is positive assurance. In recognising the positive work there remains an ongoing challenging to fully embedding person centred approaches to safeguarding across all partner agencies.

19 Recommendations that arose from this exercise includes –

- A series of Peer Challenges from board members to give further assurance to individual assessments should be established

- Self assessments should be repeated 6 monthly with consideration to given to individual submission to the board

- Specific actions under strategic plan should pick up on the areas of weakness across the partnership.

- These include, improving our approach to the equalities agenda, assuring safeguarding decision making, understanding the impact of training, ensuring the volunteer and non professional workforce has the skills they need and ensuring that providers and commissioners have safeguarding at the core of their relationship

20 At the Safeguarding Adults Board meeting on 4th December 2015 the Board agreed the following –

- Final sign off for the Multi Agency Safeguarding Adults Policy and Procedures for West Yorkshire, North Yorkshire and York (with the review of these procedures due to commence in February 2016);

- Final sign off for the Safeguarding Adults Board high level Strategic plan for April 2016 to March 2019;

- Agreement of the framework for the new Safeguarding Adults Board website which is due to be launched on 1st February 2016;

- To review the current annual work plan and identify actions that need to be closed down as they do not support delivery of the statutory guidance.

21 The workforce development unit have continued to provide safeguarding adults training (for Council and non Council employed staff) at levels 1 – 4, the demand for training related to investigation and management of investigations has reduced. This is in keeping with the changing legislative framework for adult safeguarding, which has required further enhancements to training for qualified staff and managers.

22 An audit of the learning and development needs of Safeguarding Adults Board members identified a wide range of knowledge's, skills and experiences. To address this matter The Board have agreed 2 developmental sessions to ensure that all Board members (a) are aware of the key duties of the Board following the introduction of the Care Act 2014 (b) are aware of the expectations of a Board member in accordance with the Care Act 2014 (c) can contribute to the finalised Board work plan for April 2016 to March 2017 which will enhance ownership and connectivity of the Boards work plan with cross cutting themes and trends that arise form single agency strategic work plans;

23 Following a review of the Council's Safeguarding Adults Training the Head of Service for Safeguarding has reproduced the learning outcomes for all safeguarding adults training provided by the Council. This will help ensure the following practice areas are further embedded across the work force.

- Outcome focused safeguarding within a Statutory framework;

- The duty that everyone has to take action to safeguard children who are identified at risk of abuse or neglect;

- An awareness of the Councils duty under Section 26 of the Counter-Terrorism and Security Act 2015;

- We can better understand the impact training has on changing the culture and practice of Safeguarding Adults.

The Workforce Development Unit are currently working with external training providers to ensure training packages are update to meet new learning outcomes with the intention that this will be rolled out to the workforce prior to October 2016.

Ongoing developments to Local Safeguarding Practice

24 The Head of Service for Adult Safeguarding is leading on the development of multi agency local operational guidance to describe how the multi agency procedures will be implemented in York. This was presented to the Safeguarding Adults Board on 4 December 2015 and meetings with key partners took place during the month of December 2015. A meeting in planned with colleagues in North Yorkshire in January 2016 to explore the potential for harmonising this guidance across both areas.

25 The Local Operational Guidance will be signed off by the end of January 2016 and its implementation will be supported by local briefing sessions provided by the Head of Service for Safeguarding Adults. The briefing sessions will help staff better understand the custom and practice changes that are required to ensure we can evidence people experience a personalised safeguarding response from the Council and other local partners.

26 The Local Authority will lead on the development and implementation of a positive risk enablement culture and process to support person centred practices.

This will ensure

- Responsibility for decision making is clear;

- That front line staff are supported to work with capacitated adults who make decisions regarding risks in their lives;

- That the Council is not exposed to unnecessary risks that arise from decision making of officers within Adult Social Care.

27 The Head of Service for Adult Safeguarding represents Adult Safeguarding / Adult Social Care at the Local Children's Safeguarding Board. Further work is required to formalise the arrangements for taking forward cross cutting issues that arise from domestic abuse, sexual exploitation, the toxic trio (substance misuse, domestic violence and parental mental health).

28 The Head of Service for Adult Safeguarding has produced a briefing note for colleagues at the Children's Safeguarding Board to enhance their understanding of the Legislative Framework relating to adult safeguarding.

Council Plan

29 The proposals within this report relate to the Council Plan priority to ensure that adults with care and support needs are effectively protected from the experience, or risk of abuse or neglect.

Financial implications

30 There are no financial implications to this report. Safeguarding activity is

Equalities

31 Safeguarding Adults impacts on a wide section of Society and is likely to affect the lives of many adults with care and support needs, their families and cares. There are no issues arising from this report that would require a further equality impact assessment.

Consultation

32 The Safeguarding Adults Board is keen to undertake further work to raise the profile of adult safeguarding across the City of York, and is looking to work in conjunction with other key local partners to host a safeguarding week during 2016.

33 This will help raise the profile of the work done across York to keep residents safe from the experience of, or risk of abuse or neglect. It will also allow the Board to consult with wider members of the community around safeguarding to help inform ongoing developments.

34 When the Safeguarding Adults Board website is launched on 1st February 2016 there will be a section dedicated to customer feedback that can be used to help improve peoples awareness of safeguarding, help to improve the quality of the information provided by the Board, and provide a forum for people to ask specific questions of the Board relating to local adult safeguarding practice.

Legal Implications

35 There are no legal implications as a result of this report.

Risk Management

36 The recommendations within this report do not present any risks which need to be monitored

Crime and Disorder

37 All of the issues and actions relating to Safeguarding Vulnerable Adults contribute to the Safer Communities agenda. Specifically Safeguarding has strong links with the Domestic Violence agenda and to Hate Crime

Recommendations

38**.** (i) That Health Adult and Social Care and Policy Scrutiny Committee accept the content of this report;

(ii) That Health Adult and Social Care and Policy Scrutiny Committee agree arrangements for seeking future assurance;

(iii) That Health Adult and Social Care and Policy Scrutiny Committee consider how Officers can support Members in their role.

Reason: To keep the Committee assured of the arrangements for Adult safeguarding within the city.

Contact Details

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Report Approved

Date:

Wards Affected:

All

For further information please contact the author of the report

Appendices

Appendix 1 - LGA Councillors Briefing Note 2015 Adult Safeguarding

Appendix 2 - York Safeguarding Adults Board Strategic Plan 2016 to 2019

Appendix 3 - Quarter 2 Performance Data for the Safeguarding Adults Board.

Glossary of abbreviations used in report and appendices

ADASS- Association of Directors of Adult Social Services
CCG- Clinical Commissioning Group
CVS- Centre for Voluntary Service
CQC- Care Quality Commission

LGA- Local Government Association

MCA- Mental Capacity Act

OSC- Overview and Scrutiny Committee

SAB- Safeguarding Adults Board

SAR- Safeguarding Adult Review

TEWV- Tees, Esk and Wear Valleys NHS Foundation Trust

Local Government Association

Councillors briefing 2015

Safeguarding adults

Briefing

Introduction

Adult safeguarding means protecting people's right to live in safety, free from abuse and neglect. It applies to adults with care and support needs who may not be able to protect themselves. It means organisations working together to prevent and to stop people facing the risk of or the actual experience of abuse or neglect.

Safeguarding adults is everybody's business. Any person may recognise and report abuse or neglect, and everyone can play a part in building communities where abuse does not happen.

There are crucial roles for councillors in examining how safeguarding is experienced by local people, how people were consulted and involved in developing policies and monitoring services, and how they were involved in their own safeguarding plans and procedures.

Growing awareness of the prevalence of abuse makes it all the more urgent and necessary for councillors to take action locally to ensure that everyone, including professionals, the voluntary sector and the general public are made aware of abuse and neglect, how to recognise and report it, who is responsible for intervening, and what people's rights are to protection, support, choice and advocacy.

Safeguarding is now seen as a crucial aspect of local authority work. The Care Act states that the local authority is the organisation with overall responsibility for safeguarding locally. But it also links to many local agendas and partnerships, including police and criminal justice, care quality, disability hate crime, community safety and cohesion, domestic violence, forced marriage, and support for carers.

Adult safeguarding policy and practice is moving rapidly into a new era where ensuring values such as preventing harm and promoting dignity, empowerment and choice form the basis of any practice and are taken as seriously as the numbers of safeguarding alerts and the results of investigations into failures.

Key questions and actions for councillors

Councillors need to know what questions to ask to hold to account those responsible for adult safeguarding, to ensure that everyone is following agreed multiagency procedures, and that appropriate links are made between agencies so that people at risk and needing help are not missed. Some of these key questions to ask are below.

Questions to ask in your council

- What training is made available to staff and councillors on safeguarding policies, procedures and practice?
- Whether there are there effective links between adult safeguarding and domestic violence, child protection, victim support, and community safety and cohesion?
- Are the messages from Safeguarding Reviews being taken on board locally?
- Is the safeguarding adults board (SAB) effective in leading and holding individual agencies to account and ensuring effective multiagency working?
- Does the SAB have the resources, both financial and human, to undertake its role effectively and deliver the SAB business plan?
- How well are local partners working together?
- Is the Mental Capacity Act being implemented effectively alongside safeguarding so that people have access to advocacy, and best interest decision making? Is training in legal aspects of safeguarding available for staff?
- Has safeguarding been subject to peer challenge or to other external scrutiny?

Questions to ask about your community

- Are members of the public in your authority area aware of what adult abuse is and do they know what to do if they have concerns about it?
- Are people who need safeguarding services fully involved in and in control of safeguarding processes?
- Is there evidence of the difference that safeguarding work is making to adults in your community? Are people safer, do they feel safer, and are their circumstances improved?

Questions to ask yourself

- Do you know who the lead officer and lead councillor for adult safeguarding are within your council?
- Do you and your fellow councillors know:
  - how the multiagency framework operates?
  - who are the partners in adult safeguarding?
  - how adult safeguarding is monitored and reported?

What is the role of councillors in relation to adult safeguarding?

General roles
As community leaders, championing the wellbeing of their constitutents, councillors are in a position to raise awareness of adult safeguarding. They may become aware of individual cases of abuse through their work with constituents and so have a duty to report it.

As part of their governance role, holding council executives and their partners to account, and accounting to their constitutents for what has been done, all councillors have a responsibility to ask questions of the executive and other partner organisations about the safety of adults in their area, and about the outcomes of adult safeguarding.

Portfolio holders
The lead member in councils with social services responsibilities has responsibility for the political leadership, accountability and direction of the council's services for adults. The portfolio holder has a role in ensuring that the various departments within a council work together to promote wellbeing, prevent social exclusion and to protect vulnerable adults from abuse.

Members of Overview and Scrutiny Committee (OSC)
Councillors in OSC have a crucial role in ensuring that the system works through holding leaders to account. OSC members need to review the work of safeguarding in the local authority, and to consider the annual report of the Safeguarding Board to find out:

- how abuse is being prevented through good multiagency work and assuring quality care
- how well services work to improve outcomes for people who have experienced harm and abuse
- how far care and protection plans are keeping people safe from abuse
- how agencies are ensuring that people's human rights are respected
- how agencies are enabling people to make decisions about their lives
- how agencies are ensuring that people who lack capacity are able to have their best interests represented
- how services uphold the right to justice for people who have experienced harm or abuse
- how well services address what happens to the people who have harmed or abused others.

Councillors in other relevant roles
Councillors who are members of bodies which have a safeguarding remit such as health and wellbeing boards, Crime and Disorder Partnerships, Hate Crime or Domestic Violence Partnerships, Community Safety Partnerships, Community Cohesion bodies, and NHS Trusts will need some knowledge of adult safeguarding in order to fulfil their responsibilities and know what questions to ask. Many of these bodies may be represented on SABs.

Councillors who are portfolio holders for children's services will need to be aware of the links with adult safeguarding. There may be specific examples where the crossover is particularly clear, for example, the period of transition from children's to adult services or when an adult may be a risk to children.

What is adult safeguarding?

People's wellbeing is at the centre of safeguarding practice, and this includes respecting people's views and feelings about what they want to happen in response to any abuse or neglect.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect.

Safeguarding adults differs from the safeguarding and protection of children in a number of ways, including different legislation. A key difference is that while there is a legal expectation that children are protected from physical or psychological damage, adults with mental capacity have a right to make their own choices, take risks, be free from coercion, and to make decisions about their own safeguarding plans.

What does adult safeguarding involve?

Prevention

A central aspect of prevention is to ensure that services provided are up to standard, that staff are properly trained and that people receiving services are treated with dignity and their rights are upheld.

Harm needs to be recognised through people in communities looking out for one another. This can be done through public awareness campaigns backed up by information and advice about where to get help. Awareness raising should include specific issues such as domestic abuse, hate crime, elder abuse, fraud and financial abuse. Once help is sought, staff and services need to respond well, so training is required.

It is helpful to have agreed definitions, clear guidance and simple pathways of reporting and responding to harm.

People should be supported to keep themselves safe, empowering people by making sure they have information and by building confidence and assertiveness helps people to be safer and make abuse less likely.

Response to harm

When safeguarding concerns are raised are reported, an enquiry must be made to decide whether any action should be taken, and if so what action and by whom. The adult at risk will need to agree the type of response that that they want and how it will be reported and acted on by partner agencies. This requires clear communication, appropriate information sharing, joint working and shared responsibility. The focus must be on the needs and desired outcomes of the adult who is at risk, and ensuring that they are not in immediate danger.

Where people have been abused or neglected they may refuse any action, they have every right to so provided that they have capacity, are not being coerced or unduly influenced and there is no-one else at risk from the abuse.

The aim of safeguarding interventions is to enable people at risk or who have experienced abuse to protect themselves, and to be fully involved in decision making on plans to safeguard them and resolve their circumstances. This may require specific action to ensure that people who lack capacity are supported through advocates and processes so that their best interests are pursued Justice should be facilitated where adults in need of care and support are the victims of crime.

All involved need to ensure the views of adults are central, that people close to them are involved appropriately, and that the focus is on making a difference to people's lives. More information on current practice and policy on the move to 'making safeguarding personal' can be found on the Local Government Association (LGA) website.

Adults without mental capacity have legal safeguards under the Mental Capacity Act (2005) and must have the representation of an advocate or representative to act in their best interests.

What is abuse or neglect?

Anyone can be at risk of harm, and risk is a complex term to define. In social care it is not possible to estimate risk objectively and accurately, as so much depends on contextual factors and human decisions.

People may be harmed at home, in their communities, in a care home, at hospital, in college or at work, at day and community centres or other places where people spend their time or receive services.

Anyone can abuse adults including:

- spouses/partners
- other family members
- neighbours
- friends
- acquaintances
- local residents
- people who deliberately exploit adults they perceive as vulnerable to abuse
- paid staff or professionals
- volunteers and strangers.

Abuse and neglect can be classified under the following headings:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Domestic abuse can refer to any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members. Findings from the British Crime Survey show that domestic violence poses a serious risk to women. Women's Aid estimate that disabled women are twice as likely as non-disabled women to experience domestic abuse.

Forced marriage may be an adult safeguarding issue where one or both spouses do not or cannot consent to the marriage and some element of duress is involved. Duress includes both physical and emotional pressure. People may be at risk of being forced into a marriage if they are not able to protect themselves due to their care and support needs. They may need protection using the adult safeguarding procedures.

Types of harm evolve as society changes and awareness increases. Recently defined forms of harm that councillors should be aware of include:

- 'mate crime' (or 'mate abuse') – this refers to calculated actions against disabled people by persons they consider to be their friends or have a mutual relationship with, eg acts of cruelty, humiliation, servitude, exploitation and theft
- 'disability hate crime' or abuse – this refers to incidents which are perceived by the victim or any other person to be motivated by hostility or prejudice based on a person's disability or perceived disability.

What is the impact?

Abuse and neglect can lead to negative outcomes such as loss of dignity, negative effects on health, wellbeing and confidence, isolation, substance misuse, emotional trauma, injury and even death. Safeguarding interventions need to take into account the complexities of people's situations.

It is important to have an understanding of the reasons why people remain in abusive relationships or do not seek help. People may live in fear of abuse but be unwilling to report it because of loyalty or because of threats from the abuser, and fear of consequences such as loss of home or relationships. Some may be afraid of not being believed, or fear pressure from their family or community. People want to be safe but for some people their only human contact is with the abuser. Self-esteem, self-confidence and mental health may be undermined by the long term effects of abuse.

As a result, the victim may lack self-worth, be ashamed or blame themself. Lack of knowledge or lack of trust of services can make people unwilling to seek help. Disabled or older adults may be more physically vulnerable and unable to escape. Sometimes the victim is the carer of the abuser and feels a sense of obligation to carry on and put up with the abuse. People may also be afraid of what will happen if they report abuse, such as going into a care home or losing contact with relatives.

Safeguarding practice recognises that people have a complex, and often conflicting, feelings about their safety. Sometimes, the person causing the abuse may be very important to the adult concerned and they may want to balance feeling safer with the importance of continuing the relationship. As Lord Justice Mumby stated, "what is the point in making someone safe if you simply make them miserable". Professional staff have to work with people to work out how to achieve the balance between safety and wellbeing.

What is current safeguarding policy and law?

The Care Act 2014 sets out a new statutory framework for adult safeguarding to clarify the roles and responsibilities of local authorities and other organisations.

The Care Act requires that each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect (see paragraph 14.16 onwards). An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom
- set up a SAB (see paragraph 14.105 onwards);
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (see chapter 7 on advocacy)
- cooperate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also cooperate with the local authority.

Each area will be expected to ensure that their SAB has a core membership of local authority, the NHS and the police; and must publish a local safeguarding plan and annual reports on progress against that plan, to ensure that member agencies' activities are effectively coordinated.

The Care Act consolidates duties of cooperation between key statutory agencies, and imposes a duty to make (or cause to be made) an enquiry if someone is experiencing or is at risk of abuse or neglect and to decide what action should be taken and by whom.

SABs will be expected to hold Safeguarding Adults Reviews (often previously known as 'Serious Case Reviews') to look into cases where a person dies, who was thought to be at risk and where abuse or neglect was suspected, or where there is reasonable cause for concern about how the case has been handled.

Such reviews in the past have provided considerable learning about how to improve commissioning, inspection, multi-agency working and adult safeguarding procedures.

Safeguarding policy – Making Safeguarding Personal

Chapter 14 of the Statutory Guidance for the Care Act 2014 provides guidance for how the Care Act is put into practice.

A key shift is to refocus on the outcomes people want and to engage in conversations about the right responses to meet the needs of each individual rather than having a 'safeguarding process' that everyone has to fit into.

This has resulted in a widening of the existing focus of data collection for national purposes, which has mainly addressed quantity and outputs (how many referrals, from whom, how long it takes for example). The new focus addresses the priorities and values for safeguarding: empowerment, prevention, protection, proportionality, partnership and accountability.

A focus on outcomes entails working flexibly with people (or their advocates or best interest assessors if they lack capacity) throughout an enquiry into a safeguarding concern, taking into account the way people's expectations and wishes may change as they take more control of their lives.

As above, more information on work by the sector on 'making safeguarding personal' can be found on the LGA website.

Personalisation and choice

Another key policy area is that of personalisation which is intended to give people using social care services more choice and control over the support they receive, including safeguarding services. This on the one hand raises concerns that the freedom for people to choose and arrange their own care brings increased risks of exploitation, and on the other is viewed as giving them greater control and therefore safety. Personalisation and safeguarding can be made to work hand in hand, through enabling people to speak for themselves and make informed choices:

Personalisation needs to work for everyone including those who are least able to access services or those considered at greatest risk. Well designed self-directed support processes should be unique to the individual and have checks and balances built in.

Involvement
Involvement of the people concerned in adult safeguarding is enshrined in the Care Act and statutory guidance.

People who have experienced safeguarding are becoming involved in various ways, for example as members of safeguarding boards or sub-groups, helping to design feedback forms, training staff, and planning community awareness days. Other involvement methods include skills training for people using services, and building relationships of trust with groups such as ethnic minority elders and people with dementia.

Risk management and risk-sharing
The Association of Directors of Adult Social Services (ADASS) and LGA advise that service users and their advocates should be engaged in risk management. They suggest that good risk management should include information sharing agreements, spelling out for SABs, organisations and affected individuals what risks are being taken and how they will be managed. Some localities have set up Risk Enablement Panels and family group conferences to assist with this.

Other relevant legislation
Other relevant legislation includes:

- the Human Rights Act
- the Equality Act
- the Mental Capacity Act and Deprivation of Liberty Safeguards
- the Safeguarding Vulnerable Groups Act
- Domestic Violence Law
- Court of Protection.

The Mental Capacity Act (MCA) 2005 makes it clear that there should always be the presumption that a person has the capacity to make decisions unless it is established otherwise.

It provides a statutory framework to protect and empower adults who may lack capacity (ability) to make all or some decisions about their lives. People who do have capacity and are normally able to make decisions may lose self-confidence and self-esteem in response to having been abused. Serious Case Reviews have shown that sometimes no intervention is made because of an assumption that people were able to make choices when due to their circumstances their ability to make decisions was limited.

As noted above, the MCA also makes provision to ensure that advocacy is available for people who lack capacity during safeguarding processes and for their best interests to be explicitly considered through formal processes.

Which key organisations are responsible for adult safeguarding?

Councils
Local authorities have the lead responsibility for safeguarding adults. Their role is to ensure that there is a local SAB (see below), that the services they provide across the council include people who need care and support, that they commission services that safeguard people's dignity and rights and that they respond to concerns about harm and abuse.

Adult services directors and lead councillors play a leadership role in safeguarding across councils, organisations and communities to make them safer for vulnerable people.

The NHS
NHS managers and staff are crucial in identifying abuse, and play an important role in monitoring and supporting adults at risk. NHS Trust Boards have responsibility for safeguarding activity in their organisations, including holding services to account.

Clinical Commissioning Groups (CCGs) are responsible for commissioning services that are safe and that safeguard people's dignity and rights.

They need to work with partner agencies to develop quality systems that reflect multiagency agreements. They will have a role in promoting safeguarding practice and monitoring the performance of commissioned health providers against minimum standards for safeguarding adults. CCGs are statutory members of SABs

Police and criminal justice system
The police and criminal justice system take a lead where a crime is suspected. The police also have a key role in promoting community safety (working with Community Safety Partnerships). Police and Crime Commissioners act to ensure that their force is effectively offering protection and access to justice for adults in need of care and support. The police are also statutory members of the SAB.

Care Quality Commission (CQC)
The CQC is the statutory regulator for the quality of health and social care in England. It is responsible for registering and monitoring compliance of NHS and social care providers against essential standards of quality and safety. The CQC has developed a protocol setting out its role in safeguarding and the role it takes where safeguarding concerns arise within regulated services.

Providers of care
Providers are responsible for quality services that uphold people's dignity.

Safeguarding adults boards
The Care Act 2014states that local authorities must set up a SAB to oversee and lead adult safeguarding across the locality and to consider a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.

SABs are multiagency partnerships involving social care, the police, NHS organisations, housing bodies, and provider organisations.

The Chair of the SAB should be independent of any of the member organisations that make up the board.. Chairs need to have a good understanding of the complex issues involved in adult abuse and of the different agencies involved.

Health and wellbeing boards
Health and wellbeing boards have a key role in linking agencies together and influencing the health and wellbeing of the local population. They will need effective links to SABs.

Additional resources

All of the following (and much more) are available on the LGA website and on the Adult Safeguarding group on the Knowledge Hub:

ADASS and LGA (2013) 'Safeguarding Adults 2013: Advice Note'.
www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/3917627/ARTICLE

LGA (2015) Adult Safeguarding Improvement Tool
www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa

LGA (2015) Adult Safeguarding and Domestic abuse
www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

LGA (2015) Care and support reform implementation – resources for adult safeguarding as part of Care Act implementation
www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6523063/ARTICLE

LGA (2014) Making Safeguarding Personal
www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE

LGA 2014 Resources for Safeguarding Adults Boards
www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/5650175/ARTICLE

LGA (2014) Roles and Responsibilities in adult safeguarding
www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/6167659/ARTICLE

LGA 2014 Safeguarding Adults: Learning from Peer Challenges
www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/4036117/ARTICLE

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For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

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Appendix 2

City of York Safeguarding Adults Board

Strategic Plan April 2016 to March 2019






Action Plan - April 2016 to March 2017

City of York Safeguarding Adults

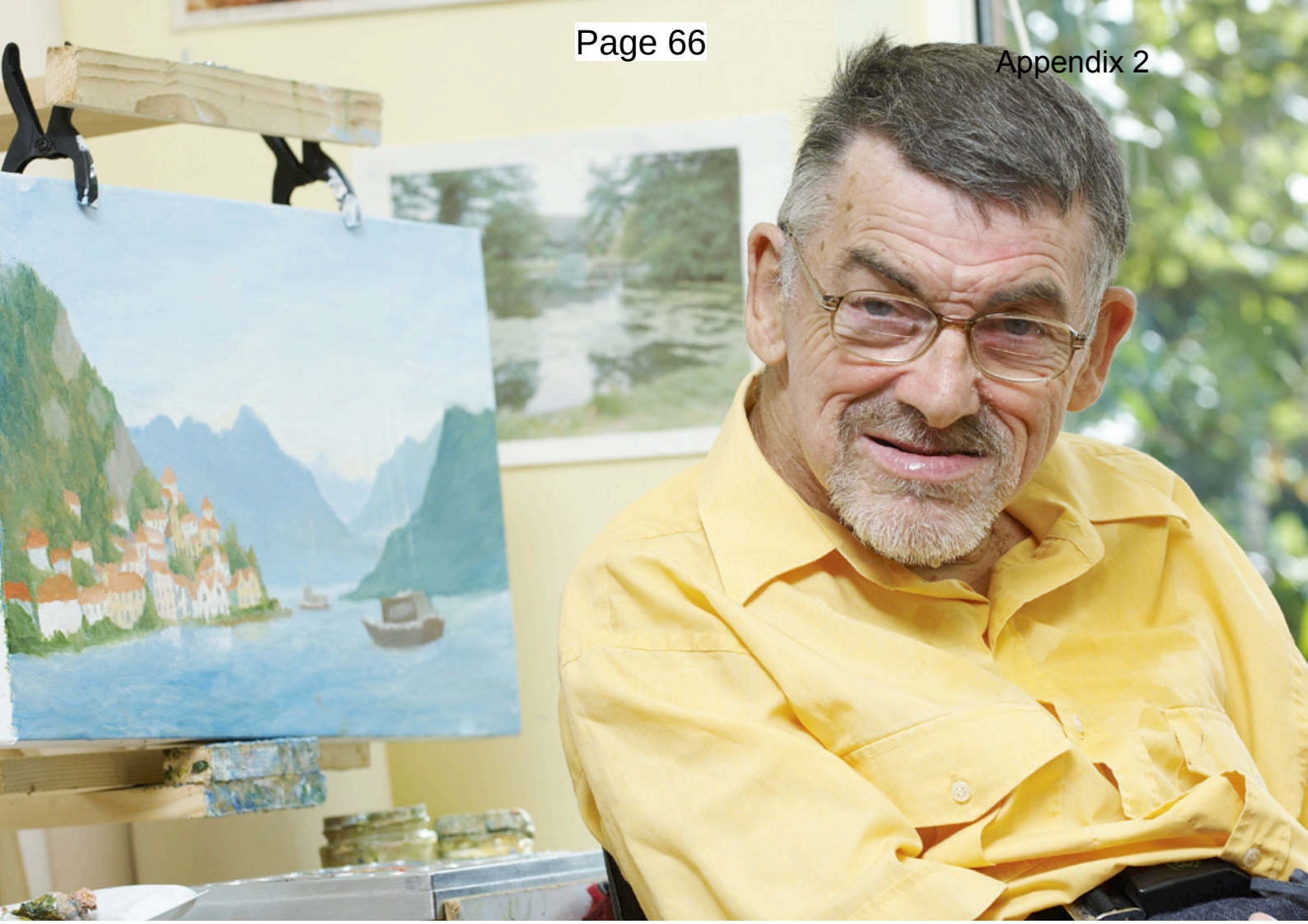
CITY OF YORK COUNCIL

Contents

Our Vision

The City of York Safeguarding Adults Board aims to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by working successfully together:

- Establish that **Safeguarding is Everybody's Business**
- Develop a culture that does not tolerate abuse
- Raise awareness about abuse
- Prevent abuse from happening wherever possible.
- Where abuse does unfortunately happen, support and safeguard the rights of people who are harmed to:
  - stop the abuse continuing
  - access services they need, including advocacy and post-abuse support
  - have improved access to justice
  - have the outcome which is right for them and their circumstances



Introduction

The Care Act 2014 requires all Safeguarding Adults Boards (SABs) to produce a Strategic Plan for each financial year which sets out **"both short and longer-term actions and it must set out how it will help adults in the area and what actions each member of the SAB will take in order to deliver the strategic plan in its area and what actions each member of the SAB will take to deliver the strategic plan and protect better"** (para 14.123 of Guidance).

The Guidance goes on to say that the Plan could cover 3-5 years in order to enable the Board to plan ahead as long as it is reviewed and updated every year. The Regulations also state that SABs **"must consult the local Healthwatch and involve the community"** (para 14.124) when preparing the Strategic Plan.

Given the above, Healthwatch York kindly agreed to carry out some community engagement in preparation for this Plan. Full details are available separately from Healthwatch. Some 39 public responses were received, with a further 28 from the local health and social care workforce. There was a good age spread in responses, with most respondents being aged 36-45. Some 8 or 9 questions were asked of each group, and the responses received have been used to put together the Action Plan for the first year.

The Care Act 2014

The Care Act 2014 sets out six key principles which **"apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions and the criminal justice system"** (para 14.13). The Guidance goes on to say that the principles can also help SAB's to examine and improve their local arrangements.

The City of York SAB has decided to adopt the six key principles as the framework for its Strategic Plan for 2016 to 2019. Having done that, it will agree a set of actions each year which will be designed to improve arrangements within the City of York for vulnerable people. Those actions and their outcomes will be re-viewed at the end of each year before a further set are agreed.

The six key principles are:

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

Prevention – It is better to take action before harm occurs.

Proportionality – The least intrusive response appropriate to the risk presented.

Protection – Support and representation for those in greatest need.

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – Accountability and transparency in delivering safeguarding.

How does it all fit together?

- Our Vision is contained in the six key principles as the core building blocks of the Strategic Plan.
- Every year starting in April we will take some agreed actions and set out what effect we expect those actions to have on the safety and well-being of vulnerable people in the City of York. This will be the yearly Action Plan.
- By the end of the year we will have looked at how successful those actions have been and then agree what to do in the following year.

Action Plan April 2016 to March 2017

These actions will be undertaken to improve arrangements within the City of York for vulnerable people, using the six key principles set out in the Care Act 2014.

1. EMPOWERMENT

People being supported and encouraged to make their own decisions and informed consent

Action	Planned Impact
1a. The Safeguarding Adults Board will produce an information leaflet and develop a Board website about Adult Safeguarding. This will contain information about keeping safe, advice that explains types of abuse and neglect, and contact information to be used by anyone with a safeguarding concern.	People in the community will have increased knowledge about how to stay safe and what to do when they are concerned about their own safety or the safety of another adult with care and support needs.

2. PREVENTION

It is better to take action before harm occurs

Action	Planned Impact
2a. All Safeguarding Adults Board partners will be required to assure the Board on a regular basis about the actions they are talking locally to prevent people experiencing abuse or neglect.	People in the community will be able to see how partners work together to commission safe and high quality services and how organisations hold themselves to account when concerns are raised about the quality and safety of their services.
2b. The Safeguarding Adults Board will update and maintain the public section of its website using the accessible information standards, with a section on staying safe.	People in the community will have more access to information which will increase their knowledge about how to stay safe and what to do when they are concerned about their own safety or the safety of another person.

3. PROPORTIONALITY

The least intrusive response appropriate to the risk presented

Action	Planned Impact
3a. The Safeguarding Adults Board will ensure that when partners undertake an enquiry into safeguarding concerns, any actions taken are informed by the expressed wishes and feelings of the person at the centre of the concern, in accordance with The Care Act 2014 and Making Safeguarding Personal requirements.	People in the community will gain in confidence that any safeguarding adult plans are informed by people's wishes and feelings, balancing concerns for someone's personal safety with an understanding of how they see their own quality of life & wellbeing.

4. PROTECTION

Support and representation for those in greatest need

Action	Planned Impact
4a. The Safeguarding Adults Board will require all partners to ensure that there is an up to date assessment of mental capacity and any best interest decision on file, and will ensure the person is supported where required by an advocate or a independent mental capacity advocate.	People in the community will gain confidence that that all adults who are assessed as lacking the mental capacity to decide how a safeguarding concern should be progressed are offered the appropriate support which ensures all decision are made in their best interests.
4b. The Safeguarding Adults Board partners will ensure that when abuse or neglect has occurred, safeguarding adults plans are developed in a way which shows a balance between quality of life and concerns about peoples' safety.	People in the community will be able to see more clearly that work is undertaken in response to current and ongoing risks, supporting the person to recover from the abuse or neglect and keeping them more safe.

5. PARTNERSHIP

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Action	Planned Impact
5a. Each Safeguarding Adults Board partner will ensure their organisation upholds their collective responsibilities to safeguard adults in accordance with the requirements of the Care Act 2014.	People in the community will gain in confidence that Care Act 2014 requirements are well established across every partner organisation in the City of York.
5b. The Safeguarding Adults Board will work with the Children's Safeguarding Board and other local partners to host an annual Safeguarding week across the City of York.	We will help to raise the profile of whole life safeguarding and enhance people's understanding of all the work undertaken locally to help keep people safe.

6. ACCOUNTABILITY

Accountability and transparency in delivering safeguarding

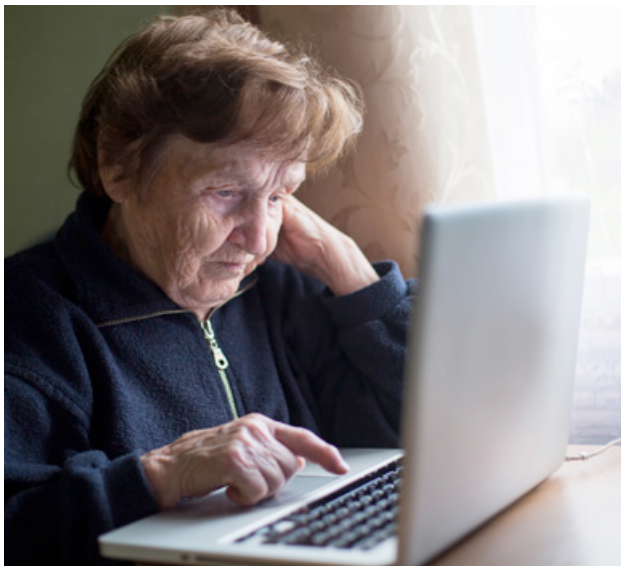
Action	Planned Impact
6a. The Safeguarding Adults Board will agree and maintain common safeguarding adults policies and procedures for all partners to use.	People in the community will be able to understand how local partners work together to tackle any abuse of vulnerable adults.
6b. The Safeguarding Adults Board will produce an Annual Report explaining what it has done and how its partners have helped keep people safe in the City of York.	People in the community will be able to read the report, see how safeguarding adults operates and be helped to hold local organisations to account if they fail to work in accordance with policies and procedures.

Progress on implementing each action will be reported to the SAB each quarter and a summary will be placed on the SAB website at the end of each year

Members of City of York Safeguarding Adults Board

	Name	Title	Organisation	Address
1	**Karen Agar**	Associate Director of Nursing (Safeguarding)	**Tees, Esk & Wear Valley (TEWV) NHS Foundation Trust**	Flatts Lane Centre, Flatts Lane, Normanby, Middlesbrough TS6 0SZ
2	**Mark Albiston**	Head of Safeguarding	**City of York Council (CYC)**	West Offices, Station Rise, York YO1 6GA
3	**Sian Balsom**	Healthwatch Manager	**Healthwatch York**	Priory Street Centre, 15 Priory Street, York YO1 6ET
4	**Tom Brittain**	Head of Housing	**CYC**	West Offices, Station Rise, York YO1 6GA
5	**Michelle Carrington**	Chief Nurse	**NHS Vale of York CCG**	West Offices, Station Rise, York YO1 6GA
6	**Martin Farran**	Director of Adult Services	**CYC**	West Offices, Station Rise, York YO1 6GA
7	**Beverley Geary**	Chief Nurse	**York Teaching Hospital NHS Foundation Trust**	Wiggington Road, York YO31 8HE
8	**David Heywood**	Social Work Manager	**Stockton Hall**	The Village, Stockton-on-the-Forest, York YO32 9UN
9	**Caroline Johnson**	Director of Operations	**The Retreat**	Heslington Road, York, YO10 5BN
10	**Tim Madgwick**	Deputy Chief Constable	**North Yorkshire Police**	Newby Wiske Hall, Newby Wiske, Northallerton, DL7 9HA
11	**Kevin McAleese CBE**	Independent Chair,	**York Safeguarding Adults Board**	c/o West Offices, Station Rise, York YO1 6GA
12	**Michael Melvin**	Assistant Director, Adult Services	**CYC**	West Offices, Station Rise, York YO1 6GA

	Name	Title	Organisation	Address
13	**Christine Pearson**	Deputy Designated Nurse, Safeguarding Adults	**NHS Vale of York CCG**	West Offices, Station Rise, York YO1 6GA
14	**Janet Probert**	Director of Partnership Commissioning	**Partnership Commissioning Unit (PCU)**	Sovereign House, Kettlestring Lane, Clifton Moor, York YO30 4GQ
15	**Cllr Carol Runciman**	Cabinet Lead	**City of York Council (CYC)**	West Offices, Station Rise, York YO1 6GA
16	**Amanda Robson**	Assistant Director	**NHS England, NY and Humber Area Team**	Unit 3, Alpha Court, Monks Cross, York, YO32 9WN
17	**Catherine Surtees**	Partnerships Officer	**York CVS**	Priory Street Centre, 15, Priory Street, York YO1 6ET
18	**Steve Wilcox**	Designated Professional for Adult Safeguarding	**PCU**	Sovereign House, Kettlestring Lane, Clifton Moor, York YO30 4GQ
19	**Keren Wilson**	Chief Executive	**Independent Care Group**	10 North Park Road, Harrogate HG1 5PG



APPENDIX 3

SAFEGUARDING ADULTS BOARD – QUARTERLY REPORT, Q2 2015-16

The report below outlines the key data for Safeguarding Adults in York in the period July – September 2015 ('Quarter 2'). This period is the second reportable quarter since The Care Act 2014 was implemented, and as such reflects some of the key changes in terminology that the Care Act has brought about.

Previous Safeguarding Adults Board reports have been based around the national Safeguarding Adults Return, which concentrated upon Safeguarding *Alerts* and Completed *Referrals* (investigations). This report uses the new terminology of Safeguarding *Concerns* (which for the purpose of this report replace alerts), and completed *Enquiries* (which for the purpose of this report replace Completed referrals).

Where possible we have drawn comparisons with previous quarters where the two terms directly relate. However, there are instances where the new terminology actually effects the statistics reported (specifically around a difference in number of completed referrals and completed enquiries), and it may not be possible to compare like with like. This is further explained in section 3 below.

1. CITY OF YORK DEMOGRAPHIC INFORMATION

York's population at mid-year 2014 is 204,439. The 18-64 population is 131,357, and the 65+ population 36,459. The over 65 group can be further subdivided into 65-74 (53%), 75-84 (33%) and 85+ (14%).

The male/female ratio is 49:51, and the main ethnicities recorded in the 2011 Census were White British (90.2%) and Chinese (1.2%).

The anticipated prevalence of those with learning disabilities (adults 18+) is 0.4% (Source: PHE LD profile 2013-14), while the prevalence of mental health issues varies by type of issue and age band, from 0.07-0.17% for schizophrenia to 11.4% for depression (source: York JSNA: http://www.healthyork.org/health-ill-health-in-york/mental-health.aspx).

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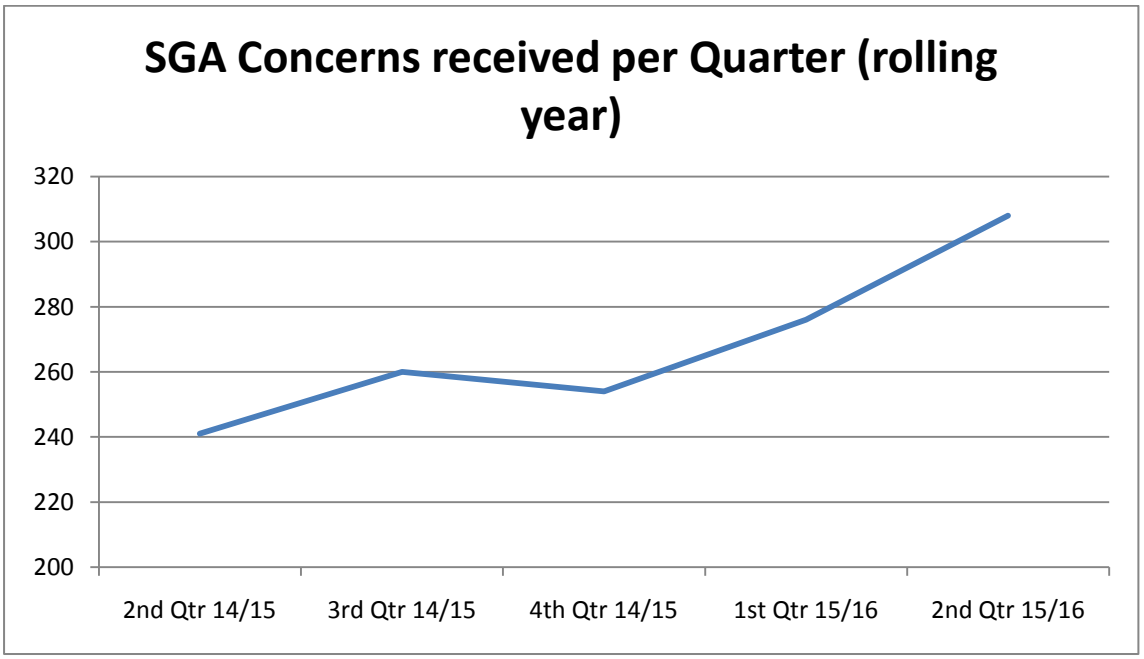
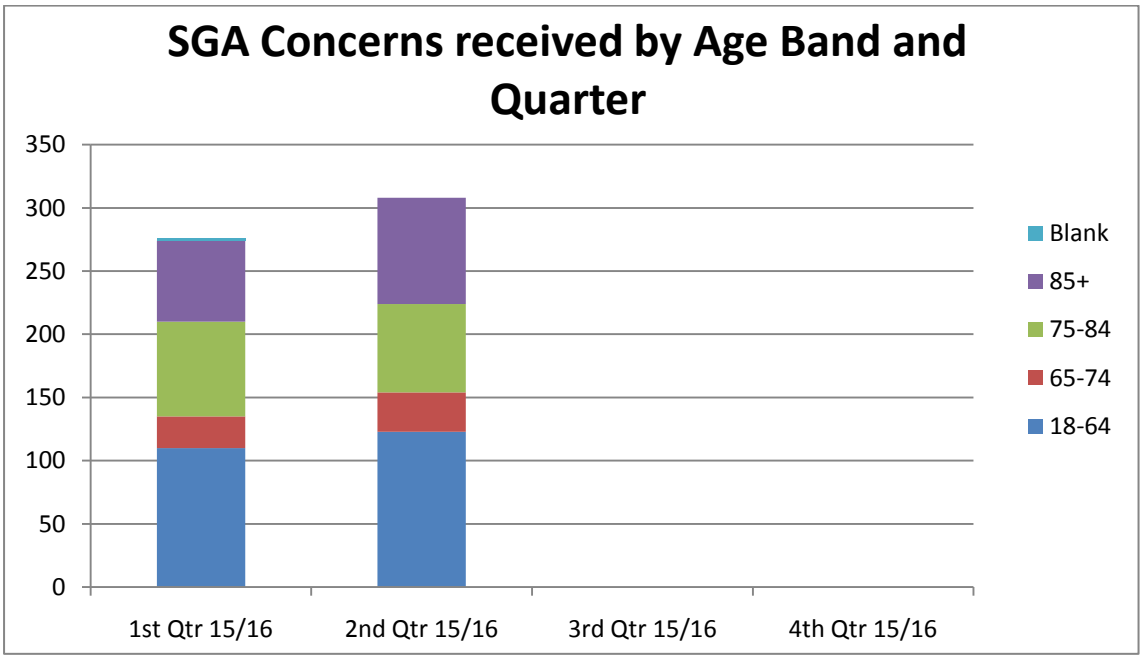
2. VOLUME AND DEMOGRAPHICS OF SAFEGUARDING CONCERNS RECEIVED

For the period July–September 2015, 308 Safeguarding concerns were raised with City of York Council, Safeguarding Adults service. This is an increase of 32 on the last quarter, and an increase of 67 on the same quarter in 2014/15.



40% of the safeguarding concerns raised related to people aged 18-64 and 27% related to people aged 85+.



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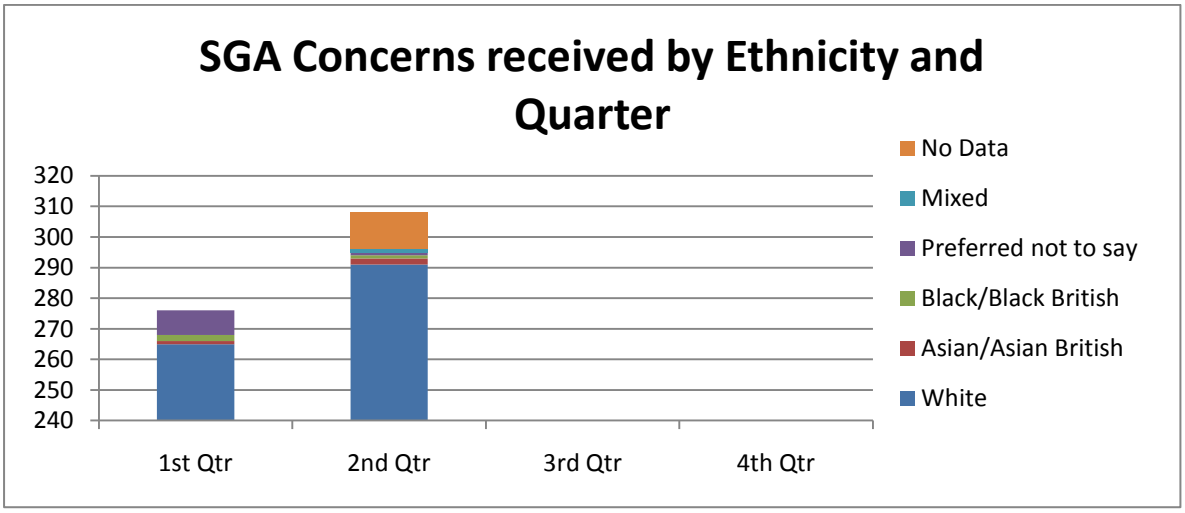
Age Band	1st Qtr	2nd Qtr
18-64	110	123
65-74	25	31
75-84	75	70
85+	64	84
Blank	2	0
Grand Total	276	308

Out of the 308 Safeguarding concerns received, 64% were for females and 36% for males. This is in line with national averages, with the national SAR for 2013-14 finding 60% of safeguarding concerns to pertain to females at risk (source: http://www.hscic.gov.uk/catalogue/PUB15671).

The ethnic group that received the greatest number of safeguarding concerns was White (94%), which is expected with the demographic of York.



Ethnicity	1st Qtr	2nd Qtr
White	265	291
Asian/Asian British	1	2
Black/Black British	2	1
Preferred not to say	8	1
Mixed	0	1
No Data	0	12
Grand Total	276	308

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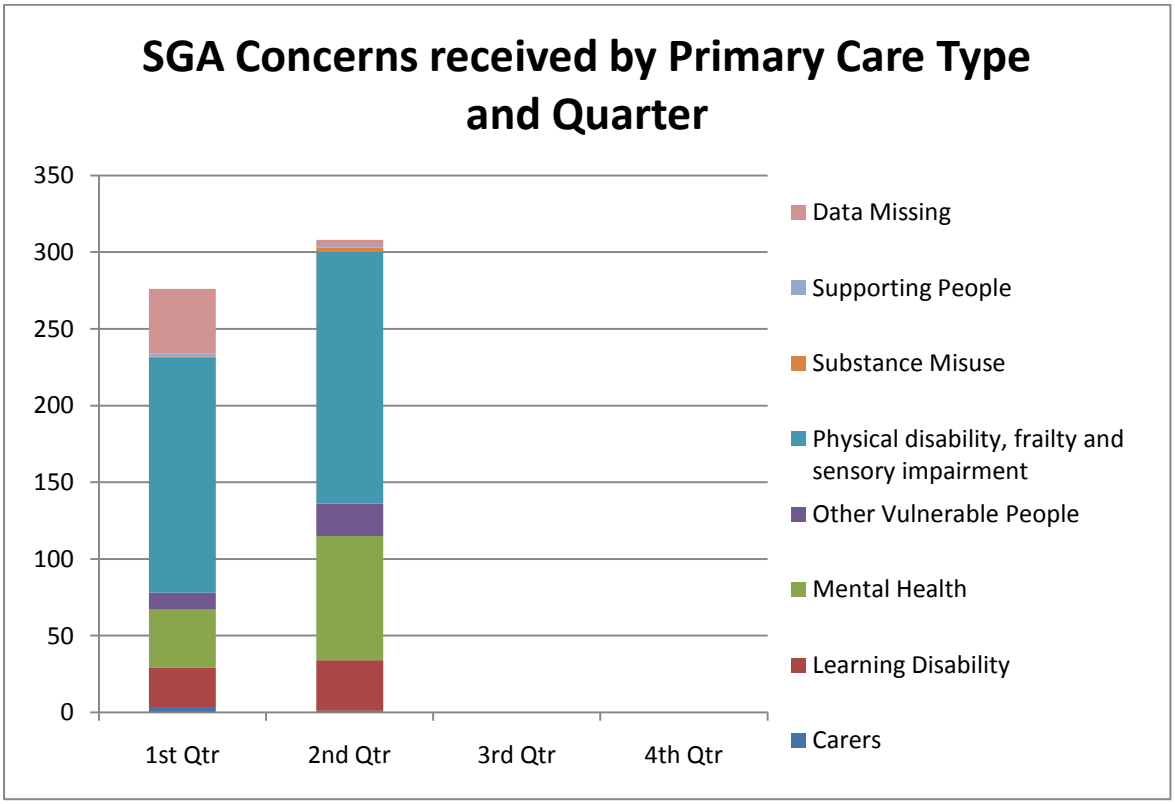
There were more safeguarding concerns received for customers with a Primary Care Type of *Physical disability, frailty and sensory impairment* than for any other Primary Care Type (53%). Again this is in line with the SAR of 2013-14 (51% of national concerns related to people within this PCT), and is understandable given the breadth of conditions covered by this category (it includes access and mobility, dual sensory, hearing impairment, personal care support, memory and cognition and visual impairment). This is the same as for quarter 1.



Primary Care Type	1st Qtr	2nd Qtr
Carers	3	1
Learning Disability	26	33
Mental Health	38	81
Other Vulnerable People	11	21
Physical disability, frailty and sensory impairment	153	164
Substance Misuse	1	3
Supporting People	2	1
Data Missing	42	4
Grand Total	276	308

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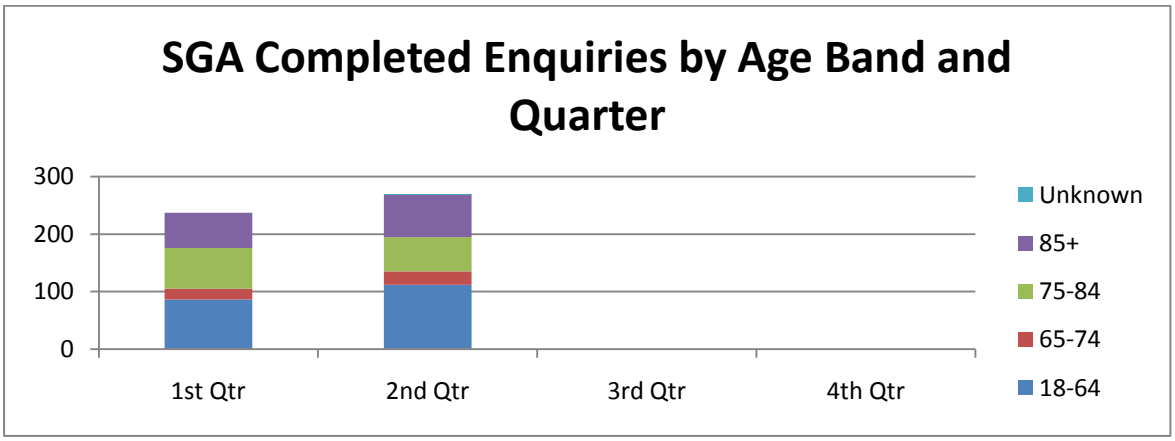
3. VOLUME AND DEMOGRAPHICS OF SAFEGUARDING COMPLETED ENQUIRIES

For the period July – September 2015 there were 270 completed enquiries, of which 41% were for the 18-64 age band and 58% were for the over 65 age bands.



Age Band	1st Qtr	2nd Qtr
18-64	86	112
65-74	19	23
75-84	71	60
85+	61	74
Unknown	0	1
Grand Total	237	270

A *Completed Enquiry* could be any range of response to a safeguarding concern, from a series of brief telephone conversations, to a full multiagency response involving meetings with the adult at risk, the person alleged to have caused harm and professionals from multiple agencies. It is the latter response only that was recorded as a *Completed Referral* in the Safeguarding Adults Return.

The complexity of a Safeguarding Enquiry should be in line with the 6 principles of safeguarding work enshrined in the Care Act 2014 statutory guidance (section 14.13), and importantly with the wishes of the adult at risk regarding what outcome they want safeguarding intervention to achieve.

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An example of a case which may be resolved through a fairly short enquiry and one which may require a lengthier enquiry is appended.

3A. MENTAL CAPACITY AND ADVOCACY

In 48% of all Completed Enquiries, the individual was assessed to have the capacity to safeguard themselves, with 52% assessed as not having the mental capacity to make decisions to safeguard themselves.

Out of the 140 people assessed as not having the mental capacity to safeguard themselves, 132 people used an advocate (94%). Looking at the 8 cases in which no advocate was used, the reasons for this appear to have been different each time, but ranged from the customer being deceased at the time of enquiry, to a change in circumstances removing the risk and the IMCA referral being ceased.

The total number of people recorded as using an advocate was 175, or 65%.

Advocate Used	**1st Qtr**	**2nd Qtr**
Yes	134	175
No	103	95
Grand Total	237	270

4. TYPE, SOURCE AND LOCATION OF CONCERN

Of the completed safeguarding enquiries, the main types of safeguarding concern related to issues of neglect, physical harm and psychological/emotional harm.

The three main types of concern in the previous quarter were physical harm, neglect and psychological/emotional harm. Nationally, the SAR 2013-14 found the most common type of harm to be neglect and acts of omission, which accounted for 30 per cent of allegations, followed by physical abuse with 27 per cent.

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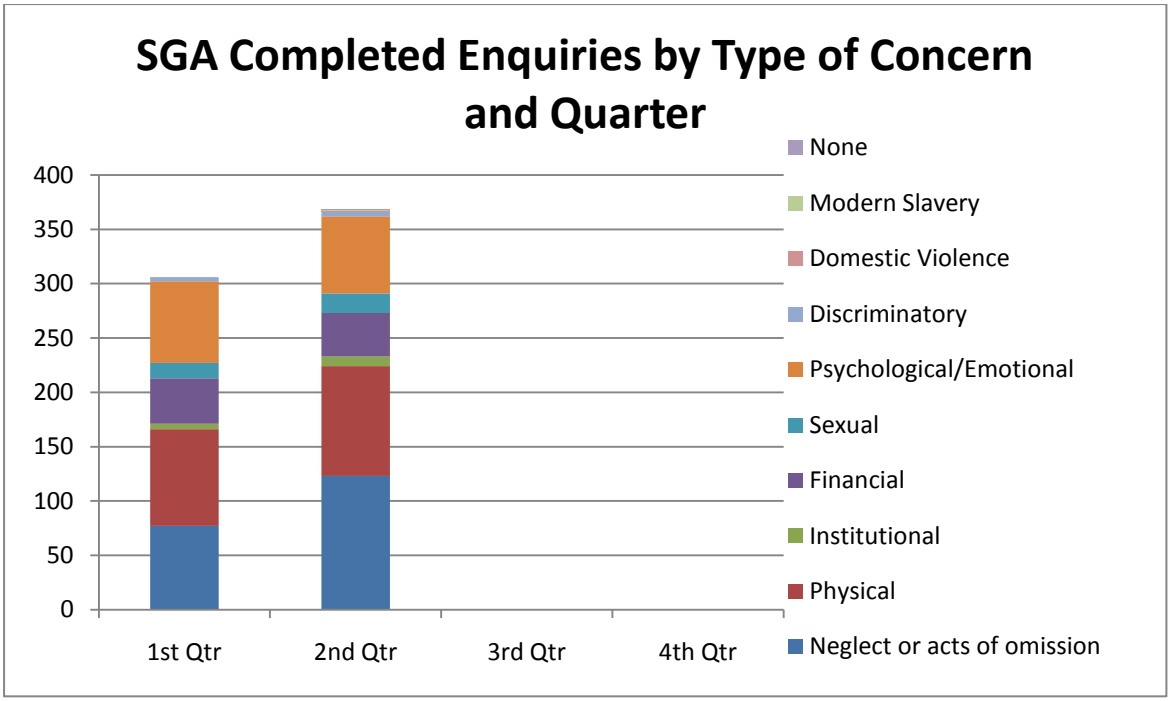

Type of Concern	1st Qtr	2nd Qtr
Neglect or acts of omission	77	123
Physical	89	101
Institutional	5	9
Financial	42	40
Sexual	14	18
Psychological/Emotional	75	71
Discriminatory	4	4
Domestic Violence	0	1
Modern Slavery	0	1
None	0	1
Grand Total	306	369

(NB: Total is greater than 270 because more than one type of concern may be alleged.)

The persons alleged to cause harm were most likely to be known to the individual (52%), or to be their commissioned care support or service provider (42%). Again this is similar to the national picture documented in the 2013-14 SAR (49% and 36% respectively) and is the same as in quarter 1.

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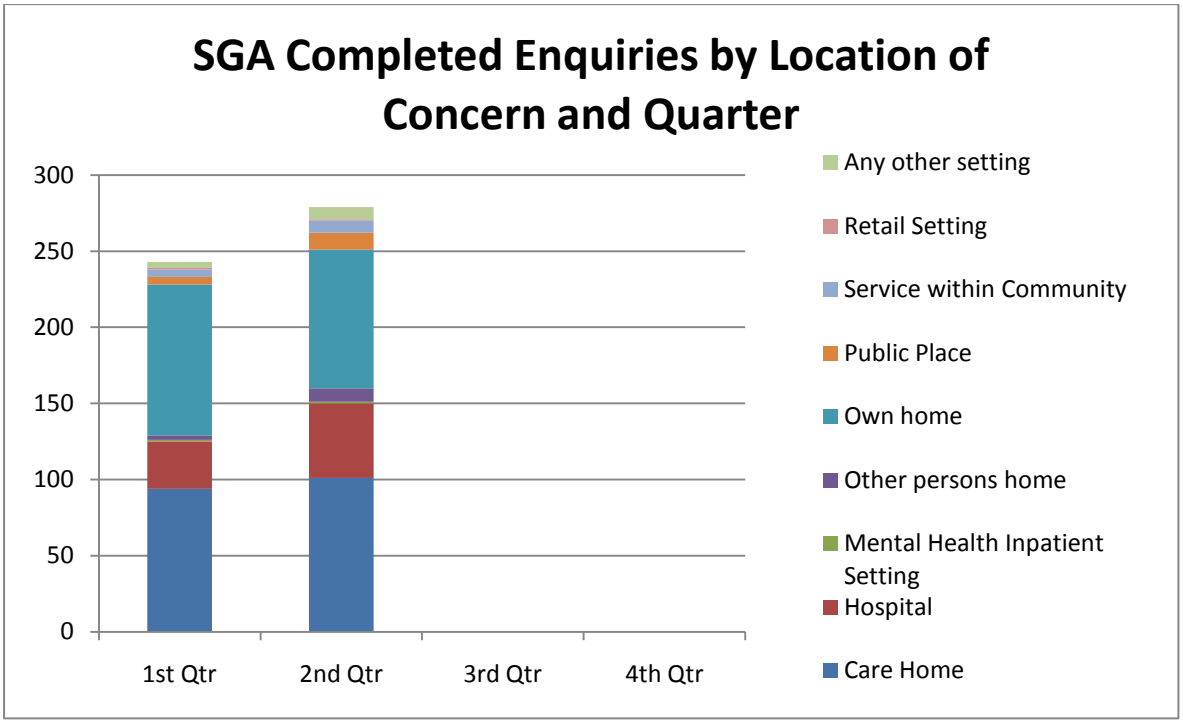
Source of Concern	1st Qtr	2nd Qtr
Commissioned Care Support/Service Provider	73	113
Known to the individual	150	141
Unknown to the individual	15	16
Grand Total	238	270

The location of the concern was most likely to be in a care home (36%) followed by the customer's own home (33%). In quarter 1, the location of the concern was most likely to be in the customer's own home, followed by in a care home.



Location of Concern	1st Qtr	2nd Qtr
Care Home	94	101
Hospital	31	49
Mental Health Inpatient Setting	1	1
Other persons home	3	9
Own home	99	91
Public Place	5	11
Service within Community	5	8
Retail Setting	1	1
Any other setting	4	8
Grand Total	243	279

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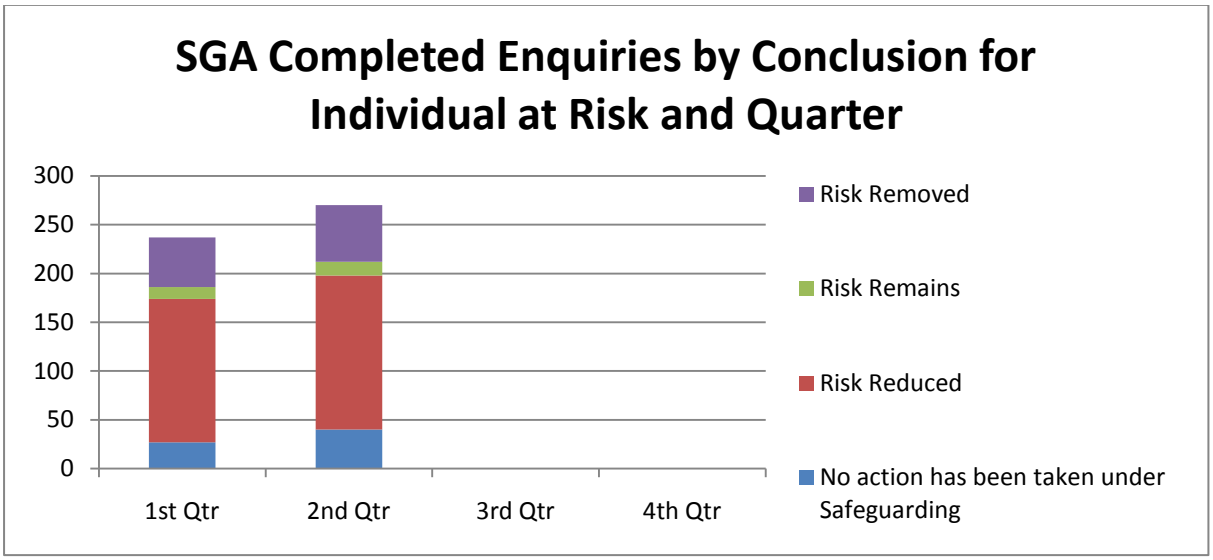
(NB: Total is greater than 270 because more than one location of concern may be alleged.)

5. OUTCOMES

Of the total completed enquiries, 21% were reported to have removed risk, 15% required no further action and 59% had reduced risk levels.

In 5% of cases, the risk remained. The reasons for this were manifold but in the main, the reason given was that the customer decided that they wanted to remain in the situation and manage the risk themselves.



Conclusion for Individual at Risk	1st Qtr	2nd Qtr
No action has been taken under Safeguarding	27	40
Risk Reduced	147	158
Risk Remains	12	14
Risk Removed	51	58
Grand Total	237	270

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APPENDIX A: ILLUSTRATIVE CASE EXAMPLES

AN EXAMPLE OF A SHORT ENQUIRY

Mr J receives care from Ace Carers. On Thursday, Mr J's carer accidentally gave him his lunchtime medication at breakfast. She noticed the error immediately and rang the office to report it. They then contacted Mr J's representative, his GP and Safeguarding.

Through an initial enquiry we established that Mr J and his representative were happy with the actions that had been taken and did not wish for any further intervention. The GP had given advice about possible side effects and how to remedy these; and the care agency had spoken with the carer in question and booked them onto refresher medication training. CQC had been notified and CYC contracts and commissioning informed. No further enquiry was needed and the case was closed.

AN EXAMPLE OF A MORE COMPLEX ENQUIRY

Mrs R has been referred to adult social care on a number of occasions over the last 8 years. She has always declined support and had capacity to make this decision. Mrs R was referred recently by the Yorkshire Ambulance Service, as she was reported to be living in squalor, and local drug users had moved in, using her flat as a base.

Mrs R was reported to have no food or money; she was sleeping on the sofa as the PATCHs were using her bed; the flat was dirty, there were no bulbs in the lights and no utilities working. The flat had become known locally as an 'easy target'.

Mrs R had agreed to a referral to safeguarding whilst in hospital. On reviewing the information given, a decision was made to arrange weekly visits initially to establish a rapport, rather than immediately offer a service which was likely to be declined.

Through a series of visits, Mrs R decided that she would like to work together towards seeking alternative accommodation and would like to feel safe at home. CYC safeguarding worked alongside Mrs R,

community policing, housing and the hospital social work team to achieve these goals.

Through ongoing involvement Mrs R also accepted support with her care needs, and now reports that she is happy and settled in a new care environment. This enquiry required multiple agencies to commit to supporting Mrs R over a period of time; and a steady process to ensure that Mrs R was able to achieve her goals.

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Health & Adult Social Care Policy & Scrutiny Committee Draft Work Plan 2015-16

Meeting Date	Work Programme
10 June 2015	1. Introductory Report including ideas on Potential Topics for Review in this Municipal Year. 2. LYPFT Report on Progress of Action Plan in relation to CQC inspection 3. Update Report on Changes to Direct Payments 4. Draft Work Plan 2015/16
21 July 2015	1. Attendance of the Executive Member for Health and Adult Social Care – Priorities and Challenges for 2015/16 2. Safeguarding Vulnerable Adults Annual Assurance Report 3. Healthwatch report on Wheelchair Services 4. Scoping report on public health grant spending and other potential scrutiny reviews 5. Verbal update on progress of changes to direct payments 6. Work Plan 2015-16
10 September 2015	1. Update report on changes to direct payments 2. Be Independent Year End Position Statement and 1st Qtr Monitoring Report 3. End of year Finance & Performance Monitoring Report 4. 1st Quarter Finance and Performance Monitoring Report. 5. CCG update report on health systems resilience 6. Work Plan 2015-16 including proposed scrutiny reviews
16 September 2015	1. Annual report from the Chief Executive of York Teaching Hospital NHS Foundation Trust.

	2. CQC Inspection Report – York Teaching Hospitals NHS Foundation Trust 3. Annual Report from the Chief Executive of Yorkshire Ambulance Service. 4. CQC Inspection Report – Yorkshire Ambulance Service. 5. Tees, Esk & Wear Valley Foundation Trust and CCG re: managing the transition of Mental Health & learning disability services from LYPFT.
20 October 2015	1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Bootham Park Hospital Summit – NHS Property Services; Leeds & York Partnership; Tees, Esk & Wear Valleys; CQC; Vale of York CCG. 3. Work Plan 2015-16 including potential scrutiny reviews. Topic assessment for Bootham Park Hospital review at Annex 1.
24 November 2015	1. CQC inspection Quality Summit report on York Teaching Hospital NHS Foundation Trust. 2. Health & Wellbeing six monthly update report (slipped from October). 3. Report on GP health checks for people with learning disabilities. 4. Work Plan 2015-16 including potential scrutiny reviews
1 December 2015	1. Healthwatch six-monthly Performance Update Report 2. 2nd Quarter Finance and Performance Monitoring Report (Slipped from 24 November) 3. Six-monthly Quality Monitoring Report – Residential, Nursing and Homecare Services 4. Annual carers strategy update report 5. Update report on re-procurement of Musculoskeletal Services (Stacey Marriott, CCG. 6. Update report on Elderly People's Homes 7. Work Plan 2015-16

22 December 2015	1. Report on re-procurement of Community Equipment and Wheelchair Services 2. Update on interim solution to Bootham Park Hospital. 3. Work Plan 2015-16
26 January 2016	1. Update report on York Teaching Hospital NHS Foundation Trust Action Plan. 2. Healthy Child Service Project Board update report. 3. Safeguarding Vulnerable Adults Six-monthly Assurance Report. 4. Work Plan 2015-16 including verbal updates on agreed scrutiny reviews
23 February 2016	1. 3rd Quarter Finance and Performance Monitoring Report 2. Update report on CCG 2016-17 operational plan and five-year plan 3. Report on Co-Commissioning of Primary Care Services 4. Work Plan 2015-16
23 March 2016	1. Health and Wellbeing Annual Update Report 2. Be Independent six-monthly Monitoring Report 3. Update report on MSK services (tbc) 4. Update report on York Wheelchair Services. 5. Work Plan 2015-16
26 April 2016	1. Healthwatch six-monthly performance update report 2. Six-Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services. 3. Update report on Elderly Persons' Homes 4. Work Plan 2015-16

TBC – Report on the roll out of the re-procurement of North Yorkshire community equipment and wheelchair services

June 2016: Be Independent End of Year Position

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